

Report of the Strategic Director of Health and Wellbeing to the meeting of Bradford and Airedale Health and Wellbeing Board to be held on 26th March 2019.

L

Subject:

Update on ‘Connecting People and Place’: A Joint Health and Wellbeing Strategy for Bradford and Airedale

Summary statement:

The Joint Health and Wellbeing Strategy was published in June 2018. The accompanying logic model establishes a way of knowing whether or not what we have done has made a difference to the health and wellbeing of our population. This paper provides an update on progress against the four outcome areas of the Strategy, as well as describing some of the key areas of work that have been delivered and progressed since the last update.

Bev Maybury
Strategic Director Health and
Wellbeing

Report Contact: Toni Williams,
Consultant in Public Health
Phone: (01274) 434701
E-mail: toni.williams@bradford.gov.uk

Portfolio:

Healthy People and Places

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

The Joint Health and Wellbeing Strategy was published in June 2018. The accompanying logic model establishes a way of knowing whether or not what we have done has made a difference to the health and wellbeing of our population. This paper provides an update on progress against the four outcome areas of the Strategy, as well as describing some of the key areas of work that have been delivered and progressed since the last update.

2. BACKGROUND

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.

The Health and Wellbeing Board (HWBB) received an update on progress against the JHWB Strategy in November 2018. The purpose of this paper is to provide the HWBB with an update on developments and activities related to implementation of the Strategy and progress against the outcomes set out in the logic model.

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. The Board received an update on the overarching measures of the Strategy (life expectancy and healthy life expectancy) in January 2019. In brief, life expectancy for people in Bradford District is increasing, after previously showing signs of improvements starting to level off; healthy life expectancy, however, is not improving.

3. OTHER CONSIDERATIONS

3.1 OVERARCHING OUTCOMES

3.1.1 Life expectancy: Latest available data (2015-17) shows that life expectancy for people in Bradford District is increasing, after previously showing signs of improvements starting to level off. Life expectancy at birth for a male born in the District is now 77.7 years, and for a female born in the District life expectancy is now 81.6 years. These are both the highest figures recorded for the District. Life expectancy remains below the average for England and the region for both males and females, however because improvements have been larger in Bradford the gap between Bradford and England/Y&H has narrowed slightly in 2015-17.

Life expectancy is not a short term measure of health and wellbeing; changes occur over many years. However, the small increase observed in the District compares well compared to other parts of the region where only a small number of local authorities have seen an increase in life expectancy.

3.1.2 Healthy life expectancy: Recently published data on healthy life expectancy shows a less positive picture. Healthy life expectancy has fallen for both males and females. In 2015-17 healthy life expectancy at birth in males fell to 60.4 years in Bradford District. This is the lowest value recorded and remains below the average for England (63.4 years). For females, healthy life expectancy at birth fell to 59.0 years in 2015-17. As with males, this is

the lowest value recorded and remains below the average for England (63.8 years). Some caution is, however, needed when interpreting the data on healthy life expectancy; the data, in part, draws on self reported health status from the Annual Population Survey, and so year on year variation is expected. Once this variation has been accounted for there has been no significant change in healthy life expectancy over recent years. This, however, in itself is an important finding, as a key outcome for the District is to increase the number of years a person can expect to live in good health.

Because healthy life expectancy has not improved and life expectancy has increased, this means that although people can expect to live longer, they are likely to spend more years in poor health.

3.2 OUTCOME 1: OUR CHILDREN HAVE A GREAT START IN LIFE

There are ten outcome measures in the JHWB Strategy related to the health and wellbeing of children and young people. Updates for four of these measures have been published since the last update to the HWBB in November 2018 (see Appendix 1: outcome report).

3.2.1 School readiness and good level of development: There has been a small decrease in the number of children achieving a good level of development at the end of reception, after year on year increases in the preceding years. Further monitoring is needed to see if this is a one off dip, or whether it is a trend.

Since 2015, Better Start Bradford has been making structural changes to the way in which we identify and work with families at risk of poor outcomes across three wards in the District. In addition, Better Start has introduced a range of preventative interventions focusing on pregnancy and the first three years of life. It is too early yet to understand the impact of Better Start; clearly the aspiration is that more children will start school ready to learn, and achieve a good level of development. Next year the first cohort of children to have been part of the Better Start programme will complete reception, providing valuable learning for the District as a whole.

To establish the right foundations for good health and wellbeing, and development, it is important that families receive the right support during the first few years of their child's life. Health visiting services are one of the main sources of support for families. There are five universal contact points for families; as part of the logic model we routinely monitor the proportion of infants receiving the 6-8 week visit, which provides an indication of the number of families supported. This remains high in the District, with 18/19 Q2 data showing that 96.3% of infants/families were visited at 6-8 weeks.

3.2.2 Educational attainment: For our primary school pupils, recent results show that there is an increase in the proportion of pupils achieving the expected standard across a range of subjects. However, the gap between Bradford and national performance has remained the same. GCSE results continue to improve with Attainment 8 narrowing the gap on the national average and Progress 8 showing positive progress and the second best performer in our family group of local authorities.

Some of our schools and academy chains are performing at an exceptionally high level nationally. There is also improvement at A-levels, and more young people continue to participate in the Industrial Centres of Excellence and Bradford Pathways.

Some of the recent Ofsted visits have acknowledged the impact of the local authority's intervention in its challenging schools. However, raising standards and increasing the number of good or better schools continues to be an area of high priority. In August, we launched 'Parents and Partners in Learning' in three areas (Keighley, Eccleshill/Idle and Tong/Bowling). This aims to improve parent's engagement with their education providers on their children's learning journey.

"Learning Conversations" with the Chief Executives of the different Multi Academy Trusts operating in Bradford District have also been introduced.

Good attendance is key for effective learning. Our strategy to address attendance issues across the Bradford District includes keeping schools updated about relevant legislation relating to school attendance; offering attendance & prosecution support sessions through the Safeguarding Hub and regular analysis of data available relating to vulnerable groups. The Education Social Work Service (ESWS) is working with schools across the District where attendance is cause for concern due to persistent absence and/or an overall attendance of below 90%.

In September 2018, funding was confirmed for the 'Glasses for Classes' trial in eight schools in the District. This will be delivered in partnership with Varilux who will provide two pairs of glasses to all young people who need them in trial schools.

3.2.3 Not in education, employment or training: Latest available data for 2017 shows that there has been a small increase in the number of 16-17 year olds not in education, employment or training. The local authority continues to co-commission a Connexions service with 20 of our schools and colleges to meet our respective statutory duties. There have been budget reductions in this area but a number of actions are in place to address the rise in NEET including: Skills Plan; additional post-16 adviser in Virtual School; support for careers work in primary and additional Industrial Centres for Excellence provision. As is the case nationally certain vulnerable groups (young offenders, SEND, looked after children, and care leavers) are over-represented in the NEET cohort and we continue to target our efforts accordingly, and monitor the rate for these groups monthly.

3.2.4 Infant Mortality: Infant mortality rates in Bradford District have fallen since 2001-03, however improvements have stalled in recent years and there has been no statistically significant change in the number of infants dying before their first birthday since 2010-12. Whilst this trend is in line with regional and national data, it does signal a need to review our approach. The Every Baby Matters Steering Group continues to deliver the action plan to reduce the number of infants dying in the first year of life. This action plan, however, is now a number of years old, and in light of the lack of improvement in recent years, a review has been undertaken. Coupled with local information from the Child Death Overview Panel, three priority areas have been identified; genetic inheritance, nutrition and smoking.

3.2.5 Reducing smoking in pregnancy: The proportion of women who are recorded as smoking at time of delivery has increased in 2017/18 for the first time in 2 years, after year on year reductions for the six years prior to this. Smoking in pregnancy has been a priority for a number of years. The Department of Health and Wellbeing, Bradford City and Districts CCGs and Public Health England have funded babyClear; this is an evidence based midwifery programme to ensure consistency of advice and interventions for

pregnant smokers from the first booking appointment with a midwife. This is complemented by further interventions including smoking cessation and smoke free homes champions in the health visiting service and children's centres.

NHS England have provided additional funding to tackle the high number of women continuing to smoke in pregnancy in Bradford Districts CCG. This has enabled the introduction of carbon monoxide (CO) screening at 36 weeks pregnant to improve the accuracy of reporting, and provides a further opportunity to promote the uptake of smoking cessation services. In addition, midwives assessing women in the maternity assessment centre and day unit have received additional training and resources to implement an intervention with women who continue to smoke in pregnancy and attend hospital with a pregnancy concern.

It is hoped that the collective impact of these interventions (together with the outcomes of our Living Well Service, Health Visitors, and Better Start), we result in a downward trend in the number of women smoking in pregnancy. Research from Born in Bradford tells us that the reasons why women smoke in pregnancy are complex; research published in 2018 on the Born in Bradford cohort highlight financial stress as a contributor to smoking in pregnancy rates. This highlights the need for a holistic whole system response to issues such as smoking.

3.2.6 Adverse childhood experiences (ACEs): These are stressful or traumatic events that occur before the age of eighteen; for example, sexual or emotional abuse, domestic violence in the home or a family member being incarcerated. A huge body of research has repeatedly shown a link between experiencing early adversity and ill health.

Better Start Bradford has been working to develop understanding of ACEs, trauma and resilience within the workforce and communities; both within the Better Start Bradford area and across the whole District. This included hosting three screenings of the critically acclaimed documentary 'Resilience' across the city.

On behalf of the Children's Transformation and Innovation Group, Better Start Bradford has been taking forward the ACEs agenda and exploring what a Bradford approach to ACEs could be. This has included hosting two multi-agency workshop meetings to gather perspectives and opinions. One clearly recognised need was for a dynamic and engaging ACEs hub; this is in the process of being developed.

A key aim of this work is the development of a multi-agency vision or strategy for ACEs across the Bradford District. A small preliminary working group has been put together with representation from the police, CCG, early years, infant mental health service, Public Health and Family Action. The aim of this group is to develop a preliminary strategy which can then be fully co-produced with wider stakeholders and the community. This strategy will be supported by a health needs assessment on ACEs led by Public Health.

3.2.7 Breastfeeding: The proportion of infants who are breastfed at 6-8 weeks has increased over the last year and in 2016/17 was 41.9% (latest available data). This is encouraging; however, too many women who initiate breastfeeding, report no longer breastfeeding when they have their 6-8 week check with the health visitor. Accordingly, we need to continue our efforts to support women who initiate breastfeeding to continue to. Public Health are working in close partnership with Bradford District Foundation Care Trust to develop a local plan to not only improve initiation rates, but to support women to

breastfeed for longer, if this is what they want to do.

3.2.8 Oral health: The proportion of 5 year olds who are free from obvious dental decay in Bradford District has increased since 2007/08. Although data for Bradford District is consistently lower than the average for England, the gap between the two has fallen to 16.5% from 20.9% in 2007/08. As part of the 0-19 Service, Public Health commissions oral health, including fluoride varnishing. There is an collaborative Oral Health Improvement Group which oversees the Oral Health Action Plan.

3.2.9 Teenage pregnancy: The under 18 conception rate has been falling year on year in Bradford over the last 10 years and is currently the lowest on record since 1998. The causes of teenage pregnancy are complex, hence it is difficult to say for certain what is responsible for the decrease. National research points towards initiatives by the government, for example improved sex and relationship guidance and improved access to contraception and sexual health services; more young women in higher education; and societal attitudes to teenage mothers, as reasons for the decline.

3.3 OUTCOME 2: PEOPLE IN BRADFORD DISTRICT HAVE GOOD MENTAL WELLBEING

Outcome measures: There are six outcome measures in the JHWB Strategy related to mental wellbeing. Updates for two of these measures have been published since the last update to the HWBB in November 2018 (see Appendix 1: outcome report).

The Mental Wellbeing Partnership oversees the delivery of the Mental Wellbeing Strategy. A number of actions are being delivered under this strategy, centred around three strategic priorities: our wellbeing; our mental and physical health; and care when we need it.

The Healthy Minds Summit was a one-day event in January to raise awareness of Mental Health and to gather feedback to inform a refresh of the Mental Wellbeing Strategy. The Summit was an overwhelming success, attended by over 300 people.

3.3.1 Our Wellbeing: Wellbeing is measured using a range of questions administered as part of national surveys. Although the numbers with 'good mental wellbeing' fluctuate year on year, medium - long term data shows a general upward trend.

There is a significant amount of work being done to improve the wellbeing of people in the District. However, it is important to note that many factors contribute to good mental wellbeing, so much so, that most of the activity that has been described in this paper, will contribute.

System-wide training and awareness raising activity has been delivered across Bradford. Airedale and Craven schools including: support and training of over 159 mental health school champions in 108 schools; mental health awareness training delivered to over 1,380 staff members in universal services; and 150 school staff in 57 schools have completed the Living Life to the Full training.

A number of websites providing key information and signposting have been launched including: Mental Health Matters; Thrive in Bradford; and the MyWellbeing College portal. The Guideline telephone support line which provides mental wellbeing support and signposting has been refreshed, and work is also progressing to develop a District wide

directory portal.

Consultations for Looked After and Adopted Children have increased and bespoke support has been provided to children and families who are refugee and asylum seekers. Over 286 families have benefited from parent training.

Extensive engagement with carers has been undertaken to understand their experiences and needs, to improve our integrated carers' support services.

A Mindfulness in Primary Schools pilot project is providing training for teachers and pastoral staff in mindfulness practice in primary schools. Teachers in 14 primary schools across the District will be qualified to deliver the training in schools from July 2019.

85% of all those registered with dementia in Bradford are in contact with a dementia advisor to provide information about diagnosis and treatment, carers' needs, local services, benefits and legal advice. Furthermore, Wellbeing cafés for people with dementia are run across the District.

3.3.2 Our mental and physical health: In the past year new services for perinatal mental health support, and a community eating disorder service have been commissioned and launched. Plans to include early psychological assessment in pathways for pain services are also progressing. GP checks to ensure that the physical health needs of people with serious mental illness are monitored, recognised and supported, have also been implemented. In 18/19 Q3 35.1% of people with a serious mental illness had received an annual health check; this number is expected to increase throughout the year.

One of the key measures of how successful we are at improving the physical health of people with mental illness, is the excess under 75 mortality rate; unfortunately this measure has not been updated since 14/15 (national data) and so it is difficult to determine how effective our efforts have been. The HWBB should continue to monitor the proportion of people who have received a health check, as this is the best indicator that we have.

3.3.3 Care when we need it: The Youth in Mind model has supported over 500 young people to understand and take control of their mental wellbeing, and build resilience with a range of peer led, community, mentor and specialist services. In partnership with NHS England new models of care to support children and young people accessing Tier 4 (inpatient) mental health care have been developed. As a system, we have made financial savings which have been reinvested into the service to increase the Intensive Home Treatment offer for children and young people. More importantly, children and young people have been supported to remain at home and in school, or have reduced lengths of stay in hospital.

The proportion of people moving to recovery after IAPT (Improving Access to Psychological Therapies) continues to vary month on month, however recovery rates in the District are lower than regionally and nationally. MyWellbeing College provides treatment for common mental health problems, offering a range of support for recovery and resilience. In November the College launched a new Telehealth Service to deliver guided self-help using work books. MyWellbeing College has developed self-referral pathways, a range of guided self-help books, and a wider choice of support services to improve access.

We are working with stakeholders to transform our community mental health teams and

align them with community partnerships to ensure people have seamless access to mental health support for more serious problems.

The percentage of people experiencing a first episode of psychosis in receipt of a NICE approved care package within 2 weeks of referral is lower in Bradford District than nationally. However investment in the Early Intervention in Psychosis service has increased, and an At Risk Mental State service to provide immediate support for vulnerable people has been developed. The service was recently highlighted as national good practice.

Over 6,000 people in urgent need of mental health support access the First Response Service each month and we provide access to safer spaces when hospital is not the most appropriate setting.

Bradford and Airedale are the first site in the north of England to participate in the national research programme ENRICH, using peer support to reduce readmission to inpatient units. Bradford is also leading work to reduce Out Of Area Placements across West Yorkshire and Harrogate.

3.3.4 Suicide prevention: The suicide rate for Bradford District is falling, and most recently published data is the lowest on record. All of the activity described as part of the Mental Wellbeing Strategy is likely to have contributed to this reduction, in addition to national initiatives. We have had a Suicide Prevention Action Plan for a number of years now; this is overseen by a partnership steering group.

3.4 OUTCOME 3: PEOPLE IN ALL PARTS OF THE DISTRICT ARE LIVING WELL AND AGEING WELL

Outcome measures: There are six outcome measures in the JHWP Strategy related to living and ageing well. Updates for four of these measures have been published since the last update to the HWBB in November 2018 (see Appendix 1: outcome report).

3.4.1 Smoking: The proportion of adults smoking has reduced to 18.9%; this is the lowest on record. Prevalence, however, remains higher than regional and national rates, and inequalities between communities remain, with a strong socio-economic gradient. Given that smoking is one of main causes of preventable disease and early death, and the fact that it contributes significantly to health inequalities, it should remain a priority for the HWBB.

Tackling smoking requires a multifaceted approach, which includes offering people to support to quit, and warning people about the dangers of tobacco use.

The West Yorkshire and Harrogate Cancer Alliance Tackling Lung Cancer project has put a renewed focus on smoking for our whole system, rather than it being viewed as a Public Health responsibility. Funding has been made available to optimise smoking cessation interventions for patients, staff and visitors at BTHFT. The funding will enable the introduction of carbon monoxide screening at preoperative appointments and the recruitment of two stop smoking practitioners. The introduction of carbon monoxide screening provides an important early opportunity for clinicians to engage with people about smoking. Stop smoking practitioners based on the hospital site will create capacity to embed processes to identify smokers, and improve access to treatment and referral

pathways.

Marketing plays an important role in driving motivation to quit, and there are a number of campaigns being rolled out across Yorkshire and Humber with a particular focus on routine and manual workers, that Bradford and Airedale are collaborating on.

Latest available data for 18/19 Q2 showed that 288 people quit smoking (4 week quitters), which is down on Q1 figures. This is similar to the national trend and needs to be further understood. It is anticipated that this will increase once the Tackling Lung Cancer Project is fully implemented.

The HWBB may wish to consider whether there is scope to increase our efforts. As an example, Barnsley have made a commitment to make smoking invisible, and have prioritised action to 'denormalise' smoking, such as smoke free parks and other community spaces.

3.4.2 Drug treatment: The number of opiate drug users successfully completing drug treatment has increased. Although the success rate is below the national average, the gap has narrowed over recent years. The number of non-opiate drug users successfully completing drug treatment continues to increase, and is higher than regional and national rates. Our new substance misuse service commenced in October 2017. The new Substance Misuse Recovery Service is called New Directions and is delivered by a large experienced Substance Misuse service, Change, Grow; Live (CGL) in partnership with 2 locally established Organisations of Bridge and Project 6. New Directions is committed to delivering an integrated recovery focused service across Bradford and Airedale that meets the needs of service users, concerned others and reflects the recommendations from the 2015 review. The service provides a single point of access for any adult with drug or alcohol issues and will work with individuals across a number of community locations across the District including GP practices.

Whilst the most recent data for the number of people successfully completing treatment relates to the year before the new service model was introduced, the number of people completing treatment is expected to increase as the service model is embedded.

3.4.3 Childhood obesity: The number of children who are overweight or obese when measured in Year 6 continues to increase; there have been year on year rises over the last decade. This highlights the complexity of the issue to address, and why it remains a priority for the HWBB. There is no single cause; there are many complex behavioural and societal factors that combine to contribute to the causes of obesity. Recognising this, partners including the local authority, CCGs, VCS, schools, local communities, Better Start Bradford, and Born in Bradford, are all working together to tackle the causes from a range of perspectives. There is, however, no overnight fix; even if our programmes are successful it will take time to see this in the data.

The local delivery pilot (Sport England) is in place and the team have completed a thorough needs assessment. They are completing extensive outreach and engagement work with key intervention development commencing.

The development of the Living Well Service continues, with the aim of promoting access to opportunities and programmes, across multiple settings, to help people of all ages and abilities to engage in living healthier lifestyles and accessing the right help and support as

individuals, families and communities.

The Health Trainer service transferred into the local authority from Bradford District Care Foundation Trust in January 2019 and continues to offer 1:1 lifestyle support, including weight management, as well as group weight management sessions. Work is on going to review the service in line with the Living Well Programme. The service will be re-launched in June 2019 as the Living Well Service.

Complimentary to the Service will be the Living Well website that will have health and wellbeing resources and information in line with national campaigns for adults and children. The website will be a bespoke digital offer to Bradford District and will have local offers and health updates to support our local communities, along with referrals to more specialised services such as the Community Connectors, BEEP, stop smoking support, and other lifestyle interventions. Through the digital well-being assessment, individuals will be able to get a personalised health and wellbeing plan, with local support identified to help improve their lifestyles. The Living Well offer will also include an app based platform called "MyLivingWell".

There are around 4,000 children in Bradford District who are severely obese. The local authority, CCGs, dietetics services, paediatrics and childrens safeguarding, are working in partnership to develop an appropriate offer of support for these children. This is likely to involve 1:1 support delivered by a multidisciplinary team.

Bradford District has been awarded a discovery phase grant from the Local Government Association, for a bid jointly submitted by the local authority, Born in Bradford, Council of Mosques, Cnet and CCGs to help reduce child obesity in the District. The discovery phase will involve co-designing reduction activities, with Islamic Religious Settings playing a key role, understanding opportunities to support communities in achieving and maintaining a healthy weight and lifestyle.

More children are taking part in the Daily Mile/15 Minutes More (42 schools in 18/19 Q3); however, further work is needed to continue to increase the number of children and schools participating. One of the main challenges locally is the outdoor space in schools to do this.

3.4.4 Physical activity: The proportion of adults who are physically active is showing signs of improving; this is only a two year trend and so further data is needed for us to determine whether or not we are making a difference. However, through Active Bradford, the LDP, and Living Well, we have a significant amount of activity being undertaken in these areas.

The BEEP (Exercise Referral) service has continued to see a high volume of referrals; in 18/19 Q2 417 people were accessing BEEP and 350 people are currently on the waiting list. This has been addressed with the appointment of a new exercise referral officer (ERO) in partnership with Bradford Sport and Culture. To support the increased numbers coming into the service we have added five clinics.

The BEEP service is now working closely with the dietetic/bariatric team for an exit pathway pre and post bariatric surgery for patients with obesity and/or diabetes. An exit strategy to support post phase 3 cardiac rehab and pulmonary rehab services is now under development. The service continues to share learning with system partners most

recently student nurses involved with IMAS (International mixed ability sport) as well as promotional stands at health events across different GP practices, self-care week and mental health awareness.

3.4.5 People are supported and feel confident in managing their own health: The proportion of people with a long term condition who report feeling supported to manage their condition has fallen. The reasons for this are not clear and need further investigation. As a system we have invested in the Self Care and Prevention Programme (now Living Well); we are doing what we said we would do, for example, in the last quarter more than 200 frontline staff have been trained in Conversations for Change or Making Every Contact Count. The VCS Alliance has been co-ordinating targeted engagement sessions in communities on developing skills for managing their own health. In addition to this the Alliance have begun engaging with primary schools on the same issues; this has been further complimented by pharmacy students from Bradford University working with primary schools to co-produce a 'Make One Change' resource for children.

Furthermore, we have Community Connectors (our social prescribing service) who have new referral targets agreed at 1,500 per year in line with national standards. An extended service is also now operating out of A&E at Bradford Royal Infirmary. Training in care navigation for receptionists has been rolled out. In Airedale and Wharfedale personal support navigators have been introduced in community partnership groups.

Self Care Week is an annual opportunity to promote healthy lifestyles and self care. The 2018 campaign launched in early November and was popular and successful in engaging people to 'Make One Change'.

3.4.6 Area based community development: Through small grants funding delivered through the community partnerships, the CCGs have funded more than 100 grassroots projects, with the aim of improving health and wellbeing, and reducing inequalities. Examples include dementia support, children's play areas, carers cafes, mutual aid for people who misuse drugs, Bradford Baby Bank, and mindfulness classes.

3.5 OUTCOME 4: BRADFORD DISTRICT IS A HEALTHY PLACE TO LIVE, LEARN AND WORK

Outcome measures: There are eight outcome measures in the JHWB Strategy related to healthy places. Updates for five of these measures have been published since the last update to the HWBB in November 2018 (see Appendix 1: outcome report).

There is a significant amount of work being undertaken to ensure that Bradford District is a healthy place to live, learn and work. This will contribute to outcomes across the whole logic model, not just healthy place (for example, wellbeing, childhood obesity and physical activity).

3.5.1 Principles for healthy places: there is an overwhelming body of research about what makes a healthy place. A comprehensive review of the evidence has been undertaken and based on this evidence 10 key approaches that will help us to create healthier places for people to live have been identified. These include: our District is healthy, sustainable and well connected; pedestrians and active modes of travel are prioritised; active design principles shape our built environment; implement the principles

of healthy streets; increase and improve urban green space; our neighbourhoods are inclusive, welcoming and safe; children everywhere can play safely close to home; there are ambitious quality standards for new and existing homes; people can access healthy food wherever they live; business development supports health and wellbeing.

3.5.2 Planning: Public Health continues to attend the Planning ‘majors meeting’, providing evidence-based input (based on the evidence review previously described), at an early stage of the planning process, on how individual developments can have a positive impact on health and wellbeing. Through this process we are advocating for more greenery and green spaces, as well as following active design principles which, for example, improve connectivity and support sustainable travel.

3.5.3 Core Strategy: The local authority is starting work on the partial review and consultation of the Core Strategy. The Core Strategy forms an essential part of the Bradford District Local Plan. It sets out the local authority’s strategic housing, employment, transport, retail, leisure and environmental policy requirements, as well as the policy context for the broad location, scale and distribution of site allocations for mainly housing and employment. A health impact assessment is being conducted on the Core Strategy, ensuring that we clearly communicate our ambition for a healthier place.

3.5.4 Housing Design Guide and Top of Town Masterplan: Bradford’s first Housing Design Guide is in development and includes a strong focus on the need for healthy places that connect well to local rights of way, walking routes and public transport and enhancing existing neighbourhoods, enabling communities to be active, with access to open-space and doorstep play for children. Similar themes will run through the Top of Town Masterplan. Both will describe and illustrate what we think good housing and healthy places look like and feel like: well-connected, supporting people to be safe, well and active, green and clean, supporting people to form friendships and belong to communities, helping to reduce social isolation.

3.5.5 Street Design Guide: A Street Design Guide is being developed for Bradford District. We hope that this will adopt learning from the Healthy Streets approach first developed for London and currently undergoing minor adaptation to apply to the rest of the country, supporting walking, cycling and greener-looking, safer, friendlier streets that are designed around people rather than traffic.

3.5.6 20mph zones: The local authority is currently consulting on the implementation of 20mph zones; one in the city centre, two around primary schools in the District. 20mph zones are a recognised means of reducing road collisions and associated casualties. They are very effective at protecting our most vulnerable road users, including children, pedestrians and cyclists, and significantly decrease the risk of being injured in a collision and/or the resulting severity. There is evidence that even relatively small reductions in mean vehicle speeds can have a positive impact on the rate and severity of collisions.

20mph zones will support the continued reduction in the number of people who are killed or seriously injured on our roads. The number of people killed or seriously injured on our roads has been decreasing over recent years; latest available data shows that the number of KSIs is the lowest recorded since 2009-11 and is below the national average.

3.5.7 Green Space: The Joint Health and Wellbeing Strategy and the ten principles for healthy places are being used to support a number of on going bids by the council and/or partners to bring resources for green-blue infrastructure projects into the District. For example to improve existing green spaces, or create new ones, including a linear park to run alongside the proposed Canal Road Corridor to provide an attractive context for people to walk and cycle along the route. This will contribute to the number of people using outdoor spaces for exercise, which is showing signs of increasing.

3.5.8 Employment for people with mental illness: The gap in the employment rate for those in contact with secondary care mental health services and the overall employment rate is increasing, although the gap is lower than the regional and national average. There are currently 3 commissioned mental health pre-employment and employment services delivered in Bradford District and Craven. Bradford District Foundation Care Trust – Individual Placement and Support (IPS), The Cellar Trust – Pathways to Employment Service, and The Cellar Trust and BDCFT – STEPs into Employment Service.

In line with the Mental Wellbeing Strategy there is an opportunity to build on the existing partnership working between the providers, as well as the links to adult social care, to develop an integrated approach to the delivery of pre-employment and employment support for people with mental health problems. This will establish a service which integrates the provision – drawing on the collective strengths of NHS and VCS provision, and create a single point of access and assessment, where individuals would not have to worry which contract or referral pathway they are part of. In line with the strategy and aligned with the ‘Care when we need it’ approach - deliver a range of provision so that individuals can receive the appropriate level of support (from the most appropriate provider) determined by their needs and aspirations. The integrated approach covering pre-employment and employment/retention support would include: • Primary care – integration with My Wellbeing College and links with GP clusters • Secondary care – integration with Community Mental Health Teams and Early Intervention in Psychosis as well as adult social care (including The Care Act).

3.5.9 Healthy Workforce: The proportion of working days lost to sickness absence has been decreasing, although most recent data shows a very small increase compared to the previous reporting period. The Living Well Charter is our plan for working with all businesses to support them to support their workforce from a healthy and wellbeing perspective. The Charter is currently in development, and expected to be launched later this year.

3.5.10 Skills and employment: 68% of people aged 16-64 are in employment, continuing the upward trend seen in recent years. The District has an ambitious Economic Strategy, which is helping to get more people into work.

3.5.11 Fuel poverty: The number of households living in fuel poverty has decreased, reversing the previously rising number. Inequalities, however, remain with differences across the District. Fuel poverty remains an issue for the District primarily as a result of the large number of older Victorian and pre-Victorian housing which is a hard to insulate effectively. The District has an established winter warmth programme - Warm Homes - procured in 2017/18 for two years, however, the reach of this programme has reduced over the years. Together these factors make reducing fuel poverty challenging.

4. FINANCIAL & RESOURCE APPRAISAL

Making a difference to the health and wellbeing of our population requires long term commitment and investment. Much of this already exists and is directed towards activities which will positively influence the four outcome areas of the strategy. There are no financial issues arising from this report on 'Connecting People and Place.'

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The Health and Wellbeing Board owns, leads and provides governance of the Strategy. Risk will be managed by the Health and Wellbeing Board through a performance management framework (the logic model), with quarterly updates provided to the Health and Wellbeing Board.

6. LEGAL APPRAISAL

6.1 Part 1 of the Health and Social Care Act 2012 (the Act) placed legal responsibility for Public Health within Bradford Council. Specifically, Section 12 of the Act created a duty requiring Local Authorities to take such steps as they consider appropriate to improve the health of the people in its area. Section 31 of the Act requires the Director of Public Health to prepare an annual report on the health of the people in the area of the Council, which it must then publish. The contents of the report are a matter for local determination.

6.2 The Director of Public Health is obliged to pay regard to guidance issued by the Secretary of State for Health when exercising public health functions and in particular to have regard to the Department of Health's Public Health Outcomes Framework (PHOF). The PHOF identifies differences in life expectancy and healthy life expectancy between communities by measuring a series of health metrics, and is regularly reviewed.

6.3 This report identifies the various indices used by the HWBB to assess the progress of the Joint Health and Wellbeing Strategy and describes the current state of public health in Bradford. It is noteworthy that the joint strategy reaches across a range of services, some of which are not under the Council's control.

6.4 The HWBB is required to assess this report and then consider whether it provides adequate evidence that the Council is complying with its duty to promote public health.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

The Strategy aims to reduce health inequalities which in some instances can disproportionately affect people with protected characteristics under the Equality Act 2010. As such the Strategy aims to make a positive contribution to people with protected characteristics.

7.2 SUSTAINABILITY IMPLICATIONS

The Strategy will support and build on the work at local and West Yorkshire and Harrogate levels to ensure that health and care services become sustainable within the financial envelope.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

No direct implications. Implementation of the strategy will involve co-ordinated action to address air quality, and to increase physical activity levels and sustainable travel; these activities may have some impact on greenhouse gas emissions.

7.4 COMMUNITY SAFETY IMPLICATIONS

No direct implications, however community safety is an enabling factor, allowing people to engage in community activities, and to use streets and neighbourhood amenities for physical activity and other leisure activities. Reduced social isolation and increased physical activity will both act to enhance wellbeing. Furthermore, feeling unsafe can have a negative impact on a person's mental wellbeing.

7.5 HUMAN RIGHTS ACT

No direct implications.

7.6 TRADE UNION

No direct implications.

7.7 WARD IMPLICATIONS

The measures used to monitor the Joint Health and Wellbeing Strategy are complex and are influenced by differences in economic, cultural and social factors across populations and communities. Across the 30 wards of the District, achievement against each of the indicators will vary substantially. Accordingly, in areas with poorer health and wellbeing and higher levels of health inequalities, different approaches may be needed to accelerate improvements in health and wellbeing and to reduce health inequalities.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

That Health and Wellbeing Board members consider the content of this report.

10. RECOMMENDATIONS

That the HWBB acknowledges the content of the report and progress against the measures set out in the logic model, and provides feedback for further action.

11. APPENDICES

11.1 Connecting people and place for better health and wellbeing: outcomes report
March 2019

12. BACKGROUND DOCUMENTS

12.1 Connecting people and place for better health and wellbeing. A Joint Health and Wellbeing Strategy for Bradford and Airedale 2018-2023.
<https://bdp.bradford.gov.uk/media/1332/connecting-people-and-place-for-better-health-and-wellbeing-a-joint-health-and-wellbeing-strategy-for-bradford-and-airedale-2018-23.pdf>

12.2 Bradford District Joint Strategic Needs Assessment. Available at:
<https://jsna.bradford.gov.uk/>