

Report of the Director of Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on Thursday 7 September 2017

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Subject:

Public Health Outcomes Framework (PHOF) Performance Report

Summary statement:

This report provides an overview of local performance based on the Public Health Outcomes Framework, giving particular emphasis to

- a) indicators which show Bradford compares unfavourably - or has had a recent history of comparing unfavourably - with the Yorkshire and Humber region, and/or England as whole, and
- b) indicators which have been the subject of other Public Health reports presented to the Health and Social Care Overview and Scrutiny Committee.

The report is a follow up to the report presented at Health and Social Care Overview and Scrutiny Committee on 28 July 2016. At that meeting, the Committee resolved: "That a further performance report on [the] Public Health Outcomes Framework indicators be submitted in 12 months' time."

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Overview and Scrutiny Area:
Health and Social Care

1. SUMMARY

This report provides an overview of the health and wellbeing of the population of Bradford and District, based on the indicators within the Public Health Outcomes Framework (PHOF).

The report focuses on two groups of indicators.

Firstly, it considers indicators where Bradford compares unfavourably - or has had a recent history of comparing unfavourably - with the region and/or England as whole.

Secondly, it considers a number of specific areas where the Scrutiny Committee has asked for more detail on available PHOF indicators. These topics are: Infant Mortality, Tuberculosis; HIV diagnosis; and Screening and Vaccination rates.

In its annexes, the report contains

- a detailed section which examines on all of these indicators in turn, and
- a list of the services that the Public Health department commissions to a) influence these indicators, and b) reduce health inequalities in the District
- a briefing about Infant Mortality figures in Bradford, made available for the chair of the Health and Social Care Overview and Scrutiny Committee in May 2017.

2. BACKGROUND

2.1 The PHOF has been the main topic of two previous reports to the Health and Social Care Overview and Scrutiny Committee. Those reports have contained a brief introduction to the Public Health Outcomes Framework. For the benefit of elected members who have not seen those reports, the introduction is repeated in points 2.2 to 2.8 of this report. From 2.9 onwards, the points are either newly-written or have been updated to reflect changes to the PHOF which have occurred since the report in July 2016.

2.2 The PHOF was introduced by the Department of Health (DH) in April 2013 as part of health and social care reforms which gave local authorities statutory responsibilities for the health of their population. The PHOF sets out the desired outcomes for Public Health and how these will be measured.

2.3 The PHOF is published under section 73B of the NHS Act 2006. Legislation states that local authorities must “have regard to” the PHOF¹. See also 6.2, “Legal Appraisal”.

2.4 The PHOF is designed “to set out the Government’s goals for improving and protecting the nation’s health and for narrowing health inequalities through improving the health of the poorest, fastest.”²

¹ <http://www.legislation.gov.uk/ukpga/2012/7/notes/division/5/1/4/3>

² As footnote¹

2.5 The purpose of the PHOF is to provide transparency and accountability across the Public Health system, setting out opportunities for local partnerships to improve and protect health and improve services.

This is focussed on two high level outcomes:

- (1) Increased healthy life expectancy (which takes account of quality and length of life).
- (2) Reduced inequalities in life expectancy and healthy life expectancy between communities (through greater improvement in the more disadvantaged).

Further indicators are grouped into four domains:

- (1) Improving the wider determinants of health
- (2) Health improvement
- (3) Health protection
- (4) Healthcare Public Health and preventing premature mortality

2.6 Together, the PHOF, the Adult Social Care Outcomes Framework, and the NHS Outcomes Framework provide the structure for measuring improvement across the health and social care system.

2.7 The first set of baseline data for a subset of the PHOF indicators was published in November 2013. This release contained comparative data for England and all upper tier local authorities. This allowed comparison between Bradford and its regional neighbours; between Bradford and the England average; and over time.

2.8 Some indicators within the PHOF, covered within this report, are more understandable than others. Some indicators contain within them a collection of 'sub-indicators'. Certain indicators are very precisely defined and require extensive knowledge to be understood fully.

2.9 In general, no specialist knowledge is required in assessing the performance of all indicators in relation to the regional and/or national average. However, a number of points need to be kept in mind:

- i. Because the report deals with the concept of 'statistical significance', apparent anomalies can occur which require greater explanation.
- ii. The scope of this report is the indicators within the PHOF. Other information may be available from elsewhere – for example, from other data sources, or from local knowledge and intelligence. Sometimes, those other sources may appear to contradict the most recent information presented in the PHOF.
- iii. Because the report compares data available in August 2017 with a report produced in July 2016, some of the commentary (especially in the Appendix) relates to changes over a short period of time.
- iv. Bearing in mind the three preceding points, readers are advised to contact the Public Health Analysis team for further advice on the interpretation of the data within the report.

2.10 In August 2016, Public Health England (PHE) revised the list of indicators in the PHOF for the first time.

2.11 The indicators in the PHOF are updated quarterly by PHE in February, May, August and November. Indicators are only updated when new data is available. This means

that in any given quarter, most of the indicators are NOT updated – but over the course of the year, the majority are.

2.12 From time-to-time, independently of the considerations in 2.10 and 2.11, PHE changes the calculation methods of individual indicators. When this happens, PHE tends to revise calculations of historical figures. Where this has occurred, a note appears in the appendix of this report.

2.13 PHE makes available an “Area Profile” for each local Authority. The profile describes each respective local Authority in terms of the indicators which are included in the PHOF. The information in this report is predominantly based on an Area Profile which was last updated by PHE on 1 August 2017.

2.14 In February 2015 and July 2016, the Director of Public Health presented reports to the Health and Social Care Overview and Scrutiny Committee. The reports focused on indicators where Bradford compared unfavourably with the region and/or England as whole. As such, neither report included all of the indicators from the PHOF. This report takes the same approach.

2.15 At the July 2016 meeting, the Committee resolved “That a further performance report on Public Health Outcomes Framework indicators be submitted in 12 months’ time.”

2.16 This report fulfils the brief set out in 2.15. It does so, by:

in section 3, summarising

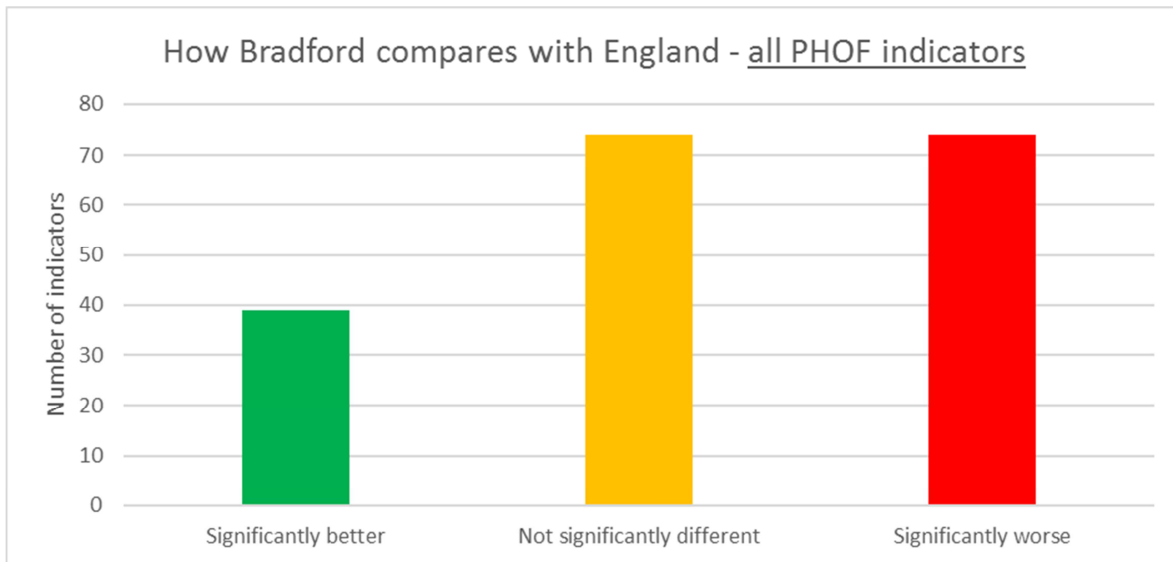
- what has happened to the indicators in last year’s report
- the reasons why there are other indicators where Bradford compares unfavourably with England

in its appendices, providing:

- a full update on each of the indicators which featured in the 2016 report, and commentary on them
- a report on the indicators NOT in the original report which have subsequently shown that Bradford compares unfavourably with the region and/or England as whole

Status report, August 2017

2.17 For 39 of the indicators or sub-indicators presented in the PHE PHOF “area profile” for Bradford on 1 August 2017, overall performance across the Bradford District is significantly better than the England average. For 74 indicators or sub-indicators, performance was not significantly different from the England average. Performance is significantly worse for 74 indicators or sub-indicators.



3. REPORT ISSUES

Overarching Indicators

- 3.1 The PHOF “Area Profile” (mentioned in 2.13) begins by describing a number of ‘overarching indicators’, which relate to life expectancy. In some respects, these indicators are the most important of all as they are very closely related to the two outcomes mentioned in 2.5 of this report. However, they are considered to be beyond the direct control of any Public Health department – in the long term they are determined by performance in many different areas.
- 3.2 There are 8 such indicators. 7 of the 8 are significantly worse in Bradford than England and / or Yorkshire and the Humber.

Wider determinants of health

- 3.3 The original DH introduction to the PHOF noted “The local authority and its partners, including the police and criminal justice system, schools, employers, and the business and voluntary sectors, have a significant role to play in improving performance against these indicators or sub-indicators”.
- 3.4 Last year there were 17 “Wider Determinants” indicators in the report.

Of those 17:

5	Are not statistically significantly different from England ¹
12	Are statistically significantly worse than England

- 3.5 3 “Wider Determinants” indicators have been included in this report for the first time. All three have been introduced to the PHOF and the “Area Profile” since July 2016 – and would not have been within the scope of an earlier report.

Health Improvement

3.6 The original DH introduction to the PHOF noted “Improvements in these indicators will, in the main, be led locally through...programmes commissioned by local authorities. However, for some, the core role for the delivery of related services might lie with the NHS.”

3.7 Last year there were 29 “Health Improvement” indicators in the report.

Of those:

4	are not statistically significantly different from England ⁱⁱ
22	are statistically significantly worse than England
2	are no longer included in the PHOF or the area report
1	has been replaced with a measure upon which Bradford is statistically significantly better than England

3.8 4 “Health Improvement” indicators have been included in this report for the first time.

Of those 4:

2	have been introduced to the PHOF and the “Area Profile” since July 2016 – and would not have been within the scope of an earlier report
2	have been calculated using a new methodology, and previous years’ data have been amended accordingly

Health Protection

3.9 The original DH introduction to the PHOF noted “While Public Health England has a core role to play in delivering improvements in these indicators, this will be in support of the NHS’s and local authorities’ responsibility in health protection locally.”

3.10 Last year there were 6 “Health Protection” indicators in the report.

Of those 6:

3	are not statistically significantly different from England ⁱⁱⁱ
3	are statistically significantly worse than England

3.11 One (1) new “Health Protection” indicator has been added to this report. Bradford’s performance against this indicator was not previously statistically significantly different from England.

Healthcare and premature mortality

3.12 The original DH introduction to the PHOF noted “Improvements in indicators in this domain are being delivered by the whole public health system. Under 75 mortality indicators are shared with the NHS Outcomes Framework, where contributions focus on avoiding early deaths through healthcare interventions. Public health contributions are led by local authorities, supported by Public Health England, to prevent early

death as a result of health improvement actions – such as those reflected in indicators in preceding domains.”

3.13 Last year there were 33 “Healthcare and Premature Mortality” indicators in the report.

Of those 33:

13	are not statistically significantly different from England ^{iv}
20	are statistically significantly worse than England

3.14 4 “Healthcare and Premature Mortality” indicators have been included in this report for the first time. Of those 4:

3	have been introduced to the PHOF and the “Area Profile” since July 2016 – and would not have been within the scope of an earlier report
1	was previously not statistically significantly different from England

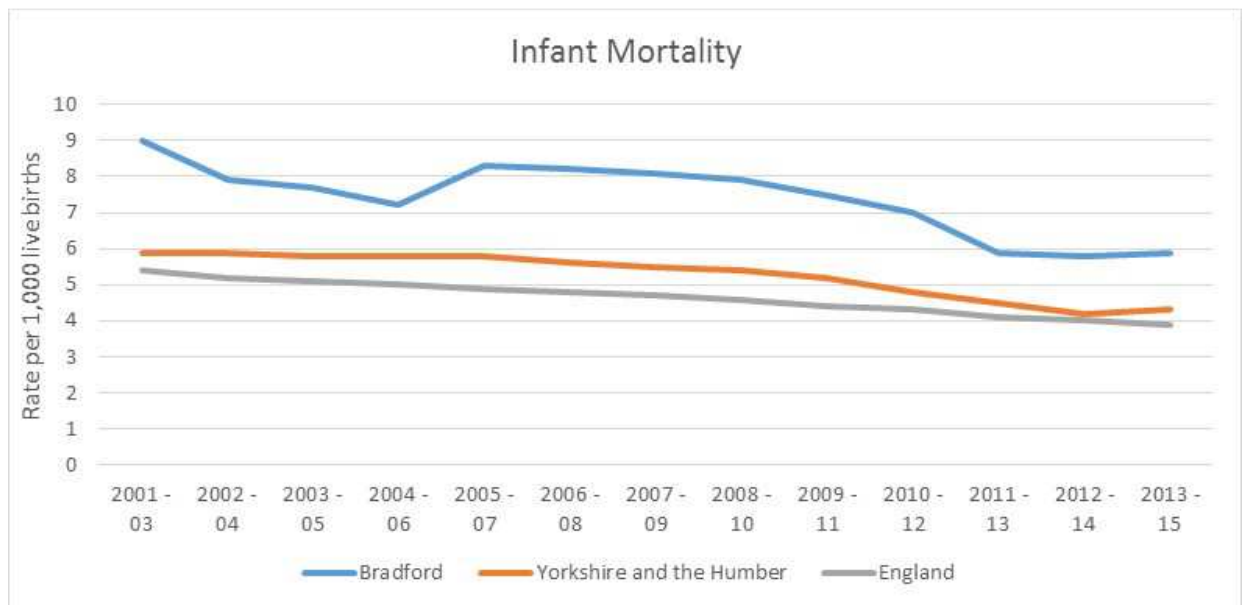
3.15 Infant Mortality: See also APPENDIX C.

There is one single indicator in the PHOF which relates to Infant Mortality (4.01 “Infant Mortality”).

Since the last PHOF Performance report, there has been a change to the basis upon which this indicator is calculated. This will mean that readers are unable to align this report’s figures with those used in previous reports.

Nevertheless, a long-term time-series is available having been recalculated based on the new methodology. The following table shows that over 13 years, Bradford’s rate has improved considerably. The accompanying chart illustrates that ‘inequalities’ gaps between Bradford and regional rates, and between Bradford and national rates, have narrowed considerably.

	Bradford	Yorkshire and the Humber	England
2001 - 03	9.0	5.9	5.4
2002 - 04	7.9	5.9	5.2
2003 - 05	7.7	5.8	5.1
2004 - 06	7.2	5.8	5.0
2005 - 07	8.3	5.8	4.9
2006 - 08	8.2	5.6	4.8
2007 - 09	8.1	5.5	4.7
2008 - 10	7.9	5.4	4.6
2009 - 11	7.5	5.2	4.4
2010 - 12	7.0	4.8	4.3
2011 - 13	5.9	4.5	4.1
2012 - 14	5.8	4.2	4.0
2013 - 15	5.9	4.3	3.9



The chart and the table show that the rate in Bradford has, however, increased for the first time since 2005-07. Local information suggests that this rate will fall again in the three-year period 2014-16. It must be noted, however, that the rate of Infant Mortality in Bradford remains statistically significantly higher than regional and national rates.

3.16 Tuberculosis

There are two indicators in the PHOF which relate directly to Tuberculosis (3.05i “Treatment of TB” and 3.05ii Incidence of TB).

Since the last PHOF Performance report, there has been a change to the basis upon which these indicators are calculated. This will mean that readers are unable to align this report’s figures with those used in previous reports.

Nevertheless, long-term time-series are available for both indicators having been recalculated based on the new methodology. The following tables show that since 2000 the incidence of TB has decreased and that successful treatment has increased (both of which are positive changes). The accompanying charts show that in the longer-term (i.e. the whole of the period under consideration) the ‘inequalities’ gaps between Bradford and regional rates, and between Bradford and national rates have changed relatively little.

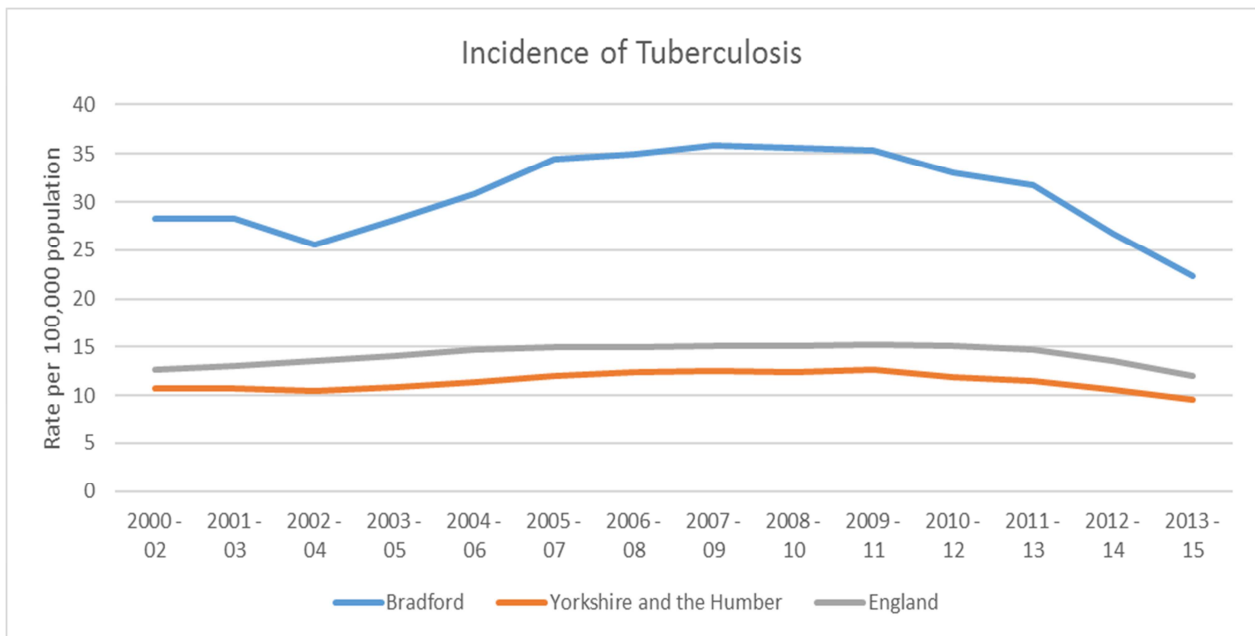
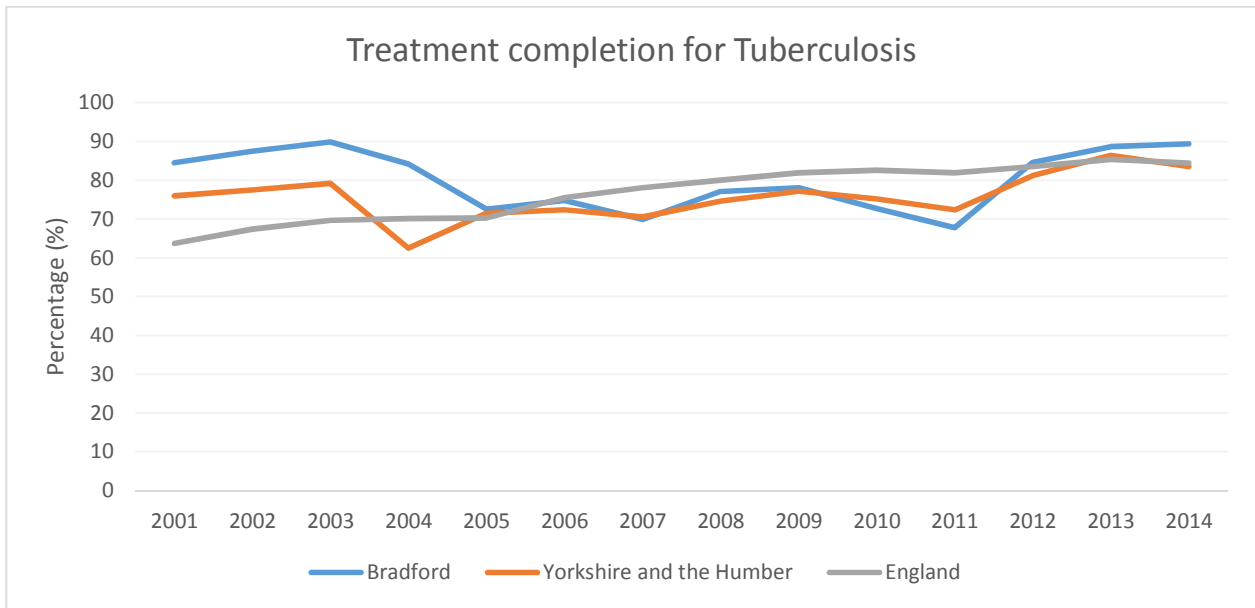
In January 2015, PHE and NHS England jointly launched the Collaborative Tuberculosis Strategy for England 2015-2020. The strategy aimed to achieve a year-on-year decrease in TB incidence, a reduction in health inequalities, and ultimately the elimination of TB as a public health problem in England. Since that time and following a number of actions both local and national TB incidence has declined both locally and nationally. The reduction in numbers of TB cases in Yorkshire and Humber in the past year has occurred in both the non-UK born population and the UK born population, although the incidence rates of TB were nearly 23 times higher in those born outside the UK compared to the UK born population and 69% of all TB cases notified in the local population in 2015 were born abroad.

Treatment

	Bradford	Yorkshire and the Humber	England
2001	84.5	76.0	63.7
2002	87.5	77.5	67.4
2003	89.9	79.2	69.6
2004	84.2	62.5	70.1
2005	72.5	71.5	70.3
2006	74.8	72.4	75.5
2007	69.9	70.5	78.1
2008	77.1	74.6	80.0
2009	78.1	77.2	81.9
2010	72.7	75.2	82.6
2011	67.8	72.4	81.9
2012	84.6	81.2	83.5
2013	88.7	86.4	85.4
2014	89.4	83.5	84.4

Incidence

	Bradford	Yorkshire and the Humber	England
2000 - 02	28.2	10.7	12.7
2001 - 03	28.3	10.7	13.1
2002 - 04	25.6	10.5	13.5
2003 - 05	28.1	10.8	14.1
2004 - 06	30.8	11.4	14.7
2005 - 07	34.5	12.0	15.0
2006 - 08	35.0	12.4	15.0
2007 - 09	35.9	12.5	15.1
2008 - 10	35.6	12.4	15.1
2009 - 11	35.4	12.6	15.2
2010 - 12	33.0	11.9	15.1
2011 - 13	31.7	11.5	14.7
2012 - 14	26.7	10.6	13.5
2013 - 15	22.3	9.6	12.0



3.17 HIV diagnosis

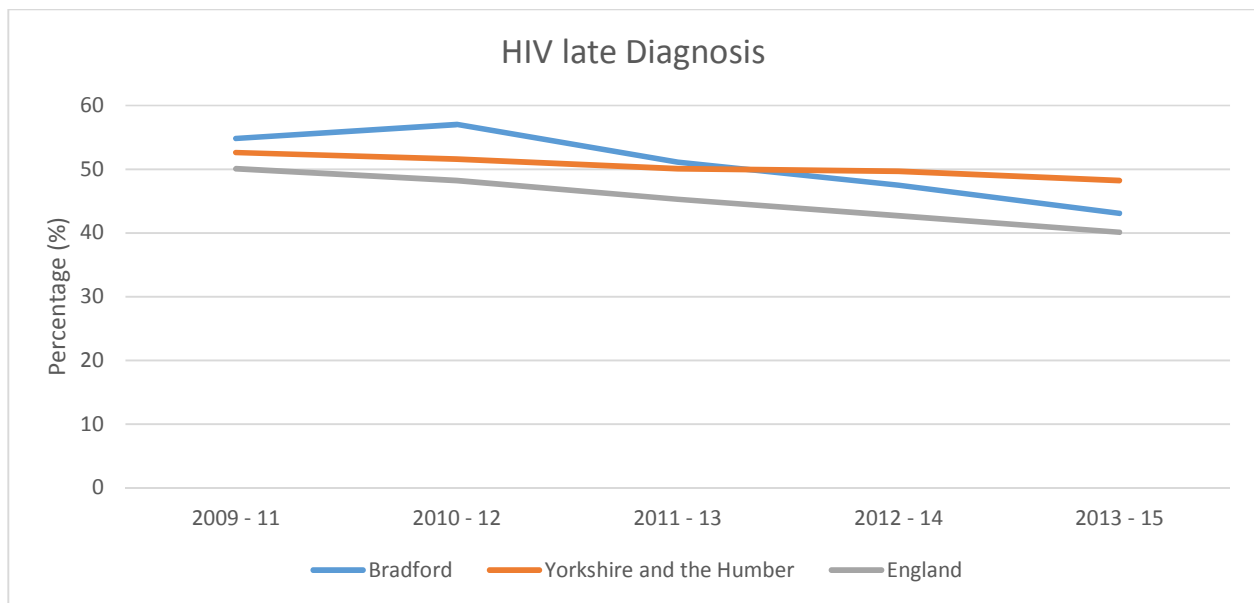
There is one single indicator in the PHOF which relates to HIV diagnosis; (3.17 “HIV late diagnosis”).

Since the last report, there has been a change to the basis upon which these indicators are calculated. This will mean that readers are unable to align this report’s figures with those used in previous reports.

Nevertheless, a reasonable time-series is available for the indicator – having been recalculated based on the new methodology. The following table shows that since 2009 the rate of late diagnosis has reduced, and that Bradford’s rate is no longer statistically significantly different from the national rate. As the accompanying chart

illustrates, this means that the 'inequalities' gaps between Bradford and national rates have improved over time.

	Bradford	Yorkshire and the Humber	England
2009 - 11	54.8	52.6	50.1
2010 - 12	57.0	51.6	48.2
2011 - 13	51.1	50.1	45.3
2012 - 14	47.5	49.7	42.7
2013 - 15	43.1	48.2	40.1



3.18 Screening and Vaccination rates

There are **6** PHOF indicators which relate specifically to the coverage of screening programmes, and **20** which relate to vaccinations.

These are:

Screening: 2.20i breast cancer (females); 2.20ii cervical cancer (females); 2.20iii bowel cancer; 2.20iv Abdominal Aortic Aneurysm (males); 2.20xi Newborn Blood Spot Screening; 2.20xii Newborn Hearing Screening.

Vaccinations: 3.03i Hepatitis B (1 year old); 3.03i Hepatitis B (2 years old); 3.03ii BCG - areas offering universal BCG only; 3.03iii Dtap / IPV / Hib (1 year old); 3.03iii Dtap / IPV / Hib (2 years old); 3.03iv MenC; 3.03ix MMR for one dose (5 years old); 3.03v PCV; 3.03vi Hib / Men C booster (5 years old); 3.03vi Hib / MenC booster (2 years old); 3.03vii PCV booster; 3.03viii MMR for one dose (2 years old); 3.03x MMR for two doses (5 years old); 3.03xii HPV vaccination coverage for one dose (females 12-13 years old); 3.03xiii PPV; 3.03xiv Flu (aged 65+); 3.03xv Flu (at risk individuals); 3.03xvi HPV vaccination coverage for two doses (females 13-14 years old); 3.03xvii Shingles vaccination coverage (70 years old); 3.03xviii Flu (2-4 years old).

3.19 Screening

Of the **6** Screening indicators, **4** are considered in Appendix A, because Bradford's rates have been consistently, statistically significantly, worse than national rates. These are the indicators for Breast cancer, Cervical cancer, Bowel Cancer and Newborn Blood Spot Screening.

Coverage rates for the remaining **2** indicators (Abdominal Aortic Aneurysm and Newborn Hearing) are currently better than the national average.

3.20 Vaccinations

Of the **20** Vaccination indicators, **3** are considered in Appendix A, because Bradford's rates are statistically significantly worse than national rates. These 3 indicators all relate to Flu vaccinations for different population groups: At risk individuals, 2-4 year olds and over 65s.

13 of the **20** are not shown on the PHE England "Area Profile" as being statistically significantly different from England.

4 are shown on the PHE England "Area Profile" as being statistically significantly better than England as a whole. These are: 3.03iii Dtap / IPV / Hib (2 years old); 3.03vi Hib / MenC booster (2 years old); 3.03viii MMR for one dose (2 years old); and 3.03xii HPV vaccination coverage for one dose (females 12-13 years old).

Introduction to Appendices

3.21 In Appendix 1, the 'overarching indicators' and each of the four domains are considered in turn.

3.22 For the overarching indicators and for each domain there are two separate sections. The two sections contain tables which use the same format as the 2016 report, with the addition of a supplementary question which has been added to each section

3.23 The first of these sections considers each indicator which featured in the 2016 report, and summarises it as set out in the table below.

What time period was under consideration in the 2016 report to HASCOSC?			
Is new data available?			
How does the data compare?			
A brief table of updated data is provided, e.g.:			
	Bradford	Yorkshire and the Humber	England
2012-14			
2013-15			

Does this represent an improvement in Bradford in absolute terms?
Does this represent an improvement when comparing Bradford with regional and national figures (i.e. are inequalities narrowing)?
Is it possible to say how many people are included in this calculation?

3.24 The second section within each domain provides a similar summary for any indicators NOT in the 2016 report. The table uses the format shown on the following page:

What time period was under consideration last year (when the indicator did not feature in this report)?			
Is new data available?			
How does the data compare?			
e.g.			
	Bradford	Yorkshire and the Humber	England
2012-14			
2013-15			
Does this represent an improvement in Bradford in absolute terms?			
Does this represent an improvement when comparing Bradford with regional and national figures (i.e. are inequalities narrowing)?			
Is it possible to say how many people are included in this calculation?			

3.25 Appendix 2 is a comprehensive list of the services commissioned by Public Health, with reference to the indicators within PHOF which are expected to improve – directly or indirectly – as a result.

3.26 Appendix 3 is a briefing about Infant Mortality figures in Bradford, which was prepared in May 2017 for the chair of the Health and Social Care Overview and Scrutiny Committee.

4. FINANCIAL & RESOURCE APPRAISAL

Tackling public health issues requires long term commitment and investment. Much of this already exists and is directed towards activity which will positively influence the indicators in the PHOF. This includes internal Council investment as well as external funding from central government departments such as the Department of Health and Public Health England.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The PHOF has been recognised as the most widely-understood and readily-available means of assessing the Health and Wellbeing of the population of Bradford and District. It is acknowledged that Health and Wellbeing depends upon joint work between the Council and its key partners in a variety of different multi-agency settings. The responsibility for delivering change and the actions designed to improve health and wellbeing, whilst reducing inequalities, has been interwoven into the Bradford District Partnership and its main strategic partnership groups. This ensures accountability across all agencies.

6. LEGAL APPRAISAL

6.1 Part 1 of the Health and Social Care Act 2012 (the Act) places legal responsibility for Public Health within Bradford Council. Specifically, Section 12 of the Act created a new duty requiring Local Authorities to take such steps as they consider appropriate to improve the health of the people in its area. The Public Health department in the Local Authority supports the performance of this duty.

6.2 Section 31 of the Act requires local authorities to pay regard to guidance issued by the Secretary of State for Health when exercising their public health functions and in particular local authorities are required to have regard to the Department of Health's Public Health Outcomes Framework.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

The Public Sector Equality Duty under the Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to:

- a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it; including due regard to tackling prejudice and promoting understanding.

Relevant protected characteristics include age, disability, gender, sexual orientation, race, religion or belief. Health inequalities are defined as the differences in the health of different parts of the population, and this brings into consideration a wider range of factors than those identified as 'protected characteristics' within the Equality Act 2010. There is, therefore, an important difference between the duty set out by the Equality Act 2010 and

the responsibility to tackle Health Inequalities. However, there are matters where the concepts of 'equality' and 'inequality' are very closely linked - issues related to Public Health can affect 'protected characteristic' groups more than others.

The Public Health Outcomes Framework is designed to focus Public Health activity on improving health outcomes AND reducing health inequalities. It is therefore reasonable to infer that better performance in each of the areas covered by this report will also lead to a reduction in inequality, and therefore greater equality.

7.2 SUSTAINABILITY IMPLICATIONS

The PHOF has been recognised as the most widely-understood and readily-available means of assessing the Health and Wellbeing of the population of Bradford and District. As such, it is used to guide all Public Health programmes and services.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

Some of the indicators in the PHOF have a direct impact on reducing the impacts of climate change. For example, actions taken to reduce fuel poverty aim to improve housing and heat/light and power systems for vulnerable householders. These make a direct difference for the occupants, creating warm and safer environments and in the process reduce carbon emissions from poor housing.

Actions to improve indicators in the PHOF may reduce greenhouse gas emissions. If people exercise outside more, it may reduce car ownership/use, and heating / lighting of premises that would be used for indoor activity. In turn, reduced car ownership/use may lead to reduced air pollution.

It is, however, important to recognise that energy and emissions can be linked with better standards of living - such as car ownership, domestic energy, good diet and flights abroad. Work needs to take place to ensure that improvements in wellbeing do not therefore automatically lead to increased carbon emissions.

7.4 COMMUNITY SAFETY IMPLICATIONS

In broad terms, the health and wellbeing of communities includes perception of safety and security within the household and wider society. Specifically, the PHOF includes indicators which may give some indication of Communities' Safety – including complaints about noise and domestic violence indicators. Many of the indicators mentioned in the report could potentially have some impact upon individuals' perceptions of their own community.

7.5 HUMAN RIGHTS ACT

None.

7.6 TRADE UNION

None.

7.7 WARD IMPLICATIONS

PHOF indicators are complex and are influenced by differences in economic, cultural and social factors across populations and communities. Across the 30 wards of Bradford, achievement against each of the indicators will vary substantially. Upon request, the Public Health Information Analytical team is able to advise on whether more detailed information is available at ward level, and whether any further analysis of this is valuable.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

This being an update on a previous report, that members examine and comment on the report content.

10. RECOMMENDATIONS

That the Committee acknowledges the content of the report and seeks a further performance report on PHOF indicators in 2018.

11. APPENDICES

Appendix 1: A report on each PHOF indicator which featured in the 2016 report, and on each PHOF indicator where it has subsequently been indicated that Bradford compares unfavourably with the region and/or England as whole.

Appendix 2: A comprehensive list of the services commissioned by Public Health, with reference to the indicators within PHOF which are expected to improve – directly or indirectly – as a result.

Appendix 3: A briefing note, about Infant Mortality figures in Bradford, made available for the chair of the Health and Social Care Overview and Scrutiny Committee in May 2017

12. BACKGROUND DOCUMENTS

Background paper 1: Report of the Director of Public Health to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 28 July 2016. Available at:

<https://bradford.moderngov.co.uk/documents/g6431/Public%20reports%20pack%2028th-Jul-2016%2016.30%20Health%20and%20Social%20Care%20Overview%20and%20Scrutiny%20Committee.pdf?T=10>

Background paper 2: Minutes of a meeting of the Health and Social Care Overview & Scrutiny Committee held on Thursday 28 July 2016 at City Hall, Bradford. Available at:

<https://bradford.moderngov.co.uk/documents/g6431/Decisions%2028th-Jul-2016%2016.30%20Health%20and%20Social%20Care%20Overview%20and%20Scrutiny%20Committee.pdf?T=2>

ⁱ or the statistical significance of the difference is not reported

ⁱⁱ ditto

ⁱⁱⁱ ditto

^{iv} ditto