Connecting People and Place for Better Health and Wellbeing

How will we know that we have made a difference? A logic model approach

Background/purpose (1)

- Our Joint Health and Wellbeing Strategy sets out our ambition for a happy and healthy Bradford District, where people have greater control over their wellbeing, living in their own homes and communities for as long as they are able, with the right support when it is needed.
- We will know that we are making progress towards that ambition by people living longer, (measured by life expectancy), as well as people living more years in good health (measured by healthy life expectancy). Furthermore, a reduction in the gap between the most deprived and least deprived parts of the District will demonstrate a reduction in health inequalities.
- We know however that it takes time to see changes in life expectancy as a result of the action that we take today. In the first few years of this century when life expectancy was improving rapidly, men gained on average 1 additional year of life every 3.5 years, whist women gained on average 1 additional year of life every 5 years.

Background/purpose (2)

- Accordingly, we need to consider a range of other measures that can be monitored on a regular basis to provide assurance to the Health and Wellbeing Board that progress is being made against the Strategy. A logic model approach is one way of doing this.
- A logic model takes us from our strategies and plans, and the actions that we undertake as part of these plans, to the output measures that tell us how well we implemented these actions, and the outcomes that result from these actions.
- This paper sets out the overarching measures – linked to life expectancy – that should be monitored on an annual basis as part of the JHWBS.
- It also proposes a logic model – one for each outcome – which describes the way in which we will deliver the JHWBS, and how we will measure the impact of the strategy in the short, medium and long term.
- The logic models contain a number of medium and long term measures (see '*how will we know that we have made a difference* and *how will we know that we have improved peoples' health and wellbeing*?)

Background/purpose (3)

- All of these measures are routinely measured as part of existing outcomes frameworks, and are usually updated on an annual basis. These measures may change year to year, but the changes are likely to be small, with long term trend data needed to judge how much of a difference we are making. These measures are outcome focused.
- Understanding what impact we are having in the short term is more difficult. The logic model, however, proposes a number of indicators that can be measured more frequently and can provide the Health and Wellbeing Board with more regularly available information to support the monitoring of the JHWBS. These measures may also be referred to as outputs and mostly involve counting the activities that we think will accumulate and result in improved outcomes, as specified in the logic model, for people in Bradford District.
- The logic model is a way of knowing whether or not what we have done has made a difference to the health and wellbeing of our population; it does not replace the need for evaluation, which tells us whether or not specific interventions are effective.
- Measures highlighted in red will be routinely reported.

Overarching outcomes

- **Life expectancy at birth (males & females).**
- **Gap in life expectancy between most and least deprived areas.**
- **Healthy life expectancy (males & females)**
- **Gap between healthy life expectancy and life expectancy.**

Life expectancy at birth– males The average number of years a person can expect to live based on contemporary mortality rates

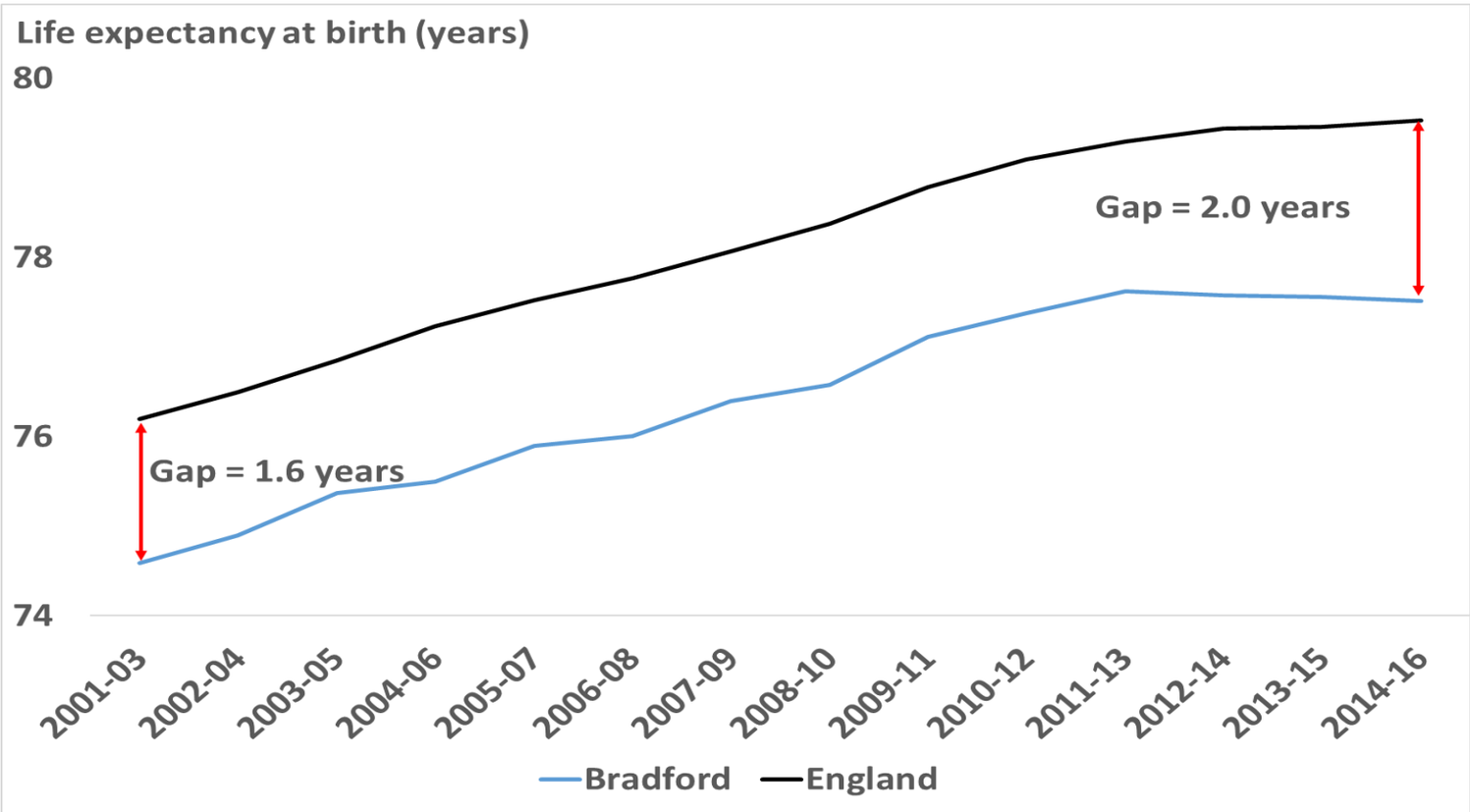
Latest value
77.5 years

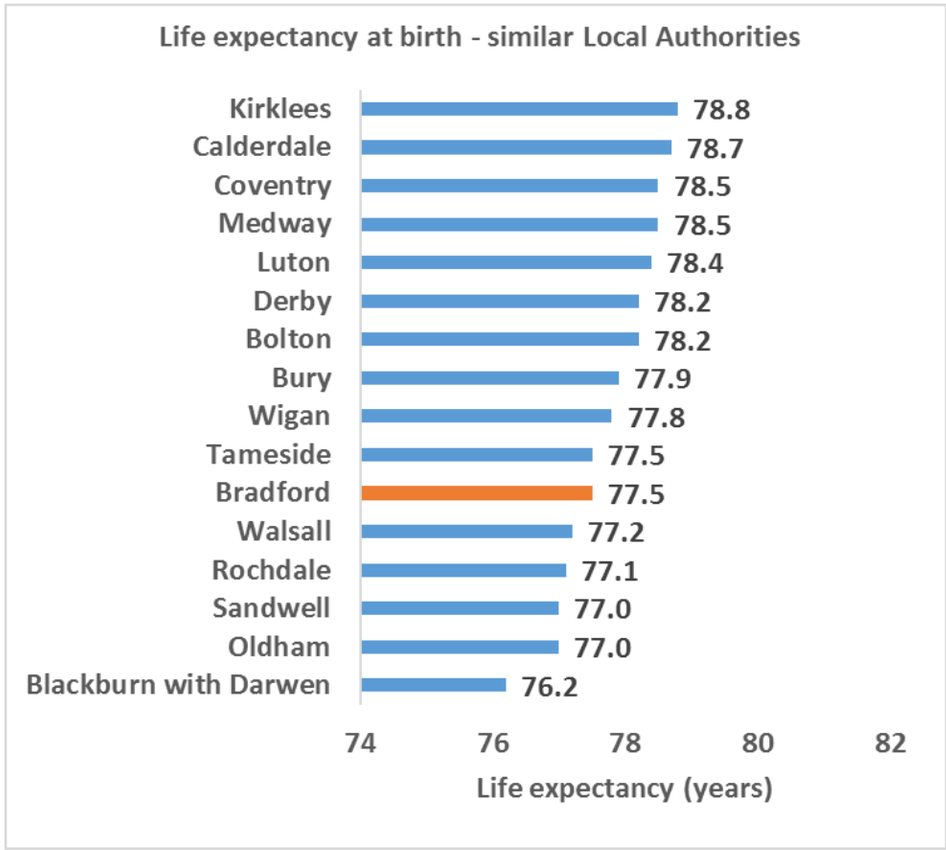
Most deprived quintile in Bradford
73.6 years

Gap in life expectancy
7.1 years

Least deprived quintile in Bradford
80.7 years

Year	National rank (ranked out of 150)
2001-03	113
2014-16	126





Life expectancy at birth for males in Bradford District has followed an upward trend; however since 2012-14 life expectancy has shown signs of levelling out and the gap between Bradford District and the average for England has widened. Bradford District has the second lowest life expectancy in the region and has seen its national rank fall. A male living in the most deprived area can expect to live 7.1 years less than a male from the least deprived area.

Life expectancy at birth– females The average number of years a person can expect to live based on contemporary mortality rates

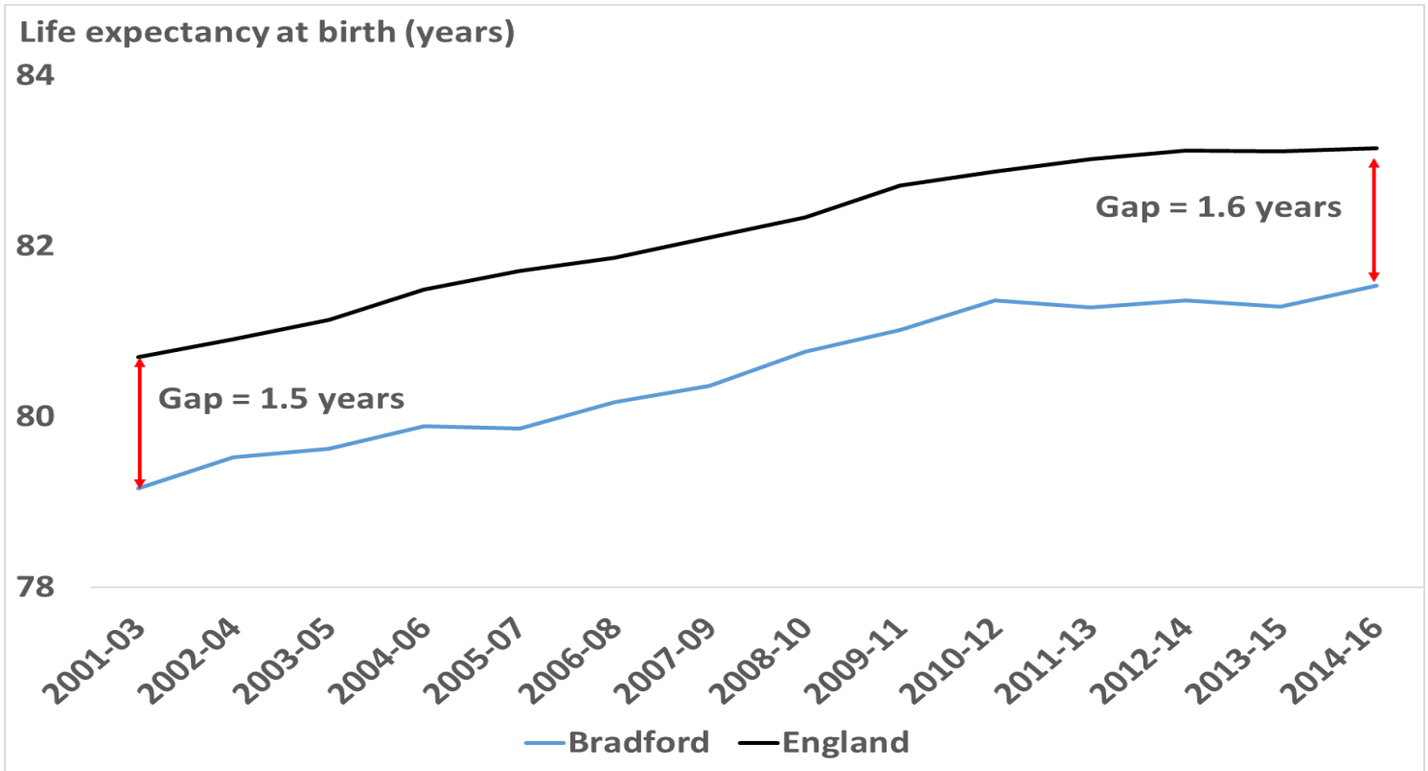
Latest value
81.5 years

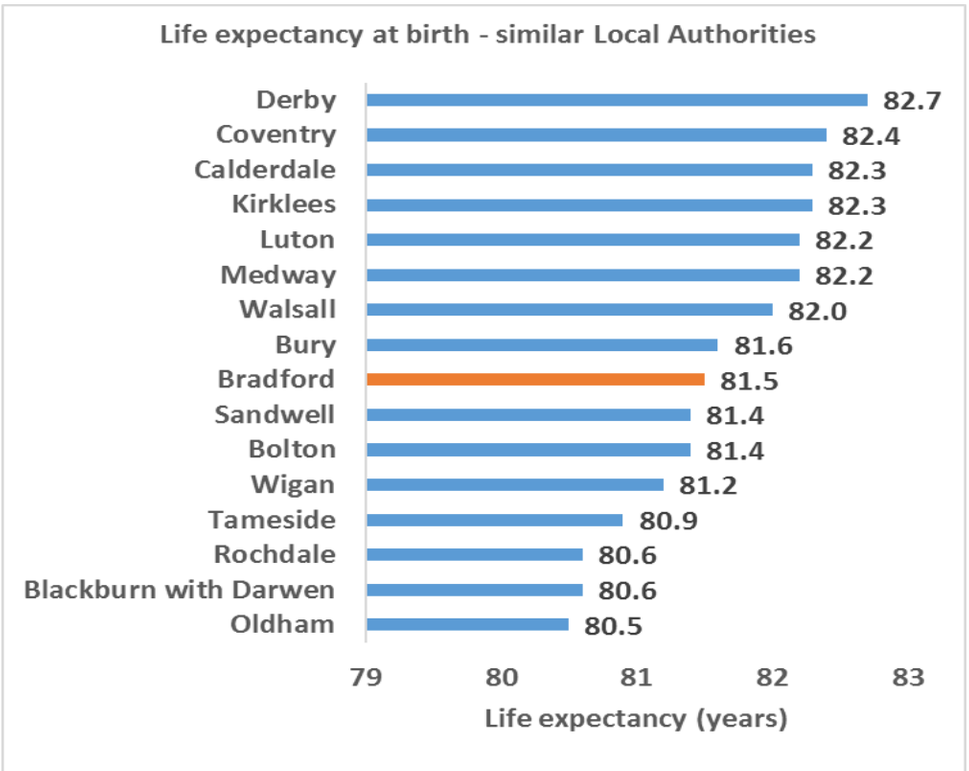
Most deprived quintile in Bradford
78.5 years

Gap in life expectancy
6.4 years

Least deprived quintile in Bradford
84.9 years

Year	National rank (ranked out of 150)
2001-03	128
2014-16	125





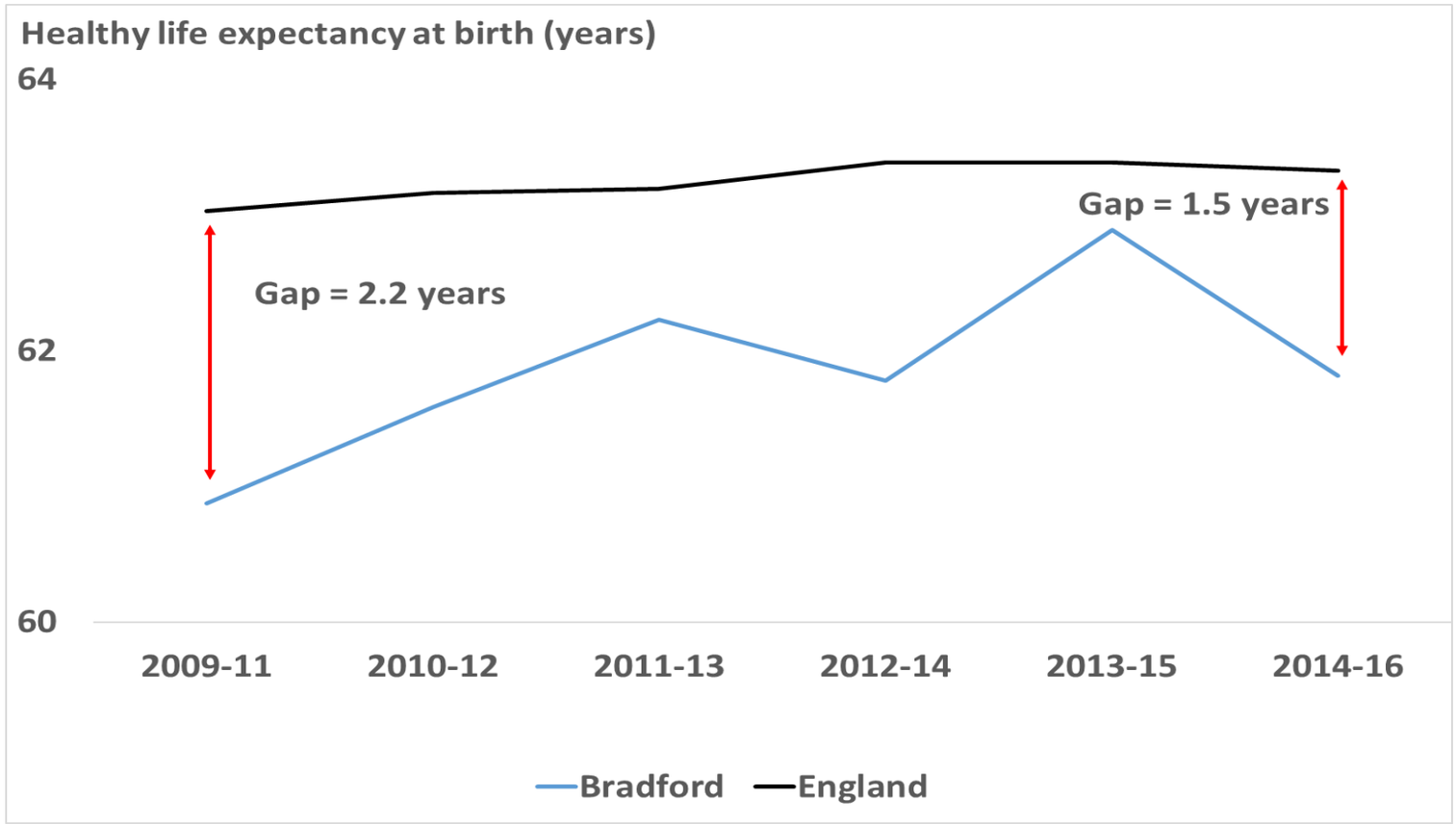
After a period of levelling off between 2012-12 and 2013-15, life expectancy at birth for females in Bradford District has risen slightly in recent years. However the gap between Bradford District and the average for England shows signs of starting to widen. Bradford District has the second lowest life expectancy in the region but has seen its national rank rise slightly. A female living in the most deprived part of the District can expect to live 6.4 years less than a female from the least deprived.

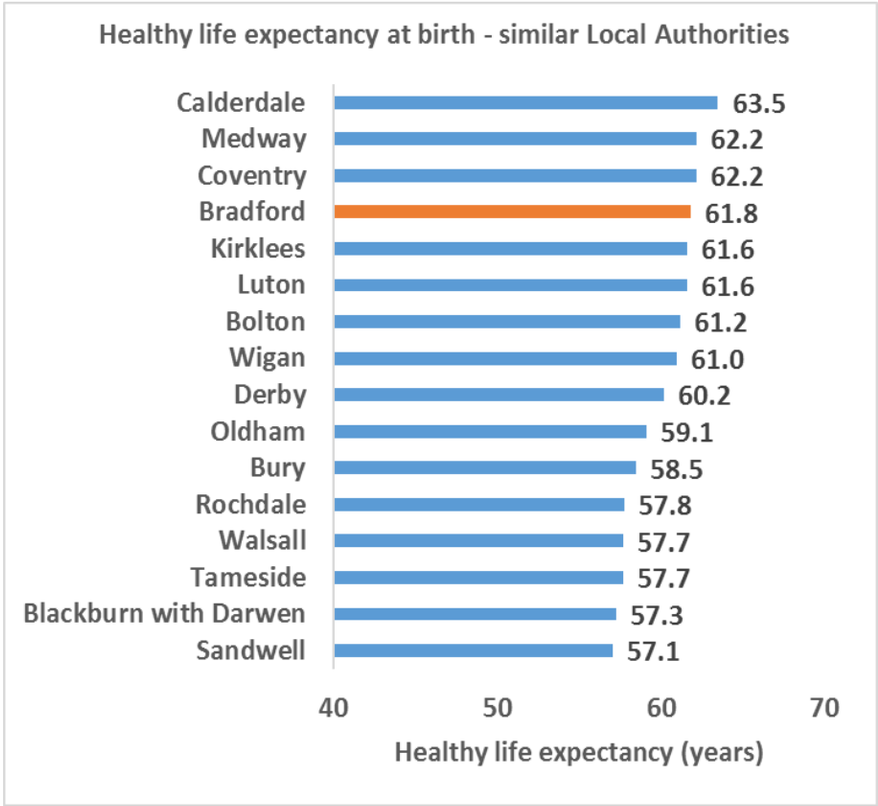
Healthy life expectancy at birth – males The average number of years a person can expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.

Latest value
61.8 years

Healthy life expectancy at birth	Years of 'poor' health	Life expectancy at birth
61.8 years	15.7 years	77.5 years

Year	National rank (ranked out of 150)
2009-11	99
2014-16	88





Although healthy life expectancy at birth for males in Bradford District has risen over the last 5 years and is below the average for England, the gap between Bradford District and the average for England has narrowed. When compared to similar local authorities, Bradford District has the fourth highest healthy life expectancy of these Local Authorities and has seen its national rank rise. A male living in Bradford District can on average expect to live 15.7 years in 'poor' health.

Healthy life expectancy at birth – females The average number of years a person can expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.

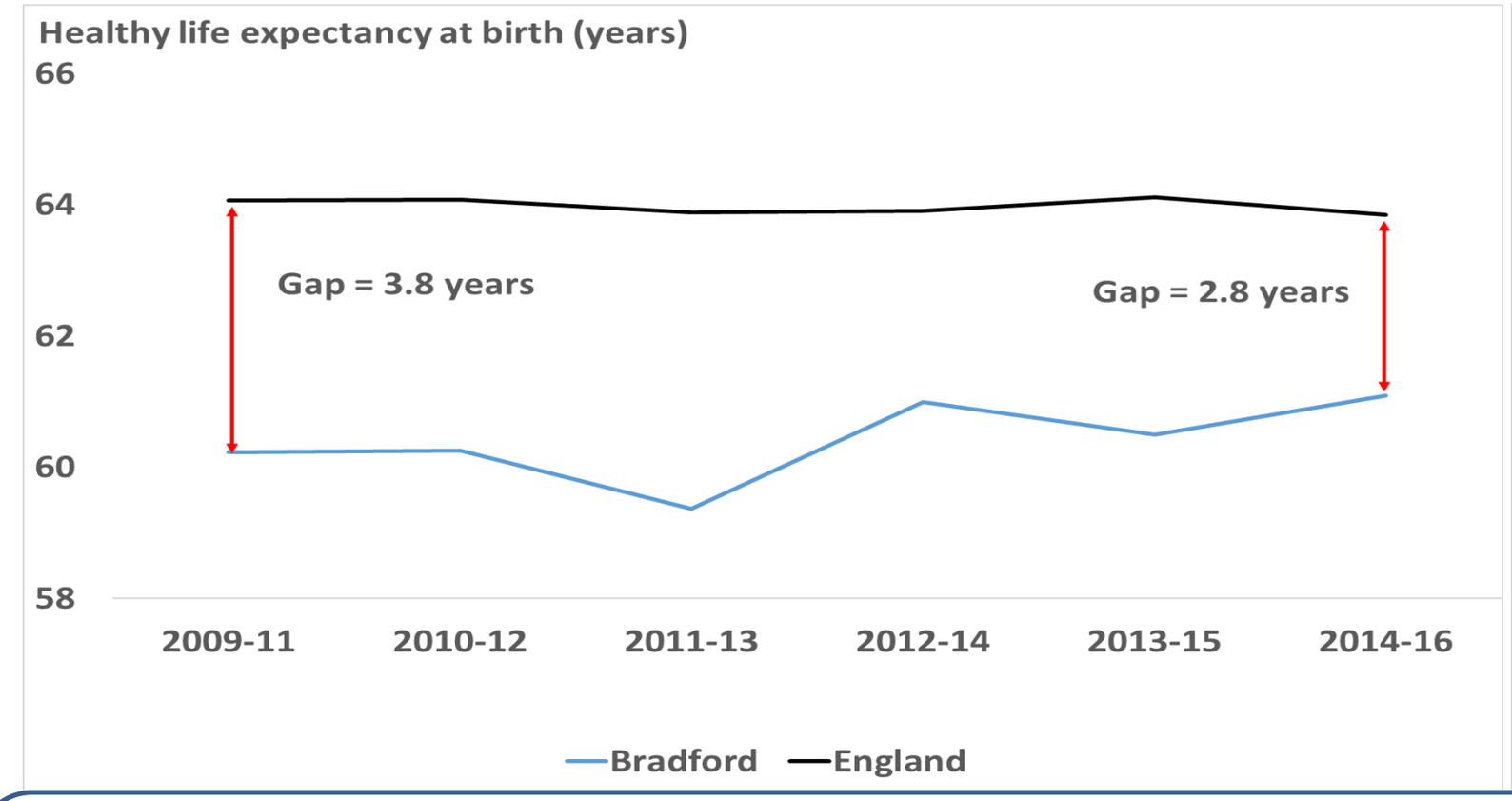
Latest value
61.1 years

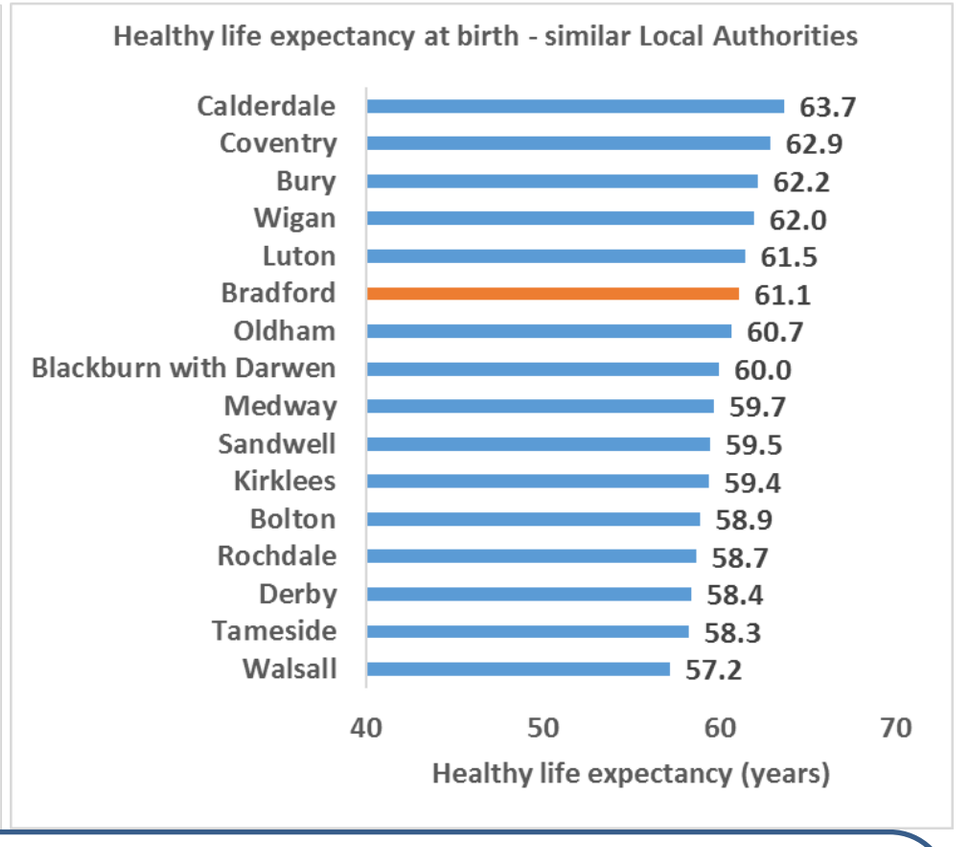
Healthy life expectancy at birth
61.1 years

Years of 'poor' health
20.4 years

Life expectancy at birth
81.5 years

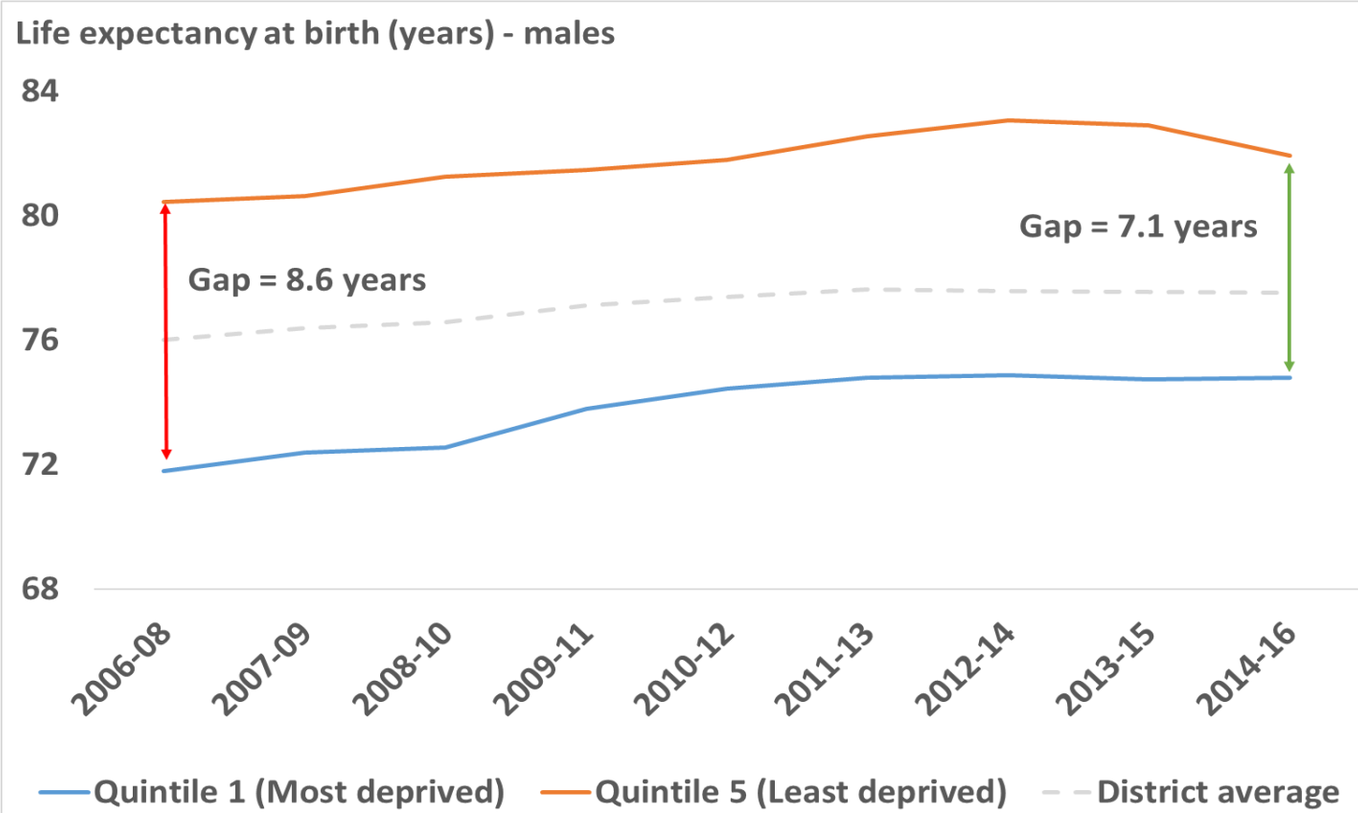
Year	National rank (ranked out of 150)
2009-11	110
2014-16	102



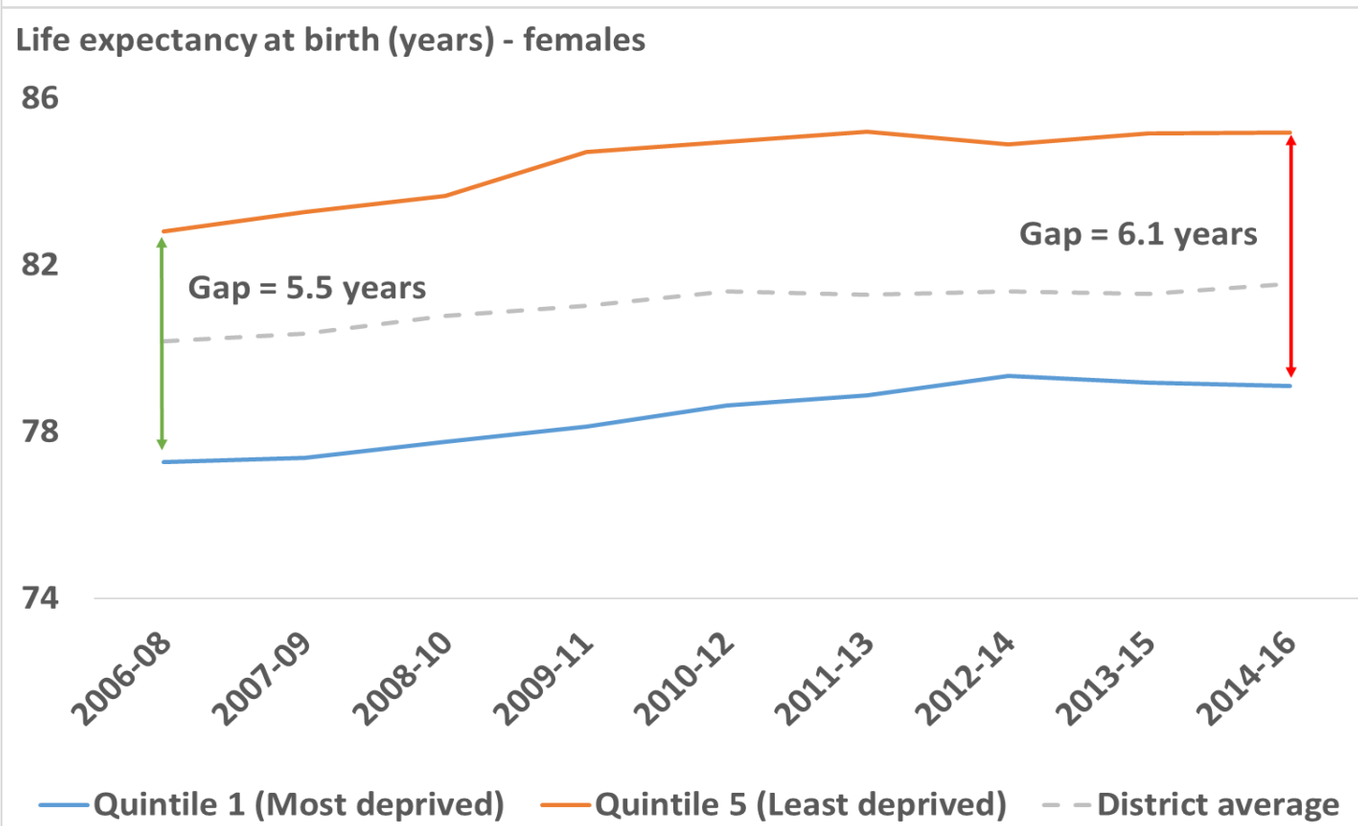


After a dip in 2011-13, healthy life expectancy has generally shown a rising trend for females in Bradford District, and the gap between the District and the average for England has narrowed. When compared to its statistical neighbours, Bradford District has the sixth highest healthy life expectancy of these Local Authorities and has seen its national rank rise slightly. A female living in Bradford can on average expect to live 20.4 years in 'poor' health.

Health inequalities – Life expectancy at birth (time trends)

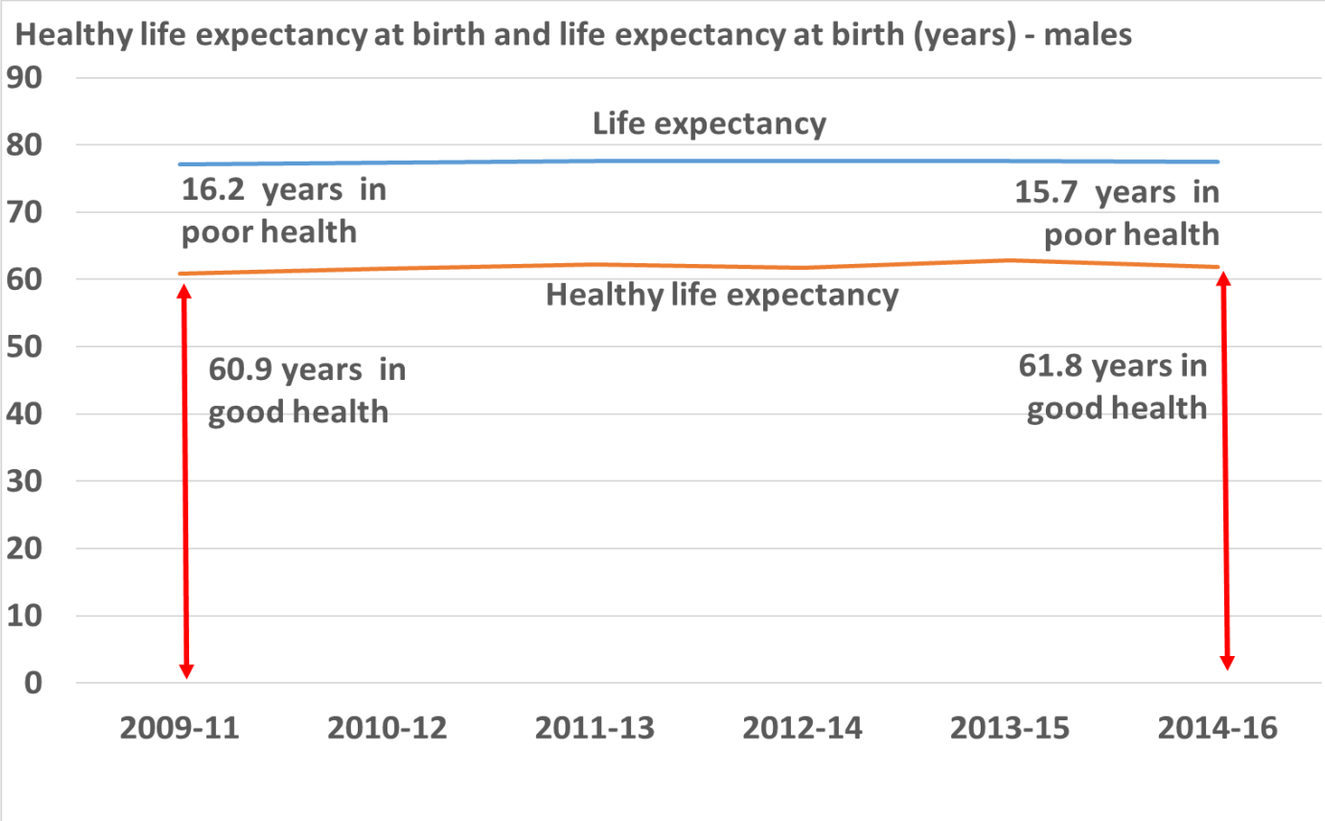


The gap between how much longer a male born in the least deprived areas of Bradford District and a male born in the most deprived areas has narrowed over the last 10 years from 8.6 years to 7.1 years. This reduction, however, was mainly seen between 2009 and 2011, with life expectancy levelling off in the most deprived areas from 2012 onwards. A fall in life expectancy in the least deprived areas from 2013-15 has also contributed to this narrowing of the gap.

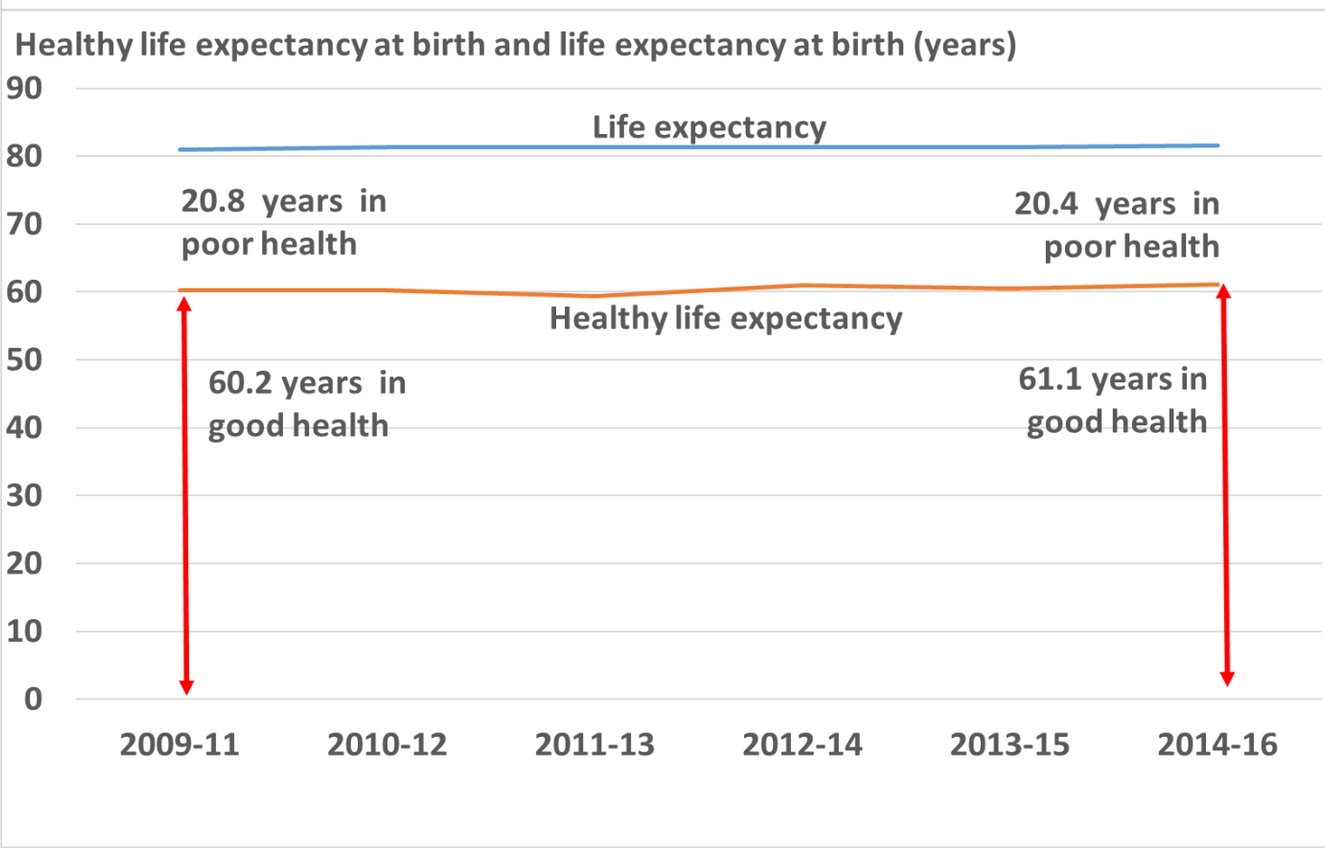


Across Bradford District, females born across all areas of Bradford District can expect to live longer. However, the gap between how much longer a female born in the least deprived areas of Bradford District and a female born in the most deprived areas has widened from 5.5 years to 6.4 years. This is mainly due to life expectancy improving more in the least deprived areas of the District than in the most deprived.

Health inequalities – Healthy life expectancy and life expectancy (time trends)



Since 2009-11 the average years of life a male in Bradford District spends in good health has increased, whilst the average years of life a male spends in poor health has decreased. This change has been gradual, with larger changes seen in healthy life expectancy (+0.9 years) than life expectancy at birth (+0.4 years).



Since 2009-11 the average years of life a female in Bradford District spends in good health has increased, whilst the average years of life a female spends in poor health has decreased. This change has been gradual, with larger changes seen in healthy life expectancy (+0.9 years) than life expectancy at birth (+0.5 years).

Outcome 1: Our children have a great start in life

KEY OBJECTIVES	WHAT WE WILL DO	HOW WE WILL DO IT	HOW WE WILL KNOW WE HAVE DONE IT	HOW WE WILL KNOW THAT WE HAVE MADE A DIFFERENCE	HOW WE WILL KNOW THAT WE HAVE IMPROVED PEOPLE'S HEALTH & WELLBEING
CHILDREN ARE SCHOOL READY & ACHIEVE A GOOD LEVEL OF ATTAINMENT	Promoting integrated working across the early years workforce; helping parents to develop their knowledge & skills around parenting; rolling out learning from Better Start; Bradford Education Covenant; development of Education Hub; creation of new secondary school places; working with partners to raise aspirations.	• Children, Families & Young People's Plan • SEND Strategy • Integrated Early Years Strategy • PH 0-19 service (school nursing & health visiting commissioning) • Active Bradford • Healthy Bradford • Future in Mind • Better Start Bradford • Oral Health Improvement Action Plan • Every Baby Matters • Sport England LDP • Maternity, Children and Young People's Partnership Board • Economic Growth Strategy • Better Births (STP) • Saving Babies' Lives Bundle • Future in Mind • Innovation Plan Integrated Early Years Strategy • Journey to Excellence Transformation Plan • Ofsted School Improvement Action Plan • Anti-Poverty Strategy • Bradford Safeguarding Children Board	**Number of unauthorised primary & secondary school absences; number of children missing from education in Bradford;** number of looked after children who had a missing or absence incident; % of schools rated good or better	**% of children achieving a good level of development at the end of reception** **Average Attainment 8 score for all pupils**	Children need to feel loved and safe. Every child and young person needs a loving, responsive relationship with a parent or carer, enabling them to thrive. Improving the health and wellbeing of women of child-bearing age, investing in interventions for pregnant women and their partners so they are well-prepared for pregnancy and parenthood and investing in early education are the best ways to improve health and wellbeing for young children and to reduce health and social inequalities, especially for our more vulnerable young children. **Infant mortality: rate of deaths in infants aged under 1 years per 1,000 live birth** **% of all live births at term with low birth weight** **% of 5 year olds who are free from obvious dental decay** **Teenage pregnancy: rate of conceptions per 1,000 females aged 15-17**
CHILDREN & YOUNG PEOPLE ARE READY FOR LIFE & WORK	Work with businesses to prepare young people for working lives; develop the Bradford Pathways approach to support career progression; deliver a transition service which focuses on the most vulnerable; work with businesses and training providers to increase the number of apprenticeships; encourage participation of young people that enhance core skills.		Number of apprenticeships; % of schools with Bradford Pathways Programme; % of sixth form establishments rated good or outstanding; **% of young people participating up to age of 18.**	**% of 16-17 year olds NEET** % first time entrants into youth justice % of working age people educated to NVQ 3 level or equivalent	
SAFEGUARDING MOST VULNERABLE & PROVIDING EARLY SUPPORT	Implementation of Signs of Safety Model, working with social investors, establishment of a joint transitions team; reimagining how we structure and run residential units; supporting young people to access direct payments; development of a local approach to adverse childhood experiences.		**% of re-referrals to Children's Social Care within 12 months; % of children becoming subject to a further Child Protection Plan within 2 years of previous plan ending**	Hospital stays caused by injuries**; % of children aged 5-16 who have been in care for at least 12 months whose score in the SDQ indicates cause for concern**; % of children in care who achieved 5 or more GCSEs at grades A*-C including English & Maths; % reduction in looked after children	
REDUCING HEALTH & SOCIAL INEQUALITIES	See OUTCOME 3 – living well Maternity & CYP Partnership: Every Baby Matters, Better Births, Saving babies Lives Care Bundle, 0-19 Wellbeing – Prevention and early help for children and young people and their families.		See Outcome 3 – living well measures; **% of antenatal assessments occurring before 13 weeks; % of infants receiving health visitor review at 6-8 weeks**	**% of all infants that are breastfed at 6-8 weeks;** % of children in Year 6 who are overweight/obese; **% of women smoking at time of delivery**; % uptake of childhood immunisations	

Outcome 2: People in Bradford District have good mental wellbeing

KEY OBJECTIVES	WHAT WE WILL DO	HOW WE WILL DO IT	HOW WE WILL KNOW WE HAVE DONE IT	HOW WE WILL KNOW THAT WE HAVE MADE A DIFFERENCE	HOW WE WILL KNOW THAT WE HAVE IMPROVED PEOPLE'S HEALTH & WELLBEING
EARLY ACTION AWARENESS & PREVENTION	Deliver improvement programme to raise awareness, increase capacity for self-management, deliver training, reduce stigma and discrimination, implement Suicide Prevention Strategy, develop community spaces, and support for carers.	• Mental Wellbeing Strategy • Healthy Bradford • Active Bradford • Suicide Prevention Action Plan • Dementia Action Plan • Perinatal Mental Health Task & Finish Group • Domestic & Sexual Violence Strategy • Self Care & Prevention Programme • Primary Medical Care Strategy • Core Strategy & Area Action Plans • Housing Strategy • Housing Design Guide • Homelessness Strategy • Better Start Bradford • Early Help and Prevention • Planned Care Programme • Out of Hospital Programme • Urgent and Emergency Care Workstream • Future in Mind • Maternity & Children and Young People's Board • Crisis Care Concordat	Number of carers with a support plan; number of hours of self referral support in community spaces; number of people accessing Mental Health Matters website, **number of self referrals to My Wellbeing College.**	Wellbeing measures reflected throughout logic model e.g. employment, housing, education, access to green space, physical activity. **% of the population with good mental wellbeing (happiness & satisfaction)** % of service users/carers who have as much social contact as they would like; carer reported quality of life.	People in Bradford District will live, study, work, and spend their leisure time in environments which are supportive of good mental wellbeing. Stigma and discrimination will be reduced, and awareness of mental wellbeing and mental ill health will be raised. This will enable people to seek and access help early, preventing many people from developing more severe illnesses or experiencing a crisis. Where mental illness is more severe, care will be responsive, effective and accessible, delivering good long term outcomes. **Suicide rate per 100,000 population** **% of the population with good mental wellbeing** **Excess under 75 mortality rate in persons with serious mental illness**
BUILD RESILIENCE & PROMOTE WELLBEING	Develop healthy communities and places through community investment, regeneration and housing policy, promote mutual support, develop social and supported housing options, digital tools, work with employers & businesses.		**Number of MH champions in schools, organisations & businesses; number of people who have completed MH First Aid (or similar);** number of businesses signed up to workplace charter.		
EASY ACCESS TO INTEGRATED CARE	Deliver care that achieves parity of esteem between MH & physical health: awareness raising of the workforce, development of care pathways; physical health checks for people with SMI; targeted approach to people with medically unexplained symptoms; primary mental wellbeing service; integrated approach to MH in secondary care.		**% of people with SMI who have had health check**; number of people accessing IAPT (inc. LTC); number of people receiving a personal budget/ISF/direct payment; number of people accessing Safer Spaces and First Response, **% of IAPT referrals of people with LTC**	% of unnecessary attendance of people with MH concerns at A&E; Prescribing costs; **IAPT recovery rate; % of people with a LTC who feel supported to manage their condition.**	
SERVICES FOCUSED ON RECOVERY	Improve access to & quality of services & outcomes for CYP; develop specialist perinatal MH team; early intervention in psychosis; redesign CMHT offer, design care pathways for PD and eating disorders.		Number of people accessing Safer Spaces and First Response; number of people accessing perinatal MH service, **number of out of area placements**; number referred to tier 4 specialist eating disorder services; **Waiting time for CAHMS [Autism placeholder]**	**% of people experiencing a first episode of psychosis to a NICE approved care package within two weeks of referral**; **% of CYP with MH condition receiving treatment**; number of people on IHT caseload.	
TRANSFORMING SERVICES	Child & YP MHS transformation, acute care pathway collaboration, liaison & diversion.				

Outcome 3: People in all parts of the District are living well and ageing well

KEY OBJECTIVES	WHAT WE WILL DO	HOW WE WILL DO IT	HOW WE WILL KNOW WE HAVE DONE IT	HOW WE WILL KNOW THAT WE HAVE MADE A DIFFERENCE	HOW WE WILL KNOW THAT WE HAVE IMPROVED PEOPLE'S HEALTH & WELLBEING
PEOPLE ARE LIVING MORE ACTIVE LIVES **PEOPLE ARE CHOOSING A HEALTHIER DIET**	Raise awareness of how to achieve the benefits of physical activity and consuming a healthy balanced diet. Improve provision of sports and leisure facilities including green space and opportunities for play, promote school and community based programmes such as the daily mile, Beat the Street, and other mass participation events. Increase availability and access to free/ low cost opportunities to be physically active and access diet and nutrition advice including schools and workplaces. Offer personalised support and motivational interviewing for those who need extra help to change their lifestyles.	Healthy Bradford Active Bradford Sports and Leisure Strategy Self Care & Prevention Programme Legacy events e.g. TDY Commissioned drug and alcohol treatment services	**Number of parents completing HENRY; Number of schools participating in the Daily Mile/15 Minutes More; % of all infants that are breastfed at 6-8 weeks; Number of people accessing BEEP/Living Well; Number of businesses achieving Living Well Charter award; number of new people accessing drug and alcohol treatment services.**	**% of adults who are physically active** **% of adults meeting the '5 a day' recommendation.** **% of children in reception/Year 6 who are overweight/obese.** **Successful completion of drug treatment – opiate/ non-opiate users**	People will be supported throughout the lifecourse to make healthy lifestyle choices. As a result fewer people will develop long term conditions associated with lifestyle factors. If people do develop long term conditions they will be well managed, reducing the likelihood of complications. As a result fewer people will die as a result of CVD, respiratory disease, liver disease, or cancer, before the age of 75. **Under 75 mortality rate from CVD** **Under 75 mortality rate from cancer** **Under 75 mortality rate from liver disease** **Under 75 mortality rate from respiratory disease** **Health related quality of life for people with LTCs**
FEWER PEOPLE ARE SMOKING	Provision of smoking cessation services, BabyClear, CO screening during pregnancy, smokefree homes champions, very brief advice in clinical settings, specialist midwifery services, regional programmes to tackle illicit tobacco with WYCA.	Bradford Breathing Better Smoking Cessation Services BabyClear Breath 2025 CQUIN WY Cancer Alliance	Number of people screened in pregnancy (CO); **number of smoking quits;** number of adults screened for smoking status in hospital, number of eligible adults who are given very brief advice in hospital.	% of women smoking at time of delivery **% of adults smoking**	
PEOPLE ARE SUPPORTED & FEEL CONFIDENT MANAGING THEIR OWN HEALTH	Extended access to primary care, provide people with the information & support that they need to manage their health & wellbeing; train our workforce so that they can facilitate & promote independence, develop new models of care for people with LTCs that shift the focus to prevention and early intervention.	Self Care & Prevention Bradford Breathing Better Diabetes New Models of Care Bradford Healthy Hearts AWC New Models of Care Primary Medical Care Strategy	**Number of frontline staff receiving MECC or Conversations for Change training**; QOF indicators for managing LTCs; % of cancers diagnosed at an early stage; **Number of health checks completed.**	**% of people with a LTC who report feeling confident in managing their health.** Hospital admissions for chronic LTCs	

Outcome 4: Bradford District is a healthy place to live, learn and work (1)

KEY OBJECTIVES	WHAT WE WILL DO	HOW WE WILL DO IT	HOW WE WILL KNOW WE HAVE DONE IT	HOW WE WILL KNOW THAT WE HAVE MADE A DIFFERENCE	HOW WE WILL KNOW THAT WE HAVE IMPROVED PEOPLE'S HEALTH & WELLBEING
AIR QUALITY IMPROVES	Specific actions are still to be determined, but will be listed here when agreed.	• West Yorkshire Low Emissions Strategy • Feasibility Studies	This will be determined based on 'what we will do'	**Annual mean concentration of NO^2 in air quality management areas and areas of concern.**	The communities we are born, live, work and socialise in have a significant influence on our health and wellbeing. The wider determinants or social determinants of health determine the extent to which people have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances. By creating healthy places to live, learn & work fewer people will develop long term conditions and poor mental wellbeing. As a result people will live longer lives with more years of good health. **Under 75 mortality rate from CVD, cancer, liver disease & respiratory disease.** **Excess winter deaths index.** **Excess under 75 mortality rate in persons with serious mental illness** **Health related quality of life for people with LTCs**
PEOPLE HAVE ACCESS TO GREEN SPACE & PLACES TO PLAY	Improvement of existing green spaces and play areas, and the creation of new green spaces and play areas through new developments, the area action plans, and grant funding. Increase access and engagement through awareness raising & social prescriptions and making every contact count.	• Core Strategy • Area Action Plans • Planning for a Healthy & Happy Bradford Framework • Healthy Bradford • Active Bradford inc. LDP. • Better Start Bradford	The number of new play areas created; the number of play areas that have been improved; the number of new green spaces created; the number of green spaces that have been improved; **the number of street closures for play approved;** referrals to outdoors activities.	% of the District meeting the Accessible Green Spaces Standard **% of people using outdoor spaces for exercise or health reasons.**	
PEOPLE HAVE DECENT JOBS AND FINANCIAL SECURITY	Increase opportunities to support people into paid employment, maximise people's incomes via welfare advice. As set out in the Economic Growth Strategy we will grow our economy by increasing the number of productive businesses and supporting young and enterprising people to innovate, invest and build fulfilling lives in the district. Also see outcome 1 - children and young people are ready for life and work.	• Economic Growth Strategy • Welfare Advice Services • REED in Partnership • Commissioned Services • Anti-Poverty Strategy • Children, Families & Young People's Plan • Opportunity Area Programme	See Economic Growth Strategy Logic Model	% of children living in low income family; **% of people aged 16-64 in employment;** average weekly earnings; **% of working age people qualified to NVQ level 3 or equivalent.**	
THE DISTRICT HAS A HEALTHY WORKFORCE	Introduce a charter for employers outlining the steps that they can take to improve the health and wellbeing of their workforce	Healthy Bradford NHS health & wellbeing CQUIN	**The number of employers who have signed up to the Living Well Charter;** % achievement CQUIN	**% of working days lost to sickness absence;** % of employees who had at least 1 day off in previous week.	

Outcome 4: Bradford District is a healthy place to live, learn and work (2)

KEY OBJECTIVES	WHAT WE WILL DO	HOW WE WILL DO IT	HOW WE WILL KNOW WE HAVE DONE IT	HOW WE WILL KNOW THAT WE HAVE MADE A DIFFERENCE	HOW WE WILL KNOW THAT WE HAVE IMPROVED PEOPLE'S HEALTH & WELLBEING
HOMES, SCHOOLS & WORKPLACES ARE SAFE & ENERGY EFFICIENT	We will identify and support people most at risk of fuel poverty. We will raise awareness of the actions that people can take to keep their home warm, and refer the most vulnerable people to Green Doctors. Through our Housing Design Guide we will ensure that all new homes are safe & energy efficient.	• Housing Strategy • Warm Homes Healthy People • Housing Design Guide • Welfare Advice Services	**Number of people receiving advice via warm homes; number of people receiving support from Green Doctors**. Housing Design Guide produced and meets specification.	**% of households in fuel poverty.**	The communities we are born, live, work and socialise in have a significant influence on our health and wellbeing. The wider determinants or social determinants of health determine the extent to which people have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances. By creating healthy places to live, learn & work fewer people will develop long term conditions and poor mental wellbeing. As a result people will live longer lives with more years of good health. **Under 75 mortality rate from CVD, cancer, liver disease & respiratory disease.** **Excess winter deaths index.** **Excess under 75 mortality rate in persons with serious mental illness** **Health related quality of life for people with LTCs**
PEOPLE LIVE IN PLACES WHERE IT IS SAFE	Through partnership working we will safeguard the most vulnerable; reduce reoffending rates for both adults and children; increase the proportion of residents who say they feel safe in their local area by tackling anti-social behaviour and the standards of driving across the District.	• Core Strategy • Ward Plans • CSP • Healthy Bradford • Community Safety Partnership • DV/SV services • People Can • Fire Prevention Strategy	See Safe, Clean and Active Community safety Partnership Plan	Reoffending rates; perceptions of anti-social behaviour, speeding and poor driving; positive perceptions of safety; **the number KSI on our roads.**	
PEOPLE WITH ADDITIONAL NEEDS CAN ACCESS TRAINING, EDUCATION & EMPLOYMENT	Commission specialist support services to help people access training and employment including in work support, job clubs, employment courses and specialist support. Develop pathways to maximise uptake of existing support services. Work with businesses and employers to raise awareness.	• Mental Wellbeing Strategy • Commissioned Services (MH, Substance misuse, LD) • Social prescribing (Community Connectors) • REED in Partnership	Number of people accessing Steps into Employment; Number of people accessing REED in Partnership; **number of people accessing employment support via LD and drugs and alcohol recovery services;** number of people receiving support via Community Connectors.	% of adults with LD in paid employment; the percentage point difference between the rate of employment in the general population of working age (16-64) and **the rate of employment amongst adults of working age with a mental illness;** The percentage point difference between the rate of employment in the general population of working age (16-64) and the rate of employment amongst adults of working age with a long-term condition.	