

Appendix B:

Dear Cllrs Hinchcliffe and Slater, Bev and Sarah

It was a profound pleasure for Paul, Frances and me to be with you in Bradford yesterday and to meet your consultant colleagues, Rose and Toni.

The legal duty placed on upper tier Local Authorities by the 2012 Health and Care Act is to improve the health of the people and on CCGs to address inequalities. Your emphasis on partnership and connecting people and place is forward thinking and infused throughout is building trust, strong relationships across the whole system, a focus on what works, and the courage to embrace the opportunities of working together. You have so much to be proud of in how you have progressed this.

There is not much for me to say that you do not already know or have in hand.

We talked of the factors affecting the health of the people. Having and keeping a job is good for your health; a good start to life for children, young people entering adulthood ready for work and for adults a good job, a home and friendship. In short, income drives outcomes and health and wealth are inseparable, spreading economic prosperity by creating jobs that local people can get.

Some take home messages include Bradford having the most young people of any UK City with over 100 thousand children in schools, schools improving, most young people in employment, education or training, and a well regarded University, with Bradford together with Leeds being the biggest economy outside of London.

Bradford of course faces many problems of the past and present, not least the tough financial context, relatively high smoking rates and the consequences for healthy life expectancy of a relatively low wage economy and significant deprivation, high social care need and low council tax from poor quality housing and similarly from business rates.

Your growth strategy and five year health and wellbeing strategy speaks to all of this and is focused and ambitious.

Critical to both is the need to improve your transport infrastructure particularly between you and Leeds. Despite being only eight miles people find it easier to drive than take the train with 74% of journeys being by road. The imminent publication of the *transport for the north* plan should hopefully address this albeit not soon.

Amongst a sea of good practice, of special note is the work with your health and wider partners on agreeing the top ten population health outcomes that underpin decisions on priorities and budgets across the system, your unique shared data set across Bradford bringing together intelligence from multiple sources, and your five council wide outcome based boards that each have public health consultant support.

Bev spoke of your Home First programme that helps people to stay at home when unwell or needing support rather than be in a hospital or other care environment. This innovative work, funded through the Better Care Plan, has meant there were zero social care caused delays transfer of care from hospital during December last and being maintained this month which is an astonishing achievement. This is public health in action and I am sure that the CQC will highly commend the Council, and your partners, when they visit shortly to look into the background to this.

Rose described your work on the Healthy Bradford Plan, and specifically obesity including your progress as a pilot for the national whole systems obesity programme. Central to this is your growing partnership with the GP Alliance and the emergent hubs being established across the City as focal points for integrating services and importantly staff training.

We also spoke of your system leadership. This is as much about the leadership of culture change as everyone transitions to a place based understanding and where the City Council, with the local NHS leadership, can uniquely lead the system irrespective of the current multiple accountabilities of individual organisations.

And finally, two matters were raised for PHE to consider. First, on health protection, on who pays for what when an outbreak happens and second on the importance of recognising continuity of service for staff who move between the NHS and the Council and how this is key to attracting and retaining critical staff. To the first this is in hand across the region and nationally and of course, as you said, we sort the problem at the time and the money later pending this. And we agree on the importance of resolving the second and I look forward to your further advice on what needs doing about this.

I appreciate this short note cannot do justice to all you shared nor a fraction of the breadth of your leadership and collaborative work across Bradford and the wider West Yorkshire Combined Authority. PHE stands squarely with you on your mission and to assist you in every way we can.

I was sorry to miss you Kersten and will arrange a separate call soon to catch up.

Please receive and convey my warmest thanks to everyone for all they are doing to protect and improve the public's health.

Best wishes, Duncan

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Protecting and improving the nation's health