

Report of the Strategic Director of Health and Wellbeing to the meeting of Bradford and Airedale Health and Wellbeing Board to be held on 24th July 2019

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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.

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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 Joint Health and Wellbeing Strategy in March 2019. 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 Summary

There are 41 outcome indicators monitored as part of the logic model, across the four outcome areas of the Joint Health and Wellbeing Strategy. Since the last update in March 2019, updated data on 9 of these indicators has been published.

Of the 41 outcome indicators, 9 are currently RAG (red, amber, green) rated as green, meaning that performance against these outcomes is improving, and we perform the same as or better than our statistical neighbours. Those areas where we are improving include: breastfeeding, smoking at time of delivery, suicide prevention, teenage pregnancy, mental wellbeing, physical activity in adults, successful treatment of non-opiate drug users, and people in employment.

11 outcome indicators are currently RAG rated as amber, meaning that our performance is neither getting better nor worse, but this is consistent with our statistical neighbours, or performance against these outcomes is improving but our performance is significantly worse than our statistical neighbours. Those outcomes that are currently rated as amber include: life expectancy, inequality in life expectancy, children achieving a good level of development, attainment 8 scores, dental decay in children, low birth weight babies, smoking in adults, sickness absence and killed or seriously injured on our roads.

21 outcome indicators are currently RAG rated as red, meaning that our performance against these outcomes is getting worse, or performance is unchanged and is worse than our statistical neighbours. Those outcomes that are currently rated as red include: healthy life expectancy, 16-17 year olds not in education, employment, or training, children in care whose SDQ scores are a cause for concern, infant mortality, improving access to psychological therapies recovery rate, early intervention for psychosis, premature mortality in people with a severe mental illness, adults meeting the 5 a day recommendation, completion of drug treatment for opiate users, childhood obesity, management of long term conditions, use of outdoor spaces, people qualified to NVQ level 3+, fuel poverty, employment rate for people with a mental illness, and air quality.

3.2 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 March 2019 (see Appendix 1 of Document "A": outcome report).

3.2.1 Reducing health and social inequalities

Teenage pregnancy: The teenage pregnancy rate continues to fall in the District, and is now at the lowest level since 2007. Although the under 18 conception rate in the District is higher than the national average, the gap between England and the District has narrowed significantly, although inequalities exist within the District (the rate of conceptions being highest in the most deprived parts of the District).

0-19: Bradford District has one of the highest percentages of low birth weight babies in the country, although our figures are statistically similar to the average of our statistical neighbours. Over the last year there has been a small increase in the percentage of babies who are born with low birth weight, although the long term trends show little change over the last decade.

Bradford District Care Foundation Trust is gearing up to go live in August with the new 0-19 service which includes health visiting, school nursing and oral health promotion. The service will be delivered around the Family Hubs for an integrated approach with other children's services. There are some challenges due to the reduced number of staff in the new contract. BDCFT have established work streams to deliver the new service. These include:

- A workforce development programme - staff training to work across a broader workforce and 0-19 age group.
- Co-location & integration with early help.
- Increased use of digital service provision via the website & e-forms.
- Working more closely with the Voluntary and Community Sector and developing the community connector role.
- Closely managing risk about increasing caseloads for specialist workers.
- Public Health has started a 0-19 system group to support the above developments and manage risks within the broader system of CYP services.

The number of children receiving a health visitor review at 6-8 weeks remains consistently high at over 96%. It is important to maintain this as the new service model embeds.

Oral health outcomes for children remain an area of concern, however, the District has

also been featured as an area of good practice by the Local Government Association. This draws attention to Bradford District as an area of improving outcomes against a background of poor dental health. Data indicates that the District is one of a few areas where the prevalence of tooth decay is reducing (reducing rates of tooth decay from 50% to 40% between 2008 and 2017).

Living Well is developing a Living Well Schools Programme of work which will explore the acceptability of an on-line healthy schools accreditation programme to support schools to implement interventions and approaches that can enhance the health and wellbeing of children. Engagement with schools has begun. Feedback so far is that any programme should encompass staff health and wellbeing; mental health is a specialist area, however wellbeing should be everyone's responsibility in school and not just one nominated lead. A steering group to guide the development of the Schools Programme is being established including key partners from the CCGs, schools, 0-19 services and the Council.

A new Young Carers service for Bradford, Airedale and Wharfedale has been jointly commissioned, with mobilisation commencing from 1 April 2019.

3.2.2 Safeguarding the most vulnerable: Over the last three months there has been a reduction in the number of children's social care contacts, from 8,627 to 7,975, with an increase from 27% to 37% of contacts that also appear on the referral list. This demonstrates a better focus on effective throughput in the Front Door Service.

In September 2018, there were 3,322 Children in Need with an open episode of need; this figure had increased to 3,670 in April 2019. This still means that Bradford District is under both the England and statistical neighbour's rate of Children in Need per 10,000 population, although we are just above the Q3 regional average. There has been a small improvement in the timeliness of visits to Children in Need – 79% had been visited in the last 6 weeks compared to 78% in September 2018. Clearly, this is still a work in progress but this small but sustained improvement is welcome.

The latest Vital Signs report indicates that the number of children subject to child protection plans has risen to the expected levels for local authorities like Bradford. This is a reversal from recent years where Bradford District had lower rates of children with a child protection plan than statistical neighbours. The recent child protection plan rate increase is a reflection of how the intervention threshold is now understood and applied at the 'front door' and in the assessment teams.

For Looked After Children, Bradford's trend is no different from the national trend. There has been a nearly uninterrupted rise in the number of Looked After Children over the last three years. The number of Looked After Children at the end of February 2019 (1,139) was already well above the count forecast (1,087), and the provisional figure for March 2019 is higher again at 1,173. The number of Looked After Children in Bradford District, whilst high against the national and Yorkshire and Humber average, is below the levels seen for authorities with similar characteristics. It is reasonable to assume, therefore, that the number of Looked After Children will be within the expected range for Bradford's comparator areas.

The number of looked after children having annual health and dental check ups remains high, with latest available data showing 82% receiving an annual health assessment, and 91% having a dental check up.

Prevention and Early Help is the name we give to the way we support families and communities in Bradford District. Four Family Hubs are now operational and they cover the whole District. Each Family Hub has a dedicated team consisting of a Team Manager, Senior Officers, Prevention Workers, Key Workers and an Access and Take Up worker. Each Hub has systems for allocation and referral. Each Hub has a Prevention Offer. The Prevention Offer is group based activities which include Play and Learns, and Parenting Programmes including the Freedom Programme and, Talking Teens. The Family Hubs offer services in the main sites and also in other venues in the area.

3.2.3 Children are school ready and achieve a good level of development: Children's education and development of skills are important for their own wellbeing. Learning ensures that children and young people develop the knowledge and understanding, skills, capabilities and attributes that they need for mental, emotional, social and physical wellbeing now and in the future. Attainment 8 measures the achievement of a pupil across 8 qualifications. The attainment 8 score for children in Bradford District is below the national average, however, after decreasing between 15/16 and 16/17, it increased in 17/18.

Some of our schools and academy chains are performing at an exceptionally high level nationally. There is also improvement at A-level, 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.

The number of young people participating up to the age of 18 is increasing; latest available data for term two 17/18 shows that 100,778 young people were participating in education or training.

3.3 PEOPLE IN BRADFORD DISTRICT HAVE GOOD MENTAL WELLBEING

Outcome measures: There are six outcome measures in the JHWB Strategy related to good mental wellbeing. None of these measures have been updated since the last update to the HWBB in March 2019.

The Mental Wellbeing Strategy for Bradford and Craven is guided by three overarching principles of delivery. These are: our wellbeing; our physical, social and mental health; and care when we need it. To deliver this there are 5 strategic outcomes described below.

3.3.1 Early action, awareness and prevention: We continue to deliver mental health awareness training and increase the number of mental health champions in schools, organisations and businesses. As of Q3 (18/19) there were 106 mental health champions in schools, up from 65 from the previous year.

We have launched websites with key information and signposting; these include the Mental Health Matters website, Thrive in Bradford website, and the MyWellbeing College portal. We hope to be able to report on website hits in future reports. We have established a task and finish group to develop a District wide directory portal and secured funding to support the implementation of this.

We refreshed the Guideline telephone support line which provides mental wellbeing

support and signposting from 12pm to 9pm every day of the week. The service now receives over 3,836 calls per quarter, 60% of which are out of hours.

We increased the community spaces delivered by the VCS and have worked to provide sustainable funding. Our community spaces now offer 304 hours of self-referral support per week in Bradford and Craven. We have also supported a range of youth led campaigns around body positivity, self-care, anti-bullying, and provided 17 young people with leadership skills.

3.3.2 Promote good wellbeing: There is a significant amount of work being done to improve the wellbeing of people in the District. Many factors contribute to good wellbeing, so much so, that most of the activity described in this paper will contribute.

We are delivering high quality vocational and employment support across Bradford and Craven and the IPS service was the first Centre for Excellent in Yorkshire.

To support older people's wellbeing and reduce isolation, we have initiated GP and peer led initiatives. The CCGs have increased the Community Connectors programme which provides social prescribing services across all GP practices across Bradford.

3.3.3 Easy access to integrated care: The launch of the perinatal mental health support and community eating disorder service was highlighted in the last update to the HWBB. These services are now fully recruited to and have full case-loads.

We are committed to the integration of physical and mental wellbeing services and have progressed plans to review pathways for pain services to include psychological support. We have a growing number of people with long term conditions who are offered specialist mental health advice/support that is personalised and will recognise the impact of other aspects of people's lives such as education, work, housing and leisure, and individual lifestyles.

We have carried out key engagement with clinical forums to raise awareness of the importance of physical health checks. Latest available data shows that 37.4% of people with a serious mental illness have had a health check, up slightly on the previous quarter.

Across our acute care pathway, we have increased investment in our First Response service, the intensive home treatment service, and continued to develop our safer spaces provision. This has supported over 1,800 people to be at home, diverted from A&E and avoid hospital admission. In the past 12 months our award winning 3 Safe Spaces have delivered around 3,500 sessions of support. Furthermore, we have used winter pressures investment to increase VCS provision and test out different models of working across acute settings.

We have supported and worked collaboratively with the local authority to review pathways and services for people who experience domestic abuse and sexual violence.

3.3.4 Services focused on recovery: The Youth in Mind model continues to deliver community based support that is focussed on supporting young people to understand and take control of their mental wellbeing and build resilience.

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 overall are lower than regionally and nationally. Our psychological wellbeing

service (MyWellbeing College) continues to focus on delivering a range of support to support recovery and resilience.

We have increased our investment in the Early Intervention in Psychosis Service and are making continued improvements, although the number of people seen within 2 weeks of referral is lower this year than the previous year. The service was recently reviewed by the National Team and highlighted as good practice. The service has also developed an At Risk Mental Service which provides short term support for vulnerable people.

3.3.5 Transforming services: We have worked with NHS England to develop new models of care to support children and young people accessing Tier 4 (inpatient) mental health care. 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.

We are working closely with all our providers to improve our information and performance reporting to ensure we understand the full extent of our investment into mental wellbeing services.

We have worked with Early Help to develop an integrated model of support for 0-19 year olds which provides joined up mental health support.

3.3.6 Suicide prevention: The Suicide Prevention Strategy, overseen by the Suicide Prevention Steering Group has recently been refreshed, with the following priorities identified:

- Identify and support groups with increased risk of suicide (particularly men)
- Undertake training in suicide awareness
- Strengthen the role of primary care in suicide prevention
- Develop Postvention services
- Prevent suicide at known hotspots and healthcare settings
- Work with the media to ensure appropriate reporting of suicide
- Deliver effective communications to reduce risk
- Undertake monitoring and surveillance
- Learn lessons from serious incidents
- Develop a multi-agency self-harm pathway
- Maintain clear accountability & governance for suicide prevention

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

Outcome measures: There are six outcome measures in the JHWB Strategy related to living and ageing well. Updates for two of these measures have been published since the last update to the HWBB in March 2019 (see Appendix 1 of Document “A”: outcome report).

3.4.1 Active lives: National data shows that over the last 12 months there has been a small decrease in the number of adults who are physically active (source: Active Lives Survey). Longer term trends, however, show that the number of adults who are physically active is increasing, and we have similar levels of physical activity as our statistical

neighbours.

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 available for schools to do this during the school day; other schools have expressed a preference for different ways to help support children to be active. The Daily Mile will be supported in schools by our Living Well Advisors from September onwards, including schools being supported on developing routes, scheduling in sessions, and other means to facilitate their uptake such as delivering motivational assemblies with the children.

The BEEP (Exercise Referral) service continues to see a high number of referrals from GPs in the District; in 18/19 Q4 554 people were on the BEEP caseload, which is significantly higher than the previous quarters. The increase in caseload was due to increased capacity in the system as the result of the appointment of a new exercise referral officer (ERO). This appointment was in response to a growing waiting list for the service, as reported in the March 2019 update to the HWBB.

On June 22nd the Living Well Service was launched. Through this service members of the public can self-refer for lifestyle advice and support. Access will be encouraged through the website www.mylivingwell.co.uk however face to face and phone support is also available and delivered by a team of Living Well Advisors. Reporting on website use and face to face service access will be available on the first full quarter following the 22nd June launch.

3.4.2 Nutrition and healthy diets: Breastfeeding rates remain constant, with approximately 42% of babies in Bradford District still receiving breast milk at 6-8 weeks. A new breastfeeding strategy for the District is in development and set to launch next quarter, with the aim of boosting breastfeeding in the District. The end of April also saw the launch of the Breastfeeding Welcome scheme in Bradford. The scheme asks local businesses and venues to sign up, and when they do they receive a Breastfeeding Welcome pink and white sticker which is used as a clear message to breastfeeding mums '*you are welcome to breastfeed your baby here.*' The scheme is open to all local businesses, from shops, libraries, cafes or hairdressers, to community centres and health centres, with both Broadway and Airedale shopping centres already on board.

The HENRY (Health Exercise and Nutrition in the Really Young) programme continues to see steady numbers of around 50 parents per quarter, while a more intensive offer around the programme continues to be evaluated in the Better Start Bradford area. We are looking to increase the scale of the HENRY programme over the coming months by embedding the offer within the planned Living Well Academy. This will include a boost to publicity on the availability of the Making Every Contact Count and the Conversations for Change training.

3.4.3 Smoking: Smoking is one of main causes of preventable disease and early death, while the prevalence of smoking overall is reducing it continues contributes significantly to health inequalities. The number of smoking quits reported remains stable at around 300 quits per quarter. The smoking service is, however, entering a phase of transition with establishment of the Living Well Service and the transition to a pharmacy led approach to smoking cessation commences. As such we expect to see some variation in quit rates as the new system embeds. The focus for the next six months will see an increase in

momentum on strategic approaches to reducing smoking prevalence in the District including taking learning from good practice elsewhere. Smoking features in the Living Well communications work started publically in June, with plans to provide a local communications boost to the national Stoptober campaign from Public Health England.

Opportunities to promote smoking cessation through the West Yorkshire and Harrogate Cancer Alliance Tackling Lung Cancer project continue to be realised. Funding has been approved to embed two FTE stop smoking specialists in acute settings, and one FTE at the lung health check. As a result of this increased capacity across the system, we expect to see more people attempting to quit smoking.

Earlier this year, all of Bradford Teaching Hospitals Foundation Trust's premises went smokefree, meaning that no-one is permitted to smoke on hospital grounds; this is in line with evidence of best practice.

Making every contact count means that all opportunities to support people to stop smoking should be maximised. Our three main providers are incentivised to identify smokers in inpatient settings and to provide very brief advice, or refer to stop smoking services if required. BDCFT is exceeding all targets, with most people in inpatient settings in BDCFT asked whether or not they are a smoker and if required given very brief advice. 33.8% of those who require it are referred to stop smoking services, or offered stop smoking medication (18/19 Q4 data). At ANFT 98.3% of people were screened, and of those who smoked, 70.2% were offered very brief advice. Of those who could have benefited from support, just 2.1% were referred to stop smoking services, or offered medication. Accordingly, this is an area for further improvement.

There is potential for improvement at BTHFT, with just 53.4% of people asked about smoking, and of those who smoke, only 4.5% given very brief advice. Improvement should be facilitated by the increased smoking cessation capacity through the Cancer Alliance funding.

3.4.4 People are supported and feel confident in managing their health

We are continuing to train frontline staff in Conversations for Change or Making Every Contact Count. The ten community partnerships in Bradford are developing their community plans, with a number focusing on self care. Initiatives include extending the self care champion role.

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. The number of people having a health check fell in Q3 (18/19) to 1,685 (compared to 2,589 the previous year); further investigation is needed to understand why there has been such a significant drop.

To celebrate the launch of Living Well and the Living Well 'movement' across Bradford District, the public were invited to attend free fun days at various locations in Bradford District. Living Well advisors and volunteers engaged with people of all ages in shopping centres during the week and at the Bradford Dragon Boat Festival weekend. The Living Well advisors and volunteers provided information, advice and offered health checks to the public whilst encouraging people to make a pledge for the "Make One Change Challenge."

3.5 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 two of these measures have been published since the last update to the HWBB in March 2019 (see Appendix 1 of Document “A”: 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 places (for example, wellbeing, childhood obesity and physical activity).

3.5.1 Air quality: The local authority continues to monitor and report on levels of nitrous dioxide in four air quality management areas. The Bradford Air Quality Plan (BAQP) is being developed in line with Ministerial Direction with the Outline Business Case, including the preferred option for improving air quality in the shortest possible timeframe, required for submission to DEFRA/Department for Transport by 31st October 2019.

Working with schools and local communities, a no idling campaign is also in development to increase awareness of air quality around schools amongst children and their parents, and encourage car owners to switch off their engines when parking close to schools. The campaign will be launched at the start of the next school year.

3.5.2 Green space and places to play

The local authority continues to explore innovative ways to bring in additional funding to support the development of healthy places and blue-green infrastructure in the District. Bradford is one of five places in England selected for an innovative public spaces development initiative. Winning a position on the Future Place programme will bring a wide range of highly skilled professional support and advice, and help the council and its partners develop a vision for the city centre and unlock its potential.

The local authority has recently launched its Playing Pitch Strategy, the aim of which is to provide a network of high quality outdoor sports facilities that are conducive to sustaining and increasing participation in sport, and bring together all partners to ensure a co-ordinated approach to supply and demand. This is supported by the Sports Pitches Investment Programme.

3.5.3 Skills and decent jobs: Latest available data shows that 44% of the working age population is qualified to NVQ level 3 and above in Bradford District, which is down from 46.6% in 2017. We continue to implement the Economic Strategy, supporting skills development, and helping to get more people into work.

Bradford Council’s SkillsHouse is working in partnership with the Leeds based Lighthouse Futures Trust to set up a new forum to support young people with additional needs into work. The forum will offer advice and support to businesses to enable them to provide work experience and jobs for young people with additional support needs such as autism.

With a focus on access to employment for marginalised and/or vulnerable groups, work has begun to bring together a consultative group to explore the broad range of services on offer to support people into employment, and how these and others work together, to

maximise opportunities across a range of providers. A key element of this is the Department for Work and Pensions (DWP) commissioned Reed in Partnership Programme, with a focus on non-mandated groups which offers 15 months support to access work opportunities, and support whilst in work. DWP do not allow Reed in Partnership to divulge data in relation to the number of people supported, however they have up to 3,500 places for Bradford District over the life of the programme which runs to 2024.

3.5.4 A healthy workforce: The Living Well Charter is our plan for working with all businesses to encourage them to support their workforce from a health and wellbeing perspective. The Charter was launched in June and full reporting on uptake will commence on this metric the following full quarter. Early conversations with businesses on the materials that have been developed, and the pledge itself, have been positively received and some major local employers signed up on launch day (22nd June). The employer pledge asks employers to make being healthy easier for their staff and gives them some ideas of how to motivate and help their staff be healthier at work and at home.

NHS organisations are rooted in their communities. As a large employer in Bradford District the NHS has both the opportunity and responsibility to better support staff and improve their health and wellbeing. Our three main providers are currently incentivised to improve staff health and wellbeing through the improving staff health and wellbeing CQUIN. Progress is monitored via staff surveys. Survey results show a small worsening of performance as measured by a staff survey in response to questions such as: does your organisation take positive action on health and wellbeing; in the last 12 months have you experienced musculoskeletal difficulties as a result of work activities; during the last 12 months have you felt unwell as a result of work related stress? It is difficult to interpret the worsening of performance as measured by survey results, because results will naturally fluctuate year on year.

3.5.5 Fuel Poverty: 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 due to available funding. Latest available data for 2018/19 shows that there were 350 face to face contacts; 137 onward referrals; 250 people were given advice on falls prevention, nutrition, or general advice on wellbeing; 127 were given specific advice on fuel poverty, including energy assessments and supplier switching; 13 people were given debt advice.

3.5.6 Health in all policies: The local authority continues to work on the partial review 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. Public Health are working closely with planners and a health impact assessment is being conducted, ensuring that we clearly communicate our ambition for a healthier place.

In 2018/19 Public Health provided advice and comment on 47 pre-application planning enquiries for proposed major developments (10 or more housing units, or business or mixed-use development of 1000m² or more). In 2018/19 comment has been provided on 33 housing developments relating to a potential 2,500 housing units. Comments were also

made on 14 pre-applications related to non-residential business or community use proposals. Comment from public health and many other council teams at an early stage has the potential to influence the design of developments, layout, active travel opportunities and connections to existing places and amenities. The aim is that the cumulative effect will deliver safe, healthy, well-connected places for people to live, learn and work. Public Health comments also support requests by other officers for assessment and mitigation of hazards and changes to design of roads etc. to safeguard and promote population health.

Intervention at the pre-planning stage is regarded by Public Health England as a mid-stream intervention in planning for healthy places. Upstream interventions include: the development of the Homes and Neighbourhoods Design Guide, Top of Town Masterplan, and the Core Strategy partial review.

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 The Health and Social Care Act 2012 (The Act) amended the NHS Act 2006 to give Local Authorities the leading role in improving the health of their local population. Part 1 of The Act placed statutory legal responsibility for Public Health with The City of Bradford Metropolitan District Council. Specifically, Section 12 of the Act created the 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 have 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 direct 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.

**7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS
(for reports to Area Committees only)**

N/A

7.9 IMPLICATIONS FOR CORPORATE PARENTING

N/A

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

No issues arising.

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: dashboard

11.2 Connecting people and place for better health and wellbeing: logic model

11.3 Connecting people and place for better health and wellbeing: outcomes report
(Please refer to Appendix 1 of Document "A")

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>

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