



Agenda for a meeting of the Bradford and Airedale Wellbeing Board to be held on Wednesday, 23 November 2022 at 3.00 pm in Council Chamber - City Hall, Bradford
This is the reconvened meeting of 8 November 2022

Dear Member

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

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

Yours sincerely

Director of Legal and Governance

Notes:

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

From:

Asif Ibrahim
Director of Legal and Governance
Agenda Contact: Su Booth
Phone: 07814 073884
E-Mail: susan.booth2@bradford.gov.uk

To:

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

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

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The Director of Legal and Governance will report the names of alternate Members who are attending the meeting in place of appointed Members.

2. DISCLOSURES OF INTEREST

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

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

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

Notes:

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

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

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

- (2) *Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.*
- (3) *Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.*
- (4) *Officers must disclose interests in accordance with Council Standing Order 44.*

3. MINUTES

Recommended –

That the minutes of the meeting held on 14 June 2022 be signed as a correct record (previously circulated).

(Su Booth – 07814 073884)

4. INSPECTION OF REPORTS AND BACKGROUND PAPERS

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Su Booth – 07814 073884)

B. BUSINESS ITEMS

5. LOCALITY WORKING, EARLY HELP AND PREVENTION UPDATE REPORT 1 - 14

The report of the Strategic Director, Health and Wellbeing (**Document “D”**) will be submitted to the Board to provide Members and Partners with an opportunity to see how the early help and prevention agenda is developing in our localities, with all key partners now inputting resources to work together across six local footprints, including Craven.

Recommended –

That the report be noted and Members provide feedback

(Iain MacBeath – 01274 432990)

6. ANTI-POVERTY UPDATE AND STRATEGY 15 - 62

The report of the Strategic Director, Health and Wellbeing (**Document “E”**) will be submitted to the Board and presents the Bradford District’s Anti-Poverty Strategy 2022-2027 and the actions being taken to support our communities through the cost of living crisis.

Recommended –

- 1. That the Board adopts the Bradford District Anti-Poverty Strategy 2022-27 including any updated comments received from the Board.**
- 2. That the Board endorses the approach to the cost of living crisis set out in the Anti-Poverty Strategy and provides comments.**

(Iain MacBeath – 01274 432990)

7. BRADFORD DISTRICT'S STRONGER COMMUNITIES BOARD GOVERNANCE CHANGE 63 - 68

The report of the Assistant Director, Place (**Document “F”**) will be submitted to the Board and sets out the proposed arrangements for improving governance systems, partnerships and accountability across Bradford district to create and sustain Stronger Communities.

Recommended –

- 1. That the proposed governance arrangements be adopted for the Stronger Communities Board as one of the family of strategic Partnerships for Bradford District.**

(Mahmood Mohammed – 07582 100303)

8. **BETTER CARE FUND - UPDATE ON PLANS FOR 2022/23**

69 - 128

The report of the Assistant Director, Health and Wellbeing (**Document "G"**) will be submitted to the Board to provide Members with information on how the Better Care Fund (BCF) is being used in 2022/23 and to provide assurance that the Better Care Fund Plan is compliant with the National Policy and Planning requirements for 2022/23.

Recommended –

That The District's BCF Submission be noted and supported by the Wellbeing Board.

THIS AGENDA AND ACCOMPANYING DOCUMENTS HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER



Report of the Strategic Director of Health & Wellbeing of Bradford Metropolitan District Council to the meeting of The Health and Wellbeing Board to be held on 8 November 2022 at 10am

D

Subject:

Update on Locality Working, Early Help and Prevention

Summary statement:

This will provide partners with an opportunity to see how the early help and prevention agenda is developing in our localities, with all key partners now inputting resources to work together across six local footprints, including Craven. A Powerpoint presentation accompanies this short covering report with more detail.

EQUALITY & DIVERSITY:

Our aspiration to work on early help and prevention in our localities is directly linked to the Partnership's health inequalities ambitions and is an additional component of the way our staff groups work together locally across organisations. This is a key component of realising our equality objectives, combat disadvantage and increase the life chances of all protected groups. Good practice work has been developed with local communities, particularly in Keighley where teams have been piloting this approach for two years, empowering people and a commitment to openness, transparency and involvement, to address health inequalities in keeping with the objectives set out statute.

Iain MacBeath
Strategic Director, Health & Wellbeing

Portfolio: Healthy people and places

Report Contact: Iain MacBeath
Phone: (01274) 432990
E-mail: iain.macbeath@bradford.gov.uk

Overview & Scrutiny Area:

Health Overview and Scrutiny

1. SUMMARY

- Working in locality footprints (which equate to local MP constituencies and are approximately 90,000 - 110,000 population in size) provides an opportunity for public sector, voluntary and community organisations to work in partnership on behalf of people to improve people health and wellbeing.
- The organisations within the partnership are now working towards dedicated resources in each locality to join up our thinking, collaboration around people and families who need support and design projects and services to tackle local issues.

2. BACKGROUND

- A number of key objectives are proposed for the Wellbeing Board's consideration:
 - Act early to prevent need down the line
 - Promote people's health, wellbeing and safety
 - Delegate more funding and resources locally, developing more local offers in the VCS
 - Share intelligence and information
 - Co-ordinate our efforts – greater than sum of our parts
 - Engage communities in this endeavour
 - Keep people healthy, happy and at home
- Additional partnership resources are being injected, namely:
 - West Yorkshire Police – 10 additional police officers working in localities
 - Public Health – 4 Community Health Development Workers
 - Act as One – 5 Locality Development Roles working into community partnerships
 - Reducing Inequalities Alliance – 5 Community Implementers
 - Bradford Council's existing area co-ordination and neighbourhood teams
 - Bradford Council's existing team managers from adults and children's services
 - BDCT's existing clinical managers from community nursing services
 - Introduction of Family Hubs
 - Local voluntary and community sector leads
- The intention of partners is to build up locality leadership teams across the partnership to discuss cases formally and informally, examine the latest health inequalities and JSNA data and agree investment in projects and grants to improve against baseline data – and to design new ways of working across organisations to reduce complex cross-referral mechanisms and speed up access to advice. In the coming three months we intend to:
 - Complete recruitment to newly funded roles
 - Introduce locality colleagues to each other
 - Formalise all-age panels and processes everywhere
 - Identify local office-bases where we can collaborate
 - Map our community assets and publish these
 - Agree investment of the new Community Investment Standard

3. OTHER CONSIDERATIONS

None have been identified.

4. FINANCIAL & RESOURCE APPRAISAL

- Financial issues have been dealt with in individual partner organisations and there are no considerations for Wellbeing Board.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

There are no significant risks arising out of the implementation of the proposed recommendations.

6. LEGAL APPRAISAL

There are no legal issues arising from this update.

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

- This approach supports the district's commitment to work towards the sustainable development goals.

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

- No impacts.

7.3 COMMUNITY SAFETY IMPLICATIONS

- It is anticipated that locality working will have positive community safety implications for individuals who are supported across the partnership – and from overall safety themes highlighted by partners for local action.

7.4 HUMAN RIGHTS ACT

- No impacts.

7.5 TRADE UNION

- No impacts.

7.6 WARD IMPLICATIONS

- Locality working will operate alongside existing council area and neighbourhood co-ordination staff, who can ensure two-way communications with ward officers.

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

- Locality working will operate alongside existing council area and neighbourhood co-ordination staff, who can ensure two-way communications with Area Committees and ensure details of the contribution to priorities within the Area Committee's Action Plan are joined up.

7.8 IMPLICATIONS FOR CORPORATE PARENTING

It is anticipated that locality working will have a positive impact on corporate parenting, with the ability of Children's Services or other council staff and members able to refer children looked after for locality support, if appropriate.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESSMENT

Risks around information governance have been flagged as requiring support and further work from partners and until information governance processes are finalised, there is a limitation on what data can be shared about individuals without their consent.

8. NOT FOR PUBLICATION DOCUMENTS

- None.

9. RECOMMENDATIONS

The views of the Wellbeing Board are requested.

11. APPENDICES

Powerpoint presentation on locality working.

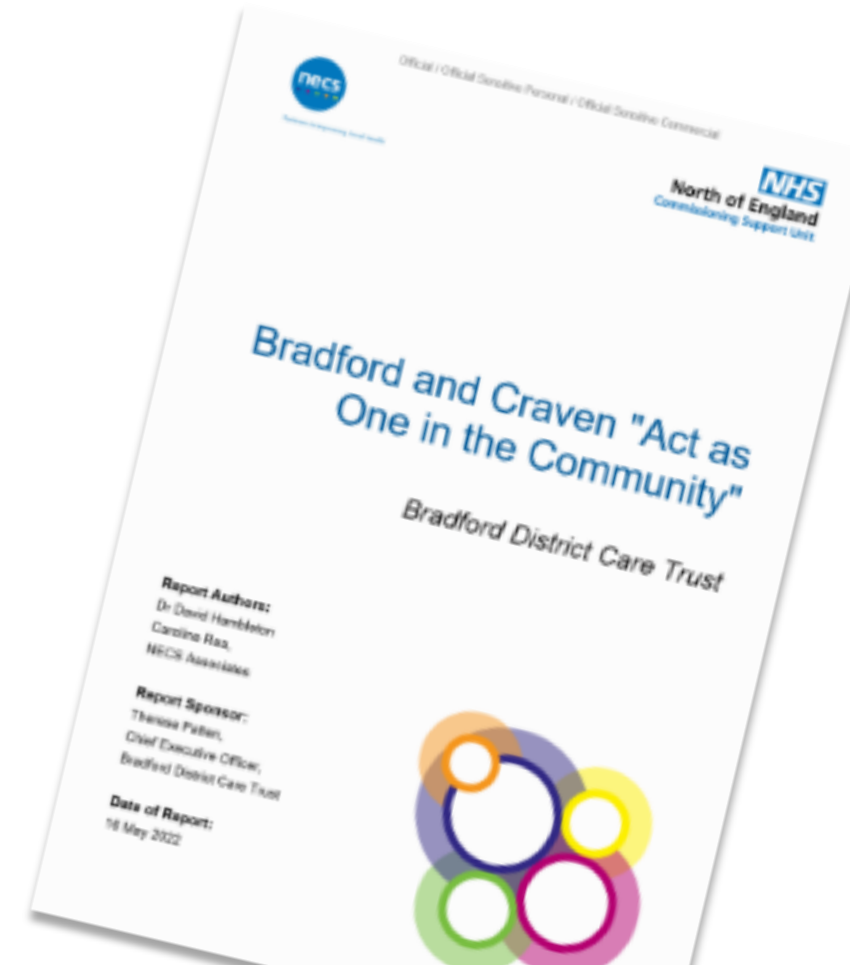
Locality Working Update

Presented by Act As One Partners
Bradford & District Wellbeing Board
November 2022



Locality Working – our partnership objectives

- ❑ Act early to prevent need down the line
- ❑ Promote people's health, wellbeing and safety
- ❑ Delegate more funding and resources locally, developing more local offers in the VCS
- ❑ Share intelligence and information
- ❑ Co-ordinate our efforts – greater than sum of our parts
- ❑ Engage communities in this endeavour
- ❑ Keep people healthy, happy and at home



Footprints of Design and Delivery



- < **Individuals and families**
Personalisation of my care, in a way that is meaningful and matters to me
- < **Community services**
GP, Therapies, Mental Health, Nursing, Care, VCSE sectors, Dentists, Optometrists and Community Pharmacy
- < **Wards x30**
Ward officers, linked to elected members and area committees, serving populations of 12 – 25k.
- < **Community Partnerships x13 and PCNs x12**
Working together where it will add value. Specific to neighbourhood population or across a collaborative
- < **Locality Collaborative**
Better Health, Better Lives collaboratives x6
Agreeing local priorities to address health inequalities.
- < **Place**
Bradford District and Craven Health and Care Partnership
Planning and Prioritisation.



Locality Teams and All-Age Panel



Community Partnerships & Primary Care Networks
 Locality Development Roles x 5
 Linking 13 Community Partnerships across BDC with locality working
 Convening system partners in CPs
 Appropriate spending of Community Investment Standard
 Additional Roles Reimbursement Scheme - integration

Reducing Inequalities Alliance
 Core20+5 Community Implementers x 5
Focussing on most deprived communities
Local planning / funding from the Core20+5 fund
Utilise data from the BDC Health Inequalities Alliance
Co-ordinate with other locality partners



Bradford Council
 Area Co-ordinators x 5
 Neighbourhood Wardens and teams
Anti-social behaviour and community relations
Youth Services, Parking and



Adult Social Care Practitioners
 Community Led Support Approach
 Asset Based Community Development



Community Health Teams
 Transformed model of planned, unplanned and anticipatory care linked with community partnerships, PCNs and adult social care



Bradford VCS Alliance
 Nominated Locality reps / anchor organisations
 Advising on the grassroots organisations
 Ensures grant and commissioning messages are widely disseminated
 Sustainability of the VCS sector whilst delivering for local people



Children's Services & Family Hubs
 National family hubs roll-out
 Early Intervention & Prevention Panels



WY Police
 Early Action Teams
 10 x Police Officers based in localities to work within communities



Public Health
 Living Well Community Health Development Workers
 4 x CHWDs in localities + others
Engage communities to promote Living Well and reduce health inequalities;
b) Sustain community health approaches;
c) Mechanism to engage at a grassroots level to develop local health promotion
d) Gather insight into barriers for health promotion



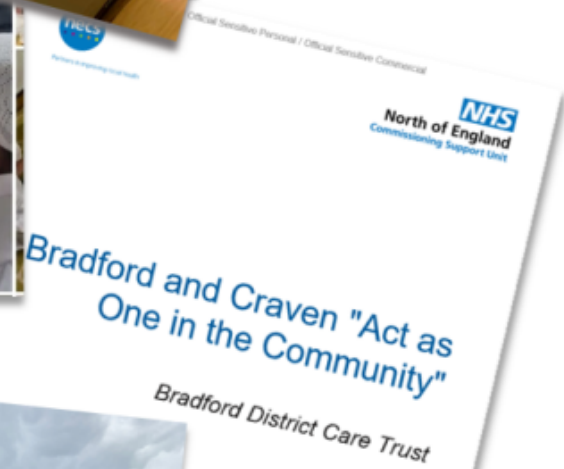
**MASJID
MILLAT-E-ISLAMIA**

Building Communities with ABCD

- ❑ Building Relationships – Covid
- ❑ Building Trust – Ward Officer
- ❑ Building Confidence – HAF
- ❑ Building Capacity – Volunteers

Supporting Ideas Into action

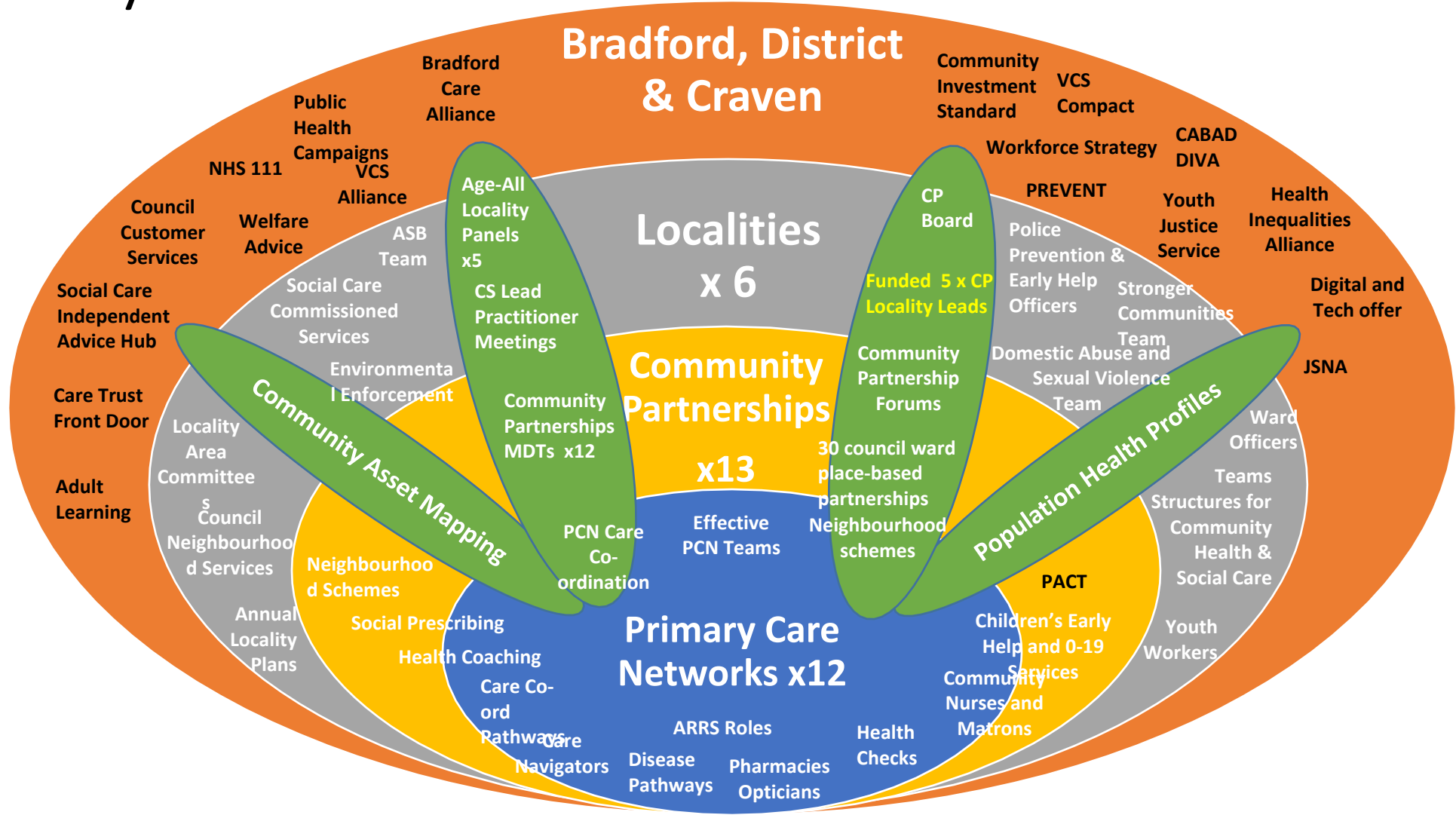
- ❑ Barbers Shops
- ❑ Loneliness and Isolation
- ❑ Warm spaces
- ❑ Information and knowledge
- ❑ Kick start funding
- ❑ Zakat – The duty of Charity



West Yorkshire Police Case Study

- 29 year old female with complex needs
- Both subject and victim of ASB, damage and regular calls for service
- Early Action Officer, took initial primacy made contact and undertook initial assessment
- Case discussed at All Age Panel
- Housing took lead role supported by other agencies
- Significant improvement in subject A's life, including employment and education opportunities
- Calls for service reduced from 28 to zero

Delivery Model

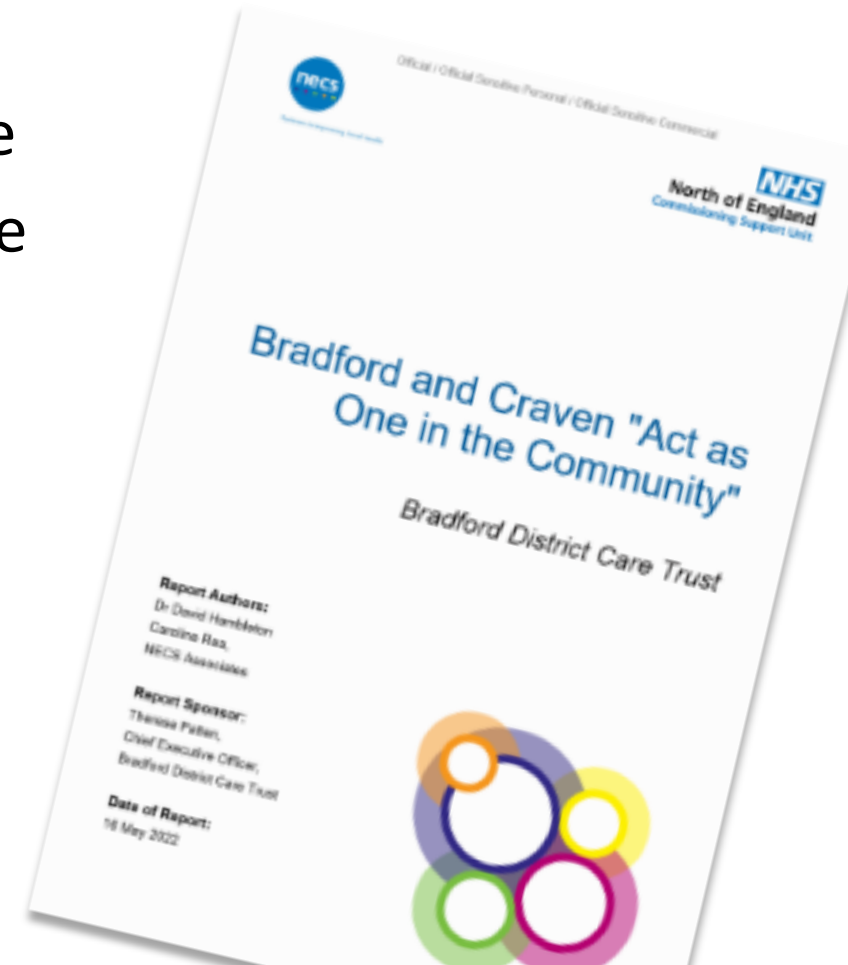


Challenge: Information Sharing

- GDPR 2018
- Legal Gate Ways
- Must only share what is necessary, relevant and proportionate
- ISA's
- Targeted Analytics

Next steps – Let's Get Badge-less!

- ❑ Complete recruitment to newly funded roles
- ❑ Introduce locality colleagues to each other
- ❑ Formalise all-age panels and processes everywhere
- ❑ Identify local office bases where we can collaborate
- ❑ Map our community assets
- ❑ Investment of Community Investment Standard



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Report of the Strategic Director, Health & Wellbeing to the meeting of Wellbeing Board to be held on 8 November 2022

E

Subject:

The Bradford District Anti-Poverty Strategy 2022-27 and the cost of living crisis

Summary statement:

This report presents the Bradford District Anti-Poverty Strategy 2022-2027 and the actions being taken to support our communities through the cost of living crisis.

EQUALITY & DIVERSITY:

Anti-poverty work is a key component of realising the Council's equality objectives, combating disadvantage and increasing the life chances of all protected groups. Low income is a locally agreed protected characteristic. This work has been developed with local communities, empowering people. It has been developed with a commitment to openness, transparency and involvement. It addresses inequalities in keeping with the objectives set out in statute.

A full equality impact assessment is being produced.

Report Contact: Iain MacBeath
Strategic Director Health & Wellbeing
Phone: (01274) 432990
E-mail: iain.macbeath@bradford.gov.uk

Overview & Scrutiny Area:

Corporate Overview & Scrutiny

1. SUMMARY

- 1.1 The Bradford district is particularly vulnerable to the cost of living crisis given it has high levels of poverty, poor housing, reliance on public services and a low wage economy. A new poverty landscape is emerging as the cost of living crisis hits our families, communities, public services and businesses. The impact of the cost of living crisis is felt by all but it hits the poorest communities and families the hardest.
- 1.2 Our new Anti-Poverty Strategy aims to address this new poverty landscape. It sets out an ambitious vision, based on achieving four core goals: protection, prevention, pathways and participation. The accompanying action plan is based around seven work themes, each with plans, actions and outcomes.
- 1.3 Our strategy aims to protect our most vulnerable and poorest communities through the cost of living crisis and, in the longer term, provide people with pathways out of poverty and help prevent people falling into poverty.

2. BACKGROUND

The National Picture

- 2.1 The cost of living crisis is being driven both by higher prices, especially energy, fuel and food, and a real-terms fall in incomes. In September 2022, inflation hit a 40 year high of 10.1%. Employment rates are historically high but this is accompanied by low productivity, real-terms wage decline and a sustained fall in living standards.
- 2.2 The rise in energy prices has dominated attention but the cost of essentials such as food, clothing and petrol/diesel have risen rapidly over the past year. In September 2022, food price inflation was almost 15%. ONS data shows that pasta prices rose 60%, tea jumped 65% and chips went up 39%. There were also large price increases for other everyday low-cost items including milk, biscuits and bread.
- 2.3 Further to this, rents and mortgages are rising. Interest rates have risen and are expected to rise further in the near future.
- 2.4 As noted in the August report to the Wellbeing Executive, the cost of living crisis hits the poorest places and groups in society hardest. This is because the poorest groups spend a higher proportion of their income on essentials such as energy and food. The poorest areas have high rates of poverty, poor housing quality with high energy inefficiency, a heavy reliance on public services and low wage economies. They are far more vulnerable to the cost of living crisis. Institute for Fiscal Studies' (IFS) analysis shows that in October this year *the poorest tenth are expected to have faced an average inflation rate of 14% compared to 10% for the richest tenth* (this factors in the Energy Price Guarantee).
- 2.5 The Bradford district is particularly vulnerable to the cost of living crisis given it has high levels of poverty, poor housing, reliance on public services and a low wage economy. Our strategy provides a detailed poverty profile showing this vulnerability.
- 2.6 The cost of living crisis also affects businesses, local authorities, public services and the voluntary and community sectors. For local authorities such as Bradford,

inflationary costs far outstrip government funding and council tax increases. This poses a serious challenge to the capacity of local authorities and wider public services. As demand for services rises, capacity is challenged. Analysis conducted over summer by the Local Government Association shows that inflation, energy costs and projected increases to the National Living Wage (NLW) will add £2.4 billion in extra cost pressures onto council budgets this year, rising to £3.6 billion in 2024/25.

2.7 The Government response to date can be broadly split into four phases:

- Earlier in the year, a range of energy support measures were introduced alongside some tax and benefit changes. The broad impact of these changes was progressive, benefitting the poorest the most.
- On the 8th September, in response to further rises in energy prices and forecasts that bills could rise still further, making them unaffordable for many millions of households, the Government introduced the Energy Price Guarantee (EPG). This capped the unit price of gas and electricity for the next two years, meaning typical homes would face an energy bill of around £2.5k. (A similar scheme for business but also including public services and voluntary and community sector organisations was introduced, lasting for six months).
- On the 23rd September, the “fiscal event” or mini budget introduced a range of tax cuts as part of the Government’s Growth Plan.
- On October 17th, the Chancellor’s statement; bringing forward measures from the Medium-Term Fiscal Plan and updating the Growth Plan 2022.

2.8 The market turmoil following on from the mini budget of the 23rd September was followed by policy changes, the appointment of a new Chancellor and a subsequent reversal of almost all the tax cuts introduced as part of the mini budget. This was followed by the resignation of the then Prime Minister and a new Prime Minister being appointed.

2.9 The reversal of the 23rd September mini budget measures were outlined in the new Chancellor’s statement (17th October) bringing forward measures from the Medium Term Fiscal Plan. Only the abolition of the Health and Social Care Levy, the increase in the Stamp Duty threshold and removal of the cap on Bankers bonuses remain.

2.10 As a result of the reversals, the EPG, originally introduced for two years, will now end in April 2023. There will be a Treasury review and a “new approach” introduced from April to reduce the overall cost to government whilst prioritising those in most need. There will also be a greater emphasis on energy efficiency.

2.11 The EPG now protects households from the full impact of future energy price rises for the next six months. Under the EPG a typical household bill is expected to be around £2,500. However, this still means that energy bills have doubled in a year. Even with the EPG more people will fall into fuel poverty and for those already struggling there is no additional support. The latest national data from the energy regulator Ofgem shows that by the end of June, 2,347,511 households were behind on their electricity bills and 1,858,585 on their gas bills. Both totals rose by about a quarter in just three months, and by almost two-thirds since the end of 2020. Nationally, in September 2023, Citizens Advice saw a record number of people who could not afford to top up their prepayment meter – the eighth time this record has

been broken in the last nine months. There has also been a rapid rise in people forced on to prepayment meters, these are more expensive and can easily run out of money.

- 2.12 Once the six-month protection ends in April 2023, a typical household bill is expected to rise to between £4 - £5k. It is not yet clear what will replace the EPG. Further, it is not yet clear how businesses and public services will be protected from the worst effects of energy price increases from April 2023.
- 2.13 More generally, the reversal of the cuts in the mini budget and the effective end of the Growth Plan will not substantially change the pressures felt by our communities and public services facing the cost of living crisis. For example, even if benefits are uprated in line with this September's 10.1% inflation figure (and this is by no means certain at the time of writing), the Institute for Fiscal Studies argues the real value of benefits will still be six percent lower than pre-pandemic levels. This amounts to a £500 decrease for an out of work claimant.
- 2.14 The Resolution Foundation forecasts that absolute poverty will increase by an extra 2.3 million people even if the Government increases benefits by 10% in April 2023. By 2025-26 it estimates a typical household will see its income fall by £1k as a result of all the tax and benefit changes announced to date during this parliament.
- 2.15 The Chancellor has warned of difficult decisions yet to come on public spending and taxes. The Fiscal Plan to be announced on the 17 November will outline these decisions. It is likely that there will be further cuts to public service budgets. This at the same time as the cost of living crisis continues to bite and further increases pressure on our communities and services.

THE NEW BRADFORD DISTRICT ANTI-POVERTY STRATEGY

- 2.16 The strategy sets the following vision:

“By working together, we want to make sure that Bradford District is a place where everyone, regardless of background, can realise their potential and lead fulfilling and prosperous lives free from the scarring effects of poverty and inequality.”

- 2.17 To realise this vision, the strategy connects all district wide work under four goals:

- **Prevention:** through early intervention and support which helps to build the resources, skills and capacity our people and communities need to avoid falling into poverty.
- **Protection:** from the harms of poverty through maximising income, minimising expenditure and providing access to goods, services and opportunities that ensure our poorest citizens can live a decent and secure life.
- **Pathways:** to help people out of poverty through providing clear pathways that develop the skills, capacities, jobs and opportunities through which people can prosper. For example, ensuring digital inclusion, developing the skills necessary to progress in the workplace and providing decent, well-paid jobs.
- **Participation:** to ensure our poorest citizens can take part in the full social, political, economic and cultural lives of their communities. This means expanding the public realm – providing goods, services and facilities that ensure all our citizens can participate in their communities.

2.18 To work toward these goals, there are seven work themes. The themes are designed to allow read-across with the District Plan and key district-wide strategies. The themes are:

- Financial inclusion
- A great start and a great education
- Better skills, good jobs and a growing economy
- Better health, better lives
- Better housing and inclusive and sustainable communities
- Supporting vulnerable groups
- Participation and voice

2.19 The work themes bring together a range of strategies, policies and programmes. The aim is to ensure that poverty is addressed through ALL of the Council's strategies and plans, reflecting our adoption of the socio-economic duty in our equalities strategy.

2.20 Attached to the work themes is a detailed action plan. Below, we pick out some of the programmes that are currently running or in development. Firstly, we select those which focus on the goal of protection and our immediate work on the cost of living crisis. Secondly, we select some of the programmes which have longer term goals of prevention, providing pathways out of poverty and ensuring all our citizens can participate in the full social, political, economic and cultural life of their communities.

2.21 Central to the whole design of the strategy and the way in which it works is:

- working in partnership with our communities and partners. We are working to embed co-production at the heart of all we do;
- building our communities and partners into the design, delivery and evaluation of all we do;
- building on what we know works and what we learned from our work with our communities and partners during the pandemic. We are building on our expertise in partnership working and the skills and capacities we have embedded in our communities, and across the Council and our partners.

2.22 The strategy sets an enabling framework for this and is a live strategy. It will evolve and develop in response to the cost of living, changing policy environment and our ongoing work. Throughout the crisis we will ensure our communities can access help and support; our policy responses are constantly adapting to the cost of living crisis as it continues to unfold. Our cost of living survival guide, for example, is updated every day and available at <https://costoflivingbradford.co.uk/>

2.23 Our strategy seeks to join up work across the district but also join up regionally and nationally. For example, we are

- working with the Mayoral authority to obtain additional funding for welfare services;
- joining up our anti-poverty work with wider regional and national work through the Health Inequalities Alliance and work with Act Early;

- working with our combined authority partners through participation in a regional cost of living working group, sharing best practice and developing a common advocacy approach to the ask of national government

WHAT WE ARE DOING

PROTECTION: Priorities: Food and Fuel Poverty, Maximising Income, Minimising Costs, Protecting Vulnerable Groups:

Delivering the Household Support Fund (HSF).

- 2.24 This is a national grant funding emergency support that is locally designed and delivered. Introduced in October 2021, initially for six months, it has since been extended twice and will now run until March 2023. In total, almost £17m worth of support will have been delivered from October 2021 to March 2023 across Bradford District.
- 2.25 Grant conditions for the October to March 2023 phase of the fund were announced in the last week of September 2022 and a plan was formulated based on a needs analysis, feedback from previous schemes and elected member involvement. The latest tranche of funding has fewer grant conditions but an element of the scheme must have an application process for those experiencing the greatest hardship.

Household Support Fund Projects from October – March 2023:

- **Voluntary and Community Sector Funding (£1.1m).** Focused on food provision, around a 100 voluntary and community organisations have been mobilised across the district. They have been tasked with working with vulnerable/disadvantaged families in need of food and are providing healthy food hampers both for collection and by direct delivery.
- **Warm Spaces Initiative (£320k).** This will provide for smaller community and faith organisations not delivering as part of the funding provision above to apply for a one-off £500 or £1,000 grant to enable them to provide access to a warm space and hot drink for local people. This type of grant funding could enable small organisations to expand their current provision or set up a warm space. A communications toolkit is available for any organisation to use, regardless of whether they receive a grant or not at: <https://www.bradford.gov.uk/health/health-advice-and-support/warm-spaces-communications-toolkit/>
- **Additional support for our foodbanks (£300k).** Funding provided to Storehouse to ensure foodbanks are able to support our most vulnerable residents. There is a specific focus on supporting the faith sectors and underrepresented groups such as BAME, LGBT, refugee and asylum seekers and Roma communities. There is also provision for foodbanks to provide white goods where people are unable to cook.
- **Smaller schemes for specific groups (£510k).** We have identified specific groups of people who will need additional support and have partnered with VCS organisations to provide a specific offer. These include family carers with Bradford Carer's Resource, uniform savers with the Credit Union, Warm Homes, Child Safe Sleeping with Baby Bank, care leavers and a fuel assistance / white goods scheme with an application process for those most in need through the Council's own Revenues and Benefits Service.

- **Help with Fuel Costs (£3.55m).** The majority of the grant will be spent on direct payments to support low income households with the cost of energy and food. To ensure we support as many people as we can, this scheme will make a payment of £65 to all households in receipt of Council Tax Reduction towards increased fuel costs, with an additional £20 one-off payment per child in the household for food. A one-off post office voucher for both sums will be posted automatically in December 2022 – there is no need to apply.

Welfare Assistance and Advice

- 2.26 A £2m funding package has been provided to recommission welfare advice services across the district and reconfigure how such advice and guidance is provided. Public Health commissioners are funding a comprehensive information, welfare advice and guidance service. This includes a number of pilots across the district which utilise digital technology to allow faster access. We are also working with the Mayoral authority to access a further funding stream for welfare advice support.

Cost of Living Public Information Campaign

- 2.27 A cost of living guide booklet was published on the 10th October in partnership with CABAD. The booklet has an associated mobile website and app that can be kept updated with the latest details of local groups and assistance. The Council is working with public, private and voluntary sector partners to develop a shared district wide approach to the information, advice and guidance we give out to ensure access to support is made as easy and straightforward as possible and that all information is in real time.
- 2.28 As part of this we are currently reviewing additional opportunities for promoting take up of benefits.

Financial Inclusion

- 2.29 In addition to the measures contained in the Household Support Fund, we continue to support a range of projects aimed at maximising people's incomes and reducing the costs they face. In the longer term, we aim to bring all projects together into one coherent and complimentary district wide financial inclusion strategy.

Key projects:

- ***Bradford Credit Union:*** continues to develop its membership – now at 9,000. Of these, 2,500 members would face total financial inclusion without the support of the credit union. The credit union, supported by the Council and working with a range of partners, has developed and continues to develop a range of innovative schemes.
 - For the academic year 2021-2022 a Uniform Savers project has supported 285 families; this has been nationally acclaimed. This project has been extended for this academic year.
- ***Poverty Proofing the School Day:*** this project is currently running with 18 schools and is developing ways of reducing the costs of schooling for our poorest communities.

- **Warm Homes/Health People:** this programme combines national and local funding and has been extended for 2022-2025. It is aimed at helping alleviate fuel poverty.
- **Support for social supermarkets and foodbanks:** we work closely with our VCS partners to support foodbanks across the district and develop new schemes such as FoodSavers. The food parcels vary in size, providing food to individuals and families which can last from a day through to a week.

PREVENTION, PATHWAYS AND PARTICIPATION

2.30 In addition to the immediate support the strategy sets out longer term goals of preventing people falling into poverty, providing pathways out of poverty and ensuring that all our citizens, regardless of circumstances, can participate in the full social, political, economic and cultural life of their communities. The strategy contains a wide range of programmes and plans including:

- Developing a 0-5 Early Years Programme and an Early Childhood Services Outcomes Offer;
- Implementing the Raising Attainment Strategy for Bradford schools. The 5 Year Strategy will look to raise attainment by investing in seven areas of focus for the duration of the strategy. Over the 5 years it is planned to invest a total of £26 million in a range of projects;
- Investing £3.57 million in funding Skills House;
- Working closely with our partner organisations such as the NHS, schools and the voluntary sector to develop mental health services for young people;
- Implementing the Digital Inclusion Programme, supporting communities with access to devices, internet and digital skills to engage in the digital world. Working closely with the VCS, NHS, local and national organisations to reduce the digital divide across the district;
- Levelling Up Strategy: over £60 million of levelling up funding successfully bid for to date supporting redevelopment of Shipley and Keighley and integrated health and leisure provision on Squire Lane and 'mini hub' mental health and support services in Manningham and Tong;
- Collaborative working through the Act Early Consortium.

3. OTHER CONSIDERATIONS

3.1 Individual consultation has taken place with organisations and groups who have delivered support, and with residents who have been in receipt of financial support between 2020 and 2021. Some of the strengths identified during the consultation which supported the development of a strategy were:

- the availability of support within local communities has meant people, many of whom were not known to services, have been able to seek support at the earliest opportunity;
- trusting and valued relationships have been established between the Council, organisations within the third sector and with residents;
- there has been a good level of advice, information and support for households experiencing financial difficulties;

- there has been strong partnership working to ensure a diverse offer of support, information, and joined up working;
- residents described the support they have received as a lifeline, without which they would have plunged further into debt and crisis. The quotes utilised in the strategy are taken from residents who have received support from the Covid support grants.

3.2 Through this consultation we also learnt that:

- too many households are already experiencing crisis at the point they ask for help;
- in some instances, information about where families can access support has not felt accessible enough. Residents and delivery partners expressed that ease of access and improved communication channels would support more instant support, reducing the number of services residents pass through to get the support they need;
- in some instances, digital exclusion has been a barrier to accessing support.
- the impact of Covid-19 and the increased cost of living on financial hardship is still emerging;
- sustainability based on uncertainties regarding future funding means many smaller organisations are struggling to plan for their future.

3.3 The outcome of this user consultation has supported the need for a strategy to support immediate financial crisis and develop a system of secondary prevention.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 Proposals will be funded from within existing budget allocations and from the Household Support Fund. The Household Support Fund is a government grant of £5.69m from October – March 2023 with grant conditions, all of which are met in the plan described above.

4.2 The Board should note that the Household Support Fund is short term grant funding to March 2023 and on its expiry the schemes will no longer be funded; activities will need to cease unless alternative funding can be identified.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 Final grant determination documents for the Household Support Fund were received by councils on 30th September 2022. The scheme was therefore formally approved under Part 3D, Article 11 – Special Urgency of Bradford Council’s consultation to allow expenditure to begin on 1st October 2022. A decision note has been lodged with the City Solicitor.

6. LEGAL APPRAISAL

6.1 Final grant determination documents for the Household Support Fund were received by councils on 30th September 2022. The scheme was therefore formally approved under Part 3D, Article 11 – Special Urgency of Bradford Council’s consultation to allow expenditure to begin on 1st October 2022. A decision note has been lodged with the City Solicitor.

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

7.1.1 Experiencing financial hardship and poverty has an impact on emotional health and wellbeing and hence on motivation, quality of life and opportunity. This strategy will support intervention at the appropriate level to provide financial support where needed, either directly or through our partner organisations. The strategy aims to support and empower individuals to build their own resilience through accessing support.

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

7.2.1 No greenhouse gas emissions implications arise from the recommended decisions.

7.3 COMMUNITY SAFETY IMPLICATIONS

7.3.1 There is a correlation between deprivation and areas of our district that experience the highest level of crime. This has increased the need for focus on prevention of poverty within the district's new strategic approach.

7.4 HUMAN RIGHTS ACT

7.4.1 The Anti-Poverty Strategy is key to mitigating inequalities caused by financial deprivation and poverty. The strategy sets out the long term vision for the district working with partners to improve the lives of all those living in the district and is centred on tackling poverty and inequality. The proposed strategy offers an opportunity to adopt a more personalised approach to engage with individuals and groups to ensure accessibility to services offered and remove barriers to accessing support and advice. The key principles of the strategy will ensure the diverse needs of the residents of our district are met, leaving no one behind.

7.4.2 Establishing the Anti-Poverty Strategy embeds a collaborative approach based on work with local communities, empowering people and a commitment to involvement, to address the cost of living crisis and greater inequalities which is in Keeping with the Human Rights Act 1998.

7.5 TRADE UNION

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

7.6 WARD IMPLICATIONS

7.6.1 The Anti-Poverty Co-ordination Group will work directly with Council officers with a direct remit for developing and monitoring ward action plans.

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

7.7.1 Not applicable

7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

7.8.1 Children in Care are one of a number of groups most affected by poverty and reduced life chances. The report identifies specific measures to support children in care and care leavers.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

7.9.1 None

8. NOT FOR PUBLICATION DOCUMENTS

8.1 None

9. OPTIONS

9.1 The report is for comment and discussion.

10. RECOMMENDATIONS

10.1 It is recommended that the Wellbeing Board

- 1) Adopt the Bradford District Anti-Poverty Strategy 2022-27 including any updated comments received from the Board.
- 2) Endorse the approach to the cost of living crisis set out in the Anti-Poverty Strategy and provide comments.

11. APPENDICES

11.1 Appendix 1: The Bradford District Anti-Poverty Strategy 2022-27

12. BACKGROUND DOCUMENTS

12.1 None



City of
BRADFORD
METROPOLITAN DISTRICT COUNCIL

BRADFORD DISTRICT ANTI-POVERTY STRATEGY 2022-2027





The wording in this publication can be made available in other formats such as large print and Braille. Please call 07790 893165.

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BRADFORD DISTRICT SHARED VALUES

WE PROTECT
each other and the world we share so that everybody can be happy, healthy and safe

WE SHARE
ideas, resources, knowledge and skills as well as our challenges and opportunities

WE RESPECT
ourselves, each other and our communities

WE CARE
for each other and treat each other with kindness

EXECUTIVE SUMMARY



We want to make sure that Bradford District is a place where everyone, regardless of background, can realise their potential and lead fulfilling and prosperous lives free from the scarring effects of poverty and inequality.

We have some of the wealthiest places in the country in our district but many more of the poorest. Far too many of our people are living in poverty and there are wide inequalities in life chances and opportunity across the district. This is quite literally a matter of life and death. A child born into the poorest family can expect to live ten years less than a child born into the wealthiest.

Across the district, one in five of our working age families live in relative poverty and two in five children aged under 15 live in relative poverty. In the constituencies of Bradford East and Bradford West, half of children aged under 15 live in relative poverty.

Even before the pandemic hit, poverty and deprivation were increasing. In 2015, Bradford was the 19th most deprived city in England, by 2019 it was the 13th most deprived. Increases in life expectancy had stalled, deep health and educational inequalities marked our district and our economic potential was limited by an economy with a large number of poorly paid, low skilled jobs.

The pandemic deepened poverty and shone a spotlight on the deep inequalities that scar our society. Those who had least were hit hardest. From March 2020 – February 2021, half of COVID-19 fatalities occurred in the 20% most deprived areas of Bradford. The 20% least deprived areas of Bradford had 7% of fatalities. Unemployment rose, food bank use soared, debt increased. Our children and young people were heavily

hit by the wider social, educational and economic consequences of the pandemic. This will have long term consequences.

In addition to the pandemic, we now face a cost of living crisis. We know the crisis will deepen poverty and make the daily struggle to get by even more difficult.

Inflation is at a 40 year high. This is most obvious in the steep rise in energy, food and fuel costs. This hits the poorest households hardest; they spend a higher proportion of their income on essentials such as heating and food. Research shows that, on average, the poorest 10% of households face inflation rates 1.6 times higher than the richest 10% of households. In cities like Bradford, inflation rates can be up to 3% higher than the national average. As well as

higher costs, household budgets are being squeezed by changes in taxes and benefits. Living standards are falling as wage increases fall behind price rises.

The impact of the cost of living crisis will be both short and long term. Short term impacts will be evident in a rise in poverty levels, in particular food and fuel poverty, debt problems and greater stresses on already vulnerable families and groups. This can be expected to increase demand on key support services. It is no exaggeration to say that many more of our poorest families will struggle to get by, facing harsh choices between eating and heating.

Longer term impacts arise from the lifetime scarring effects of poverty. These will be seen in outcomes such as educational achievement, life and healthy life expectancy, jobs and skills. The key drivers of health outcomes, for example, are socio-economic. Reduce poverty and population health outcomes will improve in the long run.

Even before the pandemic hit, poverty and deprivation were increasing. We know the cost of living crisis will deepen poverty and make the daily struggle to get by even more difficult.

This strategy sets out the Bradford approach to meeting the challenge of poverty. Building on previous strategies and the good work taking place across the district, it sets out:

- what we mean by poverty, how much poverty there is across our district and why tackling poverty matters;
- our vision and four core goals;
- our wide ranging plan to meet our four core goals. This is based around seven work themes; each theme has a set of priorities and accompanying programmes.

The strategy is built on a partnership approach. It is owned by all stakeholders who have an essential role to play in preventing and reducing poverty in Bradford District. This means public agencies, the voluntary, community and social enterprise sector, businesses, and communities themselves. We must all work together to tackle poverty at a local level. We must at all times work with our communities. We must build them in not out. We must base our work on what works best for them. We will follow the “nothing done to us without us” principle.

The strategy is steered by the Anti-Poverty Co-ordination Group and overall governance responsibility lies with the district Health and Wellbeing Board.

Our four core goals aim to:

- Protect people in poverty
- Prevent people falling into poverty or falling further into poverty
- Provide pathways out of poverty
- Ensure those in poverty can participate in the full social, political, economic and cultural life of their communities

Our seven work themes aim to ensure that we achieve our four core goals by ensuring:

- Financial inclusion
- A great start and a great education
- Better skills, good jobs and a growing economy
- Better health, better lives
- Better housing and inclusive and sustainable communities
- Supporting vulnerable groups
- Participation and voice

Our strategy provides help in the short term, with the day by day struggle to get by. It also provides help in the long term, by preventing poverty and providing routes out of poverty.

We need to be realistic. Poverty is an entrenched problem. The continuing impact of the pandemic and now the cost of living crisis will further entrench poverty. Many of the key policy levers influencing poverty lie with

national government and are outside of local control; these include economic, welfare, education and health policy. At local level, we cannot determine these. Further, the capacity of local government has been severely reduced since 2010 because of austerity. This resulted in approximately a £413 per person spending cut from 2010-2019. Also, many of our current programmes are dependent on national funding.

But if we work together and build on our strengths, we can meet the challenges we face.

Our strengths

- First and most important, our people. We are the youngest city in the UK. Our district has one of the most diverse and vibrant populations. In 2025 we will be the UK City of Culture.
- Second, the Bradford economy is worth £9.5 billion, the 11th largest in England. It has a strong, broad-based, innovative and entrepreneurial business community. And we are one of the most internationally connected cities in the UK.
- Third, we have some excellent assets in the district to help us: the expertise of Born in Bradford (BiB), award winning youth and social cohesion projects, integrated careers and vocational skills programmes, the University of Bradford’s achievement as the number one UK University for social mobility and fantastic programmes such as Better Start Bradford, JU:MP and the Bradford Outcome Area. All of these in a diverse, vibrant district of outstanding natural beauty, rich cultural heritage and entrepreneurial innovation.
- Fourth, the pandemic has shown the central importance and strength of Bradford’s public services and local partnership working and how Bradford excels in partnership working and provision.

By working together, we can ensure that the services we provide, the budget decisions we make, and the strategies and policies we develop protect our poorest and most vulnerable citizens and work toward reducing poverty.

As a measure of our commitment to reducing the impact of poverty and inequality, the Council has adopted the socio economic duty. This means low income groups and people living in poverty are one of our protected characteristics when conducting Equality Impact Assessments. All policies and strategies are now assessed to ensure that they work toward reducing poverty and inequality. We are working closely with our partners to ensure this is a district wide approach.

OUR VISION AND OUR FOUR CORE GOALS

By working together, we want to make sure that Bradford District is a place where everyone, regardless of background, can realise their potential and lead fulfilling and prosperous lives free from the scarring effects of poverty and inequality.

To do this we need to focus on:

1

PREVENTION

to stop people falling into poverty by maximising household income and ensuring people have access to the resources they need to take part in society and participate in the life of their community.

2

PROTECTION

from the harms of poverty through maximising income, minimising expenditure and providing support to enable access to the goods, services and opportunities that ensure our poorest citizens can live a decent and secure life.

3

PATHWAYS

to help people out of poverty through providing clear pathways that develop the skills, capacities, jobs and opportunities through which people can prosper. For example, ensuring digital inclusion, developing the skills necessary to secure work and progress in the workplace, and growing the number and range of decent, well paid jobs.

4

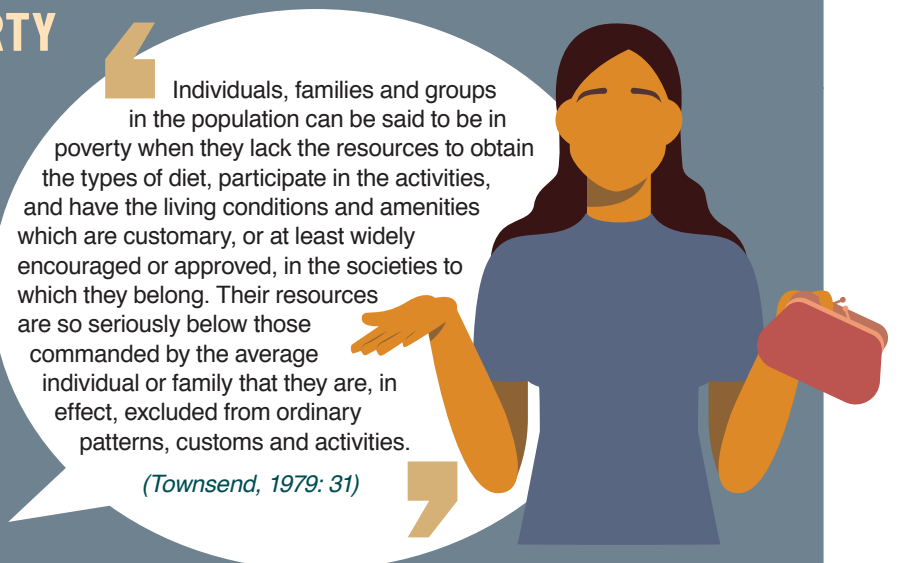
PARTICIPATION

to ensure our poorest citizens can take part in the full social, political, economic and cultural lives of their communities. This means expanding the public realm – providing goods, services and facilities that ensure all our citizens can participate in their communities. For example, a public park with good play facilities and holiday activity programmes opens the community to all, regardless of income.

WHAT WE MEAN BY POVERTY

There is no one agreed definition or measure of poverty. This can make it difficult and confusing when discussing poverty. However, running across a range of definitions is a broad consensus that poverty means that individuals or families lack the necessary income and resources to meet their minimum needs, including the need to take part in society and participate in the life of their community.

Poverty denies people basic citizenship rights. This is captured in the following definition:



Individuals, families and groups in the population can be said to be in poverty when they lack the resources to obtain the types of diet, participate in the activities, and have the living conditions and amenities which are customary, or at least widely encouraged or approved, in the societies to which they belong. Their resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from ordinary patterns, customs and activities.

(Townsend, 1979: 31)

This definition draws out attention to three fundamental features of poverty which mark out the approach taken in Bradford.

- **First**, poverty is **relative** to the society we live in. What it is to be poor changes over time and place. For example, access to the internet would not have featured in a definition of poverty 100 years ago. Today, however, access to digital technology is crucial to accessing a wide range of goods and services and being able to participate in society. We saw in the pandemic how important access to digital technology was to maintaining education and how disadvantaged pupils struggled to access online education.
- **Second**, poverty is not just about income levels. It is about wider **deprivation** and the ability to **participate** in society. Poor people do not just

lack money. They are disadvantaged in a range of ways – poor education, health and housing; less opportunity to participate in social, cultural, economic and political life; and less opportunity to sources of support and status that help to develop our sense of self-worth.

- **Third**, poverty is **structural**. It is not about bad behaviour or choices. It is about the ways we organise our society and economy. It is not that individual decisions don't matter; they do. But whatever decisions individuals make, they are always made in circumstances that they do not fully control. If this seems confusing, think about how much the pandemic or cost of living crisis has affected our lives. None of us chose this. Levels of poverty are really determined by the ways in which we organise our society and economy.

MEASURING POVERTY

Given that there is no one definition of poverty, measuring poverty is not easy. A wide range of statistics and measures are used to capture poverty. A range of terms are used to describe poverty, for example; relative poverty, absolute poverty, destitution, low income, deprivation and disadvantage.

The UK government commonly uses two measures of low income to describe poverty. These low income measures can be calculated before or after housing costs are taken into account.

- **Relative poverty** - household income of less than 60% of the current UK average. In 2021, households whose total earnings were less than £17,760 would have been classed as living in relative poverty. Before housing costs, one in six people had an income below the poverty line. After housing costs, one in five households in the UK had an income below the poverty line and 30% of children lived in households below the poverty line.
- **Absolute poverty** - the government's definition is those who earn less than 60% of the median income of 2010/11. So, in 2021 households living on less than £13,166 after housing costs would have been classed as living in absolute poverty. This definition is not the same as other organisations' definition of absolute poverty. It is not an

international poverty line, and it is not defined as being able to afford essentials.

The Government measures, while important, give little insight into the experience and consequences of poverty. They say nothing about:

- the lived reality of poverty, the daily struggle to meet basic needs, trying to make too little income meet to many costs. The cost of living crisis has made these daily struggles, such as having to decide between heating and eating, much more public;
- the way in which poverty and deprivation affect all areas of life from the ability to afford essentials to the quality of housing and employment. We can see the long term effects of poverty and deprivation in people's health and in their life expectancy.

As we saw earlier, the Bradford approach is to view poverty in terms of wider deprivation and its impact on people's ability to participate in the life of their communities.

We need data on income but we also need data on costs and spending - what people can afford - so that we can measure whether people's incomes are sufficient to meet their needs. For example, minimum income standard approaches try to measure material

deprivation by asking families if they can afford certain goods, services or activities that are deemed essential.

We also need data on the impact of poverty on life expectancy, health, education, housing, employment, community safety and so on. Without essentials such as an adequate diet, good health, jobs, decent education and access to good housing, people cannot live long, prosperous and fulfilling lives. They are denied the most basic citizenship rights. They are not free to live the kinds of lives open to other people in their society.

And crucially, we need to understand the lived experience of poverty. Behind all the statistics lie real people. We need to understand their lived experience and provide a voice for those whose daily lives are dominated by the struggle to get by.



We want our strategy to be based on the best evidence. We will work closely with our partners, including academic partners, and our communities to:

- build a better understanding of poverty;
- capture the lived experience of poverty;
- evaluate what we do so we know what works best for our communities.

WHO IS AT RISK FROM POVERTY?

The simple truth is we all are. Any one of us can suddenly have our lives turned up-side down by illness or injury, loss of a job or break up of a family.

But it is true to say we do not all experience the same chance of being in poverty. For a privileged few there is virtually no risk, for others it is very high. We do not all have the same resources to help us avoid falling into poverty, to survive poverty or to escape a period of poverty without it leaving long lasting effects on our lives.



Across Bradford, as across the country, some groups are more likely to be in poverty than others. The risk of being in poverty is particularly high if you fall into one or more of the following groups:

- Large families
- Children
- Single parents
- Those with a registered disability
- Households headed by someone of Bangladeshi/Pakistani/Black ethnicity and, in Bradford, those from a Roma/Gypsy background
- Highly vulnerable groups such as the homeless, care leavers or carers, those with severe mental health problems or drug/alcohol addiction.
- Pensioners on pension credit
- People living in social housing

Geographically, poverty is concentrated in the following wards: Manningham (the most deprived), followed by Little Horton, Bowling and Barkerend, Bradford Moor, Tong, Keighley Central, City, Great Horton, Toller, Eccleshill, Royds, Keighley West, Clayton and Fairweather Green, Wibsey.

OUR CHALLENGES – POVERTY ACROSS THE DISTRICT

Bradford is one of the most deprived local authorities in the country. The poverty profile shows the extent of poverty and deprivation across the district as we entered the cost of living crisis. We know the crisis will increase poverty and make the daily struggle to get by even more difficult. This is not to deny the strengths and potential of our district. We have an economy worth £9.5 billion, the 11th largest in England. We have some of the wealthiest places in the country in our district. But it is to recognise the challenges we face in ensuring that everyone in our district enjoys the benefits of our economy and can fully participate in the life of their communities.

A sea of poverty flows around islands of wealth and the tide is rising. To summarise key statistics from the poverty profile:

- Bradford is the 13th most deprived local authority in England out of 317 and the 5th most income deprived.
 - 14 of Bradford’s 30 wards were in the 10% most deprived wards in England.
 - 240,000 people in our district were living in wards which were in the 20% most deprived wards in England and 157,000 in the 10% most deprived.
- 22% of working age people live in relative poverty.

- Two in five of our children aged under 15 live in families in relative poverty and one in three are in absolute poverty. Half of children in poverty are in families with someone in work.
- Bradford has the 3rd highest percentage of children living in relative poverty and 2nd highest in absolute poverty in England, when judged before housing costs are taken into account.
- 20% of families are in food and fuel poverty.
- There is a ten-year difference in life expectancy between people living in the most deprived area and people living in the least deprived area.
- Educational attainment is lower than the national average and especially for those from the poorest backgrounds, who on average are 18-22 months behind by age 16.
- Average full-time wages are lower than the regional and national average. We have a very high number of people in low paid occupations, a low skill base and very high economic inactivity rates - higher than the regional and national average. In 1997, the average income per person in Bradford was 13% below the national average. By 2019, it was 26% below the national average.



The **Social Mobility Commission (2021)** noted:

Bradford has some of the worst outcomes for disadvantaged young people in the country, with earnings of £9,500 per year and one of the largest pay gaps between young people from working class and better off backgrounds, even with the same levels of education. In comparison, disadvantaged people from neighbouring Harrogate earned £18,000 per year – almost twice as much – with a smaller pay gap.

THE LIVED REALITY

“ I’m scared all the time, scared that I can’t pay for things the kids need, scared if the fridge or washer breaks, scared if the kids are still hungry. What can I do? ”

“ We all go to bed early now, it saves electric if we don’t use the lights and TV but I think this will be worse in winter when it’s dark early. ”

“ I cry a lot, every time you think it’s as bad as it can be it just gets worse. I keep crying thinking about the next lot of price rises. ”

“ What are we supposed to do when the washing machine breaks? We have no choice; we have to get loans out even if we know it’s a rip off. ”

“ I missed my smear test twice, once because work couldn’t let me have time off and once because I couldn’t afford the bus fare to get there. ”

“ Birthdays and Christmas are supposed to be happy times but they’re not, not anymore. Even the six week holidays are a nightmare. ”

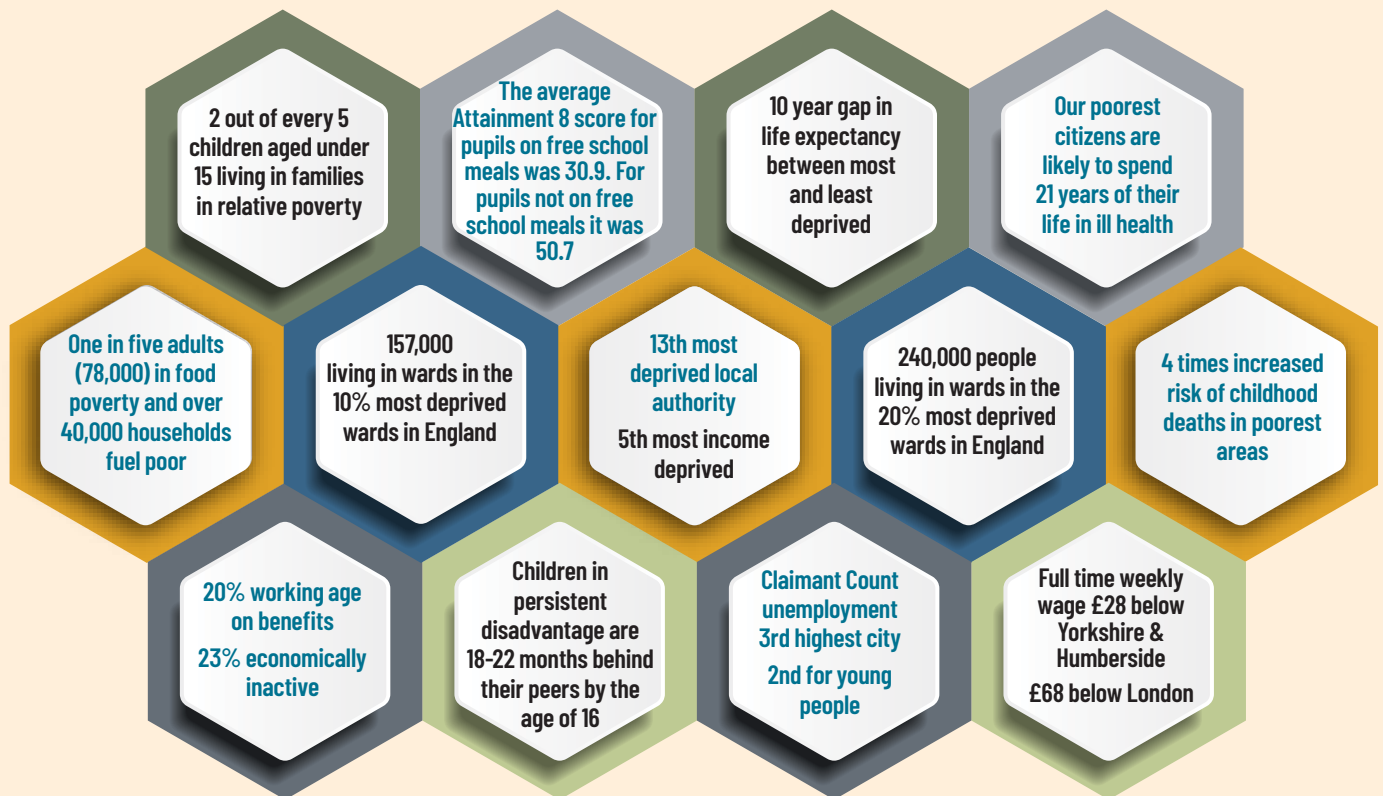
“ It’s hard when the kids talk about what their friends do and I have to keep telling them no. I’m sure they’ll grow up hating me. ”

“ You keep hearing about cutting out one take out coffee a day would make a difference like we can even afford one in the first place. ”

“ We had to give our dog away, we couldn’t afford his food anymore. ”

“ My kids get called names because their uniform gets dirty but I can’t afford to put the washer on every day or buy them spares and I know it’s my fault. ”

In numbers: the district’s poverty profile as we entered the cost of living crisis



WHY POVERTY MATTERS

Imagine two babies, one born into the poorest family in the district and one into the wealthiest. Knowing only this one thing about these two babies, it is a sobering statistical fact that we can predict their life chances will differ substantially.

There are few areas of life that poverty does not affect. The poorer you are the lower your life expectancy, the poorer your overall physical and mental health, the less likely you are to get higher level qualifications, secure good jobs with good wages in adult life, secure access to good housing and participate in the full social, economic and cultural life of your community.

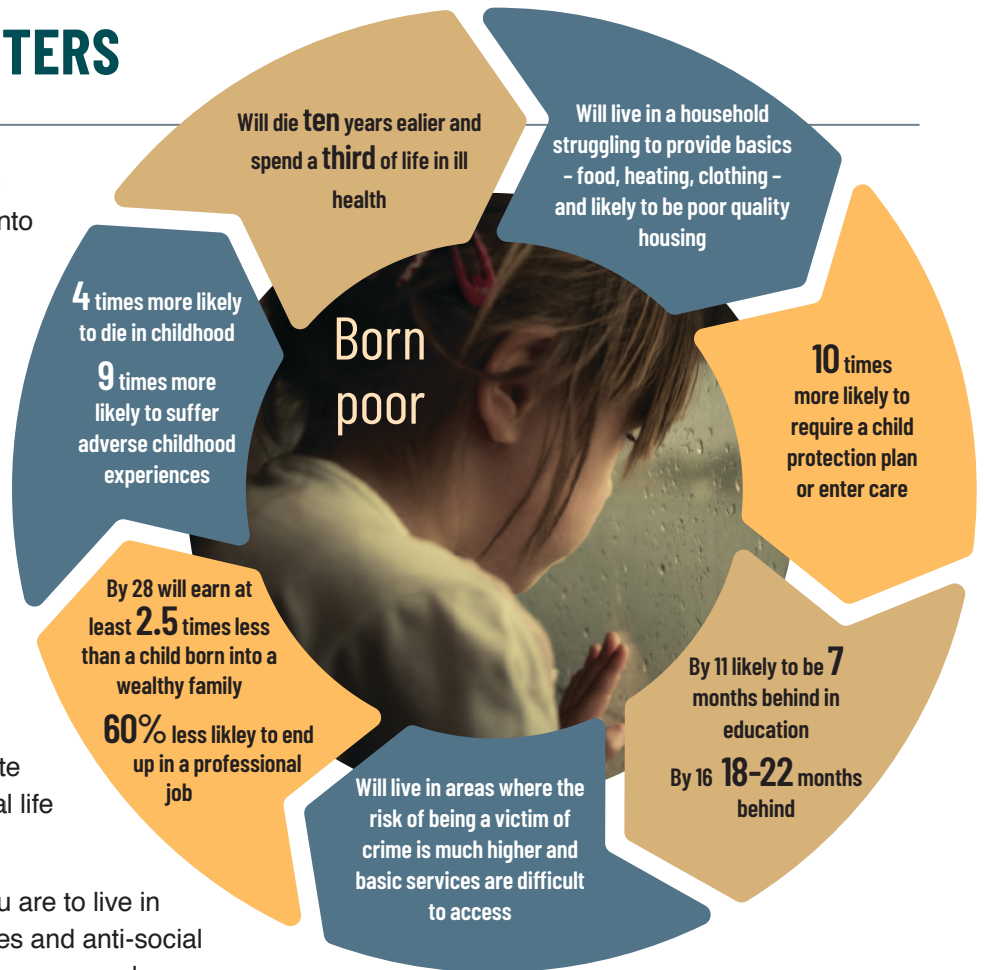
The poorer you are the more likely you are to live in neighbourhoods with higher crime rates and anti-social behaviour, have less access to green spaces and play areas, suffer high risk of exposure to pollution, accidents and injury and pay more for essentials such as food, water and energy (this is known as the **poverty premium**), often facing difficult choices between whether to eat or pay a bill.

The more likely you are to experience lack of access to basic services such as health care (this is known as the **inverse care law**), and spend a larger part of your adult life coping with illness or disability. The stresses and anxiety of living in poverty impose huge strains on individuals and families. They can lead to family breakup, homelessness and higher rates of harmful behaviours, such as drug and alcohol use and smoking.

Poverty can also corrode self-worth and self-esteem. It often brings with it a sense of shame and inadequacy, a direct consequence of being marginalised, stigmatised and “othered”.

But poverty is not only a huge cost to those individuals and families living in poverty, it is also a huge cost to our wider economy and society.

- First, it is an enormous waste of people’s lives and potential. It deprives our society and economy of the skills and talents of those who have valuable contributions to make.



- Second, it is a brake on our ability to develop a strong, diverse and inclusive economy and society. Poverty means that people have little income to spend. This reduces demand in the economy so that businesses cannot grow and develop. Low wages, insecure jobs and low skill levels reduce productivity, slowing economic innovation and development.
- Third, dealing with the consequences of poverty imposes huge strains on public services and the public purse - around £1 in every £5 of public spending is spent dealing with the effects of poverty. At the same time, high levels of poverty reduce tax revenues and income, reducing the ability to provide services that meet need and develop the economic, social and cultural wealth of our communities.

We cannot hope to achieve the potential of our district and ensure that all our citizens live long, happy and fulfilling lives unless we can reduce the impact of poverty on life chances.

OUR SEVEN WORK THEMES

We cannot really make a difference to levels of poverty in Bradford unless we can move from protecting those in poverty to preventing people falling into poverty and providing pathways out of poverty. This is how we ensure that all our citizens have the ability to participate fully in the life of their communities.

This means we must develop a more inclusive economy with better paid jobs, raise educational achievement, provide people with better housing, reduce health inequalities and so on.

We know this is complicated and difficult. The causes and consequences of poverty are inter linked. For example, we know that poor children do less well in school and have poorer educational outcomes. We also know that doing less well in school and having poorer educational outcomes increases the chances of being poor as an adult. So, poor educational outcomes are both caused by poverty and can, in turn, cause poverty in adult life.

This is why we have developed a wide ranging action plan to meet our goals, based around seven work themes. These themes are specifically designed to capture the different dimensions of poverty such as income, health, education, and to align with our district plan priorities and wider strategies.

Our seven themes

- **Financial Inclusion:** We cannot hope to reduce the impact of poverty unless we can maximise the income of our poorest citizens and reduce the costs they face. We want to ensure that we reduce food and fuel poverty, maximise take up of benefits and, where possible, minimise the costs of accessing goods and services essential to living a decent life.
- **The Best Start and Best Education:** We want to ensure all our children and young people grow up in families free from the scarring effects of poverty on life chances and to ensure they can make successful transitions into adult life. This means ensuring all children get a good start in life through high quality early years care and providing pathways into good, well paid jobs and further and higher education.
- **Better Health and Better Lives:** The poorest in our community die earlier, they spend more years in ill health and are least likely to have access to services. If we want all our citizens to enjoy the

prospect of safe, long, happy and fruitful lives then we must tackle health poverty and inequalities.

- **Better Skills, Good Jobs and a Growing Economy:** Work should provide a progression route out of poverty but too many of our citizens are trapped in low paid and low skilled jobs. For all our adults in work, we want to ensure access to well paid jobs, with clear progression routes, and the training opportunities to allow progression in the work place.
- **Better Housing, Safe, Active and Inclusive Communities:** We want all our citizens to feel safe and nurtured in their communities, where decent homes and accessible services are provided, where cultural diversity is celebrated and where everyone can participate and play an active role in their community.
- **Protecting the Most Vulnerable and Supporting Families:** We want to ensure that our most vulnerable and marginalised citizens are protected from harm and that they and their families are provided with the services and support to enable them to secure their rights to maximise their potential to the fullest.
- **Participation and Voice:** We want to ensure that those living in poverty are heard and that they are actively engaged in developing and delivering the strategies and policies that affect their lives. This means adopting the “nothing done to us, without us” approach. This is fundamental to recognising the moral equality of all our citizens, poor or not, and ensuring those in poverty secure recognition, respect and equal rights. We also want to ensure that the voices and interests of our poorest citizens are represented in regional and national policy making.

The seven work themes are wide ranging. If we are to be successful we need to ensure:

- a joined-up approach to anti-poverty work. District wide strategies such as our economic strategy, skills strategy and educational attainment strategy are key to preventing people falling into poverty and providing pathways out of poverty.
- low income groups and people living in poverty are one of our protected characteristics when conducting Equality Impact Assessments. Therefore, we have adopted what is known as the

socio-economic duty. This means all policies and strategies are now assessed to ensure that they work toward reducing poverty and inequality. We

are working closely with our partners to ensure this is a district wide approach.

Joining-up: key strategies underpinning our anti-poverty work

| Key Strategies/Policies (Developed or in development) | Partnerships/Lead Bodies | Key Strategies/Policies (Developed or in development) | Partnerships/Lead Bodies |
|--|---|--|---|
| Pioneering, Confident and Connected | Bradford Economic Recovery Partnership Board | Alliance for Life Chances | Wellbeing Board – supported by Sustainable Development Partnerships/Public Health |
| People, Skills, Prosperity | Business, Employment and Skills Board | Holiday Activity and Food Programme | Department for Education |
| Bradford Council Procurement Strategy | Finance | Raising Attainment Strategy | Children's Services, Education and Learning |
| Joint District Health and Wellbeing Strategy | Wellbeing Board | Children, Young People, Families Plan | Children, Young People and Families Executive |
| Health Inequalities Strategy | Wellbeing Board – Reducing Inequalities Alliance | Child Friendly Communities | Children, Young People and Families Executive |
| ActEarly | Wellbeing Board | Culture is Our Plan | Children, Young People and Families Executive |
| Living Well Programme | Wellbeing Board/Health and Social Care Economic Partnership | Warm Homes/Healthy People | Public Health |
| Equality Strategy | Office of Chief Executive | Housing Improvement and Neighbourhood Retrofit | Housing Partnership with Public Health leading commissioning |
| A Place to Call Home, a Place to Thrive Housing Strategy for Bradford District 2020 - 2030 | Wellbeing Board | Digital Inclusion Programme (key pillar of the Digital Inclusion Strategy) | Wellbeing Board |
| Bradford Homelessness and Rough Sleeping Strategy 2020 - 2025 | Housing Partnership | Mental Health Strategy | Mental Health, Learning Disabilities, Autism Health and Care Partnership Board |
| Bradford Food Strategy | Sustainable Food Partnership | | |

OUR ACTION PLAN

Our wide ranging action plan sets out our priorities for each of the seven themes of the strategy. It identifies all the programmes we are currently running and provides a set of outcomes by which success can be measured.

Table 1 contains a full summary of all that we are doing and planning to do. The plan builds on our successes, continues to move existing work forward and develops new work.

Building on success and moving forward, our actions include:

- Delivering emergency support. Since the start of the pandemic and still ongoing, emergency support has been delivered by drawing on national funding, combining this with local discretionary spending and drawing on the Council's and partner's organisation and delivery capacity.

This includes: providing a range of support to help with food and fuel poverty; holiday meals for children on Free School Meals, support for vulnerable groups, such as carers and care leavers, and support for innovative schemes such as FoodSavers.

- Adopting the socio-economic duty and conducting Equality Impact Assessments on all our policies and strategies to protect our poorest and most vulnerable citizens and communities.
- Delivering the Holiday Activities and Food Programme. This is a DFE funded programme but locally organised and delivered. The programme has been very successful to date and has been shortlisted for the LGC's national community involvement award. Its success is a direct result of collaboration between the voluntary and community sector (VCS), schools and Council



departments such as Sport and Leisure; Public Health; Neighbourhoods; Youth Service and Children's Services.

Over the summer of 2021:

- Over 109 lead providers delivered Holiday Clubs across the six-week summer break with 34,964 children participating across the district.
 - 20,912 children attended Holiday Clubs. 14,166 Free School Meal Children and 6,746 non Free School Meal Children.
 - HAF Sports and Leisure Parks sessions were held across the district. The sessions had a total of 14,052 children participate. 8,431 Free School Meal Children and 5,621 non Free School Meal Children.
 - All children received a meal at holiday clubs and the park sessions.
- Developing the credit union. Membership currently 9,000. Of these, 2,500 people would face total financial exclusion if there was no credit union support.
 - Developing a 0-5 Early Years Programme and an Early Childhood Services Outcomes Offer.
 - Implementing the Raising Attainment Strategy to raise attainment for children across the district. Key areas:
 - **Focus on Phonics**, Literacy & Numeracy, targeting groups of children at risk of underachieving in Primary Schools (KS1& KS2)
 - **Reducing Persistent Absence**, including specialist support for children & young people with SEND
 - **Investing in Therapeutic Approaches** to engaging with Learning
 - **Capital funding in Digital Inclusion for Disadvantaged Children & Young People**, providing access to devices and the internet
 - Investing £3.57 million in funding SkillsHouse. In the past year, 13,800 adults have enrolled on education or training; 5,460 people have had careers support; and over 2,100 residents have been supported in or into work.
 - Further developing our 5-year plan for integrated careers and technical education (CTE) for all our young people through the Bradford Pathways Model.
 - Continuing the final year of our Bradford Outcome Area programme to improve educational attainment in our most disadvantage schools. This includes developing a tuition programme for 600 disadvantaged year 11 pupils to improve their KS4 maths results.
 - Investing £2million into the provision of integrated locality based welfare advice services to ensure our most vulnerable communities can access the support and services to which they are entitled – 11,500 people supported in the past year with 33,000 enquiries.
 - Working closely with our partner organisations such as the NHS, schools and the voluntary sector to develop mental health services for young people.
 - Implementing the Digital Inclusion Programme supporting communities with access to devices, internet and digital skills to engage in the digital world. Working closely with the VCS, NHS, local and national organisations to reduce the digital divide across the district.
 - Over £60 million of levelling up funding successfully bid for to date supporting redevelopment of Shipley and Keighley and integrated health and leisure provision on Squire Lane and “mini hub” mental health and support services in Manningham and Tong.

- Collaborative working through the ActEarly Consortium. To date this has resulted in:

- Over 50 broad ranging interventions that are currently being evaluated, with successes including the **Glasses in Classes** initiative and a **ground breaking project to identify autism in an early years settings**; both have now been rolled out nationally.
- A whole-system test-bed that provides rigorous and efficient evaluations and evidence for public health commissioning.
- A co-production and citizen science approach that values, and builds on, community assets. **Videos** from this work premiered at COP26. Innovative citizen science initiatives have featured on BBC and Channel4 showing children measuring air pollution on their way to school.
- System-wide routine data tapestries with data linkage across health, education, social care, housing and the environment using the latest artificial intelligence techniques to visualise unique local datasets. This enabled us to develop an electronic vulnerability index (eVI) to identify the most vulnerable families.



Bradford and Tower Hamlets ActEarly Programme has been shortlisted for the LGC Public Health award 2022.

FIVE YEARS ON – WHAT SUCCESS LOOKS LIKE

- **Prevention:** A shared district wide approach to protecting our poorest communities which maximises income, minimises costs and supports access to and participation in community life. Food and fuel poverty would fall, vulnerable groups would receive the support they require and more people would live in decent, affordable homes. All policies and strategies would be assessed against our commitment to the socio-economic duty.
- **Protection:** Every child to start out with the foundations for good health and wellbeing throughout their lives. We will have a 0-5 prevention and early help offer for families from birth to starting school. This will offer integrated and high quality early years care for all. It should help families provide warm, supportive and nurturing environments and ensure access to early play and learning opportunities for all children, especially those most in need. Success here will lead to a higher percentage of children starting school with a good level of development and succeeding in school. Our young people should enjoy healthy childhoods which lay the foundations for long and healthy adult lives. This means they need to live in communities which promote healthy living and have services to support those in need. This will be reflected in lower obesity rates, increased physical activity, better support services for young people with mental health problems and fewer families living in poor housing.
- **Pathways:** Our young people making successful transitions into adult life; to reach adulthood with a sense of belonging, purpose, wellbeing and the skills and resilience they need to succeed. This means higher numbers of young people in school getting access to vocational courses in schools, more apprenticeships, higher attainment at Level 3 and a reduction in the numbers of young people not in education, training or employment. For all people of working age, our economy would provide access to decent, well paid jobs. The

numbers in low paid, insecure and temporary jobs would decrease.

- **Participation:** Those in poverty having a voice through newly created participation and engagement structures. We need to collaborate with communities in the co-production of solutions that meet their needs. We need our communities to be safe, inclusive and sustainable. This will be reflected in lower crime rates, increased

sense of community safety, better housing conditions, development of green spaces, parks and play facilities, the development of a full cultural engagement strategy and a move toward integrated local service provision. All meaning our poorest citizens can participate in the social, cultural, economic and political life of their communities.

Key measures of poverty and deprivation: where we are now and what we are trying to achieve

| Area | Key measures | Where we are now | What we are trying to achieve |
|------------------------------|--|---|--|
| Deprivation | Index of Multiple Deprivation | 13th most deprived local authority in England in 2019 | Improvement in ranking position |
| Income | Relative and absolute poverty Child poverty (relative and absolute) Numbers of people on benefits Levels of Food and Fuel poverty | In 2020 22% of working age people in relative poverty 40% of children in relative poverty in 2021 | Reduced rates of absolute and relative poverty for both adults and children |
| Food and Fuel Poverty | Levels of food and fuel poverty | 20 -25% % in food and or fuel poverty in 2020 | Reduction in food poverty Reduction in fuel poverty |
| Employment and Pay | Unemployment levels Average full time weekly wage Economic inactivity rate | Adult and youth unemployment almost twice national average 23% economically inactive | Reduction in the levels of unemployment and economic inactivity Improvement in access to good jobs which pay the living wage and offer decent progression prospects |
| Education and Skills | Achievement of disadvantaged pupils Numbers of people with no qualifications Number of people with Level 3 qualifications | Disadvantaged pupils 22-18 months behind at age 16 10% workforce no qualification Poor outcomes for vulnerable groups such as care leavers and those not in education, employment or training (NEET) | Increased educational attainment across all groups and reduction in the achievement gap between disadvantaged pupils and their peers Increase the skill and qualification level of the workforce Better outcomes for vulnerable groups |
| Health | Gap in life expectancy between wealthy and poor Number of years in ill health Risk of death in childhood Childhood obesity rates | 10-year gap 20 years in ill health 4 times higher risk of death if live in deprived area High childhood obesity rates | Reduction in health inequalities Increase in average life expectancy Reduction in years spent in ill health |
| Housing and Community | Homelessness and overcrowding Housing quality Levels of crime and anti-social behaviour Access to transport and local services Digital Inclusion | 10% overcrowding High levels of crime compared to regional and national average Most deprived communities with limited access to transport and access to local services One third of poorest households lack access to decent broadband services | Reduction in homelessness and overcrowding Increase in number of affordable houses Reduction in crime and anti-social behaviour Digital inclusion Increased opportunities for participation in the full social, political, economic and cultural life of the community |

OUR ANTI-POVERTY ACTION PLAN

Theme 1 Financial Inclusion

| Priorities | Programme | What we are doing | Outcomes | Lead | Timescale |
|------------------|--|--|--|---|-------------------------|
| 1.1 Food Poverty | Household Support Fund - food poverty projects | <p>HSF is funding a range of programmes to help with food poverty</p> <p>Examples include:</p> <ul style="list-style-type: none"> Funding for school to provide emergency support packages to their most vulnerable families. In 2022, support has been provided for 8,000 families and 11,000 pupils. Helping free school meal families (up to 27,000 children) over the summer break. Schools could provide support over summer holidays in a range of ways such as by providing food hampers and food vouchers. Supporting our VCS partners providing emergency food support. Over 100 organisations have been funded to provide food support to the most vulnerable families. This includes both foodbank support and delivering direct emergency support to the most vulnerable families. Food hampers are provided which can feed a family of four for a week. Recipes are also included. Foodbank support. Funding provided to Storehouse to ensure our most vulnerable residents are provided for. | Provision to help ensure that all our children, families and vulnerable residents experiencing food poverty are supported | Children's Services and Revenues and Benefits | Ends March 2023 |
| | Holiday Activity and Food Programme | DFE funded programme to provide holiday activities, food and advice to families on FSM and other vulnerable families. All attending children receive a hot meal and a wide range of activities is provided: clubs, sports and leisure activities. | Provision of holiday activities, clubs, sports and leisure activities in school holidays for children on FSM and vulnerable families | Children's Services | Started 2020, ends 2024 |
| | Bradford Food Banks | Food bank provision is supported by ongoing partnership work between the Council and VCS. The Council commissions InnChurches to support food banks by centrally purchasing food and then distributing this to food banks. Council funding, combined with InnChurches and VCS partners' own collections, ensures well over 1 million meals per year can be provided. | From Jan to Aug 2021 on average 1,387 people supported every day | VCS | Ongoing |
| | FoodSavers | Pilot Food insecurities project to reduce dependency on free food banks. Based on a low-cost subscription model where people save into the Credit Union to start their own savings habit. This two-year programme, run by InnChurches, aims to have 30 FoodSavers outlets with each new member receiving a free £10 'Saving Starter'. Ten new projects are now starting up. It is an addition to foodbank provision. | 30 Foodsaver outlets by Dec 2022 | Innchurches Credit Union | Ongoing |
| | Free School Meals Take Up | Ongoing work with schools and other partners to maximise take up. | Ensure all eligible pupils can access entitlement | Children's Services | Ongoing |
| | District Food Insecurity Strategy | As part of Bradford Sustainable Food Strategy, a food insecurity plan is being developed. It aims to develop a common approach to food security across the district. The feasibility of ensuring all children have access to a healthy diet every day of the year is being assessed. | District wide approach to tackling food insecurity established | Public Health | Ongoing |

Theme 1 Financial Inclusion continued

| Priorities | Programme | What we are doing | Outcomes | Lead | Timescale |
|---|--|--|--|--|--------------------------------------|
| 1.2 Fuel Poverty | Household Support Fund – fuel poverty projects | Providing direct payments to our poorest families and pensioners to help reduce costs of energy bills. In total, from October 2021 to March 2023, approximately £9 million will have been provided to support our poorest residents with spiralling energy costs, mostly through direct payments. Additionally, some funding has been provided to supplement the Warm Homes, Healthy People project. | Financial support with the cost of energy bills for working age low income families and pensioners | Revenues and Benefits | Ends March 2023 |
| | Warm Homes, Healthy People | <p>£70,000 programme to alleviate fuel poverty. A 3 year all round programme launched in Oct 2021. Programme can provide some emergency support to help people keep warm, provide advice and guidance on keeping home warm and reducing fuel bills, signpost and refer people on to other sources of support.</p> <p>For 2022, £231,000 provided to City of Bradford MDC from the West Yorkshire NHS Integrated Care System for the alleviation of fuel poverty.</p> <p>£131,000 to expand the overall fuel poverty service to a further 1,350 households who meet the criteria set out in NICE Guidance, during the period 14th February 2022 – 31st December 2022.</p> <p>£20,000 for crisis fuel top-ups.</p> <p>£80,000 to support servicing of heating systems.</p> | 800 households per year supported | Groundwork | Ends December 2025 |
| | Fuel Payments Scheme | Means tested and discretionary scheme offering support with fuel payments, delivered in partnership with Citizens Advice Bradford. Top ups to fuel meters can be paid up to £80 twice a year. Payments can also be made direct to fuel suppliers of up to £300 to cover arrears and/or debt relief order fee | Ensure emergency provision for the most vulnerable groups | Revenues and Benefits & CAB | Ongoing |
| | Fuel Support Team | One of the funded welfare services (see below) provides a fuel support team to provide low income families with advice, guidance and support to reduce fuel costs. | Ensure emergency provision for the most vulnerable groups. | Housing | Ongoing |
| 1.3 Welfare advice, guidance and support | Welfare Support Services | <p>£2 million invested into recommissioning locality based welfare advice services, targeted at areas of greatest need.</p> <p>Range of advice services provided: debt, welfare, housing, immigration, fuel. Key to maximising household income through securing entitlement, minimising expenditure and securing specialist help for vulnerable groups, e.g. homeless, those at risk of domestic violence, people with mental health issues, etc.</p> | Based on 2020/21 figures a minimum of 10,500 people will be supported | Bradford Council in partnership with VCS | Secures services until December 2025 |
| | Bundles of Creativity | Information booklet designed for low income families, particularly those who cannot access digital information. It provides welfare advice, information and guidance, and signposting to services and the credit union. | 10,000 households provided with advice, guidance and signposting information | Anti-Poverty Events Group | Reviewed yearly |



Theme 1 Financial Inclusion continued

| Priorities | Programme | What we are doing | Outcomes | Lead | Timescale |
|--|--------------------------------|---|---|--------------------------------------|--|
| 1.4 Maximise Household Income | Council Tax Reduction | Eligible working age families can get up to 70% reduction on Council Tax Bills. Typically, 12,000 households benefit from this. | Reduced Council Tax bills for eligible low income households | Revenues and Benefits | Ongoing |
| | Assisted Purchases Scheme | The Council funds and runs a scheme to help our poorest and most vulnerable residents to purchase white goods such as cookers, fridges and washing machines. Through 2022 and until 2023, additional Household Support Funding supports the scheme. | Ensure access to essential white goods | Revenues and Benefits | Ongoing but Household Support Fund ends March 2023 |
| | Affordable Childcare | Developing access to childcare and providing advice and guidance on options available. | Increased access to childcare | Bradford Council | Ongoing |
| | Bradford District Credit Union | Growing the Credit Union. Membership of 8,589, increased by 571 over the pandemic, 30% of whom would be financially excluded without CU help and with no access to low-cost loans. 20% are community investors, people in the community who save with the Credit Union to help others. 50% are payroll staff savers at 33 payroll companies - that helps BDCU be strong and stable. Of this, 2,296 are Council staff saving over £3.2 million and borrowing £6.91k. BDCU is also supporting FoodSavers and Uniform Savers Schemes - see below. | 8,589 supported to date. Of these 2,500 face total financial exclusion if no CU support | BDCU/ Financial Inclusion Officer | Ongoing |
| 1.5 Integrate all provision in one District wide Financial Inclusion Strategy | Financial Inclusion Strategy | Developing a common approach to financial inclusion. We will review ways in which a shared strategy across the district can help reduce costs and debt repayments, maximise income and promote access to goods and services. | District wide shared approach to financial inclusion | Anti-Poverty Co-ordination Group | Ongoing |

Theme 2 A Great Start and Great Education

| Priorities | Programme | What we are doing | Outcomes | Lead | Timescale |
|---|---------------------------|--|---|---------------------------------|------------------|
| 2.1 A high quality early years service for all | 0-5 Early Years Programme | Developing a 0-5 Early Years Programme and an Early Childhood Services Outcomes Offer. As part of this work, we will deliver a prevention and early help offer for families to support children and young people from conception to 5 years. All schools will have an Early Health Coordinator. Families in need of support will have a single lead professional, based around schools, who will co-ordinate inter agency support. There are 4 locality Family Hubs developing integrated local offers based on inter agency working. | Integrated Early Years and Early Childhood Services Offer | Early Years | Ongoing |
| 2.2 Reduce the educational attainment gap and ensure no child is left behind | Bradford Opportunity Area | Ongoing project aimed at reducing educational inequalities and improving attainment. Currently, 17 schools are being supported to improve their Ofsted grading through a school improvement programme <ul style="list-style-type: none"> Developing a tuition programme for 600 disadvantaged year 11 pupils to improve their KS4 maths results. Develop further parental engagement programmes and expand the network of parent champions; local residents (who are themselves parents) who understand the barriers faced by parents in their communities and are a source of creative solutions to improving children and young people's attainment. | Improved attainment at KS4 Reduction in the gap between disadvantaged pupils and non-disadvantaged | Bradford Opportunity Area Board | Ends summer 2023 |

Theme 2 A Great Start and Great Education *continued*

| Priorities | Programme | What we are doing | Outcomes | Lead | Timescale |
|---|---------------------------------|--|--|--------------------------------------|-------------|
| 2.2 Reduce the educational attainment gap and ensure no child is left behind | Living Well Schools | Schools programme housing several projects aimed at improving the health and wellbeing of pupils. One of its key strands is combating classroom inequalities by poverty proofing the school day and reducing discrimination and prejudice. | Reduction in the hidden costs of schooling Improved attainment | Public Health | Ongoing |
| | Raising Attainment Strategy | Implementing the Raising Attainment Strategy to raise attainment for children across the district. Key areas: <ul style="list-style-type: none"> • Focus on Phonics, Literacy & Numeracy, targeting groups of children underachieving in primary school. • Reducing Persistent Absence, including specialist support for children & young people with SEND • Investing in Therapeutic Approaches to engaging with Learning • Capital funding in Digital Inclusion for Disadvantaged Children & Young People, providing access to devices and the internet. | Improved performance at KS1 and KS2 A reduction in persistent absence A reduction of digital poverty with children able to access digital learning opportunities | Education | 2020 – 2023 |
| 2.3 Poverty Proofing the School Day | Uniform Savers | This project provides a saving scheme to help with the costs of school uniforms. | Reduction in costs of schooling | BDCU, Britannia House/ Incommunities | Ongoing |
| | Poverty Proofing the School Day | A pilot programme running across 18 schools which aims to reduce the costs of schooling. Research has been conducted with school pupils to develop initiatives such as active wear uniform policy which helps reduce the costs of school clothing. | A shared approach across Bradford schools to reducing the costs of schooling | Public Health | Ongoing |
| | Action for Sports | Supporting a local charity which works with schools to provide free sports kit for disadvantaged pupils. The work is being promoted through Bradford Schools Online and being integrated into Poverty Proofing the School Day. As an example of the help provided, in just four months in 2022 £19,700 worth of sports kit was distributed to some of our poorest families. | Provision of free sports kit and increased participation in sports | Public Health/ Action for Sports | Ongoing |

Theme 3 Better Skills, Good Jobs and a Growing Economy

| Priorities | Programme | What we are doing | Outcomes | Lead | Timescale |
|--|-------------|---|---|--|---|
| 3.1 Provide job experience programmes | Kickstart | Government funded programme to fund 6-month job placements for 16–24-year-olds on universal credit. The Council has supported 813 young people on Kick Start places. | 813 (16-24) provided with 6-month placements | HR/ Employment and Skills | Ends November 2022 |
| | LCEP | Pilot using Government and Council funding to support 12 months paid placements for care leavers. | Up to 15 young people to be supported | All directorates | Pilot ends in 2022 and a review will be conducted |
| 3.2 An integrated and coherent careers & technical education offer which allows young people to pursue vocational pathways alongside more traditional academic pathways | SkillsHouse | £3.57 million invested in SkillsHouse partnership to provide locality based multi-agency support. So far, the impact has been considerable. In Financial Year 21/22: 13,800 adults enrolled on education or training; 5,460 people have had careers support; and over 2,100 residents have been supported in or into work. We have also been successful in reaching groups that were disadvantaged in the Labour Market prior to the pandemic: 45% of participants have been women, 47% from an ethnic minority and 20% have declared a disability. | 24,200 people supported. 11,700 supported into work by March 2024 | Business Employment and Skills Board/ SkillsHouse Advisory Board | Ongoing |

Theme 3 Better Skills, Good Jobs and a Growing Economy *continued*

| Priorities | Programme | What we are doing | Outcomes | Lead | Timescale |
|---|--------------------------------------|---|--|----------------------------|-----------|
| 3.3 Provide access to high quality careers education, information and guidance | SkillsHouse Youth | New partnership approach to ensure that young people will have access to support into fair employment. It includes: careers support, mentoring, work placement, guaranteed college place, apprenticeships and pathways to Higher Education. | Provision of an integrated careers, information and guidance service | SkillsHouse Advisory Board | Ongoing |
| 3.4 Levelling Up | Towns Fund | £58 million secured from the Towns Fund to develop Shipley and Keighley. | Regeneration of local economy and environmental improvements | Department of Place | Ongoing |
| | Building Our Future | Building Our Future bid to the Community Renewal Fund will bring an additional £535,000 funding to focus on addressing inequalities of employment and engagement in education across a range of key groups (young people with disabilities, BAME, women graduates, care leavers, long-term NEET). | Reduction in labour market inequalities | Department of Place | Ongoing |
| | Squire Lane Health and Wellbeing Hub | £20 million capital funding through the Levelling Up fund to build the Squire Lane Health and Wellbeing Hub in Toller. This facility will be a combination of a leisure centre, health services and enterprise facilities. | Reduction in health inequalities | Department of Place | Ongoing |
| 3.5 Affordable and accessible transport | Regional Transport Strategy | Working with WYCA colleagues and other West Yorkshire local authorities on developing a regional transport policy including capped fares for buses. | Affordable public transport | WYCA | Ongoing |
| 3.6 Sustainable, clean and inclusive economy | Renewed Economic Strategy | Work has been commissioned to reset the Economic Strategy. The goal is for Bradford to become the UK's leading clean growth city district. Sustainable growth and regeneration will be focused on. As part of this business growth and expansion, productivity and workforce development will be prioritised. | Leading clean growth city district | Economic Partnership | Ongoing |

Theme 4 Better Health, Better Lives

| Priorities | Programme | What we are doing | Outcomes | Lead | Timescale |
|---|-----------|---|--|---------------------|-----------|
| 4.1 Providing the best start in life | ActEarly | <p>This project is driving a joined-up approach to early intervention policies aimed at giving our most vulnerable children and families the support they need to ensure the best start in life.</p> <p>The ActEarly Holmewood Initiative is one example of an area based project aimed at improving the physical health, mental health, educational attainment and social mobility of people within the area. If successful, the approach can provide a model for area regeneration.</p> <p>To date the ActEarly Collaboration has developed:</p> <ul style="list-style-type: none"> • Over 50 broad ranging interventions that are currently being evaluated, with successes including the Glasses in Classes initiative and a ground breaking project to identify autism in an early years settings; both have now been rolled out nationally. • A whole-system test-bed that provides rigorous and efficient evaluations and evidence for public health commissioning. • A co-production and citizen science approach that values, and builds on, community assets. Videos from this work premiered at COP26. Innovative citizen science initiatives have featured on BBC and Channel4 showing children measuring air pollution on their way to school. • System-wide routine data tapestries with data linkage across health, education, social care, housing and the environment using the latest artificial intelligence techniques to visualise unique local datasets. This enabled us to develop an electronic vulnerability index (eVI) to identify the most vulnerable families. <p>Bradford and Tower Hamlets ActEarly Programme has been shortlisted for the LGC Public Health award 2022.</p> | <p>Reduction in health inequalities</p> <p>Development of early interventions services for vulnerable children and families</p> <p>Evidence informed policy making</p> | ActEarly Consortium | Ongoing |

Theme 4 Better Health, Better Lives continued

| Priorities | Programme | What we are doing | Outcomes | Lead | Timescale |
|--|---|---|---|--|-----------|
| 4.1 Providing the best start in life (continued) | Healthy Start Programme | Government programme aimed at pregnant women and families with children under four. Provides vouchers for food and milk. Work is focussing on increasing take up, especially in postcode areas with lowest take up rates and highest need. 8,500 families eligible, 3,400 missing out on support with essentials. InnChurches will support by running pop up pantries. | Improve take up rate from 60% | Public Health | Ongoing |
| 4.2 Develop community health/welfare hubs | Community Hubs | £1.2m Bradford District and Craven Health and Care Partnership project. VCS organisations are being funded to provide six hubs, offering services which meet community health and social needs. The hubs will provide evidence based interventions delivered by commissioned providers such as Mental Health, Alcohol, Domestic Violence, Carers' Support, Physical Health and Welfare Benefits Advice. | Provision of 6 community hubs | Bradford District and Craven Health and Care Partnership | Ongoing |
| 4.3 Evidence based policy to tackle inequalities | Set up a Health Determinants Research Collaboration | Build research infrastructure, skills and culture across Bradford Council to support evidence-based decision making to improve health outcomes. | Health Development Research Collaboration Established | Bradford Council | Ongoing |

Theme 5 Better Housing and Inclusive and Sustainable Communities

| Priorities | Programme | What we are doing | Outcomes | Lead | Timescale |
|--|---|--|---|---|-----------|
| 5.1 Decent housing for all | District Housing Strategy | Our District Housing Strategy. A Place to Call Home, A Place to Thrive sets out a range of programmes to increase housing quality, provide affordable homes, support vulnerable groups and reduce overcrowding and homelessness. The Housing Options Service is 17.5% above the Yorkshire and Humber average for successful homelessness preventions and 5.2% above for successful relief outcomes. | 411 Affordable homes per year Improvement in housing quality Increase in successful homelessness prevention and support Reduced length of stay in Bed and Breakfast to no more than 7 nights | Housing Partnership | Ongoing |
| 5.2 Cultural and social inclusion | Cultural and Social Engagement Strategy | A cultural engagement strategy for all our children and young people is being developed as part of our 2025 City of Culture bid. We will extend the opportunities for cultural and social enrichment within local communities through, for example, developing sports, arts, theatre and music engagement activities. Our communities should offer young people a rich cultural life. | An inclusive cultural and social engagement strategy | Department of Place | Ongoing |
| 5.3 Digital and travel inclusion | Connecting Communities | We are developing a strategy to connect our communities, both digitally and through green transport links. For some groups, such as people with a disability, travel concessions are available. | Digital Inclusion Strategy Inclusive transport | Digital SME, Finance, IT, Procurement Service | Ongoing |

Theme 6 Supporting Vulnerable Groups

| Priorities | Programme | What we are doing | Outcomes | Lead | Timescale |
|---|--|---|--|-------------------------------------|--|
| 6.1 Provision of mental health services | Mental Health Services | A range of programmes being run by a variety of services covering CYP, working age adults, and older adults across a range of settings. Examples: <ul style="list-style-type: none"> Community Champions. 250 volunteers supported by several VCS organisations in local areas. October 2021-March 2022 focus on mental health support, with a main objective to reach people from all areas and demographics, especially our most vulnerable. Mental Health promotion campaign (currently in process of arranging a provider) with focus on people in deprived geographical areas and those from BAME communities. | Increased access to mental health services and support and reduction in mental health problems | CCGs/Public Health | Ongoing |
| | Partnerships for People and Place Pilot | £248k pilot programme providing a single point of contact for disadvantaged people with mental health issues to access services. Based in two hubs in Manningham and Keighley. | Improved mental and physical health | Public Health | Started April 2022, ends March 2023 |
| 6.2 Homeless/at risk of eviction | Discretionary Housing Payments. | National means tested discretionary scheme. Tops up housing payments where HB or UC don't meet full cost. Council administers the scheme. Awards usually short term but can be longer term for some groups; for example, people with a disability. Bradford spends all its budget every year. In 2021/22 total budget is £1.1million. Budget is provided by Government but can be topped up to certain levels if local authority chooses to do so from its own funds. | Support for homeless and those at risk | Revenues and Benefits | Ongoing |
| 6.3 Children & young people in care | Household Support Fund Children in Care/Care Leavers | Funding has been provided to support both carers and care leavers with the cost of living and purchasing essentials. This support has included food vouchers and direct payments to help with such things as purchasing clothing and paying energy bills. | Emergency support for Care Leavers | Children's Services | Started in October 2021, ends March 2023 |
| | Support for Children in Care/ Care Leavers experiencing period poverty | Looked after Children in the care of the local authority who are menstruating receive sanitary products as required. Financial allowances paid to foster carers also accounts for the costs of period products. | Reduction in period poverty | Children's Services | Ongoing |
| | Council Tax Relief for Children in Care/Care Leavers | Those aged 18-21 can be exempt from Council Tax and from age 21-25 can receive a 50% discount. | Financial support for children in care and care leavers | Revenues and Benefits | Ongoing |
| 6.4 People with Drug and Alcohol use problems | Rough Sleepers, Drug and Alcohol | Rough Sleepers Drugs & Alcohol Treatment approach being instigated in the district and has also allowed universal services to be supported with additional funding. Both approaches are targeted at reducing drug related offending and deaths in the district. | New service provision | Drug and Alcohol Treatment Services | Ongoing |
| 6.5 Young people at risk of involvement in serious crime | Breaking the Cycle | The Breaking the Cycle programme is an ongoing programme designed to break the cycle of youth offending. In its first two years, more than 800 young people benefited from Breaking the Cycle Project team's intensive, intelligence led support. The team were commended in the Local Government Chronicle (LGC) Awards. | Reduction in youth offending and improved life chances | Youth Service | Ongoing |



Theme 7 Participation and Voice

| Priorities | Programme | What we are doing | Outcomes | Lead | Timescale |
|--|------------------------------------|---|---|----------------------------------|-----------|
| 7.1 Ensure the voice of those living in poverty is reflected in all strategies, policies and programmes | Poverty Equality Impact Assessment | All Council strategies, policies and budget decisions will be poverty proofed by including those living in poverty as a protected group in our equalities impact assessment processes. We will also work with partners across the district to develop a district wide approach. | EIAs conducted | CCGs/ Public Health | Ongoing |
| | Poverty Equality Champions | Poverty Equality Champions will work across Council directorates to help poverty proof strategies, policies and programmes. | Poverty Champions appointed | Equalities Lead | Ongoing |
| | Anti-Poverty Events Network | Supporting the Anti-Poverty Events Network. This is a grass roots community forum which advocates for the interests of those in poverty and organises a range of events and programmes to support people in poverty. | Events programme run by the Network | Anti-Poverty Events Network | Ongoing |
| 7.2 Ensure the Bradford voice is heard in regional and national policy | Regional and National Advocacy | Conducting lobbying and advocating work in a range of national and regional partnerships. | Active engagement in regional and national partnerships | Anti-Poverty Co-ordination Group | Ongoing |





Briefing Paper for the Health and Wellbeing Exec

The Cost of Living Crisis and Bradford District's Anti-Poverty Strategy

Summary

- The Cost of Living crisis is driven both by higher prices, especially energy, fuel and food, but also by a real terms fall in incomes. Inflation hit a new 40-year high of 10.1% in September (food inflation hit 15%).
- The Bradford district is particularly vulnerable to the cost of living crisis given it has high levels of poverty, poor housing, reliance on public services and a low wage economy. A new poverty landscape is emerging as the cost of living crisis hits our families, communities, public services and businesses.
- As the August report to the Executive reported, the crisis affects all our residents but impacts on the poorest hardest. It also affects, public services, businesses and the voluntary and community sectors (VCS). There is a distinct geography to the impact of inflation; cities such as Bradford experience higher inflation rates than the national average and have less resilience. Bradford is highly vulnerable to the impact of the crisis:
 - **Residents:** - very high rates of poverty, child poverty, food and fuel poverty. Our poorest citizens face inflation rates up to 3% higher than national average.
 - **LA and public services:** under real costs pressures as inflation eats into funding settlements, demand rises and revenue raising capacity falls and high numbers of people dependent on public services.
 - **Businesses:** rising costs but also reduction in sales and rises in interest rates, set against background of very weak growth, low productivity and potential recession.
 - **Voluntary & Community Sector (VCS):** rising demand but falling donations and revenue.
- Our new Anti-Poverty Strategy aims to address this new poverty landscape. It sets out an ambitious vision, based on achieving four core goals: protection, prevention, pathways and participation.
- The current economic and policy context remains uncertain. There has been substantial economic and political change in the past two months. There may be further cuts to public service budgets and tax changes. Cuts would further increases pressure on our communities and services.
- We continue to face a range of challenges.
 - Our District is highly vulnerable to the cost of living crisis.
 - Programmes such as the HSF depend on national funding streams which are short-term and ad hoc.

- Projects and programmes are fragmented, sitting in a wide range of strategies and across sectors. There are multiple lines of governance and reporting.
- The basic reality is that support programmes are insufficient to meet the level of need. At the same time, the capacity of public and voluntary and community services to meet this need is being eroded by cost of living pressures.
- The current economic and policy context is highly uncertain.
- This means that it is all the more important that we join up work at District level, build on what we know works well, work strategically with regional partners and continue to articulate the voice of Bradford with national government.

1.0 Introduction

Purpose:

1.1 This paper:

- provides a brief update on the national picture
- presents the District's Anti-Poverty Strategy
- invites discussion on how to mainstream the APS and ensure joined up working across the District
- invites discussion on next steps and ways that Wellbeing Board partners can support the strategy and help our residents through the cost of living crisis.

Recommendations

1.2 H&WB Executive considers how best to develop anti-poverty work and leverage the capacity of the private, public and community sectors to: protect those on lowest incomes from the harmful effects of poverty, prevent people falling into poverty, provide pathways out of poverty and ensure that our poorest citizens can participate in the social, economic, political and cultural lives of their communities.

2.0 Background:

The Latest National Picture

2.1 The cost of living crisis is being driven both by higher prices, especially energy, fuel and food, and a real-terms fall in incomes. In September 2022, inflation hit a 40 year high of 10.1%. Employment rates are historically high but this is accompanied by low productivity, real-terms wage decline and a record fall in living standards.

2.2 The rise in energy prices has dominated attention but the cost of essentials such as food, clothing and petrol/diesel have risen rapidly over the past year. In September 2022, food price inflation was almost 15%. ONS data shows that Pasta prices rose 60%, tea jumped 65% and chips went up 39%. There were also large price increases for other everyday low-cost items including milk, biscuits and bread.

2.3 Further to this, rents and mortgages are rising. Interest rates have risen and are expected to rise further in the coming months.

2.4 As noted in the August report to this Executive, the cost of living crisis hits the poorest places and groups in society hardest. This is because the poorest groups spend a higher proportion of their income on essentials such as energy and food. The poorest

areas have high rates of poverty, poor housing quality with high energy inefficiency, a heavy reliance on public services and low wage economies. They are far more vulnerable to the cost of living crisis. Institute for Fiscal Studies' (IFS) analysis shows that in October this year *the poorest tenth are expected to have faced an average inflation rate of 14% compared to 10% for the richest tenth* (this factors in the Energy Price Guarantee).

- 2.5 The Bradford district is particularly vulnerable to the cost of living crisis given it has high levels of poverty, poor housing, reliance on public services and a low wage economy. Our strategy provides a detailed poverty profile showing this vulnerability.
- 2.6 The cost of living crisis also affects businesses, local authorities, public services and the voluntary and community sectors. For local authorities such as Bradford, inflationary costs far outstrip government funding and council tax increases. This poses a serious challenge to the capacity of local authorities and wider public services. As demand for services rises, capacity is challenged. Analysis conducted over summer by the Local Government Association shows that inflation, energy costs and projected increases to the National Living Wage (NLW) will add £2.4 billion in extra cost pressures onto council budgets this year, rising to £3.6 billion in 2024/25.
- 2.7 The Government response to date can be broadly split into four phases:
- Earlier in the year, a range of energy support measures were introduced alongside some tax and benefit changes. The broad impact of these changes was progressive, benefitting the poorest the most.
 - On the 8th September, in response to further rises in energy prices and forecasts that bills could rise still further, making them unaffordable for many millions of households, the Government introduced the Energy Price Guarantee (EPG). This capped the unit price of gas and electricity for the next two years, meaning typical homes would face an energy bill of around £2.5k. (A similar scheme for business but also including public services and voluntary and community sector organisations was introduced, lasting for six months).
 - On the 23rd September, the “fiscal event” or mini budget introduced a range of tax cuts as part of the Government’s Growth Plan.
 - On October 17th, the Chancellor’s statement; bringing forward measures from the Medium-Term Fiscal Plan and updating the Growth Plan 2022.
- 2.8 The market turmoil following on from the mini budget of the 23rd September was followed by policy changes, the appointment of a new Chancellor and a subsequent reversal of almost all the tax cuts introduced as part of the mini budget. This was followed by the resignation of the then current Prime Minister and a new Prime Minister being appointed.
- 2.9 The reversal of the 23rd September mini budget measures were outlined in the new Chancellor’s statement (17th October) bringing forward measures from the Medium Term Fiscal Plan. Only the abolition of the Health and Social Care Levy, the increase in the Stamp Duty threshold and removal of the cap on Bankers bonuses remain.
- 2.10 As a result of the reversals, the EPG, originally introduced for two years, will now end in April 2023. There will be a Treasury review and a “new approach” introduced from April to reduce the overall cost to government whilst prioritising those in most need. There will also be a greater emphasis on energy efficiency.

- 2.11 The EPG now protects households from the full impact of future energy price rises for the next six months. Under the EPG a typical household bill is expected to be around £2,500. However, this still means that energy bills have doubled in a year. Even with the EPG more people will fall into fuel poverty and for those already struggling there is no additional support. The latest national data from the energy regulator Ofgem shows that by the end of June, 2,347,511 households were behind on their electricity bills and 1,858,585 on their gas bills. Both totals rose by about a quarter in just three months, and by almost two-thirds since the end of 2020. Nationally, in September 2023, Citizens Advice saw a record number of people who could not afford to top up their prepayment meter – the eighth time this record has been broken in the last nine months. There has also been a rapid rise in people forced on to prepayment meters, these are more expensive and can easily run out of money.
- 2.12 Once the six-month protection ends in April 2023, a typical household bill is expected to rise to between £4 - £5k. It is not yet clear what will replace the EPG. Further, it is not yet clear how businesses and public services will be protected from the worst effects of energy price increases from April 2023.
- 2.13 More generally, the reversal of the cuts in the mini budget and the effective end of the Growth Plan will not substantially change the pressures felt by our communities and public services facing the cost of living crisis. For example, even if benefits are uprated in line with this September's 10.1% inflation figure (and this is by no means certain at the time of writing), the Institute for Fiscal Studies argues the real value of benefits will still be six percent lower than pre-pandemic levels. This amounts to a £500 decrease for an out of work claimant.
- 2.14 The Resolution Foundation forecasts that absolute poverty will increase by an extra 2.3 million people even if the Government increases benefits by 10% in April 2023. By 2025-26 it estimates a typical household will see its income fall by £1k as a result of all the tax and benefit changes announced to date during this parliament.
- 2.15 The Chancellor has warned of difficult decisions yet to come on public spending and taxes. The Fiscal Plan to be announced on 31st October will outline these decisions. It is likely that there will be further cuts to public service budgets which could be in the order of tens of billions. This at the same time as the cost of living crisis continues to bite and further increases pressure on our communities and services.

3 THE NEW ANTI-POVERTY STRATEGY

- 3.1 The strategy sets the following vision:

“By working together, we want to make sure that Bradford District is a place where everyone, regardless of background, can realise their potential and lead fulfilling and prosperous lives free from the scarring effects of poverty and inequality.”

- 3.2 To realise this vision, the strategy connects all district wide work under four goals:

- **Prevention:** through early intervention and support which helps to build the resources, skills and capacity our people and communities need to avoid falling into poverty.

- **Protection:** from the harms of poverty through maximising income, minimising expenditure and providing access to goods, services and opportunities that ensure our poorest citizens can live a decent and secure life.
- **Pathways:** to help people out of poverty through providing clear pathways that develop the skills, capacities, jobs and opportunities through which people can prosper. For example, ensuring digital inclusion, developing the skills necessary to progress in the workplace and providing decent, well-paid jobs.
- **Participation:** to ensure our poorest citizens can take part in the full social, political, economic and cultural lives of their communities. This means expanding the public realm – providing goods, services and facilities that ensure all our citizens can participate in their communities.

3.3 To work toward these goals, there are seven work themes. The themes are designed to allow read-across with the District Plan and key district-wide strategies. The themes are:

- Financial inclusion
- A great start and a great education
- Better skills, good jobs and a growing economy
- Better health, better lives
- Better housing and inclusive and sustainable communities
- Supporting vulnerable groups
- Participation and voice

3.4 The work themes bring together a range of strategies, policies and programmes. The aim is to ensure that poverty is addressed through ALL of the Council's strategies and plans, reflecting our adoption of the socio-economic duty in our equalities strategy.

3.5 Attached to the work themes is a detailed action plan. Below, we pick out some of the programmes that are currently running or in development. Firstly, we select those which focus on the goal of protection and our immediate work on the cost of living crisis. Secondly, we select some of the programmes which have longer term goals of prevention, providing pathways out of poverty and ensuring all our citizens can participate in the full social, political, economic and cultural life of their communities.

3.6 Central to the whole design of the strategy and the way in which it works is:

- working in partnership with our communities and partners. We are working to embed co-production at the heart of all we do;
- building our communities and partners into the design, delivery and evaluation of all we do;
- building on what we know works and what we learned from our work with our communities and partners during the pandemic. We are building on our expertise in partnership working and the skills and capacities we have embedded in our communities, and across the Council and our partners.

3.7 The strategy sets an enabling framework for this and is a live strategy. It will evolve and develop in response to the cost of living, changing policy environment and our ongoing work. Throughout the crisis we will ensure our communities can access help and support; our policy responses are constantly adapting to the cost of living crisis as it continues to unfold. Our cost of living survival guide, for example, is updated every day and available at <https://costoflivingbradford.co.uk/>

3.8 Our strategy seeks to join up work across the district but also join up regionally and nationally. For example, we are

- working with the Mayoral authority to obtain additional funding for welfare services;
- joining up our anti-poverty work with wider regional and national work through the Health Inequalities Alliance and work with Act Early;
- working with our combined authority partners through participation in a regional cost of living working group, sharing best practice and developing a common advocacy approach to the ask of national government

4 WHAT WE ARE DOING

PROTECTION: Priorities: Food and Fuel Poverty, Maximising Income, Minimising Costs, Protecting Vulnerable Groups:

Delivering the Household Support Fund (HSF).

4.1 This is a national grant that is locally designed and delivered. Introduced in October 2021, initially for six months, it has since been extended twice and will now run until March 2023. In total, almost £17m worth of support will have been delivered from October 2021 to March 2023 across Bradford District.

4.2 Grant conditions for the October to March 2023 phase of the fund were announced in the last week of September 2022 and a plan was formulated based on a needs analysis, feedback from previous schemes and elected member involvement. The latest tranche of funding has fewer grant conditions but an element of the scheme must have an application process for those experiencing the greatest hardship.

Household Support Fund Projects from October – March 2023:

- **Voluntary and Community Sector Funding (£1.1m).** Focused on food provision, around a 100 voluntary and community organisations have been mobilised across the district. They have been tasked with working with vulnerable/disadvantaged families in need of food and are providing healthy food hampers both for collection and by direct delivery.
- **Warm Spaces Initiative (£320k).** This will provide for smaller community and faith organisations not delivering as part of the funding provision above to apply for a one-off £500 or £1,000 grant to enable them to provide access to a warm space and hot drink for local people. This type of grant funding could enable small organisations to expand their current provision or set up a warm space. A communications toolkit is available for any organisation to use, regardless of whether they receive a grant or not at: <https://www.bradford.gov.uk/health/health-advice-and-support/warm-spaces-communications-toolkit/>
- **Additional support for our foodbanks (£300k).** Funding provided to Storehouse to ensure foodbanks are able to support our most vulnerable residents. There is a specific focus on supporting the faith sectors and underrepresented groups such as BAME, LGBT, refugee and asylum seekers and Roma communities. There is also provision for foodbanks to provide white goods where people are unable to cook.
- **Smaller schemes for specific groups (£510k).** We have identified specific groups of people who will need additional support and have partnered with VCS organisations to provide a specific offer. These include family carers with Bradford

Carer's Resource, uniform savers with the Credit Union, Warm Homes, Child Safe Sleeping with Baby Bank, care leavers and a fuel assistance / white goods scheme with an application process for those most in need through the Council's own Revenues and Benefits Service.

- **Help with Fuel Costs (£3.55m).** The majority of the grant will be spent on direct payments to support low income households with the cost of energy and food. To ensure we support as many people as we can, this scheme will make a payment of £65 to all households in receipt of Council Tax Reduction towards increased fuel costs, with an additional £20 one-off payment per child in the household for food. A one-off post office voucher for both sums will be posted automatically in December 2022 – there is no need to apply.

Welfare Assistance and Advice

- 4.3 A £2m funding package has been provided to recommission welfare advice services across the district and reconfigure how such advice and guidance is provided. Public Health commissioners are funding a comprehensive information, welfare advice and guidance service. This includes a number of pilots across the district which utilise digital technology to allow faster access. We are also working with the Mayoral authority to access a further funding stream for welfare advice support.

Cost of Living Public Information Campaign

- 4.4 A cost of living guide booklet was published on the 10th October in partnership with CABAD. The booklet has an associated mobile website and app that can be kept updated with the latest details of local groups and assistance. The Council is working with public, private and voluntary sector partners to develop a shared district wide approach to the information, advice and guidance we give out to ensure access to support is made as easy and straightforward as possible and that all information is in real time.
- 4.5 As part of this we are currently reviewing additional opportunities for promoting take up of benefits.

Financial Inclusion

- 4.6 In addition to the measures contained in the Household Support Fund, we continue to support a range of projects aimed at maximising people's incomes and reducing the costs they face. In the longer term, we aim to bring all projects together into one coherent and complimentary district wide financial inclusion strategy.

Key projects:

- **Bradford Credit Union:** continues to develop its membership – now at 9,000. Of these, 2,500 members would face total financial inclusion without the support of the credit union. The credit union, supported by the Council and working with a range of partners, has developed and continues to develop a range of innovative schemes.
 - For the academic year 2021-2022 a Uniform Savers project has supported 285 families; this has been nationally acclaimed. This project has been extended for this academic year.

- **Poverty Proofing the School Day:** this project is currently running with 18 schools and is developing ways of reducing the costs of schooling for our poorest communities.
- **Warm Homes/Health People:** this programme combines national and local funding and has been extended for 2022-2025. It is aimed at helping alleviate fuel poverty.
- **Support for social supermarkets and foodbanks:** we work closely with our VCS partners to support foodbanks across the district and develop new schemes such as FoodSavers. The food parcels vary in size, providing food to individuals and families which can last from a day through to a week.

PREVENTION, PATHWAYS AND PARTICIPATION

4.7 In addition to the immediate support the strategy sets out longer term goals of preventing people falling into poverty, providing pathways out of poverty and ensuring that all our citizens, regardless of circumstances, can participate in the full social, political, economic and cultural life of their communities. The strategy contains a wide range of programmes and plans including:

- Developing a 0-5 Early Years Programme and an Early Childhood Services Outcomes Offer;
- Implementing the Raising Attainment Strategy for Bradford schools. The 5 Year Strategy will look to raise attainment by investing in seven areas of focus for the duration of the strategy. Over the 5 years it is planned to invest a total of £26 million in a range of projects;
- Investing £3.57 million in funding Skills House;
- Working closely with our partner organisations such as the NHS, schools and the voluntary sector to develop mental health services for young people;
- Implementing the Digital Inclusion Programme, supporting communities with access to devices, internet and digital skills to engage in the digital world. Working closely with the VCS, NHS, local and national organisations to reduce the digital divide across the district;
- Levelling Up Strategy: over £60 million of levelling up funding successfully bid for to date supporting redevelopment of Shipley and Keighley and integrated health and leisure provision on Squire Lane and 'mini hub' mental health and support services in Manningham and Tong;
- Collaborative working through the Act Early Consortium.

5. OTHER CONSIDERATIONS

5.1 Individual consultation has taken place with organisations and groups who have delivered support, and with residents who have been in receipt of financial support between 2020 and 2021. Some of the strengths identified during the consultation which supported the development of a strategy were:

- the availability of support within local communities has meant people, many of whom were not known to services, have been able to seek support at the earliest opportunity;
- trusting and valued relationships have been established between the Council, organisations within the third sector and with residents;
- there has been a good level of advice, information and support for households experiencing financial difficulties;

- there has been strong partnership working to ensure a diverse offer of support, information, and joined up working;
- residents described the support they have received as a lifeline, without which they would have plunged further into debt and crisis. The quotes utilised in the strategy are taken from residents who have received support from the Covid support grants.

5.2 Through this consultation we also learnt that:

- too many households are already experiencing crisis at the point they ask for help;
- in some instances, information about where families can access support has not felt accessible enough. Residents and delivery partners expressed that ease of access and improved communication channels would support more instant support, reducing the number of services residents pass through to get the support they need;
- in some instances, digital exclusion has been a barrier to accessing support.
- the impact of Covid-19 and the increased cost of living on financial hardship is still emerging;
- sustainability based on uncertainties regarding future funding means many smaller organisations are struggling to plan for their future.

5.3 The outcome of this user consultation has supported the need for a strategy to support immediate financial crisis and develop a system of secondary prevention.

6.0 FINANCIAL & RESOURCE APPRAISAL

6.1 Proposals will be funded from within existing budget allocations and from the Household Support Fund. The Household Support Fund is a government grant of £5.69m from October – March 2023 with grant conditions, all of which are met in the plan described above.

6.2 The Executive should note that the Household Support Fund is short term grant funding to March 2023 and on its expiry the schemes will no longer be funded; activities will need to cease unless alternative funding can be identified.

6.3 Final grant determination documents for the Household Support Fund were received by councils on 30th September 2022. The scheme was therefore formally approved under Part 3D, Article 11 – Special Urgency of Bradford Council’s consultation to allow expenditure to begin on 1st October 2022. A decision note has been lodged with the City Solicitor.

6.4 There are no direct legal implications arising from the report. The creation of the Anti-Poverty Strategy will assist the Council in meeting its statutory obligations to residents in need of support.

6.5 Any such strategies that allow the Council to meet needs and reduce future needs in a more cost-effective way is a recognition of the Council’s fiduciary duty to act prudently and in a financially responsible manner.

6.6 Experiencing financial hardship and poverty has an impact on emotional health and wellbeing and hence on motivation, quality of life and opportunity. This strategy will support intervention at the appropriate level to provide financial support where needed, either directly or through our partner organisations. The strategy aims to support and empower individuals to build their own resilience through accessing support.

- 6.7 No sustainability implications arise from the recommended decisions.
- 6.8 No greenhouse gas emissions implications arise from the recommended decisions.
- 6.9 There is a correlation between deprivation and areas of our district that experience the highest level of crime. This has increased the need for focus on prevention of poverty within the district's new strategic approach.
- 6.10 The Anti-Poverty Strategy is key to mitigating inequalities caused by financial deprivation and poverty. The strategy sets out the long term vision for the district working with partners to improve the lives of all those living in the district and is centred on tackling poverty and inequality. The proposed strategy offers an opportunity to adopt a more personalised approach to engage with individuals and groups to ensure accessibility to services offered and remove barriers to accessing support and advice. The key principles of the strategy will ensure the diverse needs of the residents of our district are met, leaving no one behind.
- 6.11 Establishing the Anti-Poverty Strategy embeds a collaborative approach based on work with local communities, empowering people and a commitment to involvement, to address the cost of living crisis and greater inequalities which is in keeping with the Human Rights Act 1998.
- 6.12 No trade union implications arise from the recommended decisions in this report.
- 6.13 The Anti-Poverty Co-ordination Group will work directly with Council officers with a direct remit for developing and monitoring ward action plans.

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

- 6.14 Children in Care are one of a number of groups most affected by poverty and reduced life chances. The report identifies specific measures to support children in care and care leavers.

None.

- 6.15 The Executive is recommended to:
1. Adopt the Bradford District Anti-Poverty Strategy 2022-27 including any updated comments received from the Executive.
 2. Endorse the approach to the cost of living crisis set out in the Anti-Poverty Strategy and provide comments.

20 APPENDICES

Appendix 1 The Bradford Anti-Poverty Strategy.

21. BACKGROUND DOCUMENTS

None.

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STRONGER COMMUNITIES PARTNERSHIP BOARD PREPARED FOR WELLBEING BOARD – 8 NOVEMBER 2022 NEW GOVERNANCE STRUCTURE

1.0 Purpose

The purpose of this paper is to provide an overview of the proposed governance structures for the Stronger Communities Partnership board from September 2022 as part of the transition from DHLUC funding to the Council's base budget delivery.

2.0 Background

The programme funding came to an end in March 2022, however significant work has been carried out internally over the period of 2021 to ensure there is a continued support for the learning, approaches and activities delivered under the *Bradford for Everyone* programme. A recurring investment of £500,000 has been agreed by the Council to build a 'Stronger Communities Team' and to transitioning the work of the *Bradford for Everyone* Programme in to a base budget response.

- 2.1 As part of this process, the *Bradford for Everyone* Programme Lead had worked with the Stronger Communities Delivery Coordinator to redesign the staffing structure including carrying out an internal review of what can be sustained with no additional cost, can be carried forward with some investment or not at all. The review has also included mapping the core budget activities. These include managing the £750,000 annual VCS Infrastructure grant, £250,000 Community Buildings grant and recognising remembrance days such as Holocaust memorial Day and Srebrenica and ensuring there is sufficient capacity to deliver all activities including being able to implement as appropriate against the *Bradford for Everyone* strategy.
- 2.2 The Stronger Communities Partnership board was reinstated with an independent chair as a requirement from DLUHC as part of the programme. As such, a review of the Board and its governance structures have been included as part of the wider review to ensure the new governance structures are fit for purpose for the Council and to continue overseeing the work of the new established team.
- 2.3 The Stronger Communities Partnership is a 'sub-committee' of the District Wellbeing Board and as such final decisions on the governance approach has been brought to the Wellbeing Board, informed by consultation with the stronger Communities Partnership
- 2.4 The proposal of the new governance structure was shared at the June Stronger Communities Partnership board meeting, which was configured with support from a working group made up of Board and resident members with a view that a new governance structure could be in place by September 2022.

2.5 The consultation and timeline included:

- Review/consultation with resident sub-group – 25 January 2022
- Drafting of paper - March
- Consultation with the board via email - April/May
- Consultation review meeting with the Board – 13 June
- Presentation of paper at Board meeting – 14 June
- Final draft proposal discussion with Cllr Abdul Jabar - 24 June
- Final paper in discussion with Wellbeing Board- 19 July.

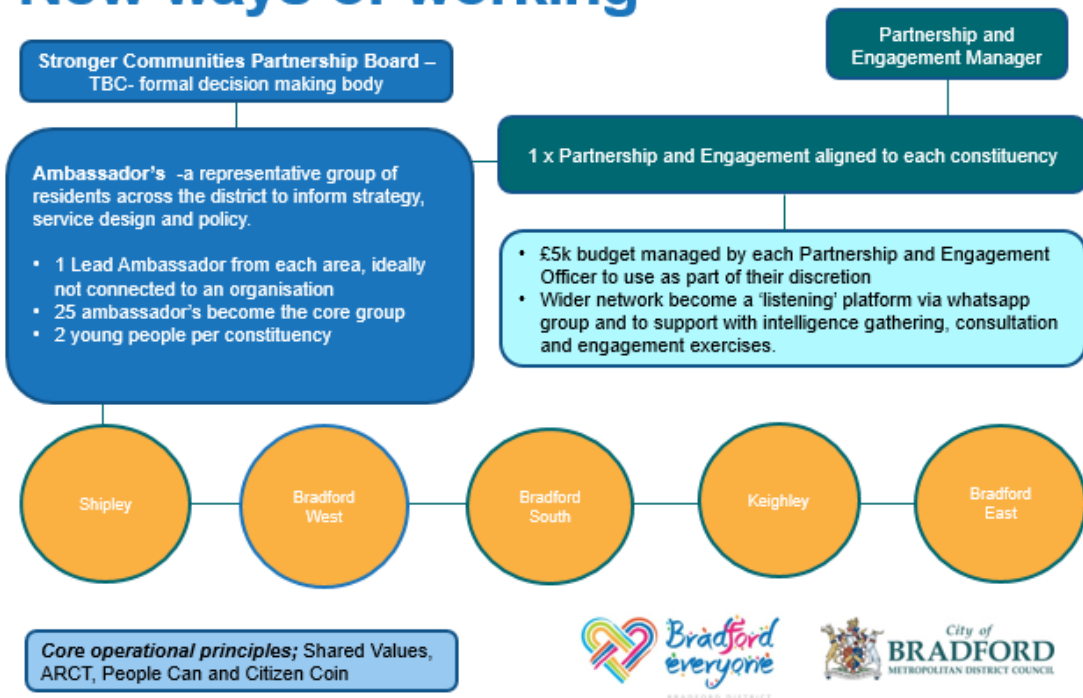
2.6 This paper reflects the final findings of the working group and asks the Wellbeing Board to consider the proposal

3 Consultation process

The Programme Lead attended a Resident Sub-group meeting to discuss initial thoughts on changes to the group. The proposal included;

- Providing high quality inductions for all Ambassadors who join with regular 're-caps' on purpose
- A review of the Ambassador role and a more streamlined overview of their role profile
- Pair with a more established Ambassador in the constituency
- Create more support and capacity within the team to support Ambassador role
- Recruit not only on geographical and demographic representation but also reach into communities we do not have access to
- Relationships with local politicians (zoom in rather than zoom out focus) and buy in from area offices including regular briefing meetings.
- Connect Ambassadors into their local area by creating WhatsApp groups for Ambassador and network members in the area.
- Strengthen the relationship with the wider network and between Ambassadors.
- A change of staff management; where each Partnership and Engagement Officer would directly support Ambassador's by constituency.
- An agreed discretionary budget of £5,000 per area for Ambassador's managed and overseen by each Partnership and Engagement Officer to utilise for activities that respond to tensions or emerging issues.
- To be specifically trained on Bridge Builders Handbook, Critical Thinking and Shared Values including identifying Ambassadors who can support low level mediation and tensions in communities.

New ways of working



Further consultation was undertaken with other members; Cllr Abdul Jabar, Bishop Toby, Pete Tate and Inspector Andrew Thornton.

- There was an agreement that the board should be tighter with limited number of places per category
- It was imperative that there was no conflict of interest where possible – for example where organisations were or will be in receipt of funding.
- The link to localities working and ensuring there is a much stronger working relationship between the area neighbourhood teams and the Stronger Communities Team via the Area Committee Chairs.

4 Governance structure

4.1 Stronger Communities Partnership Board

Currently the membership of the board is membership body of 32 people across a range of sectors which includes; housing, VCS, business, employment and education and residents. However, it is proposed that the new structure creates a much tighter structure;

| Membership | Places | Rationale | Suggested |
|------------|--------|---|------------------|
| Chair | 1 | Portfolio Holder of Neighbourhoods and Community Safety | Cllr Abdul Jabar |
| Vice-Chair | 1 | A non-council/independent is recommended | To be determined |

| | | | |
|-----------------------|---|--|--|
| Area Committee Chairs | 5 | Political involvement across the 5 constituencies and also ensures better delivery of the localities plan. | Chair of each Area Committee |
| VCS reps | 3 | Faith, Ethnic minorities and VCS infrastructure | TBD |
| Safer Communities | 1 | Work within the strategy includes Feeling Safe, this will ensure better cross working | TBD |
| Economic Partnership | 1 | Supports the work on Getting On strand | Manoj Joshi – Chair or nominated representative. |
| Health | 1 | | Collette Brauns - CCG's |
| Education | 1 | Supports the work on Getting Along strand | TBD |
| Housing | 1 | | Representative from the Housing Executive |
| Residents | 5 | Residents attend on behalf of the Resident Sub-Group that involves 2 young people. | |
| Officers | 2 | Assistant Director of Neighbourhoods and Customer Service and the Stronger Communities Head of Service. | Ian Day and Mahmood Mohammed |

4.2 Sub-groups

The resident sub-group is essentially a group of 25 residents across the district which reflect broadly our population, they do not represent people in their constituency or community, but rather the sub-group is about bringing together a diverse range of voices, who can bring their own unique perspective to the priorities outlined in the *Bradford for Everyone strategy*. The group will work with officers to co-create, co-design and co-produce services and campaigns, help us build an understanding of specific issues and problems and deliver alongside with us as equal and creative partners.

Ultimately it is about giving power to local people by ensuring they have a seat at our governing and decision making boards, play an active part in shaping services and delivery by sharing their account of their own lived experiences,

gathering soft intelligence about their place, neighbourhood or community and helping us to improve what we deliver at the local level.

This sub-group will appoint 5 representatives from the group from each constituency, of which two will be young people. The remit of the sub-group will include;

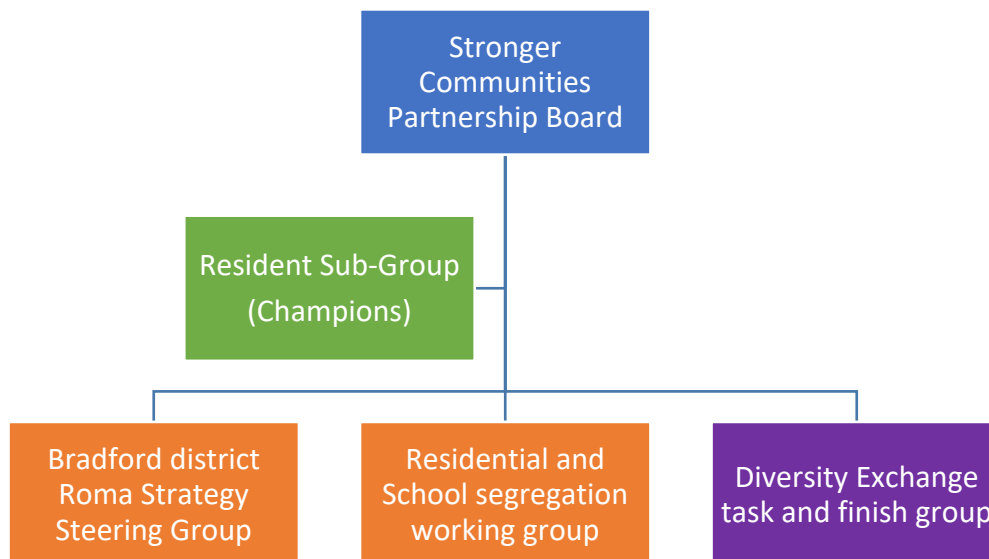
- To support with the promotion of campaigns, activities, projects and programmes delivering under the *Bradford for Everyone Strategy*,
- Support with increasing engagement of residents such as consultations, annual baseline survey and soft intelligence gathering,
- To share their unique lived experience and perspective to help inform services and delivery,
- Connect communities across their area or district and support the Partnership and Engagement Officers with any low level mediation.

Working and task and finish groups

A number of working and task and finish groups will be set up under the Sub-Groups to help advance key pieces of work which were formed under the *Bradford for Everyone* programme. The purpose of the groups will be to provide an agile and focussed response to delivery.

It is proposed that the working/task and finish groups are led by an Officer. The groups will have no decision making power as the mandate should be clearly set out by the Partnership. The Partnership will ultimately decide on how many of these are deemed necessary and when they will be disbanded.

5 Governance structure



6. Decision

6.1 The Wellbeing Board to consider the proposal for the new governance structure for the Stronger Communities Partnership Board including to offer any additions or changes needed for approval.



Report of the Assistant Director of Health & Wellbeing of Bradford Metropolitan District Council to the meeting of Bradford and Airedale Health and Wellbeing Board to be held on 8th November 2022

G

Subject:

Update on the Better Care Fund Plans for 2022/23

Summary statement:

1. To inform the Bradford District and Craven Partnership Board how the Better Care Fund is being used in 2022/23.
2. To provide assurance that the Better Care Fund Plan is compliant with the National Policy and Planning requirement for 2022/23

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

Portfolio:

Health and Wellbeing

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

Overview & Scrutiny Area:

Health and Wellbeing

1. SUMMARY

The BCF Policy Statement for 22/23 continues with similar expectations from the previous year. There are 4 key conditions which the plans for the BCF plans must meet:

- **A jointly agreed plan** - All funding contributions for the BCF have been agreed by HWB areas and minimum contributions are pooled in a section 75 agreement (as details in the NHS Act 2006).
- **NHS minimum contribution to social care is maintained** - The contribution to social care from the ICB for the BCF is agreed and meets or exceeds the minimum expectation.
- **Investment in out of hospital services is maintained** - Spend on ICB commissioned out of hospital services (which can include social care) meets or exceeds the minimum ring-fence.
- **Implementing the BCF Policy Objectives** – The BCF plan is created to meet its objective (enabling people to stay well, safe and independent at home for longer and provide the right care in the right place at the right time).

- 1.1. The BCF areas of spend is maintained in line with the Plans for 21/22 and complies with all requirements of the BCF Planning guidance. The BCF plans fund a range of schemes (detailed in appendix 2 – tab 5a) which continue to support existing activity for health and social care systems.

2. BACKGROUND

Better Care Fund

Appendix A is a copy of Bradford District's submission to the Better Care fund. The Better Care fund was introduced in 2015 and requires Local Authorities and the NHS to enter into pooled budget arrangements and develop a joint spending plan.

The BCF Policy Statement for 22/23 continues with similar expectations from the previous year. There are 4 key conditions which the plans for the BCF plans must meet:

- **A jointly agreed plan** - All funding contributions for the BCF have been agreed by HWB areas and minimum contributions are pooled in a section 75 agreement (as details in the NHS Act 2006).
- **NHS minimum contribution to social care is maintained** - The contribution to social care from the ICB for the BCF is agreed and meets or exceeds the minimum expectation.
- **Investment in out of hospital services is maintained** - Spend on ICB commissioned out of hospital services (which can include social care) meets or exceeds the minimum ring-fence.
- **Implementing the BCF Policy Objectives** – The BCF plan is created to meet its objective (enabling people to stay well, safe and independent at home for longer and provide the right care in the right place at the right time).

Targets for the above conditions have been agreed as a partnership as part of the planning process. The plan has been discussed in detail at the Planning and Commissioning Forum and will be taken to:

- The Partnership and Leadership Executive on 28th October 2022.
- The BDC Partnership Board on 7th November 2022.

The appendix documents provide a comprehensive overview of the District's BCF submission and narrative.

3. OTHER CONSIDERATIONS

Please refer to the appendix documents.

4. FINANCIAL & RESOURCE APPRAISAL

Financial requirements are detailed within the body of the appendix documents.

5. RISK MANAGEMENT AND GOVERNANCE

The governance for the BCF is provided by Health and Wellbeing board. Further governance for the BCF is provided by the Partnership Leadership Board. The BCF plan will be discussed at the BDC Partnership Board on 7th November 2022.

6. LEGAL APPRAISAL

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

7. OTHER IMPLICATIONS

7.1 Equality and Diversity

The BCF is strongly underpinned with the ambition to tackle inequalities and promote the aims of the District Plan which include upholding the District's Equality objectives. This year's BCF had more focus on tackling inequalities. The appendix documents detail how we aim to achieve this in the 22/23 plan.

The BCF has set tackling inequality in health, wellbeing, outcomes, and access as the shared purpose because less equal societies fare worse than more equal ones, across everything from education to life expectancy.

Health inequalities can only be mitigated through working in partnership, developing new integrated service offers between health and care at every interface that reflect the fundamentally changing nature of our population in coming years. This is expanded on within the appendix.

7.1.1 SUSTAINABILITY IMPLICATIONS

No direct implications

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

No direct implications

7.3 COMMUNITY SAFETY IMPLICATIONS

No direct implications

7.4 HUMAN RIGHTS ACT

No Direct implications

7.5.1 TRADE UNION

No direct implications

7.6 WARD IMPLICATIONS

No direct implications

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

N/A

7.8 IMPLICATIONS FOR CORPORATE PARENTING

No direct implications

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

N/A

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

No options are provided

10. RECOMMENDATIONS

- The Districts BCF Submission is Noted and approved by the wellbeing board.

11. APPENDICES

1. BCF Narrative 2022/23 - This document details each aspect of the BCF plan 2022/23.
2. BCF Expenditure plan 2022/23 – This document breaks down the areas which the BCF is being spent on.

12. BACKGROUND DOCUMENTS

N/A

Bradford District Health and Wellbeing Board

Better Care Fund Narrative Plan for 2022/23

SUBMISSION SUMMARY


| | |
|---|---|
| Local Authority | City of Bradford MDC |
| Integrated Care Board (ICB) | NHS West Yorkshire Integrated Care Board |
| Boundary Differences | The West Yorkshire ICB covers the geography of the five upper tier Local Authorities in West Yorkshire, plus the Craven District of North Yorkshire. Bradford District is wholly within the geography of the ICB |
| Date of narrative submission: | 26 th September 2022 |
| Minimum required value of pooled budget: 2022/23 | £72,852,176 |
| Total agreed value of pooled budget: 2022/23 | £72,852,176 |
| National Conditions | <p>This plan is compliant with the following national conditions of the BCF planning framework:</p> <p>NC1 – A Jointly agreed plan</p> <p>NC2– NHS contribution to Social Care is maintained in line with inflation</p> <p>NC3– Agreement to invest in NHS-Commissioned out-of-hospital services</p> <p>NC4– Implementing the BCF policy objectives:</p> <ul style="list-style-type: none"> • enable people to stay well, safe and independent at home for longer • provide the right care in the right place at the right time |


**AUTHORISATION AND SIGN OFF OF THE
BRADFORD DISTRICT BETTER CARE FUND**

The BCF Plan has been produced by officers of NHS West Yorkshire ICB and City of Bradford Metropolitan District Council with support from the Voluntary Care Sector, Housing and Disabled Facility Grant leads. All local partners work together as the Bradford District and Craven Health and Care Partnership

This plan has been jointly agreed by City of Bradford Metropolitan District Council, NHS West Yorkshire ICB and the Chair of Bradford Health and Wellbeing Board. The plan has been presented at a number of forums including Bradford District & Craven Health and Care Partnership Leadership Executive, which has the following core membership:

- Place Lead for Bradford District and Craven, West Yorkshire ICB
- Chief Executive, City of Bradford Metropolitan District Council
- Chief Executive, Airedale NHS Foundation Trust
- Chief Executive, Bradford District Care NHS Foundation Trust
- Chief Executive, Bradford Teaching Hospitals NHS Foundation Trust
- Chair of the Bradford VCS Alliance, representing the voluntary and community sector
- Chief Executive of the Bradford Care Association, representing independent care sector providers
- Strategic Director of Health and Wellbeing, City of Bradford Metropolitan District Council
- Strategic Director of Childrens Services, City of Bradford Metropolitan District Council
- Director of Public Health, City of Bradford Metropolitan District Council
- Medical Director of the Local Medical Committee (GPs)
- Chair of the Clinical Advisory Board (PCNs)
- Chair of the Clinical Forum

| | |
|---|--|
| Signed on behalf of the ICB  | NHS West Yorkshire Integrated Care Board |
| By | Mel Pickup |
| Position | Place Lead Bradford District and Craven |
| Date | 26/09/2022 |

| | |
|---|---|
| Signed on behalf of the Council  | City of Bradford MDC |
| By | Iain MacBeath |
| Position | Strategic Director Health and Wellbeing |
| Date | 26/09/2022 |

| | |
|--|--|
| Signed on behalf of the Health and Wellbeing Board  | Bradford and District Health and Wellbeing Board |
| By | Councillor Susan Hinchcliffe |
| Position | Chair of the Health and Wellbeing Board |
| Date | 26/09/2022 |

1. Background and Context

The Department of Health and Social Care (DHSC) and the Department for Levelling Up, Housing and Communities (DLUHC) have published a Policy Framework for the implementation of the Better Care Fund (BCF) in 2022-23. The Framework forms part of the NHS mandate for 2022-23.

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

- **A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.**
- **NHS contribution to adult social care to be maintained in line with the uplift to ICB minimum contribution.**
- **Invest in NHS commissioned out-of-hospital services**
- **Implementing the BCF policy objectives:**
 - enable people to stay well, safe and independent at home for longer
 - provide the right care in the right place at the right time

Since the last Better Care Fund Plan (2021/22), The Health and Care Act 2022 required the establishment of integrated care boards (ICBs) and the creation of integrated care partnerships (ICPs). Integrated care partnerships bring together health, social care public health and wider voluntary, community, and social enterprise representatives.

The Bradford District and Craven Integrated Care Partnership (ICB) was established in July 2022 and will now exercise the commissioning functions, previously exercised by clinical commissioning groups (CCGs), including those within the Better Care Fund.

This narrative alongside the income and expenditure template 2022/23 responds to the BCF Policy Framework and BCF Planning Requirements 2022/23.

The Better Care Fund in Bradford remains a key vehicle supporting the priorities of our Placed Plans and the delivery of the Health and Wellbeing Strategy. The joint fund held by the Council and the ICB support schemes which sustain admission avoidance, enhanced personalisation, supporting prompt hospital discharge to return people back to their normal place of residence and improve equality and reduce health inequalities.

2. Governance

2.1 Bradford Health and Wellbeing Board

The Health and Wellbeing Board is the lead partnership in the Bradford District Partnership working closely with the other Strategic Delivery Partnerships.

The Health and Wellbeing Board brings together leaders from across the district including the Council, the NHS, the Police, Fire and Rescue, social housing and the Voluntary and Community sector. Our shared ambition is:

To create a sustainable health and care economy that supports people to be healthy, well and independent

The Board provides strategic direction to a wide range of organisations that organise health and wellbeing services, and support people to take good care of their own health and wellbeing; helping more people to take control of their lives and to have more of a say in how their health and wellbeing needs are met. We will lead real improvements in the long-term health and wellbeing of all our population.

2.2 Bradford District and Craven Partnership Board

The Partnership provides the formal leadership for the Bradford District and Craven Health and Care System.

As a system we are working to a new integrated approach to leading **performance development** and culture change, encompassing:

- operational performance,
- quality and outcomes,
- service transformation, and
- finance.

Our approach must be **value adding** in comparison to the old NHS model. Featuring:

- a **single framework**, covering individual places, and WY as a whole;
- An increasing focus on making judgements about a **whole place**, while understanding the positions of individual organisations;

- a strong element of **peer review** and mutual accountability.
- a clear approach to improvement-focused **intervention, support and capacity building**.

Shared Purpose

Our population to have more chances to lead healthier lives

To create a sustainable health and care economy that supports people to be healthy, well and independent, our approach now signals a move from one of a predominantly health care focus to one of population health; planned and delivered from a system, not organisational, focus. Our response to the pandemic exemplified this when we all pulled together with a single shared purpose achieving huge gains. Our strategy sets out the commitments that will allow us to make cohesive plans that will make a difference to the health and wellbeing of local people.

Our strategic priorities are ambitious but feasible. We will increasingly align ourselves to a common set of goals, supporting the shift towards a partnership that has strong engagement with communities, helping people lead healthier lives.

Our four primary purposes are:

- Improving outcomes in population health, healthcare and wellbeing;
- Tackling inequalities in outcomes, experience and access;
- Enhancing productivity and value for money; and
- Supporting broader social and economic development.

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

For our Partnership, we will all:

- Lead as One in partnership with our population, in their communities
- Share as One the power and responsibility to make the best use of our collective assets
- Grow as One to strengthen our relationships, trust and our ambition; improving together
- Deliver as One through our shared, skilled and trusted workforce
- This first strategic plan provides direction and guiding principles to inform our choices and purpose as Bradford District and Craven Health and Care Partnership.

Membership

The Partnership Board will include the following members:

- Independent Chair
- Place Lead
- Primary Care Leadership (Chairs of the LMC & Clinical Advisory Boards)
- Providers of acute, community and mental health services
- People who use services and their representatives, including Healthwatch
- Local authority Chief Executives & Strategic Directors

- Social care providers
- VCSE sector senior reps
- System committee Chairs

City of Bradford Metropolitan District Council is the Housing Authority, the Chief Executive and relevant Strategic Directors sit on Health and Care Executive Board. Leads within those areas for DFG etc are invited as appropriate.

Bradford District & Craven arrangements

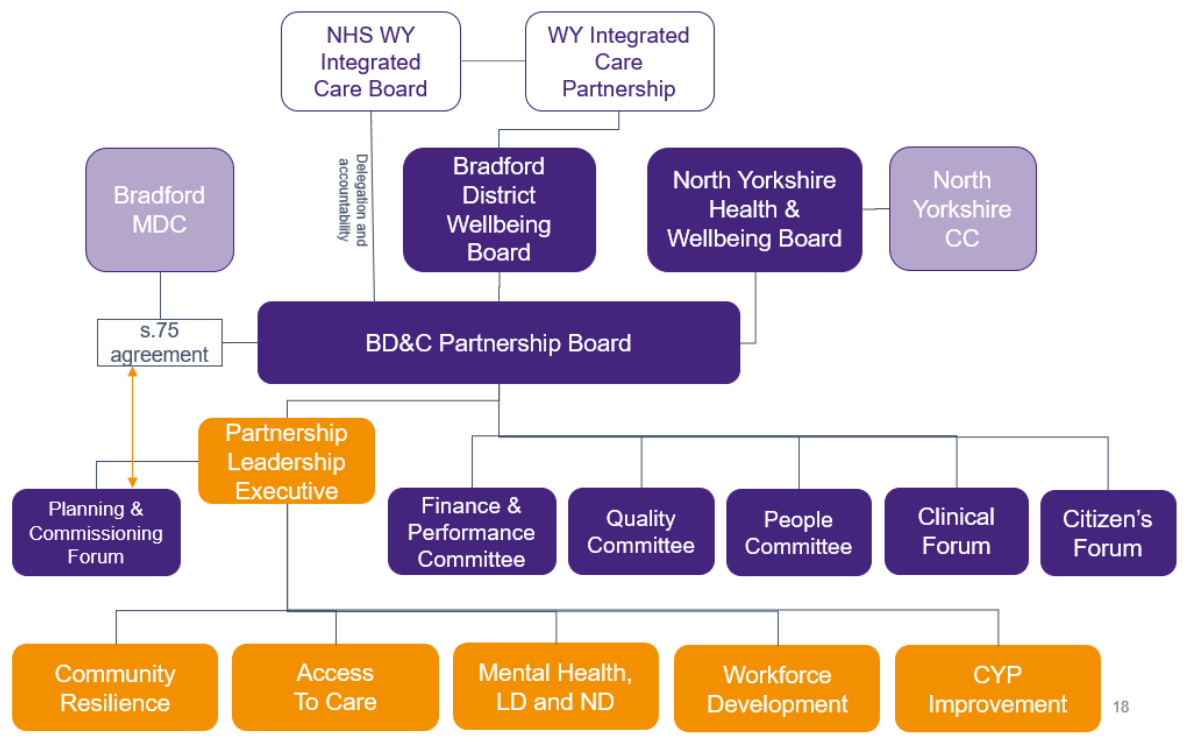


Figure 1. Bradford District & Craven arrangements

2.3 Systems Leadership through Act as One

We are committed to transforming our systems and modernising health and social care in our area so that our local communities can enjoy the right quality of service and support at the right place at the right time, provided by the right person(s). Our success in doing so will be determined by local people and depend on our ability to positively fuse and maximise the potential of the different organisational cultures across health and social care. Our approach requires determined and purposeful leadership that recognises and steps up to the challenge of a creating and actualising a new ambition.

Our partnership needs to prepare us for a sustainable future, from sharing good practice, collaborating on workforce developments, to enabling integration to support delivery. Collaboration has become

an essential part of a sustainable future; allowing us to design how we will work as we move to acting as one integrated care partnership.

We will Act as One in our approach to planning, recovery and priority setting in our pursuit of improved health outcomes. We will be held to account, and hold ourselves to account, for the reduction in health inequalities for our population.

We want our partnership, and our leadership, to unlock opportunities for better population health, working at the level of the neighbourhood and communities, as well as the district and with regional partners across West Yorkshire. We have chosen to widen our focus to all local people, not only patients requiring treatment.

Our 5 priority areas are:

- Community Resilience
- Access to care
- Mental health, Learning Disabilities and Neurodiversity
- Workforce development
- Children and Young people Improvement

2.4 Better care Fund Management and Oversight

Governance of the Better Care Fund Programme is through the Bradford Health and Wellbeing Board which, since April 2013, has functioned as a statutory committee of Bradford Council. The Board operates with major contributions by the Local Authority and the CCGs.

Financial oversight and assurance of the Better Care Fund has been overseen by a dedicated Finance Forum. Since April 2021 the Planning and Commissioning Forum provides system leadership and strategic direction to the joint planning and collaborative commissioning arrangements within the Act as One local framework across Bradford District, including operational oversight of the Better Care Fund, its schemes and the joint commissioning arrangements made under the S.75, providing assurance to the Partnership Board.

2.5 Legal Framework

As will other joint commissioning activities, the Better Care Fund in Bradford is managed through a Section 75 Framework Partnership Agreement between the Council and the CCGs. The Framework approach was agreed to best reflect where the Council and the CCG are in terms of developing an integrated commissioning approach in that it provides for a dedicated lead commissioner for each scheme. In the event of under spends achieved through prudent fund management, these will be managed in line with the Section 75 agreement.

3. Overall Approach to Integration in Bradford

Greater value through the best use of our collective resources

Our partnership needs to prepare us for a sustainable future, from sharing good practice, collaborating on workforce developments, to enabling integration to support delivery. Collaboration has become

an essential part of a sustainable future; allowing us to design how we will work as we move to acting as one integrated care partnership.

We will Act as One in our approach to planning, recovery and priority setting in our pursuit of improved health outcomes. We will be held to account, and hold ourselves to account, for the reduction in health inequalities for our population.

Our experience of the pandemic underlines the importance of a focused population health approach; preventing disease, protecting people from threats to health, and supporting individuals and communities to improve their health and resilience.

Our health and care system continues to experience multiple challenges. It has also brought out the best in our people and our leadership. It focused our efforts, used our skills and experience in new ways, enabled shared decision-making and built lasting, trusted relationships. We did the things that mattered most, and organisational boundaries virtually disappeared. Our collective workforce is our most valued asset, being best placed to do the right things to support people. We will endeavour to empower our workforce to act in this way beyond traditional limits.

We want our partnership, and our leadership, to unlock opportunities for better population health, working at the level of the neighbourhood and communities, as well as the district and with regional partners across West Yorkshire. We have chosen to widen our focus to all local people, not only patients requiring treatment. Our communities with the highest deprivation were those hit hardest by the pandemic. It has exacerbated our health inequalities and makes our core purpose even more important. Alongside this, the health and care needs of the people of Bradford district and Craven are changing; our lifestyles are increasing our risk of preventable diseases, we are living longer, often with life-limiting conditions and the health inequality gap is increasing.

Too many people report significant assessment and treatment delays for serious medical conditions, fragmented management of care through the system with a lack of care coordination, and duplications of assessment and referral procedures.

Our population health approach, informed by insights from data; is aimed at preventing disease, protecting people from threats to health, and supporting individuals and communities to improve their health and resilience. Population health management and predictive analytics are integral to our creation of a fully integrated health and care system.

OUR VISION

By meeting people where they are, working with them to access the tools and opportunities to enable them to live longer in good health...

we Act as One to keep people Happy, Healthy at Home

OUR ADDED VALUE



OUR POPULATION

Supporting the delivery of our priorities and a better experience of health and care



OUR SHARED PURPOSE

All working to the same goal, for our population to have more chances to lead healthier lives



OUR PARTNERSHIP

Greater value through the best use of our collective resources, minimising duplication and waste

WHAT CONNECTS US

Narrowing the Gap

Positioning our collective resources to focus on the greatest need to improve health and wellbeing



Equity and Justice
Choosing equity as our way to reduce inequality because more equal societies benefit everyone

MIND THE GAP



Inverting the Power to Act

Sharing responsibility and power, for people to become active and engaged partners



Our Workforce

Empowered to lead
On behalf of the Partnership and the people we serve



Our Partnership Plan

Tackling the issues no one part of our partnership can address alone, through public stewardship

OUR COMMITMENTS

We will all:

- **Prioritise as One** those who have the worst outcomes for health and wellbeing
- **Understand as One** what matters to local people
- **Work as One** with people in our system and our community to achieve what matters
- **Integrate as One** to better enable people to achieve what matters to them

We will all:

- **Commit as One** to our role in making our district a great place to live, work and thrive
- **Plan as One**, taking actions now that create a legacy for future generations
- **Focus as One** on preventing the causes of ill health
- **Measure as One** our impact on health and wellbeing through one data

We will all:

- **Lead as One** in partnership with our population, in their communities
- **Share as One** the power and responsibility to make the best use of our collective assets
- **Grow as One** to strengthen our relationships, trust and our ambition; improving together
- **Deliver as One** through our shared, skilled and trusted workforce

our People

our Place

our Partnership

The Parties have agreed to work towards a common vision that:

- People will be healthier, happier, and have equitable access to high quality care.
- People will be in control of their health and wellbeing, and will be supported to stay healthy, well and independent through their whole life. Communities and the health and

care system will coproduce health and wellbeing and will focus on prevention and early intervention.

- Reducing the widening health inequalities in Bradford District and Craven is a priority. We will tackle inequality in access and quality of healthcare, and we will contribute to addressing the wider causes of inequality by playing a full part in social and economic development and environmental sustainability.
- When people need access to care and support it will be available to them through a proactive and joined up health, social care and wellbeing service designed around their needs. Access to services will include digital options and will be provided as close to where they live as possible.

In short ... **Happy, Healthy at Home**

The Parties have agreed a collective way of working – “Act as One” – which they will use to achieve the following objectives:

- deliver the Bradford District and Craven Integrated Care Partnership Plan, and contribute to the delivery of the West Yorkshire Integrated Care System Plan;
- coordinate the local contribution to health, social and economic development to prevent future risks to health and wellbeing;
- share collective responsibility for the management of our collective resources, purposefully deployed to secure better outcomes for our population; including incrementally increasing the proportion of our resource used on prevention;
- develop population health management capabilities to:
 - (a) identify, understand and take into account the wider determinants of people’s health and wellbeing;
 - (b) proactively improve primary and secondary prevention and better target interventions;
 - (c) reduce health inequalities;
 - (d) use evidence of people’s experiences of services and outcomes gathered through involvement and authentic public engagement strategies to inform the co-production of simple, modern, joined-up health and care services; and
 - (e) deliver personalised care; and deliver health and care services that are developed in partnership with the communities they seek to serve; and
- recognise, support and develop the collective health and care workforce as a key asset in achieving the vision and objectives.

The system ‘Act as One’ programme and partnership boards demonstrate how as a system, we agree and operationalise our approach to integration, with membership representation from our system stakeholders. Joint initiatives such as the joint commissioning road map, development of the system Planning and Commissioning Forum and other key initiatives are leading to sustainable plans for delivery of services and are just a few of the areas that will deliver real improvement. Additionally, the system has begun to utilise resources collectively through creation of joint posts at system level - the Strategic Director Health and Wellbeing within the Council also of and also holds the post of Director of Integration within Bradford District Community NHS Trust. In addition, within the Commissioning Team there are 4 joint posts between the local authority and the ICB – Joint Commissioning Manager Early help and Prevention/ Voluntary Care Sector, Joint Commissioning Manager Older People, Physical Disabilities and Sensory Impairment, Joint Commissioning Manager All Age Mental Health and Joint Commissioning Manager Learning Disabilities, Autism and Neurodiversity.

3.1 Supporting people to remain at home

Bradford Better Care fund continues to play an important role in the transformation and sustained delivery of the requirements of the Care Act. The Happy, Healthy, at Home model has been underpinned in adult social care by a three tier model aiming to prevent reduce and delay the need for social care services. The three tiers describe how Adult Social Care supports people and is set out in the diagram below:



Figure 2 Three Tier Model for Social Care

The Three Tier Model relies on good information being available to people, local communities being central to supporting people, and that when people do need longer term support that they have an active role in achieving this.

To ensure the sustained delivery of the Care Act duties, Better Care funding continues to be used to:

- encourage more people to live independently across Bradford District
- work with communities to build on resources to support people outside of council funded support
- reduce the need for ongoing support from adult social care
- ensure our support builds on the strengths and abilities of people, their families and their local communities
- tailor the on-going support we provide to individuals through personal budgets, creative support planning and building on people's strengths and resources to meet their aims
- reduce waiting times for people contacting adult care and support
- Prevention & maximising independence in home care
- Trusted assessors, care staff and social workers in the discharge to assess /short term support services have been trained in community led support and strength based conversations/approaches.

The Maximising Independence (MI) focus is a core part of reablement, home support and intermediate care services commissioned and delivered in Bradford through the Better Care Fund. Tech enabled care and access to equipment to enable people to be independent at home or after a stay in hospital has been incorporated into the short term social care offer using the BCF equipment budgets.

The detail in the Planning Template sets out a range of BCF funded services to keep people independent and living in their own homes or community settings. These include core services of home support, reablement services, the collaborative care team and integrated community equipment services, as well as low level prevention and support services such as Social Prescribers who work with people who feels they need some extra support to improve their emotional health and wellbeing, need support to make new friends or find out about local activities. People accessing Social Prescribing include those who have lost family, have housing or money issues, or are struggling to come to terms with a long-term medical condition. The Social Prescriber meets with the individual to discuss the type of support they need. A plan of action will be discussed and they may be referred or signposted to other community services.

A range of daytime activities are available for people living in the community. 137 community activity groups are funded in local community centres. Of those there are 45 who cater for a specific BAME community of older people and have language skills and cultural awareness to support older people to stay independent, active and linked with their communities. Many are gender specific groups. In addition, there are six other men in sheds groups, and two for the older LGBTQ community, again gender specific.

Carers' Resource provides support for carers, offering a range of services such as Carer's Wellbeing Grants to enable carers to promote their own health and wellbeing and to help carers continue caring. Carer Navigator service supports friends and families who have a loved one admitted to Airedale General Hospital and Bradford Royal Infirmary, the service can support in meetings about discharge from hospital, help to organise social and personal care, support emergency planning, and connect with other Carers' Resource services such as the Carer Card and Advice Line.

3.2 Changes in BCF funded services

A business review process was undertaken of the short term social care operating model in the summer of 2020 to ensure we could respond to the increasing demand and implement changes required in the Discharge and Community support operating model. The following changes were made in collaboration with partners (NHS, Care Providers, Community and Voluntary sector providers). BEST, our enablement service, enhanced the reviewing team function (HSRT) to include increased reviewing of packages of support including those placed with independent home support providers and for placements back to a person's existing provider after a transfer home. BEST place packages with home support providers and work to support them after transfer from hospital. This has allowed us to respond to the unprecedented demand for home support from both hospitals and community. In 2020/21 57% of people discharged from BEST were discharged either without the need for a long term care package, or with a reduced package of care, this figure has increased up to 65% in 2021/22. In the same time period we have also seen the length of stay in BEST fall from 3.6 weeks, down to 3.3 weeks. Further enhancement and training has strengthened the home support reviewing team with input and support provided by occupational therapists, social workers and community nursing /fast track team. The HSRT have an agreed pathway to screen and refer for CHC assessment. The team are working with independent providers of home support to enable them to continue supporting people when their needs change either after a stay in hospital or in their place of residence.

Trusted social care assessors have been trained and this continues as they further develop to focus on home first and now use a home first short term support assessment as part of discharge to assess. They are included in both hospital Multi Agency Integrated Discharge Team's (MAIDTs) and over the past year a continuous improvement process has taken place of operating models in both hospitals. Social workers offer input where needed but in the main focus on assessing people out of hospital in

line with guidance. Carer Navigators commissioned from the VCS and part of the jointly funded Carers Resource Service across the district have worked with trusted assessors and social workers to support unpaid carers of people receiving short term support or being transferred from hospital.

Pathway O has been enhanced by a multi-agency social team (MAST) commissioned from the VCS jointly by the local authority with the NHS. It provides support for substance misuse (alcohol particularly), mental health support and social prescribing and links people to services in their communities. Additional funding for MAST was made using social care funding to increase the alcohol related support and social prescribing in order to reduce the demand for pathway 1. The MAST team is co-located now in both hospitals with the Core 24 teams and has joined up operations with the MAIDTs in both hospitals. Wellbeing hubs have been established provided by the VCS (VCS Alliance manage) in 6 areas across our place, a referral pathway via MAST is established which includes A&E and pathway O. The Wellbeing hubs were funded from winter pressure funding last year and are linking in with existing family hubs and safer places (mental health alternative crisis services) in communities. This is part of our Community resilience and addressing inequalities plans. Welfare benefits, fuel and food anti-poverty initiatives will be included in the wellbeing hubs along with a range of other services commissioned from the VCS. We will communicate and work with PCNs and community health services so they are aware of the advice and support services available to people who are at risk of harm due to fuel and food poverty. We have also reviewed and strengthened our homeless and rough sleeping joint pathways and we are increasing our use of multiagency care coordination with increased involvement from the VCS and partners e.g. Police. We continue to fund home from hospital and supported discharge. Equipment provision from BACES has been reviewed and enhanced as well as local authority occupational therapy provision. Tech enabled care has been further enhanced over the past year and is being embedded in enablement over the next year.

The development of an integrated urgent community response service in line with the NHS plan continues to be progressed building on the partnership working between BEST, Rapid Response and Virtual Ward and Airedale Collaborative Care Team, alongside these services the in house residential service is growing a Community Outreach Support Team to further enhance the ability to be more responsive. The 2-hour social care response services (includes falls response service) has been brought under the management of BEST and is being optimised as part of the integrated community response service. Additional equipment for lifting people who have fallen has been provided to BEST teams and care homes along with training to reduce the need for conveyancing to hospital by ambulance. The safe and sound service (community alarms) work with the telemedicine hub and YAS to support hear and treat approaches. Work is ongoing on upskilling care staff both delegated tasks from nurses and therapists supported by the telemedicine hub.

3.3 BCF Metrics

Plans have been set for each of the BCF key metrics for 2022/23. The targets have been set in line with other plans and priorities across the Bradford health and social care system, in particular the operational plans of Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) and Bradford District Care NHS Foundation Trust (BDCFT). Targets are shown in the table below.

| Metric | Plan | All England Av/CIPFA Comp |
|--|---|---|
| Avoidable admissions | Unplanned hospitalisation for chronic ambulatory care sensitive conditions – 2022/23 plan (average per quarter) 1,222 | Bradford ranks 120 out of 152 Local Authority areas, based on 19/20 data (latest data available on BCF Exchange). |
| Discharge to normal place of residence | 2022/23 plan - 94% | Bradford 30 out of 152 Local Authority areas |
| Reablement | 2022/23 plan – 79.1% | Bradford ranks 8 out of 15 within the CIPFA nearest neighbour comparator group and 91 out of 152 Local Authority areas. |
| Residential and Nursing Placements | 2022/23 plan- 502.4 | Bradford ranks 8 out of 15 within the CIPFA nearest neighbour comparator group and 90 out of 152 Local Authority areas. |

3.3.1 Avoidable admissions

Data provided via BCF Exchange 19/20 = 1097.1 (rank 120/150). The 20-21 actual is an FOT using CCG data uplifted to reflect variation with BCF (BCF figures approx. 14% higher)

Current Q1 position indicates a reduction of 8% based on same period last year. However, Covid may have had an impact in 2021/22 so plan based on 4% reduction bringing admissions below the BCF data pack value of 4,919 for 2021/22

3.3.2 Discharge to normal place of residence

Latest data provided via BCF Exchange - Bradford 94.2%, (rank 30/150) National Av 92.6%. This target places Bradford in the top quartile and above national average and given the breath of schemes to support discharge, maintain and regain individual's independence we anticipate this will be a realistic target.

3.3.3 Reablement

This metric is a long standing metric within the BCF plan. The target of 79.1% has been set in line with England average. Currently, Bradford ranks 8th out of 16 in the CIPFA comparator group. The regional average is 76.4 and All England is 79.1. Discharge to Assess has been running since March 20 and due to covid many older people being discharged have a higher acuity and more complex needs, resulting in fewer people being at home 91 days after discharge than seen in pre-covid years.

3.3.4 Residential and Nursing Placements

Bradford ranks 8th out of 16 in the CIPFA comparator group. The regional average is 549.8 and All England average is 498.2. Home First is the standard approach unless a person's needs are so great that it is not possible for them to remain in their own home or an alternative community setting. Through both discharge and intermediate care services, the individual's independence is maximised in a community setting prior to any decision on long term care options that may subsequently be

taken. Maintaining the 21/22 numbers for admissions to permanent care against a background of anticipated winter pressures and ongoing recruitment challenges, is a stretched position for Bradford.

3.4 Services impacting on the key BCF metrics

A range of BCF schemes support the ambitions set in these key metrics. Options have been commissioned in order to avoid unnecessary admission to hospital. The MAIDT (see 4.2) has the ability to flex home based services within the community, provide rehab or admit to a flexi-bed with a care home or nursing setting to directly avoid admission to hospital.

BCF commissioned services also continue to underpin the discharge process, keeping people independent and in their own homes. National data shows that Bradford remains in the top quartile for length of stay ensuring that people do not remain in hospital longer than is necessary and are discharged promptly back to their normal place of residence and supported to recover.

The Virtual Ward provides an alternative to an acute hospital bed to support early discharge and admission avoidance. The virtual ward has been established as an enabling multi-disciplinary team to support older people at home. To date it has largely been a step-down model with a 'discharge to assess' mentality linked to our older people assessment unit. Moving forward the service will offer a comprehensive geriatric assessment to all older patients, with a view to preventing admissions from primary care.

In the community, people are supported to recover in their own homes with packages of care relevant to their needs and carers are supported with breaks and a range of resources through the integrated Carers Resource Service. Data 2021/22 shows that 94% of people were discharged back to their usual place of residence.

Residential and nursing placements are only used where the person's needs are such that they cannot be supported in an alternative setting. The robust choice of intermediate care services funded through BCF allows people to be supported back to independence following discharge. Our Virtual Ward and Early Supported Discharge Services also provide an alternative to extended hospital stays allowing people to be discharged earlier, back to the community.

4. Implementing the BCF Policy Objectives (national condition four)

4.1 Discharge to Assess

The Discharge to Assess model has been implemented in Bradford since March 2020 with an intention to support more people to be discharged to their own home or normal place of residence. A range of services that have been out of hospital service have been funded through the Better Care Fund since 2017, and these have been grown and strengthened during the C19 pandemic. Figure 1 shows the interface between these services at a hospital and community level.

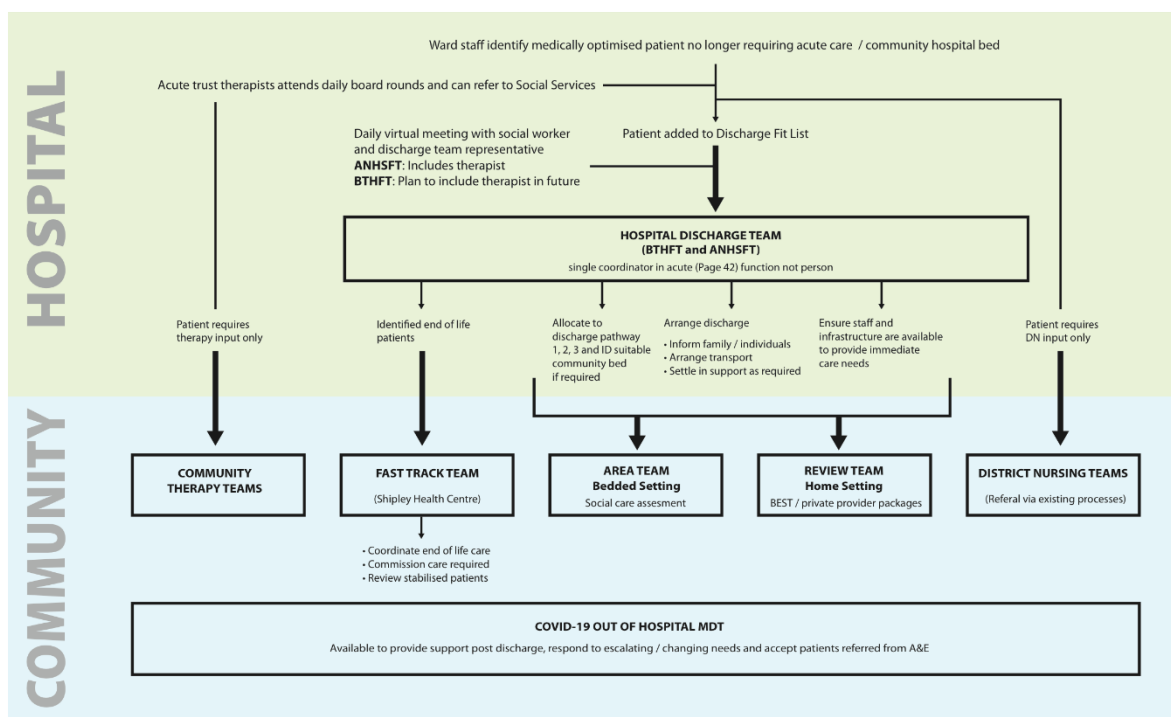


Figure 3. Hospital Discharge Flow Chart

4.2 Multi-Agency Integrated Discharge Team (MAIDT)

The MAIDT team (Hospital Discharge Team) is a multi-agency team operating a discharge to assess model.

The BCF in Bradford continues to support the interface via a range of intermediate care services including a Virtual Ward. The Elderly and Intermediate Care Service in Bradford strives to provide safe, high-quality care to the older population of the region, and is a leader in the development of safe alternatives to acute care, including the Virtual Ward.

The Multi-Agency Integrated Discharge Team (MAIDT) brings together dedicated health and social care professionals and members of the voluntary sector who work to ensure patients with complex needs can be discharged from our hospitals on the correct pathway in a safe and timely way.

20 per cent of hospital discharges are more complex and are referred to the MAIDT.

The MAIDT was established to bring about a number of step changes in the way we care for our patients when they are ready to leave us, including:

- A single referral process
- System change
- Co-ordinated discharge plans
- Joint assessment process
- Effective discharge
- Better overall outcomes for patients

The team's key stakeholders include Bradford Teaching Hospitals NHS Foundation Trust (BTHFT), Bradford District Care NHS Foundation Trust (BDCFT), City of Bradford Metropolitan District Council (CBMDC) and the voluntary and community sector (VCS), primarily Home from Hospital.

MAIDT supports the above organisations' commitment to working with common objectives and shared principles which aim to deliver better co-ordination of services for people being discharged from our hospitals.

The MAIDT aims to practice person-centred care planning and support for eligible adults with complex needs. We are committed to home-first discharge wherever possible. The key principles of this service are:

- To maximise wellbeing
- Maximise choice and control
- Maximise independence, function and self-care
- To help people receive the right care at the first time of asking
- To maximise opportunities to enable safe discharge from hospital by working with the individual and, with their consent, their families to understand their needs prior and post hospital admission

Interventions provided by the service include:

- Joint (health and social care) triage of referrals and support for ward-based assessments as required of individuals and goal planning
- The lead MAIDT team member will devise a multi-agency discharge plan which will support the person and their carers to allow for a safe and effective discharge and prevent hospital re-admission due to poor discharge planning
- The lead MAIDT team member will ensure referral to appropriate community-based services for patients who require individual complex packages of care, including community complex care teams.
- The MAIDT work with carers and families to establish their ability to engage with their discharge and the support they need.

4.3 Strategy and priorities for supported discharge

Within scope of the Act as One Ageing Well programme, a system wide Discharge to Assess working group was established in January 2021. The group is chaired by colleagues within Adult Social Care at Bradford Local Authority and consists of key partners from Airedale NHS Foundation Trust, Bradford Teaching Hospital's Foundation Trust, Bradford District Care Trust, North Yorkshire County Council and VCS.

The aim of the group is to develop a more integrated health and social care Discharge to Assess model across Bradford district & Craven to improve flow and support our strategic vision of 'Home First' for all people.

Priorities of the working group

- Education and awareness of pathways 0-3
- Developing a system wide dashboard which provides one version of the truth
- Process mapping to identify gaps/pressures and creating opportunities for shared learning across Bradford and Airedale

- Utilising NHSE/I Service Development Funds (£300K NR) to support flow and prepare for Winter
- Alignment to national guidance

Work undertaken so far

- Designed and developed pathway posters to be displayed on the wards to support staff in understanding the different pathways (0-3)
- Established a working group with BI leads to explore how we develop a system wide dashboard
- A series of workshops involving all system partners (with facilitative support from ECIST) are taking place. The first workshop focussed on pre-discharge planning
- A series of process mapping sessions with Airedale to work through the gaps and pressures
- Currently planning how to utilise NHSE/I SDF non-recurrent monies to support flow through Winter
- A self-assessment of implementation of the High Impact Change Model for managing transfers of care and has been undertaken and an action plan for improvement has been agreed and is in action.

High Impact Change Model

A self-assessment of implementation of the High Impact Change Model for managing transfers of care and has been undertaken and an action plan for improvement has been agreed and is in action. A summary of each change is highlighted in the table below.

| Impact change | Where are we now? | Update on Implementation |
|---|---------------------|---|
| <p>Change 1: Early discharge planning EDD Elective & Non elective</p> | <p>Established.</p> | <p>What have we done so far? We are working together at both hospitals to improve joint operating models which includes EDD and planning for discharge if the person is going to require ad). As part of our strategy Happy, Healthy and at Home we have a home first joint document being used in the MAIDT (Multiagency Integrated Discharge Team) which is focusing on a strength based, community led support approach to reduce the over prescribing of care and support in discharge planning. Tech enabled care and support is also part of our plans to reduce the need for care and support. This is intended to reduce the need for care/support on discharge. CTR, CTD and LOS are closely monitored via MAIDT MDT at both hospitals. Staff in adult social care are being trained and coached in these approaches which are already being used in our localities. Next Steps To review early discharge planning for elective care as a system in both BTHFT and ANHST now we are operating as business as usual after the Pandemic. We have plans to continuously improve our DTA processes, this is overseen by the DTA system operational group as part of the Aging Well Act as One programme.</p> |

| | | |
|---|--|--|
| <p>Change 2: Monitoring and responding to system demand and capacity (joint analysis of current capacity, Pathways 0-3, market shaping, optimum run rate to maintain flow)</p> | <p>Mature/Exemplary</p> | <p>What have we done so far? BTHFT have a command Centre and a wall of analytics, with the MAIDT adjacent – the data drives the response from MAIDT and other services. The MAIDT work with one version of the truth and focus on solutions for transfer home. ANHST MAIDT are working together to also have one version of the truth and have made significant progress over the past year. There is a continuous improvement approach being taken in both hospitals. Sufficient supply of home support to move people out of enablement services into longer term support is a challenge, despite a home support reviewing team within BEST who work with the brokerage team and independent home support providers to keep the flow through enablement services. The timely review post discharge that they provide also promotes independence resulting in support appropriately reduced and improved outcomes for the individual, supporting capacity for the system. Performance and flow through adult social care services is measured and reported throughout the day, seven days a week. Recruitment of care staff is the issue. Market shaping, redesigning of models of care, engaging the care sector as a partner in our system is not an issue and relationships have strengthened since the CQC system review in 2018 as a result of the Covid joint working. Next Steps The home support contracts with the independent sector are being re procured next year a plan of market engagement has started and this is being led by Adult social care but health partners and the care sector are involved in the co design of the specification and models. This is influenced by what we have learned together over the past 3 years.</p> |
| <p>Change 3: Multi-disciplinary working, Transfer of Care hubs, System Co-Ordinator /leadership</p> | <p>Mature/Exemplary</p> | <p>What have we done so far? Both hospitals have MAIDTs (community nurses are included in the MAIDT) with joint operating models, and the VCS, housing pathway providers are commissioned to operate within the model. There is an Executive system leader, and joint leadership across health and social care in both hospitals. Adult social care has a single point of access via trusted assessors for all restarts of home support, enablement and short term beds (180) managed by the LA. Next Steps Work is taking place improve our staffing levels across the system.</p> |
| <p>Change 4: Home first D2A reference to the Principles</p> | <p>Mature/ Exemplary –CQC system review 2018 and performance over last 3 years.</p> | <p>What have we done so far? Happy Healthy and at Home Strategy and Act as One approach clear in our joint operations. Home First document being used as assess to transfer out of hospital. Trusted assessors for home support and short term beds work with discharge nurses/therapists. Relationship with care sector managed via single point of access in adult social care. Performance monitored in relation to outcomes of short term support and long term placements. CHC assessments are undertaken out of hospital other than on rehabilitation units in hospital. Joint improvement work re FAST track and CHC is ongoing as part of ACT as One.</p> |

| | | |
|--|-------------|---|
| | | <p>Next Steps</p> <p>Work is taking place improve our staffing levels across the system.</p> |
| <p>Change 5: Flexible working patterns 7 Day Discharge</p> | Established | <p>What have we done so far?</p> <p>The MAIDT in BTHFT and ANHSFT operates 7 days a week and transfers take place 7 days a week.</p> <p>ANHSFT also developing their criteria led discharge processes/practice to improve weekend discharge activity on pathway 0.</p> <p>Next Steps</p> <p>Work taking place at ANHSFT internally to focus on processes</p> |
| <p>Change 6: Trusted assessment</p> | Established | <p>What have we done so far?</p> <p>Trusted assessors have been included into the MAIDTS and social workers have been focused on care act assessments out of hospital in line with DTA guidance, this is in place but is not fully optimized yet.</p> <p>Next Steps</p> <p>We have plans to further optimize strength based approaches, tech enabled support and VCS services to increase pathway zero.</p> |
| <p>Change 7: Engagement and choice, Community and Voluntary sector involvement</p> | Mature | <p>What have we done so far?</p> <p>Voluntary sector have contracts in place funded by the BCF, LA and CCG Carer navigators, MAST, home from hospital, homeless pathway.</p> <p>Developing a 'Leaving Hospital Folder' to support conversations around 'moving on policy' but to also ensure patients/carers/relatives feel they have the right information and support when returning home</p> <p>Next Steps</p> <p>Leaving Hospital Folder will include information about the different voluntary and community services they might receive once back at home</p> |
| <p>Change 8: Improved discharge to care homes Anticipatory Care for residence</p> | Established | <p>What have we done so far?</p> <p>We have the Telemedicine service (TMS) delivered by Immedicare in place across Care Homes. Under the Ageing Well Programme a review of this service has taken place and the service was re-launched in May 2022 to increase usage and engagement. During the Pandemic we extended the TMS to include the Super-Rota. Care Homes also have access to UCR & Virtual Ward via TMS and our Integrated Care Hub. Care-Coordination pilots have taken place within our place to focus on Identifying cohorts and establishing MDTs – work is ongoing to spread and share the learning of this across other PCNs. The Ageing Well Programme will also be supporting PCNs with developing plans against the Anticipatory Care guidance</p> <p>Next Steps</p> <p>Projects and system wide working groups established within the Ageing Well Programme to progress these pieces of work</p> |
| <p>Change 9: Housing and related services-equipment</p> | Mature | <p>What have we done so far?</p> <p>Homeless pathway in place, with short term enablement/supported housing post transfer out of hospital funded by adult social care. Healthcare funded by health (Bevan healthcare)</p> <p>Next Steps</p> <p>Work with system commissioners to establish robust plans to address gaps in provision</p> |

Recruitment and Retention of staff in social care

Staff recruitment and retention within the care workforce remains a challenge for Bradford and remains part of our priority planning for 2022/23. In 2020/21 we increased the fee rate for home support by 4.3% and 7.2% in 2021/22. To continue to support the market we have increased fees again by a further 6.5%. These increases are in recognition of the desire to improve the terms and conditions of the wider workforce, including enabling providers to fulfil more aspects of the Unison Ethical Care Charter.

A number of skills and recruitment campaigns have been held, supported by the Workforce Capacity Fund with our partner Skills House. Skills House offer a bespoke training offer which enables individuals to gain care certificate training and then be supported to gain employment in the Bradford care sector. Other initiatives in development include a 'Care Academy' in partnership with local colleges in order to create pathways in care that give people a genuine career path and progression in the care sector. Further recommendations for the Workforce Capacity Fund include Commissioning specialist support to develop a longer term workforce strategy and pass porting funds direct to care providers to allow them to offer incentives such as joining and retention bonuses.

Bradford is an Ethical Care Council and committed to commissioning homecare services in line with the Ethical Care Charter. A number of commissioning test-bed models are currently being piloted over winter 2021/22 ahead of a larger review of Home Support ahead of recommissioning in 2022/23. These models will allow us to test out the effectiveness and proof of concept over the difficult winter period to support providers with recruitment and retention. Initiatives include Extra Rural rates for LS29 area, an area where staff recruitment is particularly challenging and block purchasing a number of hours to give financial stability to providers in order to respond flexibly to the rapid changing demand in hours as a result of discharge to assess.

4.4 BCF Schemes supporting discharge

The detail in the Planning Template clearly sets out the number of schemes funded through the Better Care Fund including:

- A range of intermediate care beds, which support safe, timely and effective discharge;
- The Home from Hospital (HFH) service, provided by our VCS partners supports discharge from the acute setting. Home from Hospital in Bradford, Airedale & Wharfedale is a VCS service for adults who are being discharged home and need extra support, including, patients at risk of readmission to hospital; people worried about how they will cope when they get home; people with dementia and long term conditions; people living alone and people living with someone. The Home from Hospital team and volunteers ease the process of settling back home, enabling people to regain confidence and independence, they support residents by delivering a basic hamper, give weekly calls for up to six weeks, liaise with health and social care professional, help to access appropriate benefits and help to set up ongoing support eg domiciliary services and telephone befriending;
- The Virtual Ward has been established as an enabling multi-disciplinary team to support older people at home. It has largely been a step-down model with a 'discharge to assess' mentality linked to our older people assessment unit. Moving forward we are hoping to offer a comprehensive geriatric assessment to all patients, with a view to preventing admissions from primary care.
- Bradford Enablement Support Team (BEST) provides reablement support for 6 weeks following discharge.

5. Supporting Unpaid carers

Unpaid carers play a vital part in ensuring that individuals in need of care continue to experience a good quality of life. The Public Health England report 'Caring as a social determinant of health' (2021) highlighted the need for funding robust evaluations of promising interventions for carers of older people, with clearly established pathways to impact on appropriate outcomes.

5.1 BCF schemes supporting carers

The Better Care Fund continues to be invested in areas that provide support to unpaid carers. Bradford Carers' Resource is a joint commissioned BCF funded service, providing support for carers, offering a range of services such as Carer's Wellbeing Grants to enable carers to promote their own health and wellbeing and to help carers continue caring. The BCF is used to contribute to a number of other services that support carers. Carer Navigator service supports friends and families who have a loved one admitted to Airedale General Hospital and Bradford Royal Infirmary, the service can support in meetings about discharge from hospital, help to organise social and personal care, support emergency planning, and connect with other Carers' Resource services such as the Carer Card and Advice Line.

The service provides help and support for unpaid carers to have a life of their own along with their caring role. This is done by helping carers to discover opportunities for social and leisure activities as well as training, work and education. The service offers support for isolated carers, a review of the carer's wellbeing will identify the support that can be provided, carer information tailored to individual needs and circumstances a carer small grant, which provides small one-off payments to carers to promote their own.

In addition, the Carers Emergency Planning Service aims to provide reassurance to carers about who will take on their caring role in the event of an emergency. The service will work with carers to make contingency plans, regarding how the person they care for would be supported if the carer were unable to do so.

6. Disabled Facilities Grant (DFG) and wider services

The Disabled Facilities Grant (DFG) continues to be pooled within the Better Care Fund and aligned to the strategic intentions of the fund. The objective of this scheme is to ensure that funding is used and targeted at specific people to either enable timely hospital discharge or provide a proactive service that prevents hospital admission.

The delivery of DFGs is a statutory duty of the Council and is a long standing method of providing adaptations to resident's homes to enable them to live safely and independently. This work is underpinned by the provision of equipment and low level adaptations provided by the BACES service, also funded through BCF. Health and Occupational Therapy services work alongside Social Care to assess need and through the delivery of DFG ultimately ensure that people are safer and can remain as long as possible in their own home which supports the Home First model.

Use of the Grant aligns to the Bradford Housing Strategy (2020-2030). This strategy sets out the vision, priorities and approach for meeting the housing needs of the residents of Bradford District in ways which can contribute to a more productive and inclusive economy, address health and social inequalities, tackle the challenge of climate change and help build stronger communities. The District has a growing population of older people aged 65 and over that is expected to increase by 39.5% to

around 113,000 by 2037 adding pressure to provide housing which is suitable for our ageing population. This is reflected in the ongoing demand for major adaptations funded through DFG, with the Housing team receiving between 45 and 50 new referrals for DFG each month over the last four years.

Delivery of the DFG programme during the Covid pandemic posed a number of practical challenges which introduced some delays to the programme. These included:

- DFGs are delivered to a vulnerable group, some of which were understandably reluctant to have officers/contractors in their homes due to their vulnerability to Covid.
- Availability and capacity of contractors to deliver the programme, particularly the larger and more complex cases that require extensions.
- Availability of materials such as plaster, concrete and timber.
- Ability to recruit and retain appropriately qualified housing surveyors.

Some elements of this have now subsided however there are still issues facing the programme as a result of the pandemic, these include the availability of materials and the increase in costs of materials; the demand for contractors and the reduction in the number of contractors operating after the pandemic and also the ability to recruit qualified housing surveyors.

High levels of demand for assistance with adaptations mean that the Council currently has 846 cases in the DFG process with an estimated total value of £10.2m. Whilst sufficient capital funds are available to complete works, processing times are dependent on a number of factors – contractor supply remains a national issue relating to the availability of contractors to complete work and the backlog held by contractors following the pandemic. The service is analysing current processing times and putting in place steps to address delays where possible.

A key objective of the Bradford Housing Strategy (2020-2030) is ‘Homes for All’ and to ensure provision of sufficient housing to meet the needs of people with disabilities through adaptations, and the provision of more homes with level access and homes that are able to be adapted

- The number of people aged 65 and over is projected to increase from 81,000 in 2019 to 113,000 by 2037, a 39.5% increase. The 75 plus will increase by 56.7% and 85 years plus by 68.5%.
- The level of people diagnosed in the District with dementia is increasing, partly due to improved and earlier diagnosis, with an estimated 5000 people living with the condition currently.
- Estimates of people with a Learning Disability vary between 8000-9400 but represent significant challenges for housing, care and support providers.
- 1,400 people with complex need are placed in supported housing each year.
- Around 12,000 households live in properties which have either been adapted or purpose built for someone with an illness or disability. Analysis estimates that about 9,100 wheelchair adapted homes are needed now or in the next 5 years
- Bradford District is ethnically diverse with 64% classed as White British, total Black and Minority Ethnic 36%, with the South Asian population 26.8%, and the largest grouping amongst the BAME being the Pakistani population representing 20.4% of the population (Census 2011). The 2011 census identified there were 424 gypsy and traveller households of whom 76.4% lived in general housing and 23.6% in caravans.

Challenges include:

- There are over 30 groups in need of support and assistance representing the breadth of challenges facing support services.
- An ageing society poses specific challenges when developing and delivering services with a range of needs associated with old age.
- Poverty associated with worklessness and low skills levels represent a major challenge when attempting to address access to suitable accommodation for many of our households

Our approach to delivery:

- Policy makers and planners will have regard to size, location, and quality of homes needed for future needs of older people and other needs groups, in order to allow them to live independently and safely in their own home, and, if and when the need develops, to enable them to move into more suitable accommodation.
- A wide choice of housing options will be made available by the sector including Extra Care, adapted housing, shared housing and self-contained units with the necessary care and support to maintain a good quality of life.
- We will ensure provision of sufficient housing to meet the needs of people with disabilities through adaptations, and the provision of more homes with level access and homes that are able to be adapted.
- We will encourage developers to provide dementia friendly and “Lifetime Homes”.
- The Council and the Housing Partnership will work with the health sector to minimise the impact of poor housing on health including impacts of fuel poverty.

Aligned to the strategy, a number of housing options are available for individuals whose care and support needs have increased. Extra Care Housing is designed to meet the care and support needs of people over 55 and younger people with disabilities who are becoming more frail and less able to do everything for themselves. There are seven different schemes in the Bradford district, managed by five housing providers. The schemes provide a community based alternative to residential care for older people who value their independence, by providing a range of self-contained housing with support and care onsite.

The Council has taken proactive and strategic action with regard to the provision of high quality Extra Care accommodation in the District and in doing so has developed Fletcher Court which is the newest Extra Care Housing development in the district. Designed to dementia friendly standards this facility is intended to support people to live happy healthy lives behind their own front door, with care support.

In addition, there are 4 other extra care housing schemes. Within each scheme are dedicated units providing support for people whose needs have increased following an acute hospital stay, or where their own home may not meet their needs upon discharge. This allows people a period of reablement, rehabilitation and confidence building before they return back to their own home.

7. Equality and health inequalities.

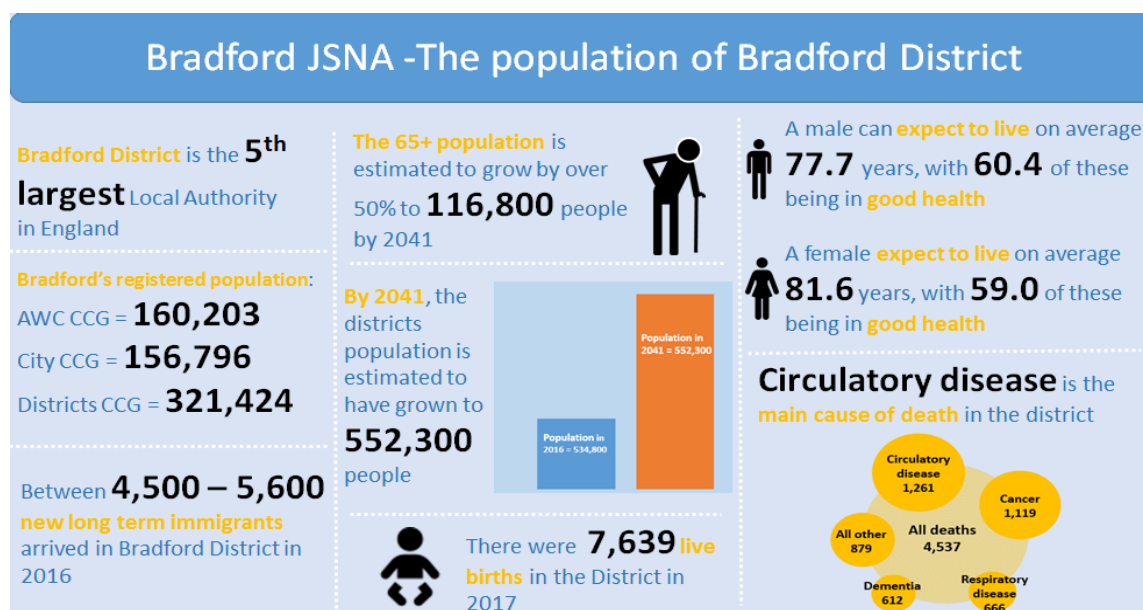


Figure 4 JSNA Summary

Across Bradford District and Craven, there are significant health inequalities in communities and the gap in how long people will live is stark. People in the most deprived areas of our district are living with more ill health and dying earlier.

Health Inequalities are prevalent across the district. Starting in the least deprived area, Wharfedale, life expectancy is 87 years for women and 84 years for men. Moving into central Bradford, this dramatically reduces. In the most deprived area, Manningham, people's life expectancy here is around 10 years less than Wharfedale.

It is not just about how long people live, it is how well they live too. If we take away the time people are living with poor mental wellbeing and ill health we see healthy life expectancy. On this measure the gap gets bigger with people living in Manningham experiencing 20 years less healthy life than those in Wharfedale.

Tackling health inequalities in Bradford is a key strand in all programmes. Our Reducing Inequalities in Communities (RIC) programme is a movement of people and projects who are working together to reduce health inequalities and close the health gap in Central Bradford; so everyone can live healthier, happier and longer lives.

7.1 Population health management approach

Our Population Health Management (PHM) enabling programme has been created to support the system to improve our PHM approach across Bradford District and Craven. This involves all of the key partners across the system collaborating and bringing our data processing and analytical capabilities together in order to generate better questions, intelligence and hypotheses for action, interventions and ultimately to have a more potent impact upon the health and wellbeing of our population.

The aim of PHM programme is to facilitate the PHM approach at place and neighbourhood levels, building on existing networks and a shared commitment to reduce health inequalities.

Our approach to PHM recognises that PHM is 10% data and 90% engagement, leadership and culture and a core function of this enabling programme is to facilitate the interpretation of that data by presenting it in ways which are appropriate for multiple users in the system, each of which will have their own requirements in terms of presentation. What they will have in common is a need for the system to generate intelligence.

Our PHM approach is to build from intelligence, identify effective, evidence-based interventions and implement them. It is not necessarily about making wholesale changes to the local health and care environment, but rather seeing where existing services, system and community assets could be adapted or tweaked so they are more relevant and useful for the population and to re-balance services in favour of prevention and long-term wellbeing.

Locally led Community Partnerships (CPs), operate on a 30,000-60,000-population footprint. Working alongside our primary care networks (PCNs) these CPs engage proactively with communities, take a strengths-based approach, and focus on prevention. Membership of the CPs has been driven by need to reflect local communities, and groups involved include VCS, community services, local authority ward officers, general practice and acute staff. Mental health is also included.

The Bradford VCS Alliance (BVCSA) works closely with local VCS Organisations, the importance of local and grassroots organisations and their role in understanding and being known to (trusted by) local communities. This ensures that projects are delivered in an appropriate manner for the communities they serve, be they BAME, LGBT, people with dementia etc.

7.2 Reducing Inequalities Alliance

The Reducing Inequalities Alliance (RIA) is a new function which was established in Bradford District and Craven in July 2022. It has been established to support and coordinate action to reduce inequalities across our local place.

The role of RIA is to connect, co-ordinate, facilitate, and support the delivery of the workstreams and job cards prioritised by the alliance, including drawing together evaluations and learning from initiatives to reduce inequalities such as the Reducing Inequalities in Communities (RIC) programme. We will do this by:

- *Setting the vision:* for reducing inequalities in health (and the determinants of health)
- *Building capacity:* in our staff and leadership to reduce inequalities on many fronts
- *Supporting best practice:* in the ways we work, the skills we use and the evidence we draw on to reduce inequalities
- *Facilitating space and time:* For evaluation and learning from our approach

A particular focus of the RIA is bringing people together from the interfaces between large civic programmes, service interventions and transformation, and the community sector. In this way the alliance as a whole can become more than the sum of its parts.

To be successful we need to adopt a 'Health in all policies' approach. This requires a collaborative approach to link to tackle linked problems (e.g. an increase in people living with chronic illness linked

to our ageing society, movement of information and people around the district for jobs, care and support, less resources in some sectors and climate change). Addressing them requires innovative solutions, a new way of thinking about policy, and structures that break down the ‘siloes’ nature of local systems.

Reducing Inequalities Alliance – ambitions for the first 2 years

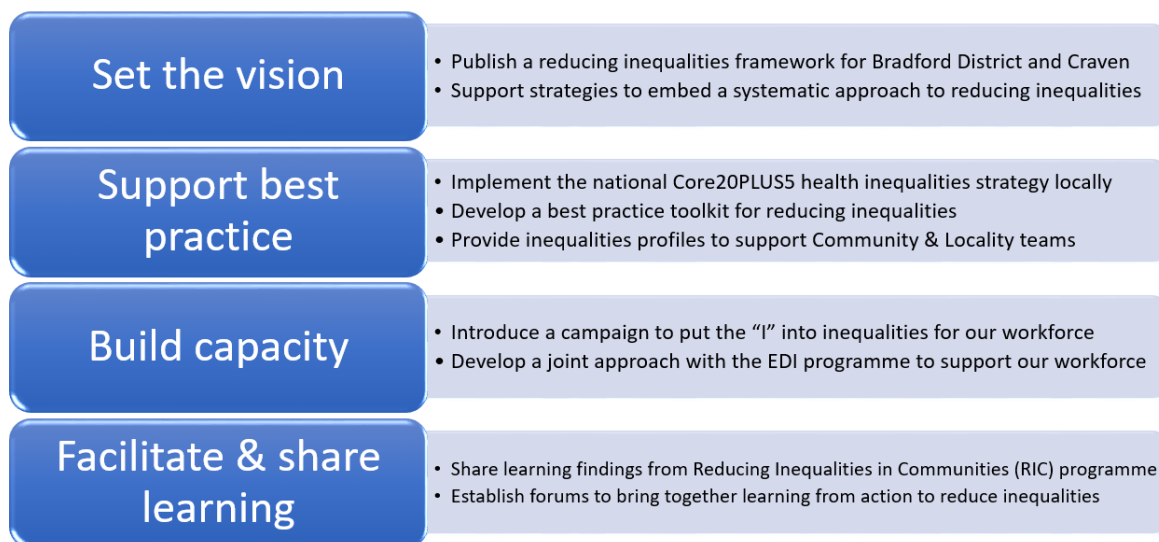


Figure 5. RIA 2 year ambitions

7.3 Reducing Inequalities in Communities (RIC) Programme

RIC is a movement of people and projects who are working together to reduce health inequalities and close the health gap in central Bradford.

It is a five-year programme, running from 2019/20 through to 2023/24, and is made up of a range of projects which aim to improve people’s health and tackle inequalities at different stages of life. It is a collaboration of system partners who are committed to reducing health inequalities in our place. This partnership involves colleagues from primary and community care, secondary care and third sectors organisations, local authority, public health, and research. It has been, and continues to be, an ambitious programme of work that involves the implementation and delivery of 21 projects, and over 50 delivery partners.

RIC was designed to be a test bed of innovation in our local place. Working together we have identified a range of projects that we feel will help reduce health inequalities, or the impact of health inequalities, for their respective cohorts. Through implementing these projects, we hope to build a local evidence base of what works, so we can consider spreading these services more widely across our place, but we also hope to contribute to the growing research base around health inequalities.

The RIC projects are a group of interventions that range from: completely new services, such as Young People’s Social Prescribing; to extensions of existing projects or services, such as BEEP exercise referral; to projects that project specific training or support to our workforce or communities, such as new approaches for raising awareness of increased genetic risk in close relative marriage.

Examples of impact

- *Central Locality Integrated Care Service (CLICS)*: staff and patient feedback is showing that proactive, holistic care reduces reactive demand on practice teams. Community development element is creating self-sustaining support groups.
- *Proactive Care Team (PACT)*: staff and patient feedback is showing that a fully integrated, multidisciplinary team (involving physical and mental health support) is providing effective, co-ordinated care for people with complex health needs.
- *Young People's Social Prescribing*: early intervention and prevention from VCS teams provide much needed support to children and young people. It has been integrated into our mental health pathways, so it can be considered amongst the range to support offers.
- *Welfare Benefits Advice*: poverty effects health & wellbeing. This service provides valuable support to people in the area. Our VCS provider leads are working with the research team to evidence the wider impact of this service
- *Tier 3 weight management for CYP*: this new model delivers support via a family approach rather than a traditional clinical model. Early signs show this has a positive effect, on both the children being supported and their wider family members

7.4 Core20PLUS5 National Strategy and Funding

Key support for our inequalities programme has this year come from the Core20PLUS5 national strategy and funding

Our local place has agreed an approach and principles to allocate the funding:

- We will employ an equity based approach (using proportionate universalism across health and the wider determinants of health)
- We will focus on subsidiarity and decision making down to Community Partnership level where appropriate
- We will undertake intervention evaluation of funded services
- We will support, rather than replace or supersede, wider system efforts to local inequalities.

Core20PLUS5 operating model - *Three tier*

1. Bradford and Craven Health and Care Partnership (strategic oversight) - Support: Establishment of a small Core20PLUS5 support team for data, evidence, guidance, evaluation, prioritisation (housed within the Reducing Inequalities Alliance).
2. Locality model (x5 + Craven) - Key tier for delivery (within new integrated model between NHS/Council/VCS – Act as One in the Community
3. Community Partnerships/PCNs (x13) – the six most deprived partnership areas allocated core20 specialist posts and additional budget, working with existing Primary Care Inequalities Premium scheme

7.5 How BCF is contributing to reducing health inequalities in Bradford

In Bradford, COVID-19 has had a disproportionate impact on the poorest and most vulnerable, Black, Asian and Minority Ethnic (BAME) communities, people with disabilities, women and carers. It has

widened inequality so we must put working to secure equality and social justice at the heart of all we do. At the height of the pandemic, COVID-19 had a devastating impact on health and social care provision. It has meant that services and resources focused on self-care, prevention and early intervention to reduce demand on public services have had to be shifted to manage the pandemic. COVID-19 has disproportionately affected those facing financial hardship and vulnerable people in our communities, as well as people from BAME groups, widening health inequalities. The gap between the most deprived and least deprived remains large and will require sustained effort and targeted investment in the most deprived communities and neighbourhoods. As part of living with Covid-19, we will need to move resources and investment towards prevention and early intervention activities and make sure allocation is based on need. This will help citizens make long-term positive behaviour changes to improve their health and wellbeing.

The BCF Plan is a vehicle for articulating how we will use system and place level mechanisms to cement health inequality work described above in strategic and operational planning. The Director of Public Health is a key member of the Planning and Commissioning forum which operationally oversees the Better Care Fund Plan. One of our key commissioning principles as a system is Reducing Inequalities through ensuring services and interventions are designed to align uptake with the distribution of need, including removing barriers to access; distributing resources and intervention proportionately to address need so as to achieve more equal outcomes; and recognising the earlier onset of conditions in deprived areas compared to the least deprived areas.

This means that there is a robust connection between decision making at programme level and subsequent allocation of BCF funds to address inequalities and frontline services. We are continuing to make the connections across the system, as well as seeing the benefits in the process of flexible commissioning activity to reduce inequalities. Efficient and effective hospital discharge remains a priority within the plan. BCF funding to support effective discharge, eg MAIDT, intermediate care service and post discharge support at home (BEST) all contribute to equity of care.

Services for older people and people with Dementia remain a priority - with the population of older people in the district estimated to rise by 50% by 2041 services are prioritised for this group. Additional bespoke Extra Care accommodation in the District has been developed. Fletcher Court is the newest Extra Care Housing development in the district. Designed to dementia friendly standards this facility is intended to support people to live happy healthy lives behind their own front door, with flexible, individualised care support.

Our Small Grants process now included a standard clause ensuring resources can be mobilised in response to emerging inequalities.

The Planning and Commissioning Forum will review BCF schemes during 2022/23 to. As part of our integrated commissioning agenda, we will ensure that overarching goals to address health inequalities are embedded; for example, preventing people from dying prematurely, enhancing quality of life for people with long-term conditions and helping people recover from episodes of acute ill health or following injury.

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BCF Planning Template 2022-23

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2022-23. It will be pre-populated with the minimum NHS contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.
2. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.
3. Please use the comment boxes alongside to add any specific detail around this additional contribution.
4. If you are pooling any funding carried over from 2021-22 (i.e. **underspends from BCF mandatory contributions**) you should show these on a separate line to the other additional contributions and use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.
5. Allocations of the NHS minimum contribution (formerly CCG minimum) are shown as allocations from ICB to the HWB area in question. Mapping of the allocations from former CCGs to HWBs can be found in the BCF allocation spreadsheet on the BCF section of the NHS England Website.
6. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

5. Expenditure (click to go to sheet)

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Conditions 2 and 3 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.

- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.

- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.

- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards National Condition 2.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

- We encourage areas to try to use the standard scheme types where possible.

6. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.

- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend under National Condition 3. This will include expenditure that is ICB commissioned and classed as 'social care'.

- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

7. Provider:

- Please select the type of provider commissioned to provide the scheme from the drop-down list.

- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

8. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority

- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2022-23:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

10. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2022-23 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2022-23. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2022-23.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:

- a rationale for the ambition set, based on current and recent data, planned activity and expected demand

- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:

- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2022-23. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2020)
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Exact script used to pull pre-populated data can be found on the BCX along with the methodology used to produce the indicator value:
<https://future.nhs.uk/bettercareexchange/viewdocument?docid=142269317&done=DOCCreated1&fid=21058704>

- Technical definitions for the guidance can be found here:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions>

2. Discharge to normal place of residence.

- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2021-22, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2022-23 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

3. Residential Admissions (RES) planning:

- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

4. Reablement planning:

- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2022-23 for further details.

The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.

The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2022-23 Template

2. Cover

Version 1.0.0



HM Government



Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2022-23.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.
- Where BCF plans are signed off under a delegated authority it must be reflected in the HWB's governance arrangements.

| | |
|---|--------------------------------|
| Health and Wellbeing Board: | Bradford |
| Completed by: | Stacey Leonard |
| E-mail: | stacey.leonard@bradford.gov.uk |
| Contact number: | 01274 436629 / 07813 340693 |
| Has this plan been signed off by the HWB (or delegated authority) at the time of submission? | Yes |
| If no please indicate when the HWB is expected to sign off the plan: | |
| If using a delegated authority, please state who is signing off the BCF plan: | Cllr Susan Hinchcliffe |

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

| | |
|-------------------|--|
| Job Title: | Chair of Bradford Health and Wellbeing Board |
| Name: | Cllr Susan Hinchcliffe |

| | Role: | Professional Title (e.g. Dr, Cllr, Prof) | First-name: | Surname: | E-mail: |
|---|--|---|--------------------|-----------------|-----------------------------------|
| *Area Assurance Contact Details: | Health and Wellbeing Board Chair | Cllr | Susan | Hinchcliffe | susan.hinchcliffe@bradford.gov.uk |
| | Integrated Care Board Chief Executive or person to whom they have delegated sign-off | | Mel | Pickup | Mel.Pickup@bthft.nhs.uk |
| | Additional ICB(s) contacts if relevant | | Robert Ali Jan | Maden Haider | robert.maden@bradford.nhs.uk |
| | Local Authority Chief Executive | | Kersten | England | Kersten.England@bradford.gov.uk |

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

| | | | | |
|---|--|-------|----------|-------------------------------|
| Local Authority Director of Adult Social Services (or equivalent) | | Iain | MacBeath | Iain.Macbeath@bradford.gov.uk |
| Better Care Fund Lead Official | | Jane | Wood | Jane.Wood@bradford.gov.uk |
| LA Section 151 Officer | | Chris | Chapman | chris.chapman@bradofrd.gov.uk |
| | | | | |
| | | | | |
| | | | | |

Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->

| |
|-----|
| Yes |
| Yes |
| Yes |
| Yes |
| Yes |
| Yes |

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

| | Complete: |
|--------------------------|-----------|
| 2. Cover | Yes |
| 4. Income | Yes |
| 5a. Expenditure | Yes |
| 6. Metrics | No |
| 7. Planning Requirements | Yes |

[<< Link to the Guidance sheet](#)

^^ Link back to top

Better Care Fund 2022-23 Template

3. Summary

Selected Health and Wellbeing Board:

Bradford

Income & Expenditure

[Income >>](#)

| Funding Sources | Income | Expenditure | Difference |
|-----------------------------|--------------------|--------------------|------------|
| DFG | £5,137,133 | £5,137,133 | £0 |
| Minimum NHS Contribution | £44,326,747 | £44,326,747 | £0 |
| iBCF | £23,388,296 | £23,388,296 | £0 |
| Additional LA Contribution | £0 | £0 | £0 |
| Additional ICB Contribution | £0 | £0 | £0 |
| Total | £72,852,176 | £72,852,176 | £0 |

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

| | |
|------------------------|-------------|
| Minimum required spend | £12,576,952 |
| Planned spend | £20,651,364 |

Adult Social Care services spend from the minimum ICB allocations

| | |
|------------------------|-------------|
| Minimum required spend | £23,675,383 |
| Planned spend | £23,675,383 |

Scheme Types

| | | |
|--|------------|--------|
| Assistive Technologies and Equipment | £4,439,479 | (6.1%) |
| Care Act Implementation Related Duties | £4,377,000 | (6.0%) |
| Carers Services | £959,500 | (1.3%) |

| | | |
|---|--------------------|---------|
| Community Based Schemes | £472,596 | (0.6%) |
| DFG Related Schemes | £5,137,133 | (7.1%) |
| Enablers for Integration | £0 | (0.0%) |
| High Impact Change Model for Managing Transfer of C | £5,123,333 | (7.0%) |
| Home Care or Domiciliary Care | £0 | (0.0%) |
| Housing Related Schemes | £0 | (0.0%) |
| Integrated Care Planning and Navigation | £0 | (0.0%) |
| Bed based intermediate Care Services | £24,737,912 | (34.0%) |
| Reablement in a persons own home | £11,421,426 | (15.7%) |
| Personalised Budgeting and Commissioning | £12,492,183 | (17.1%) |
| Personalised Care at Home | £0 | (0.0%) |
| Prevention / Early Intervention | £1,627,093 | (2.2%) |
| Residential Placements | £2,064,521 | (2.8%) |
| Other | £0 | (0.0%) |
| Total | £72,852,176 | |

[Metrics >>](#)

Avoidable admissions

| | 2022-23 Q1 Plan | 2022-23 Q2 Plan | 2022-23 Q3 Plan | 2022-23 Q4 Plan |
|---|--------------------|--------------------|--------------------|--------------------|
| Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population) | | | | |

Discharge to normal place of residence

| | 2022-23 Q1 Plan | 2022-23 Q2 Plan | 2022-23 Q3 Plan | 2022-23 Q4 Plan |
|--|--------------------|--------------------|--------------------|--------------------|
| Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange) | 94.0% | 94.0% | 94.0% | 94.0% |

Residential Admissions

| | | 2020-21 Actual | 2022-23 Plan |
|--|-------------|----------------|--------------|
| Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population | Annual Rate | 557 | 502 |

Reablement

| | | 2022-23 Plan |
|---|------------|--------------|
| Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | Annual (%) | 79.1% |

[Planning Requirements >>](#)

| Theme | Code | Response |
|-------|------|----------|
| | PR1 | Yes |

| | | |
|---|-----|-----|
| NC1: Jointly agreed plan | PR2 | Yes |
| | PR3 | Yes |
| NC2: Social Care Maintenance | PR4 | Yes |
| NC3: NHS commissioned Out of Hospital Services | PR5 | Yes |
| NC4: Implementing the BCF policy objectives | PR6 | Yes |
| Agreed expenditure plan for all elements of the BCF | PR7 | Yes |
| Metrics | PR8 | Yes |

| | |
|--|----|
| Are any additional LA Contributions being made in 2022-23? If yes, please detail below | No |
|--|----|

| Local Authority Additional Contribution | Contribution | Comments - Please use this box clarify any specific uses or sources of funding |
|--|--------------|--|
| | | |
| | | |
| Total Additional Local Authority Contribution | £0 | |

| |
|-----|
| Yes |
| |
| Yes |
| |

| NHS Minimum Contribution | Contribution |
|---------------------------------------|--------------------|
| NHS West Yorkshire ICB | £44,326,747 |
| | |
| | |
| | |
| | |
| Total NHS Minimum Contribution | £44,326,747 |

| | |
|---|----|
| Are any additional ICB Contributions being made in 2022-23? If yes, please detail below | No |
|---|----|

| Additional ICB Contribution | Contribution | Comments - Please use this box clarify any specific uses or sources of funding |
|--|--------------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Additional NHS Contribution | £0 | |
| Total NHS Contribution | £44,326,747 | |

| | |
|--------------------------------|--------------------|
| | 2021-22 |
| Total BCF Pooled Budget | £72,852,176 |

Yes

Yes

Funding Contributions Comments

Optional for any useful detail e.g. Carry over

N/A

Better Care Fund 2022-23 Template

5. Expenditure

Selected Health and Wellbeing Board:

Bradford

[<< Link to summary sheet](#)

| Running Balances | Income | Expenditure | Balance |
|-----------------------------|--------------------|--------------------|-----------|
| DFG | £5,137,133 | £5,137,133 | £0 |
| Minimum NHS Contribution | £44,326,747 | £44,326,747 | £0 |
| iBCF | £23,388,296 | £23,388,296 | £0 |
| Additional LA Contribution | £0 | £0 | £0 |
| Additional NHS Contribution | £0 | £0 | £0 |
| Total | £72,852,176 | £72,852,176 | £0 |

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

| | Minimum Required Spend | Planned Spend | Under Spend |
|--|------------------------|---------------|-------------|
| NHS Commissioned Out of Hospital spend from the minimum ICB allocation | £12,576,952 | £20,651,364 | £0 |
| Adult Social Care services spend from the minimum ICB allocations | £23,675,383 | £23,675,383 | £0 |

[>> Link to further guidance](#)

Checklist

Column complete:

| | | | | | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

Sheet complete

| Scheme ID | Scheme Name | Brief Description of Scheme | Scheme Type | Sub Types | Please specify if 'Scheme Type' is 'Other' | Planned Expenditure | | | | | | | | |
|-----------|--|--|--|---|--|---------------------|--|--------------|-------------------------------|------------------------------|----------------------------|--------------------------|-----------------|----------------------|
| | | | | | | Area of Spend | Please specify if 'Area of Spend' is 'other' | Commissioner | % NHS (if Joint Commissioner) | % LA (if Joint Commissioner) | Provider | Source of Funding | Expenditure (£) | New/ Existing Scheme |
| 1 | Local Schemes - Primary care and community based | Primary care and community based services | Prevention / Early Intervention | Other | VCS Services | Community Health | | CCG | | | Charity / Voluntary Sector | Minimum NHS Contribution | £1,627,093 | Existing |
| 2 | Collaborative care Team | Community Support Schemes | Community Based Schemes | Multidisciplinary teams that are supporting | | Community Health | | CCG | | | CCG | Minimum NHS Contribution | £472,596 | Existing |
| 3 | Community Equipment | Providing equipment to patients at home | Assistive Technologies and Equipment | Community based equipment | | Community Health | | CCG | | | CCG | Minimum NHS Contribution | £1,651,979 | Existing |
| 4 | Virtual Ward | Continued support to patients after discharge home from hospital | High Impact Change Model for Managing Transfer | Multi-Disciplinary/Multi-Agency Discharge | | Community Health | | CCG | | | NHS Community Provider | Minimum NHS Contribution | £4,445,761 | Existing |
| 5 | Early Supported Discharge | Support to patients to allow early discharge home | High Impact Change Model for Managing Transfer | Multi-Disciplinary/Multi-Agency Discharge | | Community Health | | CCG | | | NHS Community Provider | Minimum NHS Contribution | £677,572 | Existing |
| 6 | Re-ablement Services | Support to patients in own home to improve confidence and ability to | Reablement in a persons own home | Reablement to support discharge step down | | Community Health | | CCG | | | NHS Community Provider | Minimum NHS Contribution | £1,374,126 | Existing |

| | | | | | | | | | | | | | | |
|----|--------------------------------------|--|--|---|---------------------------|------------------|--|-----|--|--|-----------------|--------------------------|-------------|----------|
| 7 | Nursing support to care homes | Nursing support to care homes | Residential Placements | Nursing home | | Continuing Care | | CCG | | | CCG | Minimum NHS Contribution | £2,064,521 | Existing |
| 8 | Intermediate Care Beds | Short-term intervention to preserve the independence of people | Bed based intermediate Care Services | Step down (discharge to assess pathway-2) | | Community Health | | CCG | | | CCG | Minimum NHS Contribution | £8,337,716 | Existing |
| 9 | Maintaining Social Services (part a) | Working in partnership with Local Authority to maintain and support | Bed based intermediate Care Services | Step down (discharge to assess pathway-2) | | Social Care | | LA | | | Local Authority | iBCF | £16,400,196 | Existing |
| 10 | Maintaining Social Services (part b) | Working in partnership with Local Authority to maintain and support | Personalised Budgeting and Commissioning | | | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | £12,492,183 | Existing |
| 11 | Enablement (part a) | n own home to improve confidence and ability to live as independently as | Reablement in a persons own home | Reablement service accepting community and | | Social Care | | LA | | | Local Authority | iBCF | £3,030,000 | Existing |
| 12 | Enablement (part b) | n own home to improve confidence and ability to live as independently as | Reablement in a persons own home | Reablement to support discharge - step down | | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | £7,017,300 | Existing |
| 13 | Care Act Assessments (part a) | Social workers to implement care act duties | Care Act Implementation Related Duties | Other | Social work support | Social Care | | LA | | | Local Authority | iBCF | £2,458,100 | Existing |
| 14 | Care Act Assessments (part b) | Social workers to implement care act duties | Care Act Implementation Related Duties | Other | Social work support | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | £1,918,900 | Existing |
| 15 | Equipment (part a) | Equipment to facilitate hospital discharge and maintain independence | Assistive Technologies and Equipment | Community based equipment | | Social Care | | LA | | | Local Authority | iBCF | £1,500,000 | Existing |
| 16 | Equipment (Part b) | Equipment to facilitate hospital discharge and maintain independence | Assistive Technologies and Equipment | Community based equipment | | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | £1,287,500 | Existing |
| 17 | Carers | Support to carers | Carers Services | Other | Carers advice and support | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | £959,500 | Existing |
| 18 | Disabled Facilities Grant | Adaptations via the Disabled Facilities Grant | DFG Related Schemes | Adaptations, including statutory DFG grants | | Social Care | | LA | | | Local Authority | DFG | £5,137,133 | Existing |

Further guidance for completing Expenditure sheet

National Conditions 2 & 3

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2022-23 Revised Scheme types

| Number | Scheme type/ services | Sub type | Description |
|--------|--|---|--|
| 1 | Assistive Technologies and Equipment | 1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other | Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services). |
| 2 | Care Act Implementation Related Duties | 1. Carer advice and support 2. Independent Mental Health Advocacy 3. Safeguarding 4. Other | Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF. |
| 3 | Carers Services | 1. Respite Services 2. Other | Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. |
| 4 | Community Based Schemes | 1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other | Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home' |

| | | | |
|---|--|--|---|
| 5 | DFG Related Schemes | <ol style="list-style-type: none"> 1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other | <p>The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.</p> <p>The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate</p> |
| 6 | Enablers for Integration | <ol style="list-style-type: none"> 1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other | <p>Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes.</p> <p>Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.</p> |
| 7 | High Impact Change Model for Managing Transfer of Care | <ol style="list-style-type: none"> 1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other | <p>The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.</p> |
| 8 | Home Care or Domiciliary Care | <ol style="list-style-type: none"> 1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other | <p>A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.</p> |
| 9 | Housing Related Schemes | | <p>This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.</p> |

| | | | |
|----|--|---|---|
| 10 | Integrated Care Planning and Navigation | <ol style="list-style-type: none"> 1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other | <p>Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals.</p> <p>Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.</p> <p>Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.</p> |
| 11 | Bed based intermediate Care Services | <ol style="list-style-type: none"> 1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other | <p>Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.</p> |
| 12 | Reablement in a persons own home | <ol style="list-style-type: none"> 1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other | <p>Provides support in your own home to improve your confidence and ability to live as independently as possible</p> |
| 13 | Personalised Budgeting and Commissioning | | <p>Various person centred approaches to commissioning and budgeting, including direct payments.</p> |
| 14 | Personalised Care at Home | <ol style="list-style-type: none"> 1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other | <p>Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.</p> |
| 15 | Prevention / Early Intervention | <ol style="list-style-type: none"> 1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other | <p>Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.</p> |

| | | | |
|----|------------------------|---|--|
| 16 | Residential Placements | <ol style="list-style-type: none"> 1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other | Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home. |
| 18 | Other | | Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column. |

Selected Health and Wellbeing Board:

Bradford

8.1 Avoidable admissions

| | | 2021-22 Q1 Actual | 2021-22 Q2 Actual | 2021-22 Q3 Actual | 2021-22 Q4 Actual | Rationale for how ambition was set | Local plan to meet ambition |
|---|-----------------|----------------------|----------------------|----------------------|----------------------|---|---|
| Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance) | Indicator value | 1,001 | 943 | 998 | 803 | Profiled on 2021/22 data but we are now unable to completely exclude some of the Craven practices as they have merged into Modality | Current Q1 position indicates a reduction of 8% based on same period last year. However, Covid may have had an impact in 2021/22 so plan based on 4% reduction bringing admissions below the BCF data |
| | Indicator value | 1,218 | 1,200 | 1,296 | 1,174 | | |

>> link to NHS Digital webpage (for more detailed guidance)

8.3 Discharge to usual place of residence

| | | 2021-22 Q1 Actual | 2021-22 Q2 Actual | 2021-22 Q3 Actual | 2021-22 Q4 Actual | Rationale for how ambition was set | Local plan to meet ambition |
|--|--------------------|----------------------|----------------------|----------------------|----------------------|--|--|
| Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange) | Quarter (%) | 93.8% | 93.8% | 94.6% | 94.0% | Plan aligns with system NHS operational plan trajectory (sumitted Easter 2022) | Bradford District & Craven has been identified as an area of exemplar in relation to discharge to assess (DTA) and we will continue to sustain improvements, including sharing learning with other systems. We have a culture of a partnership approach to tackling and transforming discharge agenda at place, including very strong team dynamics within the MAHT teams located in the |
| | Numerator | 10,958 | 11,110 | 11,138 | 10,366 | | |
| | Denominator | 11,688 | 11,848 | 11,772 | 11,031 | | |
| | 2022-23 Q1 Plan | | | | | | |
| | 2022-23 Q2 Plan | | | | | | |
| | 2022-23 Q3 Plan | | | | | | |
| Quarter (%) | 94.0% | 94.0% | 94.0% | 94.0% | | | |
| Numerator | 10,143 | 10,143 | 10,143 | 10,143 | | | |
| Denominator | 10,785 | 10,785 | 10,785 | 10,785 | | | |

8.4 Residential Admissions

| | | 2020-21 Actual | 2021-22 Plan | 2021-22 estimated | 2022-23 Plan | Rationale for how ambition was set | Local plan to meet ambition |
|--|-------------|-------------------|-----------------|----------------------|-----------------|--|--|
| Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population | Annual Rate | 557.4 | 547.1 | 502.7 | 502.4 | Our ambition is to maintain current performance and continue to place only those people who cannot be supported in the community. Based on latest published data (2020/21) Bradford ranks 8/16 CIPFA comparator group. Regional average is | Placements continue to be scrutinised and are only made if that is the best way to meet the individuals needs. Home First is the standard approach unless a persons needs are so great that this is not possible. Through the discharge and intermediate |
| | Numerator | 456 | 456 | 419 | 426 | | |
| | Denominator | 81,814 | 83,353 | 83,353 | 84,801 | | |

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:

<https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based>

8.5 Reablement

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

| | | 2020-21 Actual | 2021-22 Plan | 2021-22 estimated | 2022-23 Plan | Rationale for how ambition was set | Local plan to meet ambition |
|---|-------------|-------------------|-----------------|----------------------|-----------------|--|--|
| Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | Annual (%) | 79.1% | 79.1% | 69.8% | 79.1% | Based on latest published data (2020/21), our target set in line with England average. Bradford ranks 8/16 CIPFA comparator group. Regional average is 76.4 and All England is 79.1. | D2A been running since March 20 and due to covid many older people being discharged have a higher acuity and more complex needs. This has resulted in fewer individuals remaining at home 90 days after discharge. However, it remains our |
| | Numerator | 208 | 208 | 250 | 283 | | |
| | Denominator | 263 | 263 | 358 | 358 | | |

| |
|-----|
| |
| Yes |
| Yes |
| Yes |

Please note that due to the demerging of Northamptonshire, information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:

- 2020-21 actuals (for **Residential Admissions** and **Reablement**) for North Northamptonshire and West Northamptonshire are using the Northamptonshire combined figure;
- 2021-22 and 2022-23 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2020-21 estimates.

Better Care Fund 2022-23 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

Bradford

| Theme | Code | Planning Requirement | Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR) | Confirmed through | Please confirm whether your BCF plan meets the Planning Requirement? | Please note any supporting documents referred to and relevant page numbers to assist the assurers | Where the Planning requirement is not met, please note the actions in place towards meeting the requirement | Where the Planning requirement is not met, please note the anticipated timeframe for meeting it |
|--|------|---|---|---|--|--|---|---|
| NC1: Jointly agreed plan | PR1 | A jointly developed and agreed plan that all parties sign up to | <ul style="list-style-type: none"> Has a plan; jointly developed and agreed between ICB(s) and LA; been submitted? Has the HWB approved the plan/delegated approval? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned? | <ul style="list-style-type: none"> Cover sheet Cover sheet Narrative plan Validation of submitted plans | Yes | | | |
| | PR2 | A clear narrative for the integration of health and social care | <ul style="list-style-type: none"> Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: <ul style="list-style-type: none"> How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally The approach to collaborative commissioning How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include <ul style="list-style-type: none"> How equality impacts of the local BCF plan have been considered Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the document will address these. The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS. | <ul style="list-style-type: none"> Narrative plan | Yes | <ul style="list-style-type: none"> https://www.wypartnership.co.uk/application/files/9216/1582/3153/bame-review-report.pdf https://www.bradford.gov.uk/media/5754/bradford-housing-strategy-2020-to-2030.pdf | | |
| | PR3 | A strategic, joined up plan for Disabled Facilities Grant (DFG) spending | <ul style="list-style-type: none"> Is there confirmation that use of DFG has been agreed with housing authorities? Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? In two tier areas, has: <ul style="list-style-type: none"> Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or The funding been passed in its entirety to district councils? | <ul style="list-style-type: none"> Narrative plan Confirmation sheet | Yes | <ul style="list-style-type: none"> https://www.bradford.gov.uk/media/5754/bradford-housing-strategy-2020-to-2030.pdf https://www.youtube.com/watch?v=vwgYRpV5xUk Virtual Tour for Fletcher Court Dementia Extra Care Scheme-YouTube | | |
| NC2: Social Care Maintenance | PR4 | A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift in the overall contribution | <ul style="list-style-type: none"> Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)? | <ul style="list-style-type: none"> Auto-validated on the planning template | Yes | | | |
| NC3: NHS commissioned Out of Hospital Services | PR5 | Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution? | <ul style="list-style-type: none"> Does the total spend from the NHS minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)? | <ul style="list-style-type: none"> Auto-validated on the planning template | Yes | | | |
| NC4: Implementing the BCF policy objectives | PR6 | Is there an agreed approach to implementing the BCF policy objectives, including a capacity and demand plan for intermediate care services? | <ul style="list-style-type: none"> Does the plan include an agreed approach for meeting the two BCF policy objectives: <ul style="list-style-type: none"> Enable people to stay well, safe and independent at home for longer and Provide the right care in the right place at the right time? Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? Has the area submitted a Capacity and Demand Plan alongside their BCF plan, using the template provided? Does the narrative plan confirm that the area has conducted a self-assessment of the area's implementation of the High Impact Change Model for managing transfers of care? Does the plan include actions going forward to improve performance against the HICM? | <ul style="list-style-type: none"> Narrative plan Expenditure tab C&D template and narrative Narrative plan Narrative template | Yes | | | |

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

| | | | | | | | | |
|---|-----|---|---|---|-----|---|--|--|
| Agreed expenditure plan for all elements of the BCF | PR7 | <p>Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?</p> | <ul style="list-style-type: none"> Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 31 – 43 of Planning Requirements) (tick-box) Has the area included a description of how BCF funding is being used to support unpaid carers? Has funding for the following from the NHS contribution been identified for the area: <ul style="list-style-type: none"> Implementation of Care Act duties? Funding dedicated to carer-specific support? Reablement? | <p>Expenditure tab</p> <p>Expenditure plans and confirmation sheet</p> <p>Narrative plan</p> <p>Narrative plans, expenditure tab and confirmation sheet</p> | Yes | https://www.bradford.gov.uk/media/6090/bradforddistrictandcravencarersstrategy.pdf | | |
| Metrics | PR8 | <p>Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?</p> | <ul style="list-style-type: none"> Have stretching ambitions been agreed locally for all BCF metrics? Is there a clear narrative for each metric setting out: <ul style="list-style-type: none"> the rationale for the ambition set, and the local plan to meet this ambition? | Metrics tab | Yes | | | |

