

Report of the Chair to the meeting of Bradford and Airedale Health and Wellbeing Board to be held on 25th July 2017

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Subject:

The Health and Wellbeing Chair's highlight report summarises business conducted between Board meetings

Summary statement:

The July highlight report updates on a facilitated development session for Board members and provides information on:

- **Better Care Fund – Update on performance and progress on development of the 2017-19 Plan**
- **Business conducted at meetings of the Board's working groups**
- **2016-17 Health and Wellbeing Board Annual Report to Bradford District Partnership**
- **Draft Joint Health and Wellbeing Strategy 2017-2022**
- **SEND Local Offer - Annual Report 2016-17**

**Councillor Susan Hinchcliffe
Chair – Bradford and Airedale
Health and Wellbeing Board**

**Portfolio:
Health and Wellbeing**

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

1. SUMMARY

The Health and Wellbeing Board Chair's highlight report summarises business conducted between meetings: where for example reporting or bid deadlines fall between Board meetings, and business conducted at any meetings not held in public where these are necessary to consider material that is not yet in the public domain or HWB development sessions for Board members.

Reporting through a highlight report means that any such business is discussed and formally minuted in a public Board meeting.

The report also brings updates from the Health and Wellbeing Board sub groups unless issues are covered in greater depth by a business item on the agenda.

The July report covers:

- Business conducted at meetings of the Board's subgroups: the Integration and Change Board. There is no update from the new Integrated Commissioning Executive which is in development.
- Better Care Fund – Update on performance and progress on the 2017-19 Plan
- Care Quality Commission – Review Guidance
- 2016-17 Health and Wellbeing Board Annual Report to Bradford District Partnership

2. BACKGROUND

2.1 Board member development sessions

Board members have attended development meetings in April, May and June of 2017. The April and May sessions focused on:

- the 'healthy, happy and at home' vision of our new Home First model for adult social care.
- the opportunities to implement this vision for local transformation and improvement through further alignment of health and social care practice supported by the additional funds for adult social care announced in the Spring Budget
- exploring and understanding the implications of the national changes to the Better Care Fund including the high impact change model outlined as part of Appendix 1 of this report.
- shaping the development of the new joint Health and Wellbeing Strategy

The June development session was facilitated by the Local Government Association using its 'Stepping up to the Place' self-assessment tool developed for use by Health and Wellbeing Boards. An action plan will be produced as a result of this session and further development meetings will be planned for the Board during 2017-18.

The rest of the Chair's Highlight report addresses multiple issues in brief, in some cases with further detail provided in an appendix. The background to each issue is included with the item in section 3 below, and the report contact for each issue is indicated as needed.

3. OTHER CONSIDERATIONS

3.1 Better Care Fund

The Health and Well Being Board is presented with a report on progress with the Better Care Fund Planning and Assurance Process following publication of the Integration and Better Care Fund Policy Framework for 2017 - 19 by the Department of Health and the Department of Communities & Local Government. See Appendix 1.

The Better Care Fund is the only mandatory policy to facilitate integration. It brings together health and social care funding, with an injection of social care money announced at Spring Budget 2017. The policy framework for the Fund covers two financial years to align with NHS planning timetables and to give areas the opportunity to plan more strategically.

The Health and Well Being Board has requested a status update on progress to be reported to its meeting on the 25th July 2017. Work is underway between commissioners to refresh the Narrative Plan in preparation for publication of the Technical Guidance which shall accompany the Policy Guidance and the revised Planning Template. See Appendix 1 for a full update.

Performance for Quarter 4 of 2016-17 has been approved by the Chair since the last Board meeting in March and has been submitted to NHS England.

3.2 Updates from the Board sub-groups

3.2.1 Integrated Commissioning Executive

A new Integrated Commissioning Executive is in development to replace Bradford Health and Care Commissioners. Formal reporting will resume when the group has been established.

3.2.2 Integration and Change Board (ICB) April- May 2017 update

Report from the Chair: Kersten England, Chief Executive, Bradford MDC

The Integration and Change Board met on 26th May 2017. It also hosted a system wide health and care Learning and Innovation Event on 19th May 2017. On the 7th April 2017 an ICB development session took place.

3.2.2.1 Bradford District and Craven Health and Wellbeing Plan

1.1 System pressures

In May at its business meeting key issues discussed include: significant financial pressure across the system; risk of delivery of actions to address the financial gap in the Bradford district and Craven Health and Wellbeing Plan and the need for a more strategic approach to estates to inform any future STP capital bids. The financial position is covered under a separate agenda item.

1.2 Bradford District and Craven Health and Wellbeing Plan Tracker

Overall tracking and reporting on the targets of the Bradford District and Craven Health and Wellbeing Plan were discussed and improvements to the reporting format highlighted. Two

targets remain in development – ‘training 10% of workforce in self-care’ and ‘development of a sustainable care market’ – plans to fully define both measures are in progress. A publication date of the end of July 2017 is being worked towards.

1.3 Programmes

ICB received updates to provide assurance on progress from the planned care programme (Bradford only); the digital programme (district wide); the Airedale vanguard programme providing enhanced health in care homes; Well Bradford (current scope of Girdlington and future scope includes Keighley); self care (district wide) and mental wellbeing (district wide).

3.2.2.2 Deaths of people with a Learning Disability or a mental health problem

There was further discussion on the progress of the work of the Northern Alliance of Mental Health and Learning Disability Trusts, led by Mazars - and a number of areas to be addressed. Updates are to be provided to Health and Wellbeing Board on current approaches being, undertaken with a comprehensive report being prepared for a full discussion at an autumn Health and Wellbeing Board.

Further note - In late June the Council's Health and Wellbeing Department received the local data for Bradford District from Mazars. Further analysis will be undertaken during the summer to understand what the data can tell us about the general health and wellbeing needs of people with mental health needs and Learning Disabilities.

3.2.2.3 Bradford City of Research

Professor John Wright presented a paper to stimulate discussion on the district's track record of success in research and innovation, engage support from ICB, and request nominations for a City of Research Steering Group. This group will take work forward to develop a research strategy to continue to drive forward the pioneering research the city has been undertaking to make a positive impact on health and wellbeing.

3.2.2.4 System Leadership

ICB undertook a facilitated system leadership development session in early April, and considered a number of actions arising, including the development of a broader, enabling Organisational Development workstream. ICB also supported the continuation of the Learning and Innovation events.

3.2.2.5 Learning and Innovation

The district's second Learning and Innovation event took place on the 19th May, sponsored by the Integration and Change Board. The event was very successful, and welcomed over 170 people on the day from the statutory organisations, VCS and the local population. Attendees shared stories, showcased approaches and heard inspirational change. Ten open space discussions gave people the opportunities to learn more in depth. A number of actions have arisen; in particular the organisers would like to hold an event specifically for children and young people. The event will become routine in our district calendar of events as it provides a unique opportunity for showcasing, learning and creating new relationships and opportunities.

Report contact - Damien Kay 01274 - 237290

3.3 2016-17 Health and Wellbeing Board Annual Report to Bradford District Partnership

As a Strategic Delivery Partnership of the overarching Bradford District Partnership (BDP) the Health and Wellbeing Board provides an annual update on the Better Health, Better Lives priority of the District Plan for the BDP's annual report to summarise the work of the Health and Wellbeing Board during 2016-17 and its ambitions for 2017-18. The report also provides an overview of the key challenges for the coming year.

Performance against each of the success measures in the Better Health, Better Lives priority is presented.

See Appendix 2 for the introduction to the BDP annual report and the Better Health Better Lives annual update.

3.4 Draft Joint Health and Wellbeing Strategy 2017-2022

A draft version of the Joint Health and Wellbeing Strategy 2017-2022 has been circulated to members of the Health and Wellbeing Board as a background paper for their comments and feedback and for consideration at the Board meeting.

3.5 Bradford Special Educational Needs and Disabilities Local Offer – Annual Report

The Chair has agreed the 2016-17 Annual report of the District's SEND Local Offer which provides information on support and services to families, young people and carers affected by SEN or disability. The report was agreed between Board meetings to meet the deadline to publish the annual report on the Local Offer website. See background papers below for a link to the report.

There will be a presentation at the Board meeting on the Local Offer, linked to the item on the SEND Development work.

4. FINANCIAL & RESOURCE APPRAISAL

See Appendix 1 in respect of the Better Care Fund.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

See Appendix 1 in respect of the Better Care Fund.

6. LEGAL APPRAISAL

The legal status of the Better Care Fund has been established through a Section 75 agreement between the Council and the Clinical Commissioning Groups.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

None

7.2 SUSTAINABILITY IMPLICATIONS

Local Health and Wellbeing Plans are being developed for Bradford District and Craven and for West Yorkshire plus Harrogate in accordance with 2016-17 NHS Planning Guidance. These have the aim of bringing local health and care economies onto a sustainable footing by 2020-21. Integrated operational plans are in development, as directed by 2017-19 NHS Planning Guidance.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.4 COMMUNITY SAFETY IMPLICATIONS

None

7.5 HUMAN RIGHTS ACT

None

7.6 TRADE UNION

None

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

No options are provided

10. RECOMMENDATIONS

In relation to section 3.2 Better Care Fund the Board is asked to:

- 1 Note the position in relation to the local area progress in refreshing the local Narrative Plan and Planning Template for 2017/18 and 2018/19.
- 2 Note the establishment of the Executive Commissioning Board.
- 3 Note the requirement to submit revised BCF Plan by the 11th September 2017.
- 4 Agree delegated authority to the Chair of the Board in consultation with the Leader of City of Bradford MDC and a nominated representative of the three CCGs to authorise submission of the Better Care Fund Plan on behalf of the Health and Wellbeing Board.

In relation to section 3.5 the Board is asked to:

- 1 Note that the 2016-17 SEND Local Offer Annual Report has been agreed by the Chair of the Board and published on the SEND Local Offer website.

11. APPENDICES

Appendix 1 Briefing Report - Better Care Fund 2017 - 2019

Appendix 2 2016-17 Health and Wellbeing Board Annual Report to Bradford District Partnership

12. BACKGROUND DOCUMENTS

12.1 Better Care Fund Guidance 2017

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/605164/Integration_and_BCF_policy_framework_2017-19.pdf

12.2 Bradford District Partnership Annual Performance Report

<https://bdp.bradford.gov.uk/progress-and-performance/annual-reports/>

12.3 Draft Joint Health and Wellbeing Strategy 2017-2022. Circulated to Health and Wellbeing Board Members for comments.

12.4 Bradford Special Educational Needs and Disabilities Local Offer Annual report

<https://localoffer.bradford.gov.uk/Content.aspx?mid=350>

Appendix 1

Bradford Health & Wellbeing Board	FOR INFORMATION Agenda Item: 6 Chair's Highlight Report
<p>Paper Title: Better Care Fund (BCF) 2017 - 2019</p> <p>Paper Author:</p> <p>Elaine James Head Adult Social Care Policy & Strategy Department Health & Wellbeing City of Bradford MBC</p> <p>Ali Jan Haider Director of Strategic Partnerships Executive Lead for Bradford Districts CCG</p>	

<p>Executive Summary:</p>	<p>The Health and Wellbeing Board is being presented with a report on progress with the Better Care Fund Planning and Assurance Process following publication of the Integration and Better Care Fund Policy Framework for 2017 - 19 by the Department of Health and the Department of Communities & Local Government. The Better Care Fund is the only mandatory policy to facilitate integration. It brings together health and social care funding, with an injection of social care money announced at Spring Budget 2017. The policy framework for the Fund covers two financial years to align with NHS planning timetables and to give areas the opportunity to plan more strategically.</p> <p>The Health and Wellbeing Board has requested a status update on progress to be reported to its meeting on the 25th July 2017. Work is underway between commissioners to refresh the Narrative Plan in preparation for publication of the Technical Guidance which shall accompany the Policy Guidance and the revised Planning Template.</p> <p>BCF Planning Requirements 2017/18 and 2018/19 There are four national conditions which our BCF Plan must meet:</p> <ol style="list-style-type: none"> 1. Plans must set out the local areas ambition towards integration by 2020 and be jointly agreed between the Council and the CCG commissioners. 2. The NHS contribution to adult social care must be maintained in line with inflation.
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3. An agreement must be reached to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care.
4. The High Impact Change Model (see Appendix A) must be adopted by the local area to support Managing Transfers of Care (this is a new condition to ensure people's care transfers smoothly between services and settings).

In addition in 2017/18 the BCF includes a new element, the improved Better Care Fund (iBCF). As part of planning for the iBCF the following requirements must be met:

- The plan for investment of the iBCF must be agreed with the CCG and incorporated into a Section 75 Agreement.
- Local Trusts responsible involved in planning schemes to manage discharge should be involved, however they do not need to sign off the plan.
- All areas must implement the High Impact Change model and this must be confirmed in the BCF Narrative Plan.

As part of introducing the iBCF a change has been made to the BCF national metrics. A new composite measure has been introduced to measure the effectiveness of the integrated interface between social care and health services consisting of 8 measures across 3 areas, emergency admissions, transfers of care and reablement. Bradford is ranked 2nd of 152 Health and Wellbeing Areas nationally under the new composite measure (see appendix D).

- Emergency Admissions (65+) per 100,000 65+ population
- 90th percentile of length of stay for emergency admissions (65+)
- TOTAL Delayed Days per day per 100,000 18+ population
- NHS Delayed Days per day per 100,000 18+ population
- SOCIAL CARE Delayed Days per day per 100,000 18+ population
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
- Proportion of older people (65 and over) who are discharged from hospital who receive reablement/rehabilitation services
- Proportion of discharges (following emergency admissions) which occur at the weekend

Whilst as a local area commissioners have flexibility in how the Fund is spent over health, care and housing schemes or services, agreement has to be reached through the local BCF planning process as to how this spending will improve performance in the following four routinely collected and nationally reported system metrics (see Appendix B):

- non-elective admissions (general and acute)

	<ul style="list-style-type: none"> • admissions to residential homes and care homes • effectiveness of reablement • delays to transfer of care with an additional requirement applied to the iBCF element that local areas adopt the High Impact Change Model (Appendix A) <p>The BCF 2017/18 and 2018/19 shall also include the following elements which must be spent in keeping with their national policy intent:</p> <ul style="list-style-type: none"> • The Disabled Facilities Grant • The Care Act 2014 Monies • Former Carers Break Funding • Reablement Funding (former Section 256 transfer funding) <p>The BCF planning framework includes a national assurance process which is administrated by NHS England and the Association of Directors of Adult Social Services Regions to test how well local plans meet the national conditions applied to the BCF (see Appendix B). The assurance process shall be a single stage process with submission due on 11th September 2017 (see timeline in Appendix C). Health and Wellbeing Board approval shall be required by the 11th September 2017. Plans rated as approved but with conditions shall need to be resubmitted by 31st of October.</p> <p>As part of the Improved Better Care Fund arrangements the Care Quality Commission have been engaged to undertake a targeted area review of 12 Health and Wellbeing Areas during autumn 2017. The areas as being selected for wave 1 are being identified based on performance in relation to delayed transfer of care due to historic concerns in relation to performance. It is anticipated that a further 5 areas shall be selected for a best practice targeted area review following the conclusion of wave 1. It is anticipated that Targeted area reviews shall:</p> <ul style="list-style-type: none"> • Take 10 - 14 weeks end to end and all 12 of the first wave will be completed by end of November 2017. • 6 weeks before on-site review there will be a "System Overview request" shall be sent to local areas. • 3 weeks before the on-site review a local area visit shall take place to meet with the system leaders and service users/ patients. • Be at a senior level with teams make up of Chief Officer level members and CQC inspectors. • Follow the 5 key lines of enquiry that CQC use for all inspections, with a focus on whether the system is "well-led". • They will establish their findings in a report to the Health and Wellbeing Board.
Finance/Resource	The Better Care Fund in 2016/17 had a value of £38,090,495 of

Implications:	<p>which £3,519,000 is the mandated element for the Disabled Facilities Grant and £1,356,000 is mandated for the Care Act implementation. From April 2017 the Improved Better Care Fund allocations announced in the spring 2017 spending review shall be incorporated into the fund. The Improved Better Care Fund element shall be paid as a direct grant to the Council under Section 31 of the Local Government Act 2003. The iBCF consists of two elements, in 2017/18 the Bradford allocation is £1,565,946 of previously announced and a further £10,479,875 announced in the 2017 spring spending review.</p>
Risk Assessment:	<p>The Better Care Fund risk log comprises both Strategic and Operational Risks. Strategic Risks and the Operational Risks are managed by commissioners and programme leads. Significant risks are migrated onto the CCG's Corporate Risk Register and the Council's Corporate Risk Register as appropriate.</p> <p>At present all risks are well managed with no major risks to escalate to the Health & Wellbeing Board.</p>
Legal Implications:	<p>The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. It allows for the Mandate to NHS England to include specific requirements to instruct NHS England over the BCF, and NHS England to direct Clinical Commissioning Groups to pool the necessary funding.</p> <p>For the DFG, the conditions of usage were set out in a Grant Determination Letter, which was issued by DCLG in April. This references the statutory duty on local housing authorities to provide adaptations to those disabled people who qualify, and sets out other relevant conditions.</p> <p>For the Improved Better Care Fund, the conditions of usage were set out in a Grant Determination Letter, which was also issued by DCLG in April.</p> <p>A Section 75 Partnership Framework Agreement is in place between the Council and the Clinical Commissioning Group(s). The specific purposing of the BCF can be adjusted through a process of Variation to the Section 75 Framework Agreement with the agreement both commissioning agencies.</p>
Health Benefits:	<p>BCF plans support delivery of the CCG's strategic plans for 2016/17 and contributes to the Bradford District and Craven Sustainability and Transformation Plan.</p>
Staffing/Workforce Implications:	<p>Plans are in place to strengthen capacity and capability to support the Integration and BCF. The Council is in the process of recruiting a Programme Lead (Band 7 equivalent) and support is being drawn down from the national support programme to enhance local capacity to test how well schemes are delivering against the national conditions.</p>
Outcome of Equality Impact Assessment:	<p>Any service changes resulting from delivery of the plan will be subject to consideration in relation to an Equality Impact Assessment.</p>

<p>Sub Group/Committee:</p>	<p>The Better Care Fund Policy Framework makes it a national condition that the BCF Plan is owned at the level of the Health & Wellbeing Board. A new Executive Commissioning Board has been established as a Working Group of the Health and Wellbeing Board.</p>
<p>Recommendation (s):</p>	<p>The Bradford Health and Well Being Board is asked to:</p> <ol style="list-style-type: none"> 5 Note the position in relation to the local area progress in refreshing the local Narrative Plan and Planning Template for 2017/18 and 2018/19. 6 Note the establishment of the Executive Commissioning Board. 7 Note the requirement to submit revised BCF Plan by the 11th September 2017. 8 Agree delegated authority to the Chair of the Board in consultation with the Leader of City of Bradford MDC and a nominated representative of the three CCGs to authorise submission of the BCF Plan on behalf of the Health and Wellbeing Board.

Appendix A: High Impact Change Model

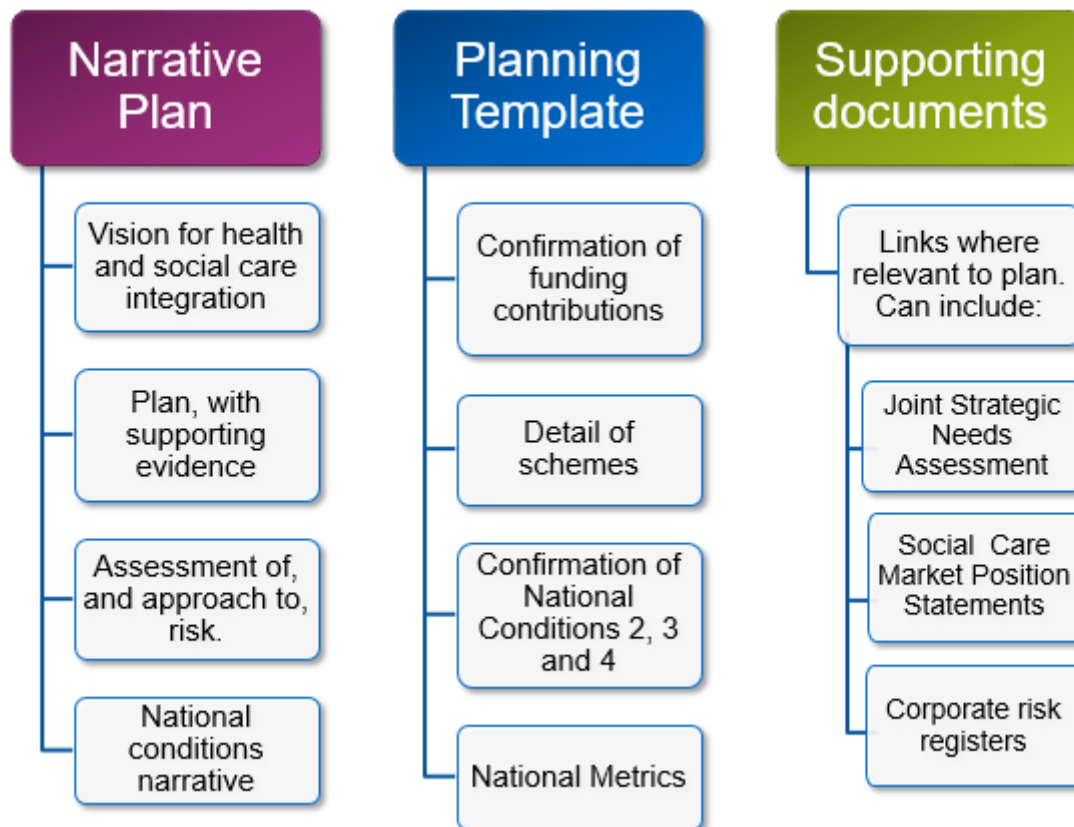
Local System Assessment of Implementation of the High Impact Change Model June 2017

Except where explicitly stated the responses are attributable to both the Bradford and Airedale, Wharfedale and Craven geographical areas.

Change 1	Evidence
Early Discharge planning	
(plans in place)	<p>Within the Out of Hospital Implementation Group, work has been planned for elderly/complex patients in the community undergoing surgery to have a pre-admission discharge plan. This work has commenced as part of a phased approach.</p> <p>Work to establish Community Integrated teams has been planned and will lead to case management including discharge planning for elective admissions This is expected to be achieved by the end of October 2017.</p>
(established)	<p>Both acute hospitals use the SAFER bundle and patients have an Estimated Date of Discharge (EDD) set which is shared with other teams including a multi agency discharge team. Further work is required to agree common terminology across different partners to aid joined up working. No formal reporting of the percentage of EDD against prediction is currently shared. There is also a recognition that work needs to continue on shared terminology, adopting, “medically optimised” and eradicating the sense of people being “back to baseline”</p>
Change 2	Evidence
Systems to monitor patient flow	
(established)	<p>Information regarding demand and the capacity to meet the demand is held within providers within each system. There is both an internal and external means of sharing system pressures and increasing capacity and flexibility both on a planned (e.g. public holidays) and unplanned basis. The system utilises triggers and conference calls during periods of escalation to identify individual provider and joint actions which can assist to help manage demand across the services.</p> <p>Staff are aware of bottlenecks and ongoing improvements are identified in projects to decrease bottlenecks and match demand (e.g. length of stay review meetings). Whilst there are adhoc arrangements in place, there is no ‘real time’ system status tool which is used which can be viewed by the whole system.</p> <p>Across the health and social care economy the OPEL framework is used to monitor levels of demand escalation.</p> <p>The value of senior clinical decision maker is well recognised and increased where necessary</p>
Change 3	Evidence
Multi-disciplinary/multiple agency discharge teams	
Discharge planning processes	<p>Both within Bradford and Airedale there are 2 Hubs (one in Airedale and one in Bradford which is to be launched later this month). These will provide a co-ordination point for discharge. Whilst they operate closely with social services they are not integrated. The Multi Agency Discharge Team (MAID) goes live on 30th June in Bradford which will then be established. In addition, the current teams already share some joint assessments.</p>
(some plans in place)	

Daily MDT meetings (established)	In AWC, this is planned but not yet developed. Both Bradford and Airedale acute wards have MDT meetings through SAFER board rounds. In addition to this, other members of an MDT can be accessed on a daily basis. There is access to community teams to provide additional care and support to permit both step up and step down provision.
Continuing Health care (established)	Only 1.96% of Continuing Health Care assessments take place in the acute setting. Assessments are conducted and performed in homes, care homes and community beds.
Change 4	
Home First/Discharge to assess	Evidence
Assessment for care in hospital (established)	There are elements of discharge to assess in evidence in parts of both the Bradford and Airedale systems. In Bradford, patients are supported by the virtual ward at home to facilitate early discharge and provide care until needs can be fully assessed. This is conducted on a case by case basis and is not universal. Some community beds are used to provide some of this care until the patient's care needs become clearer. In addition, some patients receive domiciliary care and support from the complex care team.
(established)	In Airedale, some beds in a local care home have been identified to transfer patients with no acute medical need to support the assessment of their needs in an out of hospital environment. The community nursing team also provide some input.
(mature)	Patients who are under the care of the North Yorkshire local authority will return home with reablement support routinely
People entering care homes (established but not for all patients)	The model of transition from acute hospital care to the community takes place through a variety of pathways at present, mainly individually assessed on a case by case basis as to the best pathway available at the time. This can result in the patient returning to their own home (with or without support) or transferring to a community care bed including community hospitals/intermediate care or care homes. The destination is based on the outcome of assessments as well as a recognition of capacity in a particular part of the service, e.g. domiciliary care.
People wait in hospital to be assessed by care home staff (not yet established)	As part of routine discharge planning and communication, patients are discussed with care homes, either that the patient has come from or are planned to be assessed by. The response is variable and no plan is in operation which identifies the steps needed to improve this.
Change 5	
Seven Day Service	Evidence
Discharge & Social care teams (mature)	Health and social care teams work on a Seven day basis covering evening and weekends including hospital and community teams.
Care services (plans in place)	Some services, e.g. care homes, do not provide assessments at weekends, though they may provide and restart care over the 7 days
Diagnostics and support services	A number of support services including transport, pharmacy, therapy and diagnostics provide reduced services at weekends, when compared to the weekday. A 'weekend

(plans in place)	culture' results in reduced discharge rates and impacts on progression of care, e.g. therapy assessments. Improvement work to increase the pace of care at weekends needs to align with 7 day plans and taken further.
Change 6	Evidence
Trusted Assessors	
Assessments done by different organisations (established)	<p>There are elements of trusted assessments undertaken in the Bradford locality. The Comprehensive Geriatric Assessment (CGA) is used by BTHFT and social services as a form of needs assessment, but relates to patients cared for through the virtual ward. Test of change to be undertaken with the 5 Q screening questions (NHS I) to assess against CHC in Bradford.</p> <p>This is not the case in Airedale, which also has multiple local authorities to refer to.</p> <p>Multiple assessments are required from different organisations and a significant piece of work needs to be planned, scoped and delivered to make this established.</p> <p>There has been no plan which has commenced towards singular or Trusted assessors across care providers. This significant piece of work needs to be planned, scoped and delivered to make this established.</p> <p>IT solutions and interfaces are likely to be required to operationalise</p>
(not yet established)	
Multiple assessments (not yet established)	
Trusted assessors (not yet established)	
Change 7	Evidence
Focus on choice	
Information (established)	<p>Admission advice and information leaflets are used in both acute hospitals though not always consistently applied</p> <p>Choice protocol exists and is implemented in both Bradford and Airedale.</p> <p>Home from hospital scheme is in operation providing support and information to people at home in relation in Bradford.</p> <p>No voluntary sector scheme is in operation in Airedale, Wharfedale and Craven, with no current plan.</p>
Choice policy (established)	
Voluntary sector provision (established)	
(not yet established)	
Change 8	Evidence
Enhancing health in care homes	



Jointly agreed plan

- Agreed by Health & Wellbeing Board(s) (HWB).
- Involvement of other stakeholders – providers, housing authorities VCS
- All minimum funding requirements met.
- Clinical Commissioning Group (CCG) minimum contribution to increase in line with CCG overall budgets.
- Agreement on use of IBCF money to ensure that the local social care provider market is supported.
- Agreement on use of DFG funding

Social care maintenance

- Applies to contribution from CCG minimum
- Uplift of minimum required contribution from 2016-17 baselines in 2017-18 and 2018-19
- Local areas can agree higher contributions from the CCG minimum or additional contributions.
- Planning template will be pre-populated with figures – including 2016-17 baseline as assured.
- Opportunity to query baseline if all parties agree it is wrong.

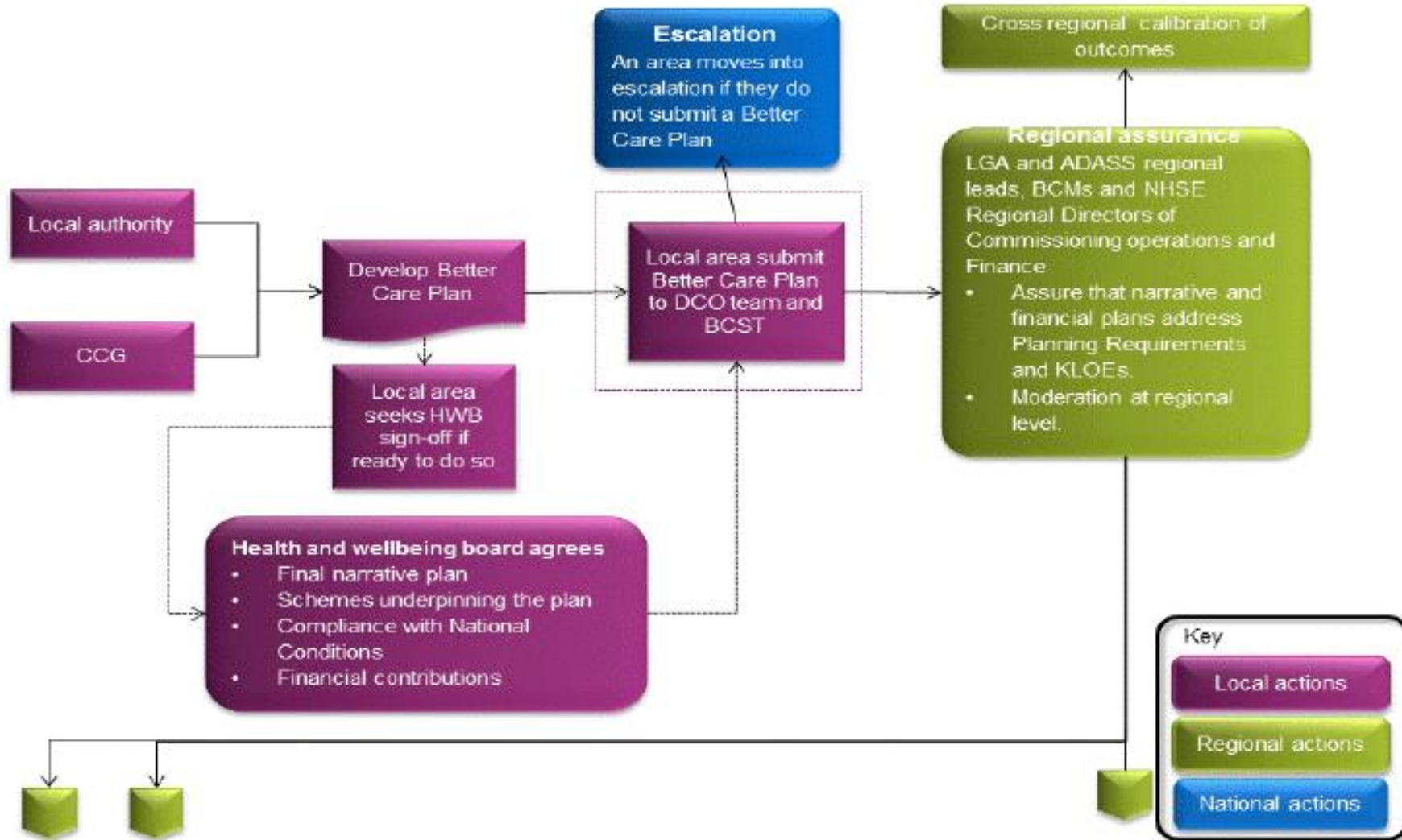
NHS commissioned out of hospital services

- Ring-fenced amount for use on NHS commissioned out of hospital services. This will be set out in allocations.
- This applies to the CCG minimum and covers any NHS commissioned service that is not acute care – can include social care.
- Areas are expected to consider holding funds in a contingency if they agree additional targets for Non-Elective Admissions (NEA) above those in the CCG operational plan.

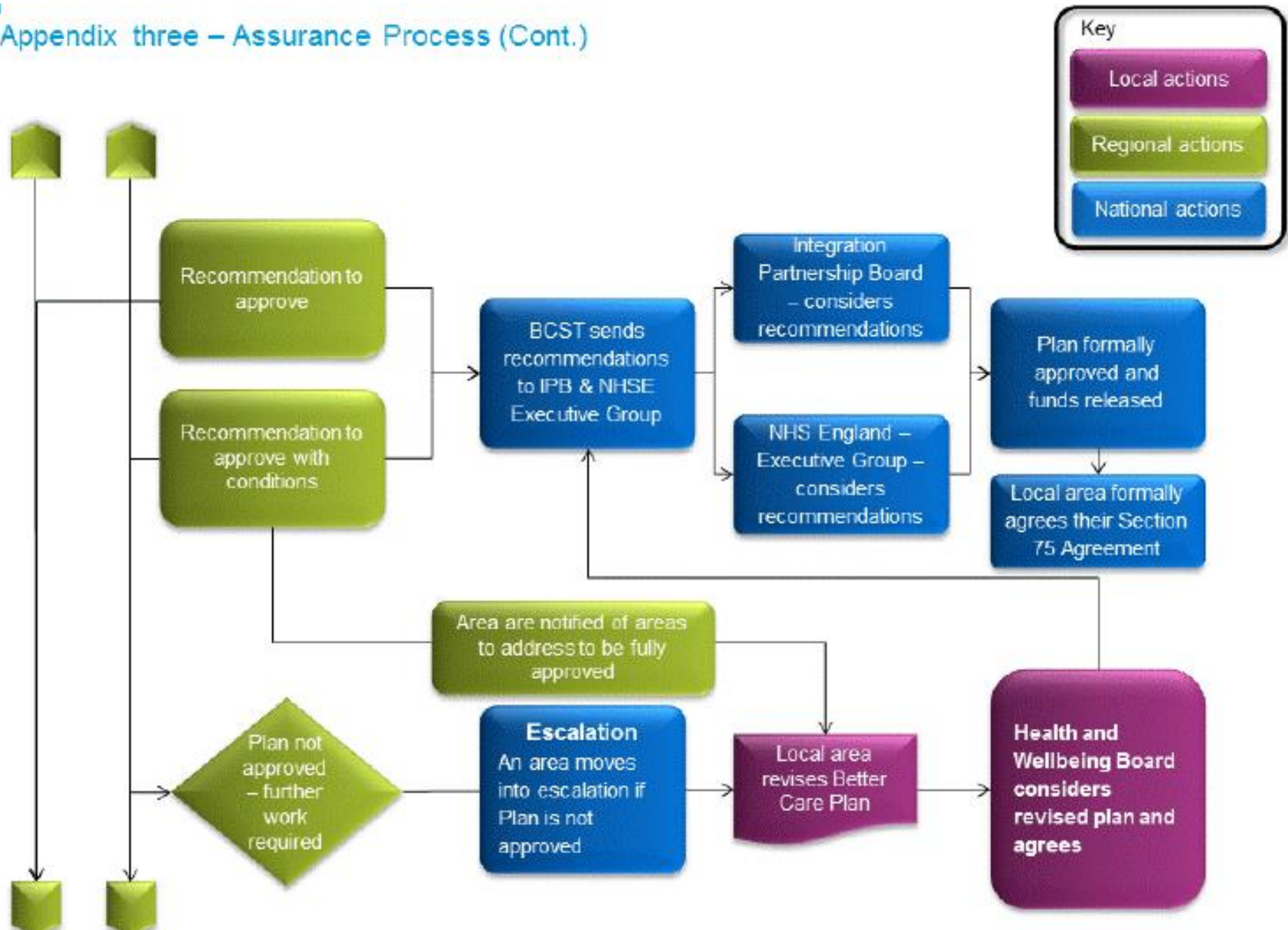
Managing transfers of care

- All local areas must implement the high impact change model for managing transfer of care.
- This is also a condition of the iBCF grant. We expect the plans to be jointly agreed and funded.
- Some local areas may already be implementing this model – this should be reflected in plans.
- Discussions should involve trusts.

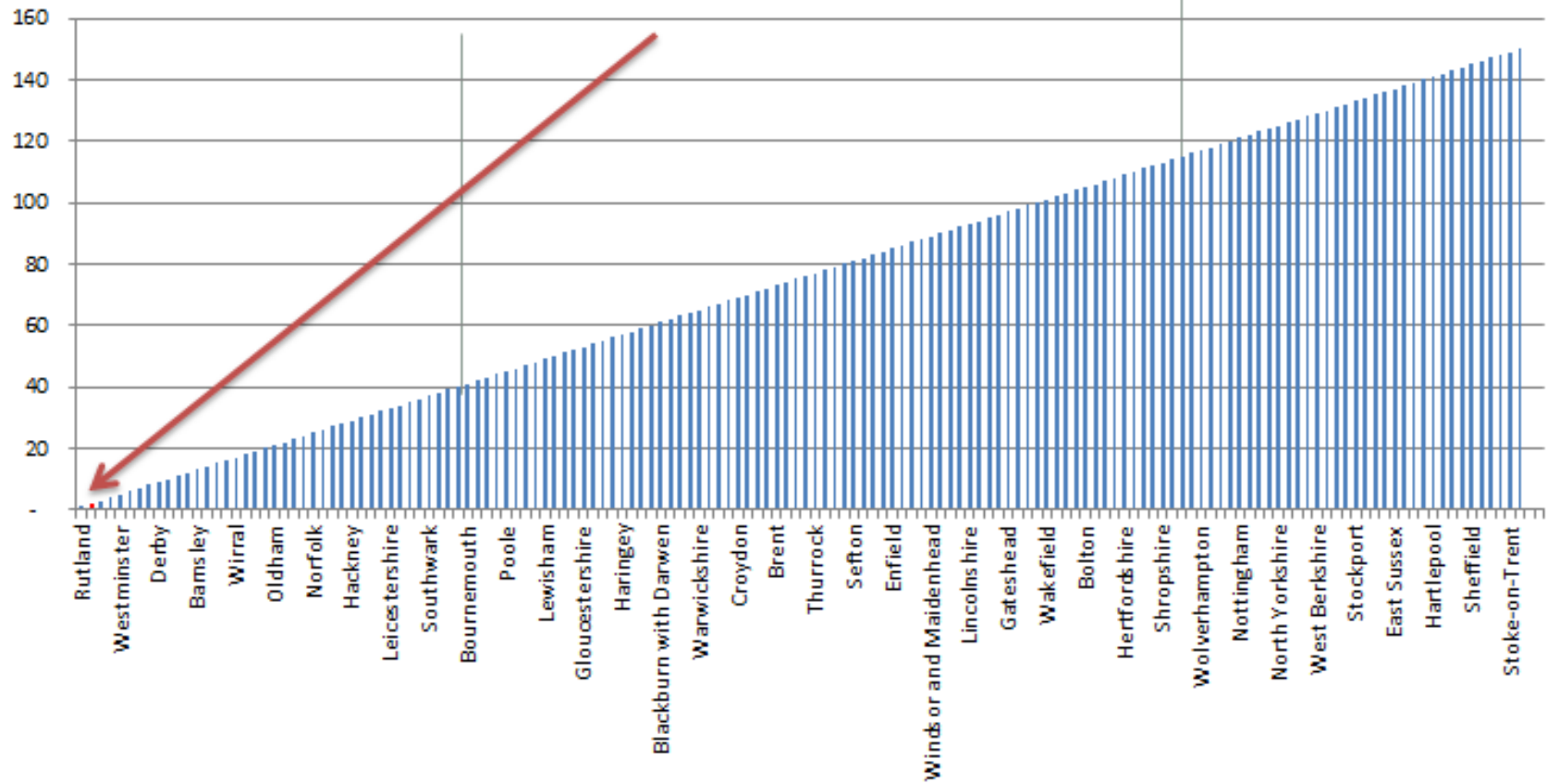
Appendix three – Assurance Process



Appendix three – Assurance Process (Cont.)



**Rank (National) Low is good.
Bradford Rank = 2**





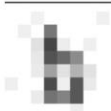
BRADFORD DISTRICT PARTNERSHIP



ANNUAL REPORT

2016–2017

Introduction and Better Health, Better Lives update



1. Introduction and Purpose

This Annual Report highlights the achievements and ambitions of the Bradford District Partnership (BDP) during 2016-17 and provides an overview of the key challenges for the coming year.

The performance against each of the success measures in the District Plan is presented with a trajectory on how we are doing, case studies of our successes alongside the work that still needs to be done in the next year.

The BDP Board, which approved the BDP annual report in June 2017, has given its commitment to continue collaboration and close working across sectors and organisations in the district to deliver the District Plan.

The year ahead provides a great opportunity to build on the good work done over the last few years, while also focusing on the areas that need further enhancement. The BDP Board will continue to play a key role in informing policy development and facilitating joined-up working and delivery of services.

2. Bradford District Partnership Overview

The Bradford District Partnership (BDP) brings representatives of the public, private, voluntary and community sectors together to work to improve the quality of life for all who live in, work in and visit Bradford District. The BDP acts as the strategic body which enables partners to come together to focus on current issues and future challenges, and to co-ordinate, facilitate and challenge delivery.

The BDP's main purpose is to harness the collective resources of the district to drive delivery of the outcomes outlined within the District Plan 2016-20. The BDP Board provides strategic direction and oversight of the delivery of the District Plan through the Strategic Delivery Partnerships (SDPs).

The District Plan sets out Bradford District's vision and priorities for action. It also provides a performance framework for accountability, while at the same time highlighting the coordinated effort needed across organisations to deliver our shared outcomes. Our outcomes will be led by each of our Strategic Delivery Partnerships as follows.

SDP	DISTRICT PLAN OUTCOME
Producer City	Better skills, more good jobs and a growing economy
	Decent homes that people can afford to live in
Health and Wellbeing Board	Better health, better lives
Children's Trust	A great start and good schools for all our children



For further information on our governance arrangements please see the BDP Governance Handbook which can be found [here](#).

The BDP Board who have oversight of the Annual Report are made of senior representatives from Bradford Chamber, Bradford Council (political and corporate), Bradford Districts Clinical Commissioning Groups, Bradford District Assembly (VCS), Incommunities, NHS Hospital Trusts, University of Bradford, West Yorkshire Police.

3. Progress 2016–2017

3.1 Overview

The Bradford District Plan 2016-2020 was developed collaboratively with partners within the BDP. The Plan sets out how all members of the BDP can do things differently, help communities to do more for themselves, work better across organisations and act proactively rather than just respond to issues. It aims to draw on the resources and activity of local people, communities, businesses and organisations across the district. For each outcome, the Plan sets out the district's ambition, describes where we are now and highlights key actions which will help us progress, as well as identifying targets that will help us measure our success.

Over the last 12 months the BPD Board itself has focused its discussions and work on the cross thematic elements of prevention and early intervention which has led to pilot work being undertaken in Keighley with a multi agency co-located focus on mental health. The learning from this has informed further ambition to explore more multi agency area hubs, with a scoping exercise being commissioned commencing in June 2017. The aim of this project is to connect existing and developing prevention and early intervention area based activities. This will initially be done through mapping out existing work, identifying good practice and lessons learnt, identifying referral opportunities, and maximising data sharing.

3.2 Highlights of progress against District Plan outcomes

The section below includes a brief overview of progress and key developments against each of the District Plan outcomes from each of the Strategic Delivery Partnerships. The detailed progress update is then captured for each outcome presented in the appendices. The Annual Report is published on the Bradford District Partnership website <https://bdp.bradford.gov.uk/>.



Better skills, more good jobs and a growing economy

Achievement highlights

- An employer led education and skills system to match local people to local jobs has been created



through Bradford Pathways and the Industrial Centres of Excellence.

- Strategic employment sites for new and growing businesses have been brought forward to include the M62 enterprise zones and Gain Lane in BD3.
- The district's town centres and Bradford city have continued to be regenerated with the development underway for The Light cinema complex and the Keighley business improvement district successfully completing its first year of operation.
- Work with the city region and national partners has led to the NPR campaign progressing well, a business case for Tong Street improvements being undertaken and the Bradford to Shipley corridor improvements progressing with an outline business case now in place.
- The district has been promoted to investors with more support having been provided to companies wishing to start or expand their export activities.

The next 12 months

- Brexit is emerging as a key issue for businesses across the district, with uncertainty over the status of EU nationals working here beginning to impact on recruitment. If trade reverts to WTO tariffs many businesses will be at a significant competitive disadvantage which could mean some companies relocating production to the EU.
- Making the economic case for Bradford City Centre station on the Northern Powerhouse Rail network is also a key task.
- The district's response to the government industrial strategy consultation highlights the value of initiatives like Bradford Pathways and our ICE in linking education and skills to real job opportunities.
- A new economic growth strategy will be developed by summer 2017 along with a focus on the Airport Link, One City Park, Public Sector Hub and Strategic Employment Sites.
- In addition a Health and Social Care ICE will be developed to address the broad range of labour market needs of the sector, establishing critical entry points and advancement opportunities.



A great start and good schools for all our children

Achievement highlights

- Further work has taken place on the integrated early years pathway, development of the safe space for children in mental health crisis and the work undertaken by the literacy hub particularly with boys.
- The Children and Young People's Plan has been developed and published, setting out the district's priorities for children.
- Priorities for children in poverty have been identified and actions put in place to tackle them.

The next 12 months

- A focus will be given to the two 'key imperatives' recently identified as school attendance and missing children. It is expected that addressing these two issues will also improve attainment.
- The priorities set out in the Children and Young People's Plan will be connected to the programmes in place to ensure work isn't undertaken in isolation.
- Focus will continue on the Education Covenant, leveraging in the resources of partners.



Better health, better lives



Achievement highlights

- The Mental Wellbeing Strategy has been shaped to ensure a strong focus on prevention and early intervention.
- A Healthy Lifestyle Board has been established and is planning how to scale up action to address child and adult overweight and obesity and wellbeing in general.
- The Board's annual safeguarding and wellbeing meeting focused on the national review of early deaths of people with learning disabilities and mental health needs. Local data will be reviewed.
- The district is performing well nationally on several measures within the Better Care Fund including reducing Delayed Transfers of Care. This helps to reduce pressure on hospital beds.
- A fully integrated local health plan is being developed for the first time. This will give an overview of how resources for health and wellbeing are being used in the District.
- Development of the Joint Health and Wellbeing Strategy for 2017-2022 has begun.

The next 12 months

- The new Joint Health and Wellbeing Strategy will develop a more targeted approach to some of our long standing health inequalities, which are largely concentrated in areas of high deprivation.
- The Board will continue to lead integration and transformation across the health, care and wellbeing sector.
- The health sector will agree the best use of additional government funds to meet adult social care need and to create a sustainable care system.
- Tools will be developed to accompany and support the new Joint Health and Wellbeing Strategy – including a performance tracker and a toolkit to make sure we are considering the right things in our decision-making.
- The strategy will focus on helping people to stay well, and on earlier intervention to reduce the progression of illness and reduce demand for urgent and emergency care.



Safe, clean and active communities

Achievement highlights

- A Public Space Protection Order was recently implemented and enforcement is taking place with the long term aim of addressing problems of street drinking and former legal highs.
- Six project officers have been resourced to work on addressing community cohesion, developing the white ribbon campaign and anti-social behaviour and other key priorities in the Safer and Stronger Communities Plan.
- The Restorative Justice Hub received a police Commendation and won a Restorative Practice Living Award.
- Recorded anti-social incidents fell, but the overall levels indicate a need to continue a focus on this work.
- Controlling Migration Funding has been received to help minimise the pressures migration can have on communities and within services.
- Under Operation Steerside Police have apprehended over 8,780 drivers to help reduce problem and antisocial driving.

The next 12 months

- Building our work on community relations including a focus on the increasing hate crime levels in the district.



- There will be a focus on reducing repeat victimisation rates for domestic abuse.
- Following the increase in child sexual exploitation referrals, work will continue on protecting young people through raising awareness and bringing perpetrators to justice.
- Developing the People Can campaign to include a more advanced online platform and greater uptake by partners across the district.
- Continue to undertake activities which reduce anti-social behaviour, especially diversionary projects with young people.
- A new approach to enforcement on littering in our towns and city centre.



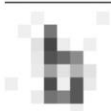
Decent homes that people can afford to live in

Achievement highlights

- The number of new affordable homes delivered by Registered Providers has increased.
- The number of Disabled Facilities Grants completions has continued to grow.
- Through the Great Places to Grow Old programme contractors have been appointed to deliver extra care and intermediate care schemes in Keighley.
- Positive action has prevented almost 5,000 households who were threatened with homelessness from becoming homeless.

The next 12 months

- Sustain continued growth in the number of additional homes delivered.
- The provision of new affordable homes for rent is likely to be constrained by the reforms to the welfare benefits system. The reforms will also impact Bradford disproportionately due to our higher proportion of larger households.
- Due to the Local Housing Allowance cap there is an increasing challenge to engage and incentivise private landlords to house single under 35s in shared accommodation.
- Elements of the new Housing and Planning Act will be implemented in 2017/18 which will impact on the way housing enforcement is conducted.
- A focus will be given to tackling poor quality housing through enforcement and support.
- The not for profit White Rose Energy company will be promoted offering fair energy prices to residential properties across the region.
- Proactive preparation for the additional demands of the Homelessness Reduction Act 2017.
- Work will continue with private landlords to increase the supply of properties for people in housing need.





Appendix: Better health, better lives

Ambition

We want all of our population to be healthy, well and able to live independently for as long as possible – with the right healthcare or support for each person, available at the right time. Our ambition is to help everyone take more control of their own health and wellbeing, to see more people taking good care of their health and fitness and to see people supporting each other to make positive changes.

Getting and staying healthy can be harder for people living on low income, in poor-quality housing or leading insecure, stressful lives. Our challenge is to ensure everyone is able to enjoy the best health they can and to have a good quality of life whatever age they are and wherever they live.

Progress on our success measures for 2020

District Plan 2020 target	Short name	Latest value	Trajectory to 2020 target
4a) Increase healthy life expectancy	Healthy life expectancy at birth (Female)	60.5	
4a) Increase healthy life expectancy	Healthy life expectancy at birth (Male)	62.9	
4b) Reduce the gap in life expectancy between the most and least deprived areas	Difference in life expectancy at birth between the most and least deprived parts of the District (Females)	7.2	
4b) Reduce the gap in life expectancy between the most and least deprived areas	Difference in life expectancy at birth between the most and least deprived parts of the District (Males)	9.6	
4c) Significantly reduce the proportion of children overweight or obese at age 10 to 11	Excess weight in 10-11 year olds	36.35%	
4d) Improve mental wellbeing and reduce high anxiety to below the England average	Self-reported wellbeing - people with a high anxiety score	18.62%	
4e) Build on success at tackling loneliness and social isolation	Proportion of people who use services who reported that they had as much social contact as they would like	51.3%	
4f) Significantly reduce causes of preventable deaths – smoking, being overweight and obesity – and increase physical activity and healthy eating	Percentage of inactive adults	31%	
4f) Significantly reduce causes of preventable deaths – smoking, being overweight and obesity – and increase physical	Smoking prevalence - adults (over 18s)	21%	



- ▶ On track to meet target by 2020 ⚠️ Some concerns/possible delays
- ▶ ● Not expected to be achieved

Overall, life expectancy has not changed. Healthy life expectancy tells us the age that people remain in good general health on average. For males, that age increased by 1.4 years compared to the previous year, whilst for females it dropped by 0.5 years, meaning that on average women reported 2.4 fewer years of healthy life than men.

Two of the main factors causing preventable deaths in adulthood show a slight increase. These are smoking prevalence (the percentage of adults who are current smokers), and excess weight in 10-11 year olds. Both of these are concerning as they undermine people's health and wellbeing. Although we already have programmes in place we will need to rethink how we work with and alongside people to support them to improve their health and wellbeing.

Good things are happening here

Bradford Healthy Hearts

Bradford's Healthy Hearts campaign was developed by Bradford Districts Clinical Commissioning Groups (CCG) in collaboration with stakeholders and patients to design a programme that would change the way people with cardiovascular disease (CVD) are cared for, and to identify people at risk but not yet identified in the community. The approach has seen good results from its aim to identify and support thousands of local people at high risk of CVD, treating people with poorly managed or undiagnosed high blood pressure or high cholesterol levels. The programme set itself a challenging target, to reduce cardiovascular events by 10% by 2020, preventing 150 strokes and 340 heart attacks. This would reduce the damage and disability caused by CVD, and reduce the cost of emergency admissions for CVD - at least £4.5 million per year.

In the first two years of operation, the campaign has significantly improved the health of residents, offering nearly 21,000 health interventions to people in the Bradford area. Since the start of the campaign in 2015 there have been 211 fewer heart attacks and strokes. The programme has won national recognition for its innovative approach and is being piloted in Scotland.

Action on respiratory disease

Respiratory disease such as asthma and Chronic Obstructive Pulmonary Disease (COPD) is a significant cause of poor health and early death in Bradford District. Partners across the district, including the local authority and NHS, have prioritised respiratory health with the aim of improving health outcomes. Preventive approaches aim to reduce the numbers of young people who take up smoking and to support people to stop smoking, particularly pregnant women and smokers who are admitted to hospital; support is also targeted at workplaces with high numbers of smokers.

Programmes have also been developed to improve the health status of people with respiratory disease and reduce deaths from respiratory disease. In Airedale, Wharfedale and Craven the focus is mainly on primary care, where most people are looked after, but also to ensure that care is as joined up as possible when people do require management in hospital settings. In Bradford, a new programme - Bradford Breathing Better - is led by clinicians and will help people with long-term lung conditions to better manage their asthma or COPD.



Our achievements over the last 12 months

The Health and Wellbeing Board (HWB) is leading the delivery of the Joint Health and Wellbeing Strategy and the Health and Wellbeing Plan for Bradford and Craven. Over the last 12 months we have:

- Helped to shape the Mental Wellbeing Strategy at an early stage of development. This would ensure that the new strategy had a strong focus on prevention and early intervention to support people's mental wellbeing. It also addressed the role played by wider factors such as low-income, unemployment and poor housing in shaping people's mental health and wellbeing. The HWB received regular progress updates throughout 2016-17.
- Established a Healthy Weight Board to review and make recommendations on how best the district can halt the increasing trend of child and adult overweight and obesity.
- The November HWB meeting focused on Safeguarding. The HWB had a presentation on the national review of early deaths for people with learning disabilities and mental health needs. HWB tasked the Integration and Change Board to review the relevant data for the district (once available from the national auditors) and to report back to the HWB with an assessment of action needed to improve health and wellbeing.
- Overseen the working of the Better Care Fund. This is a joint fund established to accelerate integration between health services and adult social care systems. Its aim is to improve services and reduce delays, for example to avoid people having to stay in hospital longer than necessary. The district is performing well nationally on several measures within the Better Care Fund including reducing Delayed Transfers of Care.
- Overseen development of the Bradford District and Craven section of the West Yorkshire and Harrogate Sustainability and Transformation Plan and a joint operational plan for Bradford and Craven. Both are required under the NHS Planning Guidance for 2017-19. The joint operational plan brings together single organisation plans, and transformation plans, to improve our understanding of what is currently provided, where we have gaps and where and how resources for health and wellbeing could be better used. This will help to improve future planning and deliver value for money.
- Develop the second Joint Health and Wellbeing Strategy for 2017-2022. The strategy will be a short, focused document that addresses the major health needs and health inequalities in the district and helps to guide decisions about the use of resources. It will build on the Better Health, Better Lives section of the District Plan as this had extensive engagement and consultation in 2016, and health and wellbeing needs, identified through needs assessment and the 2016 Sustainability and Transformation Planning process.

The challenges facing us over the next 12 months

Addressing the high level of health inequality between different areas of the district and between different people remains a priority. This will be a strong theme in the next joint Health and Wellbeing Strategy being developed for 2017-2022.

There are encouraging signs for the local economy but poor child health in some areas of the district remains a challenge. For some children and young people, life chances may have been adversely affected by worsening deprivation between 2010 and 2015 (Index of Multiple Deprivation 2015) and by the rise in the rate of child poverty in 2014. This became apparent when national data was published by HMRC in autumn 2016. Some aspects of child health have been improving but others are not and it will be prioritised in the new Strategy.



Developing a sustainable, integrated approach to health and wellbeing is likely to remain a challenge for the next few years. Resources are shrinking and demand is likely to continue to grow. This will place increased demand on services unless we can improve people health and wellbeing by keeping more people healthy for longer and intervening earlier when people do become ill.

Our aim is to support people to stay well so that more resources can be used for maintaining health rather than treating illness. To support this approach the Board will lead the work to enable more people to be supported in their homes and communities for as much of the time as possible, and at the appropriate level of care.

Our focus for the next 12 months

The Health and Wellbeing Board will develop a shift in approach within the Joint Health and Wellbeing Strategy (JHWS) to develop and lead a more targeted approach to some of our long-standing health inequalities, particularly where these show clear links to area-based deprivation. For example, as we focus on reducing the high rate of early death from preventable causes we are likely to need a specific focus on the Bradford City CCG area.

In addition the Health and Wellbeing Board will:

- Agree across the sector the best use of additional central government funds to meet adult social care need. Monies were identified in the Spring budget and we are awaiting post-election confirmation at the time of writing.
- Continue to develop the Better Care Fund in 2017-19 to take further steps towards integration across Health and Social Care. Further funding for adult social care will be aligned through the Better Care Fund to ensure best use of all available resources.
- Embed the new 'Home First' approach developed in 2017 to support people to maintain their health and independence into later life and to be able to live in their own homes and communities for as long as possible with the right level of high-quality care.
- Develop tools to accompany the Strategy: a short toolkit to guide decisions about use of resources across the health and wellbeing sector and appropriate performance measures to track progress and outcomes during the strategy.
- Monitor progress on the Better Health Better Lives outcomes and the Local Health Plan which describes how people and organisations will work together to address three broad aims. The Board will receive six monthly updates on the performance of joint plans to address the three aims.
- First, to improve health and wellbeing outcomes for local people. Second, to reduce variation in the quality of care so that everyone has access to consistent standards of care and high-quality services. Third, to close the financial gap that will open up by 2021, between the projected budget available for health, social care and wellbeing, and the estimated demand and cost. The financial gap has arisen as a result of planned reductions in health and social care budgets to 2020-21 and increasing pressure as a result of an ageing population and growing demand for services.

