

Report of the Director of Environment & Sport to the meeting of Bradford East Area Committee to be held on Thursday, 15 October 2015

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Subject:

Public Health and the Clinical Commissioning Group

Summary statement:

This report provides an overview of the work of Public Health and the Clinical Commissioning Group in the Bradford East Area and requests views and comments of members.

Steve Hartley
Director of Environment & Sport

Portfolio:
Health and Social Care

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Overview & Scrutiny Area:
Health and Social Care



1. SUMMARY

- 1.1 This report provides an overview of the work of Public Health and the Clinical Commissioning Group in the Bradford East Area and requests views and comments of members.

2. BACKGROUND

- 2.1 On 1st April 2013 the responsibility for public health transferred from the NHS to local government and a new organisation, Public Health England, was developed.
- 2.2 Appendix 1 provides an overview of the work of Public Health in the Bradford East Area.
- 2.3 Appendix 2 provides an overview of the work of the Clinical Commissioning Group in the Bradford East Area

3. OTHER CONSIDERATIONS

- 3.1 There are no Other Considerations.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 Financial

There are no significant financial implications arising from this report.

4.2 Staffing

There are no significant staffing implications arising from this report.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 5.1 There are no significant risks and governance issues arising from the proposed recommendations in this report.

6. LEGAL APPRAISAL

- 6.1 This work relates directly to the Local Government Act 2000 and to the Duty of Well-being placed upon the Council to promote and improve the well-being of the District.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

- 7.1.1 The Equality Act 2010 sets out the new public sector Equality Duty replacing the three previous duties for race, disability and gender. In engaging with our stakeholders, Public Health and the Clinical Commissioning Group will have regard to our Equality and Diversity Policy.



7.2 SUSTAINABILITY IMPLICATIONS

7.2.1 Public Health and the Clinical Commissioning Group will consider sustainability issues.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

7.3.1 Greenhouse gas emissions and wider environmental impacts are a consideration.

7.4 COMMUNITY SAFETY IMPLICATIONS

7.4.1 Community safety issues are acknowledged as a key contributor to the quality of health in neighbourhoods. It is anticipated that improvements to health will have a positive impact on community safety issues across Bradford East.

7.5 HUMAN RIGHTS ACT

7.5.1 There are no direct implications arising from the Human Rights Act.

7.6 TRADE UNION

7.6.1 There are no direct Trade Union implications arise from this report. .

7.7 WARD IMPLICATIONS

7.7.1 Public Health and the Clinical Commissioning Group will consider the needs of Wards in the Bradford East Area when exploring how to tackle issues and commissioning work.

8. NOT FOR PUBLICATION DOCUMENTS

8.1 There are no not for publication documents.

9. OPTIONS

9.1 That Bradford East Area Committee adopts the recommendations outlined in this report.

9.2 That Bradford East Area Committee adopts the recommendations outlined in this report, with amendments.

9.3 That Bradford East Area Committee decides not to accept the recommendations outlined in this report.

10. RECOMMENDATIONS

10.1 That Bradford East Area Committee adopts the recommendations outlined in this report.



11. APPENDICES

11.1 Appendix 1 – an overview of the work of Public Health in the Bradford East Area.

11.2 Appendix 2 – an overview of the work of the Clinical Commissioning Group in the Bradford East Area

12. BACKGROUND DOCUMENTS

11.2 None.



**Report of the Director of Public Health to the meeting of Bradford East Area
Committee
15th October 2014**

Authors:
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Summary

This report informs the East Area Committee about the work being undertaken to tackle health inequalities and improve health in the Bradford East Council Wards. It sets out the challenges to health of the population of Bradford East and the priorities for health improvement.

Background

Public Health is:

The science and art of promoting and protecting health and wellbeing, preventing ill health, and prolonging life, through the organised efforts of society. It is concerned with the health of the entire population.

On April 1st 2013, the responsibility for public health transferred from the NHS to Local Government and a new organisation, Public Health England which was developed out of the Health Protection Agency. The reorganisation also brought in other changes, including the formation of 3 Clinical Commissioning Groups (CCGs) Bradford Districts, Bradford City and Airedale, Wharfedale and Craven. These are made up of groups of General Practices with responsibility for commissioning healthcare services in the local area. Idle and Thackley and Eccleshill are covered by Bradford Districts CCG and the remaining wards cross the boundaries of Bradford City and Bradford Districts CCGs. Organisations such as NHS England were established to commission core GP services, specialist services across the region, including HIV treatment and care, as well as being responsible for the commissioning of immunisations and screening services.

Public Health has a number of statutory functions as outlined in the Public Health Outcomes Framework. These fall into the following domains:

Improving the wider determinants of health-including the locals environment, housing, employment and fuel poverty

Health Improvement-encouraging people to make healthy lifestyle choices e.g. smoking cessation, healthy eating, physical activity

Health Protection-protecting the local population from harm e.g. protection from communicable diseases including sexually transmitted infections, emergency planning

Healthcare public health and preventing premature mortality-reducing numbers living with preventable ill health and people dying prematurely

The focus of the Outcomes Framework is on achieving positive health outcomes and reducing inequalities.

Public Health

Public Health within the Local Authority is responsible for healthy living services both through directly employed staff and through services commissioned from other providers. This includes obesity and nutritional support services, infant mortality, drug and alcohol services, smoking cessation and sexual health services.



Aim of this paper

The paper describes some of the current work of the department and partners, and some current issues. Appended to the paper are some data describing health statistics for the Bradford East Area

Wider Determinants of Health

In 2013/14 Public Health funded additional welfare advice services across the district. This programme has targeted GP surgeries, children's centres etc in recognition of the impact a lack of income, or debt and/or benefit problems can have on vulnerable households. The associated worry and anxiety caused as a result can lead to an increased use of local GP services and rises in lower level mental health issues.

There is a commissioning programme currently being run to identify the future needs for welfare advice services across the district. This is a joint programme across Adult and community services and Public Health, as the department is now embedded in the Council the advantage of this cross department working is rapidly becoming apparent.

The Food Strategy for the district has been reviewed and priorities changed to reflect the complexity of needs in the area. Three new priorities now encompass the previous five, 'Growing to Eat', Healthy Eating and Affordable Food'. These are not stand alone and are linked across one another in many ways.

The Warm Homes programme will shortly commence, this will offer mitigations and short term additional support for vulnerable households during the winter months.

New work in the coming year will focus on the completion of the joint commissioning programme for welfare advice, the review of the Health and Well-Being Board, actions relating to the food strategy, delivery of the winter warm programme and development of a new approach to Fuel Poverty as per the updated strategy being prepared for adoption.

Health improvement

Tobacco control and Stop Smoking Services:

Breathe 2025 is the overarching campaign brand for work and aspirations to eliminate tobacco-related harms and health inequalities across Yorkshire and The Humber. Our vision is to see the next generation of children born and raised in a place free from tobacco, where smoking is unusual (For more information visit www.breathe2025.org.uk)

To support and drive this vision all Children's Centres in Bradford East have been provided with training and resources to raise awareness of the danger to children's health caused by second hand smoke (SHS) exposure. Children's Centres have identified a smoke free champion to sustain the work and messages in each centre.

To reduce smoking in pregnancy and promote smoke free homes Public Health are working in partnership with the Better Start Bradford programme. A specialist midwife has been commissioned to address smoking in pregnancy and provide additional support to pregnant smokers and their families.

Trading standards have carried out work in Bradford East to address illegal tobacco and



work with businesses to address underage sales of tobacco.

Support to quit is available at a range of times and venues across the Bradford East area including GP practices and Pharmacies for further information on the support available contact the stop smoking service 01274 437700

Sexual Health and Teenage Pregnancy

District wide sexual health and reproductive services are available to the whole population with clinics in a range of settings to provide contraception and testing and treatment for sexually transmitted infections. The new provider Locala CIC commenced delivery of the new service from 31st July 2015, and has re located some clinics to enable wider access by the population as a whole. Bradford East continues to have a range of clinics based in both GP surgeries and at Hillside Bridge which can be accessed via drop in or appointment basis.

Teenage pregnancy rates across the district continue to fall and are now at their lowest rates for over 70 years. Despite success in the reduction of teenage conceptions challenges remain for the Public Health Outcome Framework indicators of Chlamydia diagnosis 15-24 year olds and reducing late diagnosis of HIV. Ward level data is unavailable for these outcomes as all data reported on sexual health is at district level. Work has started to look at joint commissioning of HIV testing with the CCGs and NHSE to enable a strategic approach to this important public health issue.

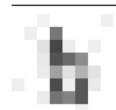
The Public Health Sexual Health team continue to coordinate the delivery of the Ur Choice programme Relationships and Sex Education (RSE) in Hanson. The team will be piloting year 7 and 8 delivery in Hanson during October and this will enable continuous RSE from primary to secondary school. The team are continuing their efforts to engage all secondary schools in the area to take on the programme however often find the barriers are the fears of schools to the reactions of parents and local communities. This programme has been developed this year to include teenage relationship abuse, forced marriage and Female Genital Mutilation (FGM).

The parent's education programme, Speakeasy, is delivered across the area in primary schools and Children's Centres and the development of a programme to support parents of children with learning disabilities is being rolled out to schools. In addition to this a new piece of work has been developed to support these parents educating their children about relationships and sexual health, using the Boardmaker software package. This partnership work with the library service will enable parents to develop their own 'storyboards' to help their children better understand personal relationships, puberty, changes to their bodies and keeping safe. Parents can use the computers in Eccleshill and Manningham libraries to develop and print out their storyboards and then take home for use with their children.

Chlamydia detection rate is below what is achieved nationally. We are seeking assurance that the provider of the screening programme is addressing this and is able to demonstrate an improvement in performance

Obesity and nutrition

The Health Improvement Team currently fund a variety of initiatives across the Bradford



East ward aimed at addressing obesity and improving the health and wellbeing of residents within the ward. A number of initiatives have been commissioned from the following organisations during 2015-16 including:

- Attock Community Association – deliver Physical Activity (Adults) sessions, Health & Wellbeing Activities, and Food and Nutrition sessions. ACA supports South Asian women in the Little Horton area.
- Bradford Trident – Deliver 12 weekly healthy weight programme (throughout year), Cook and Eat sessions for adults including ladies only, dads only and children, as well as delivering Physical Activity sessions (Adults & Children), Health & Wellbeing Activities, Food and Nutrition sessions, and Food Growing and Food Co-ops activities.
- The Thornbury Centre – Deliver 12 week healthy weight programme (throughout year), Cook and Eat Sessions (outreach sessions delivered in various venues across Bradford East ward), Physical Activity (Adults), Food and Nutrition sessions. Thornbury Centre also delivers specific health improvement activities for Eastern and central European communities with a focus on the Roma community.
- Thorpe Edge Community Project – Deliver 12 weekly healthy weight programme (throughout year), Cook and Eat Sessions, Physical Activity sessions for children, young people and Adults, including Health & Wellbeing Activities, Food and Nutrition sessions, Food Growing and Food Co-ops.
- Womenzone Community Centre – Deliver 12 week healthy weight programme (throughout year), Cook and Wean (6 week cook courses for women with babies), Breastfeeding Support, and Physical Activity (Adults) sessions.
- Highfield healthy Lifestyles – Deliver Adult Healthy Weight Groups, Cook & Eats sessions, Physical Activity sessions for Adults and children, Oral health promotion work. Work in a number of wards in Bradford East.

In addition to VCS activity, The Health Improvement Team supports a number of district wide initiatives, which deliver interventions within the Bradford East Ward which includes working with Schools, GP practices, Dieticians, other Council departments.

Health Protection

Tuberculosis

Tuberculosis (TB) remains a major public health challenge for Bradford and Airedale. The incidence of TB in Bradford and Airedale is higher than the national and regional averages and is amongst the highest rates in the UK, outside London.

Collaborative work has been undertaken between tuberculosis (TB) and substance misuse services to develop more joined up working seeking to address the issues around TB incidence within the substance misuse cohort

A latent TB Infection (LTBI) screening pilot was developed and managed through joint working between PHE, CBMDC and primary care. This ran during autumn 2014 and



contributed to the development of the national LTBI screening programme due to be implemented in 2015.

Cancer screening

Low adult cancer screening coverage and uptake continues to be a major issue across various parts of the Bradford district, namely those areas served by Bradford City and District CCGs. Local data for Bradford indicate that breast cancer and cervical screening uptake has been declining for all Bradford CCGs which mirrors a national picture. Bowel cancer screening has a low uptake and the worst performing area (based on CCG) in West Yorkshire is Bradford City CCG. There is no breakdown of cancer screening rates below CCG level to indicate which wards are worst affected

Public Health England have led the development of a screening improvement plan which seeks to address the generally low uptake across the three adult cancer screening programmes (bowel, breast and cervical). This includes development of a CQUIN (financial incentive) with Bradford City CCG with a view to increase cancer screening coverage by asking GP to explicitly promote screening to patients they identify as at increased risk. Also work with Bradford Talking Media to develop a resource aimed at those with learning difficulties and those whose first language is not English which also aims to address poor screening coverage. A Bradford wide Cancer Research UK bowel cancer screening campaign and road show in Autumn/Winter 2015/16 will promote the need to screen to the wider population. Work has also started with the Health Hub and Neighbourhood team to promote cancer screening across the population of Bradford East

Air Quality

Air quality within Bradford district, along with the West Yorkshire region, is known to have the third worst air quality in the country. With a strong correlation between air pollution and mortality, with 222 attributable deaths annually linked to particulate air pollution across Bradford district, there is a continued need to focus resources on addressing atmospheric pollution at a local level. The CBMDC is driving forward this agenda through development of a Low Emission Strategy and a Low Emission Zone feasibility study.

The Air Quality research project delivered in partnership with Environmental Health, Public Health and the Born in Bradford team is now in its second year. This west Yorkshire wide project is also planning to work alongside the Better Start Bradford programme to examine and develop the impact of the 'built environment' on our wider community's health and well-being. To aid this a health impact assessment is being completed in relation to the 'Core Strategy' which will guide planning and building developments into the future.

Seasonal flu vaccination

Over the past 12 months, uptake of the seasonal flu vaccine has varied within target groups and across CCG areas. Although in some cases seasonal flu vaccination uptake is meeting national targets and exceeds regional or national uptake levels, there is a need to strive for improved performance with regard to influenza vaccination uptake across all cohorts.

HIV

Key strategic priorities relating to HIV are to reduce the proportion of late HIV diagnoses and increase the proportion of HIV infections diagnosed.



The number of local HIV diagnoses made at a late stage of infection is nearly 10% higher than the national average. There is a need to consider the future direction of prevention and testing for HIV across the district.

We are working with the new Integrated Sexual Health Service provider and implementing any recommendations from the HIV needs assessment will be a key element in addressing these strategic priorities.

Public Health services for children

School nursing

In April 2013 the responsibility for commissioning public health services for children and young people aged 5-19 years (including the contract for School Nursing) transferred to the Council.

The annual value of the School Nursing contract is £3.3 million making it one of the largest value (single service) contracts within Public Health. The contract is currently delivered by Bradford District Care NHS Foundation Trust (BDCFT) and is incorporated within the wider BDCT contract.

The public health department is in the early stages of a review of School Nursing and Special School Nursing. We will be considering if and how the current service model meets current and emerging need taking into consideration the changing demographic profile of children and young people within the Bradford District. We will also be identifying opportunities to make improvements in prevention and early intervention in partnership with key stakeholders such as schools, primary care, Children's Social Care, voluntary and community groups and other organisations

A Project Team has been identified to conduct the review and a review/project plan has been developed to identify the key tasks, stakeholders and methods of engagement. Stakeholders will include children and young people, parents, schools, Children's Services.

0-5 Service Review (Health Visiting and Family Nurse Partnership)

Health visitors play a crucial role in ensuring children have the best possible start in life, and lead delivery of the 0-5 elements of the Healthy Child pathway which is a prevention and early intervention public health programme offered to all families. The Family Nurse Partnership complements the health visiting service and provides more intense support. The contract covering the commissioning of 0-5s will transfer from NHS England to the Local Authority on 1 October 2015 with BMDC becoming the responsible commissioner. This provides the Council provides an opportunity to review the Health Visiting Service with the overall aim of improving health and wellbeing outcomes for children and their families. We will be undertaking a review of the 0-5 Health visiting service. This will review current guidance, policy and good practice to inform/identify a set of standards of which, to review the current service and service model and work with all relevant stakeholders (eg parents, schools, GPs, Early Years).

Substance misuse review

Public Health and the local Clinical Commissioning Groups have undertaken a full review of the substance misuse recovery system with regards to both Drug & Alcohol use. The



review has looked at substance misuse as a system rather than specifically on individual components or discrete services.

The district has benefited from significant funding and has not undergone an overall review for many years. The transfer of commissioning responsibilities to the Local Authority provides an opportunity for review of the whole system approach to substance misuse. There is now an opportunity to make improvement in prevention, access, treatment and recovery alongside key partners such as GPs, Community Groups and the Voluntary Sector.

The evidence from data collected indicates that our current substance misuse system has a higher proportion of service users in treatment over a long period of time who continue to use illicit drugs. National policy is increasingly focused on encouraging recovery from substance misuse. This review has focussed on how to best address the needs of this group of service users.

There is evidence of a rapidly changing landscape of substance misuse. For example, the increased use of Novel Psychoactive Substances (NPS), Prescription Only Medications (POM) and Over the Counter Medications (OTC). The current system was not developed to meet the needs of this group of service users and needs addressing.

Alcohol services also need to be responsive to changes in drinking behaviours within the district and have a focus on both prevention of harmful drinking and recovery from dependency.

The review is now complete with the analysis of current evidence base, national and local guidance, local geographic and demographic needs analysis and current performance data being reviewed. An extensive consultation exercise has taken place with feedback coming from service users, professionals and members of the public.

The review document is currently in draft form and will remain so until any final amendments made and approval received from all commissioning organisations, Bradford CCGs (x 3) and Bradford Council Executive; it is expected that the review findings and outcome will be available at the end of Oct.

Conclusion

In the 2 years since transfer into the council Public Health has become deeper embedded into the wider structures and departments. This is starting to produce results which are demonstrating direct improvements in the population's health.

New commissioning relationships are giving the opportunity to build prevention work into many services that had previously been concerned with simply treating the effects of ill health. There has also been the opportunity to review some commissioned services to reflect the changes in both the commissioning landscape and attitudes of the population towards their own health outcomes and lifestyles.

Lower than average levels of cancer screening in Bradford continue to be a challenge but through increased partnership work to raise awareness amongst the population will reduce and improve outcomes for Bradford East.

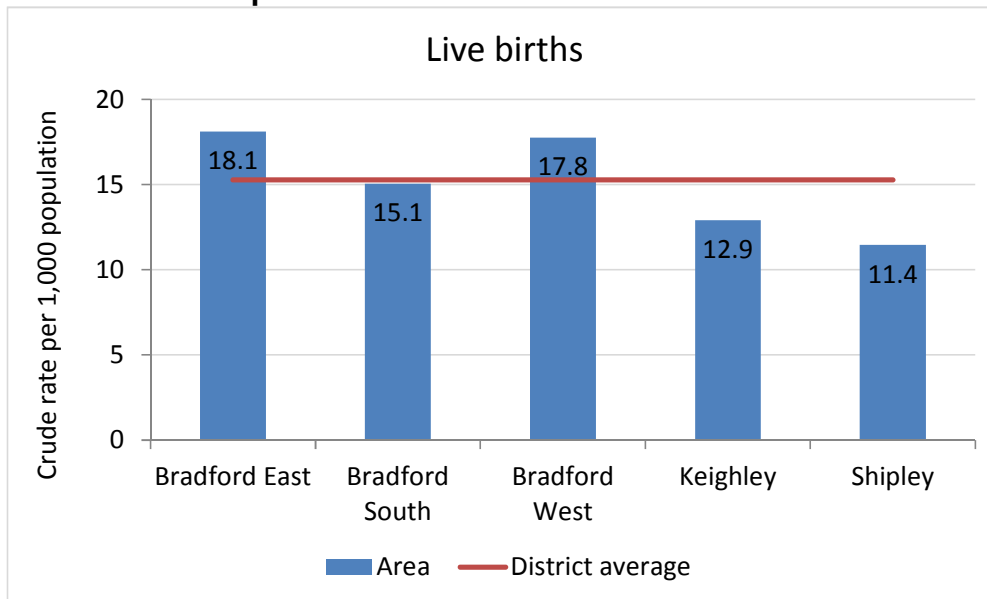


Appendix Health Statistics for the Bradford East Area

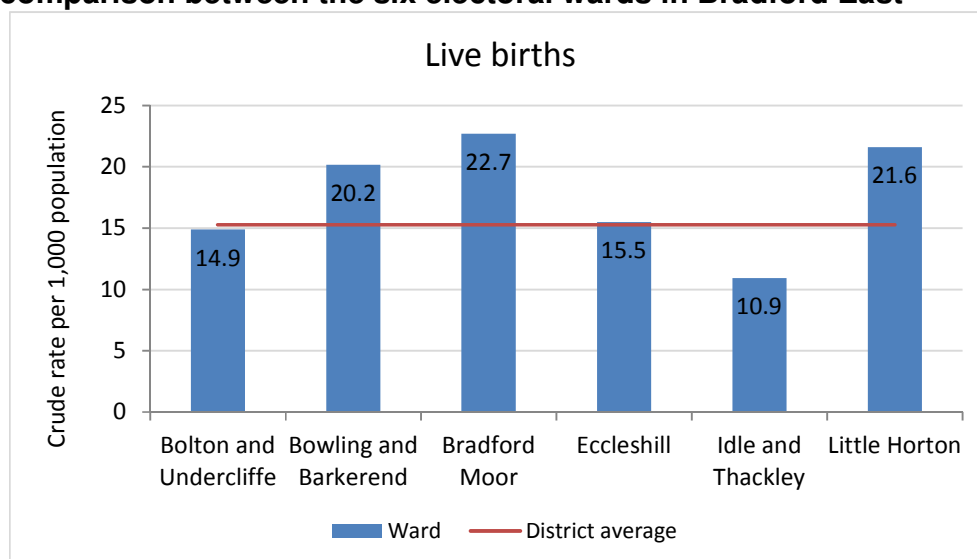
The following pages include a collection of indicators which help describe the nature of Public Health in the Bradford East area, and the challenges it faces. The analysis has been prepared by the Public Health Analysis Team at City of Bradford Metropolitan District Council. The indicators have been presented in a very simple way, with no detailed analysis of the definitions behind the data, nor the likely causes or effects of the situation described by the data. If you have any queries about the data, or would like to discuss whether a more detailed analysis may be possible, please contact: jonathan.stansbie@bradford.gov.uk

a) Live Birth Rate, 2013

Bradford East compared with the other areas of Bradford District



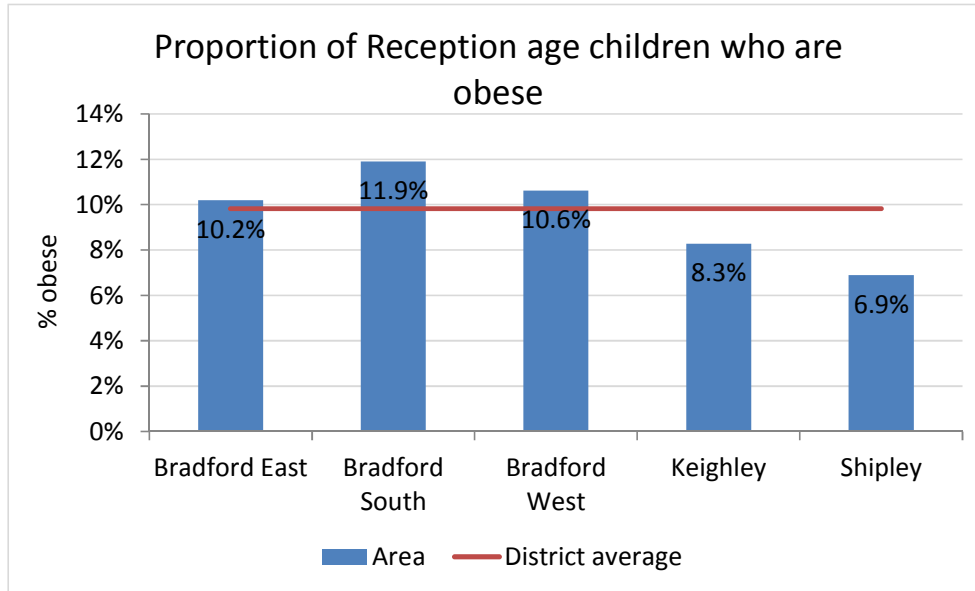
A comparison between the six electoral wards in Bradford East



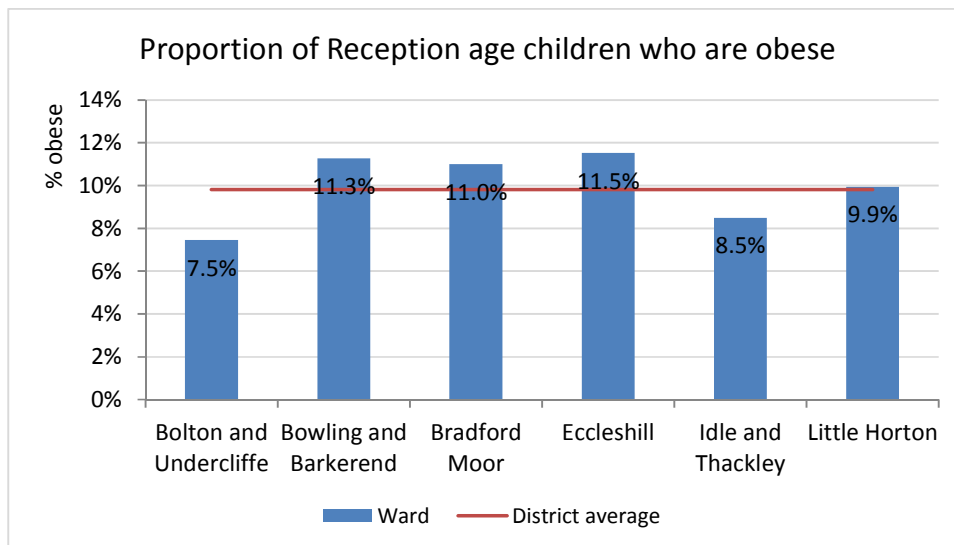
Source: Bradford Public Health Analysis

Bradford East has the highest highest live birth rate of the five areas in Bradford District. Half of the wards (Bowling and Barkerend, Bradford Moor and Little Horton) are within the top 5 highest birth rates in the district.

**b) Child Obesity Prevalence: Reception Year, 2013/14
Bradford East compared with the other areas of Bradford district**



A comparison between the six electoral wards in Bradford East



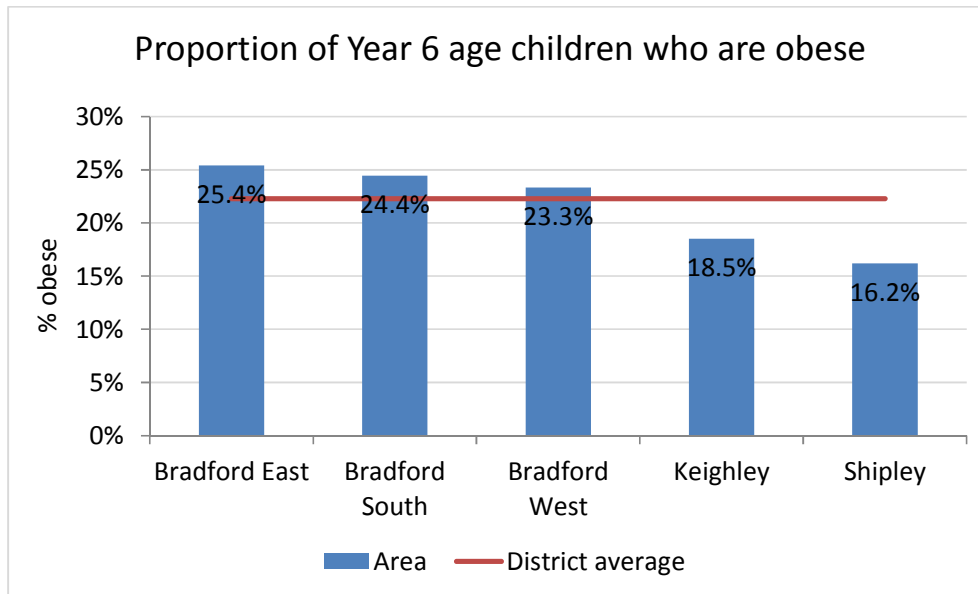
Source: National Child Measurement Programme

Bradford East has the third highest percentage of Obese children in Reception Year rate of the five areas in Bowling and Barkerend and Eccleshill and lower rates in Bolton and Undercliffe and Idle and Thackley. In the charts that follow, a different picture has emerged by Year 6.

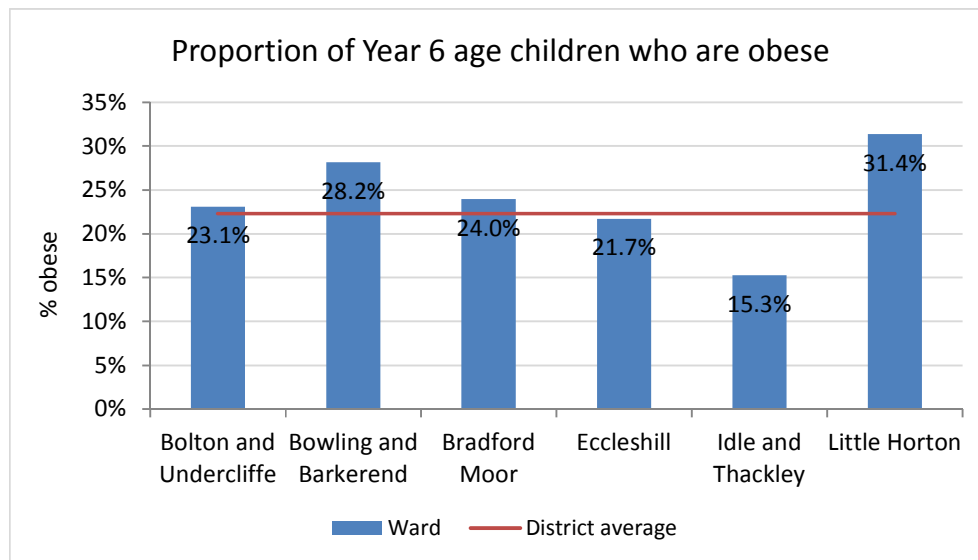


c) **Child Obesity Prevalence: Year 6, 2013/14**

Bradford East compared with the other areas of Bradford district



A comparison between the six electoral wards in Bradford East



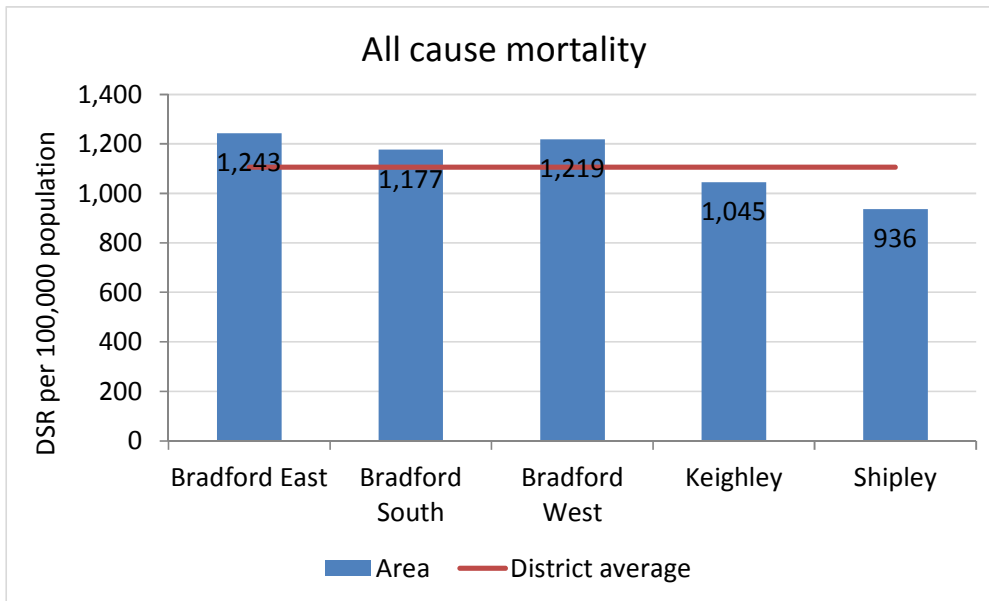
Source: National Child Measurement Programme

In year 6, Bradford East has the highest percentage of Obese children in Year 6 rate of the five areas in Bradford District. Little Horton has highest per centage of Obese children in Bradford District, with above average rates also seen in Bolton and Undercliffe, Bowling and Barkerend and Bradford Moor.

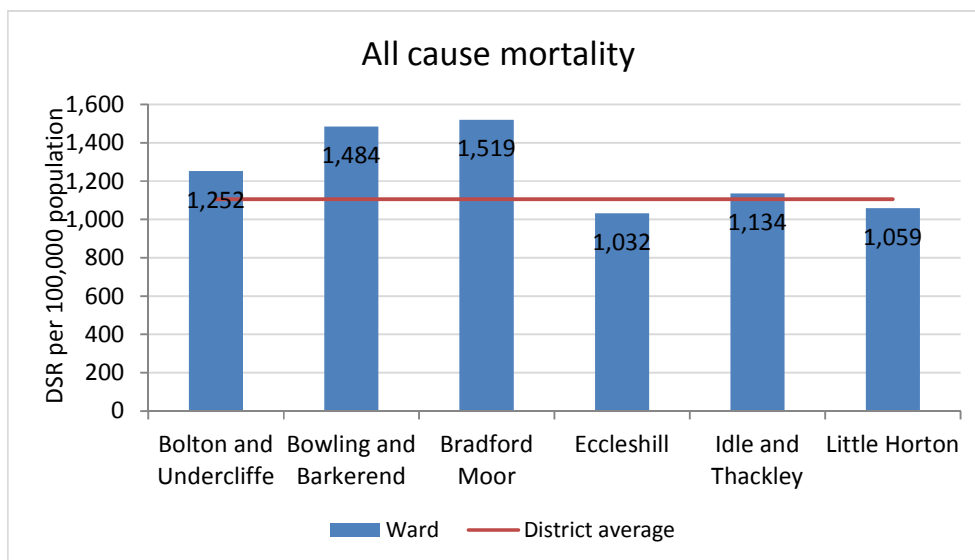


d) **All Age All Cause Mortality, 2011-2013**

Bradford East compared with the other areas of Bradford district



A comparison between the six electoral wards in Bradford East



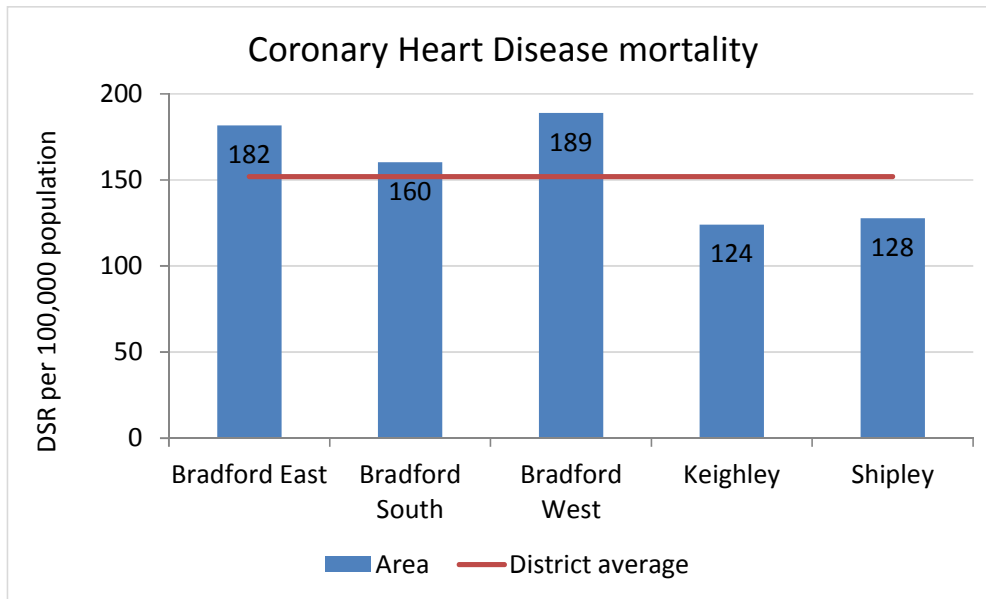
Source: Bradford Public Health Analysis

Bradford East has the highest age-standardised All Age All Cause Mortality Rate of the five areas in Bradford District. Bowling and Barkerend and Bradford Moor have two of the highest rates when compared to the rest of Bradford.

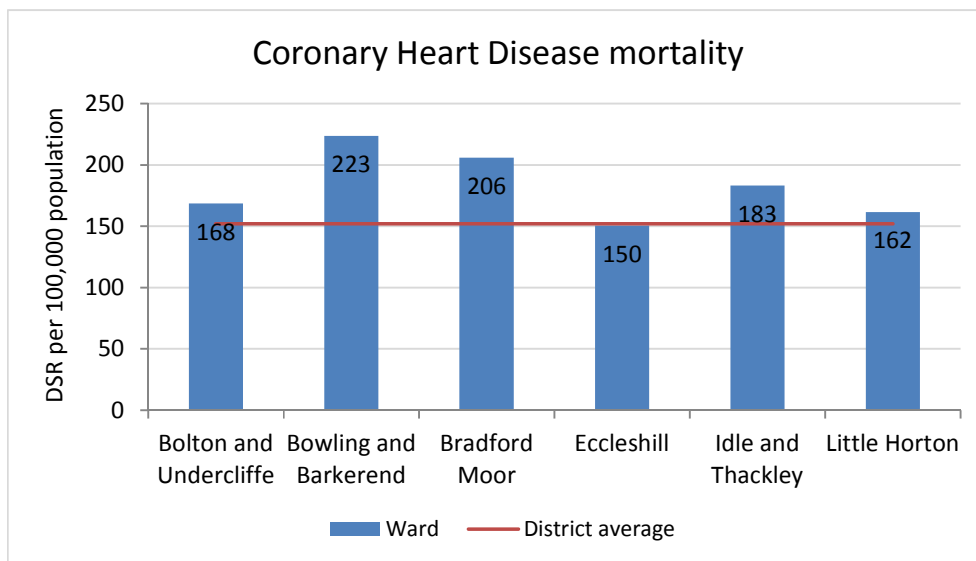


e) **Mortality from Coronary Heart Disease (CHD), 2011-2013**

Bradford East compared with the other areas of Bradford district



A comparison between the six electoral wards in Bradford East



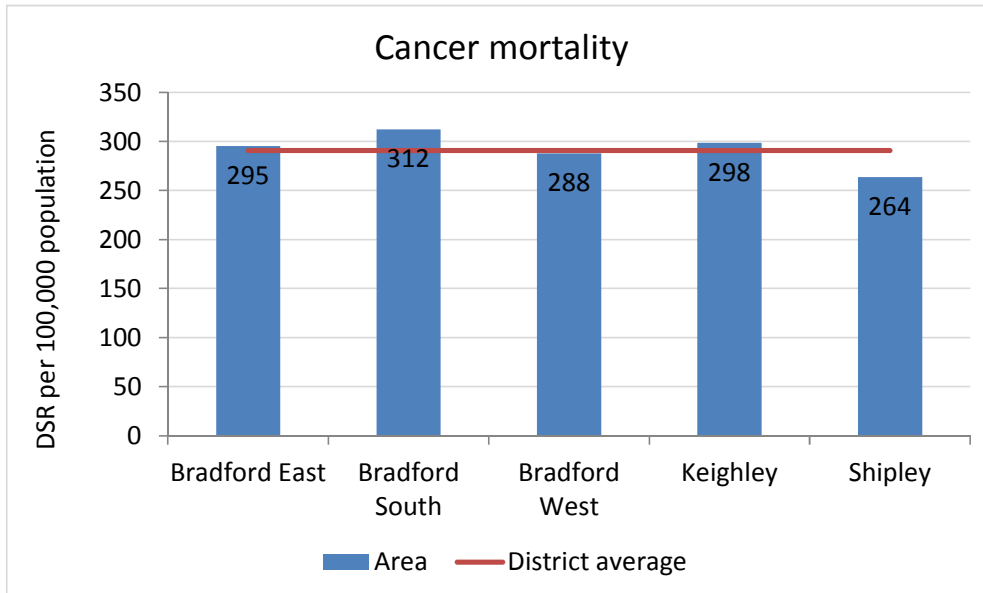
Source: Bradford Public Health Analysis

Bradford East has the second highest age-standardised CHD mortality rate of the five areas in Bradford and District. Bowling and Barkerend and Bradford Moor have the third and fourth highest CHD mortality rates in the district respectively.

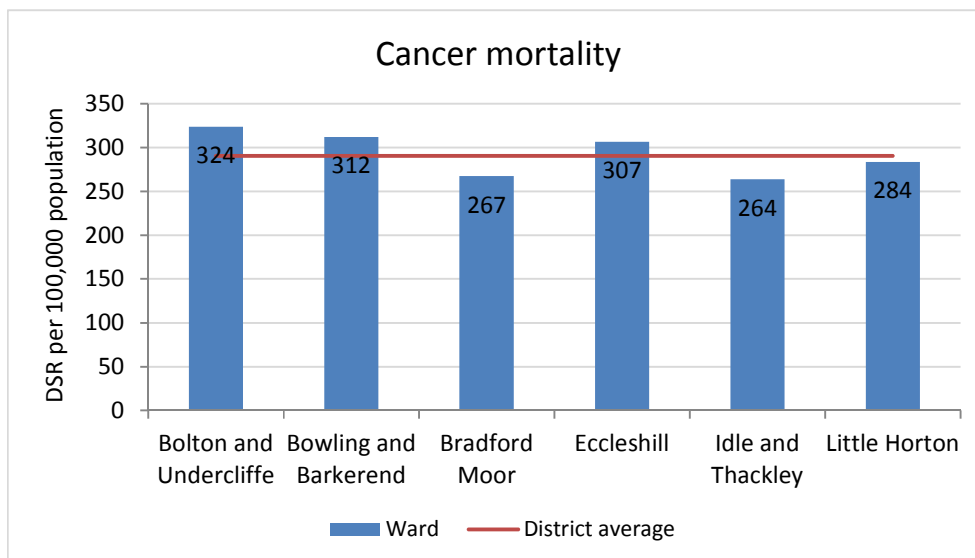


f) **Mortality from Cancer, 2011-2013**

Bradford East compared with the other areas of Bradford district



A comparison between the six electoral wards in Bradford East



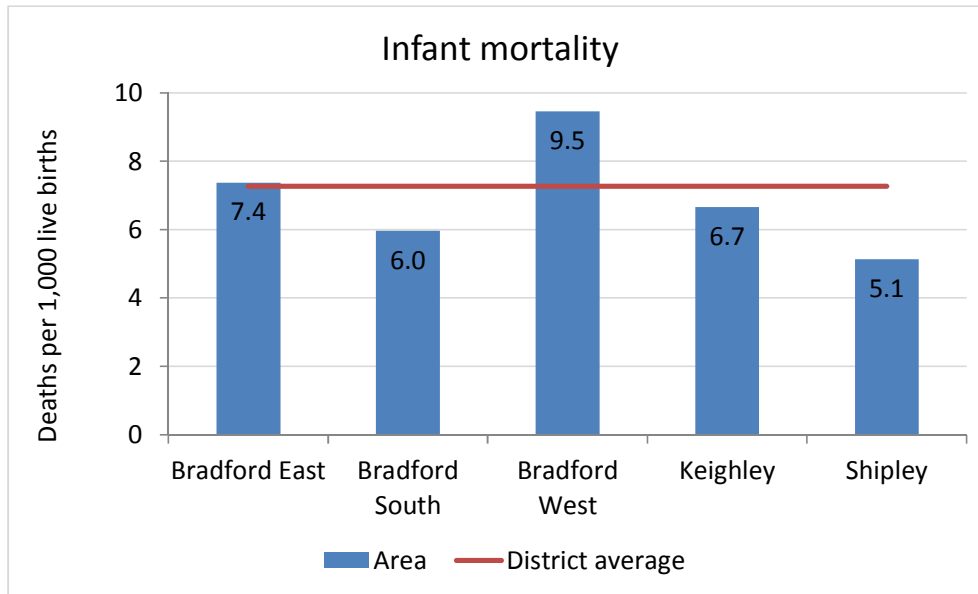
Source: Bradford Public Health Analysis

Bradford East has the third highest age-standardised Cancer Mortality Rate of the five areas in Bradford and District. Cancer mortality rates are above the district average in 3 out of the 6 wards including Bolton and Undercliffe, Bowling and Barkerend and Eccleshill.

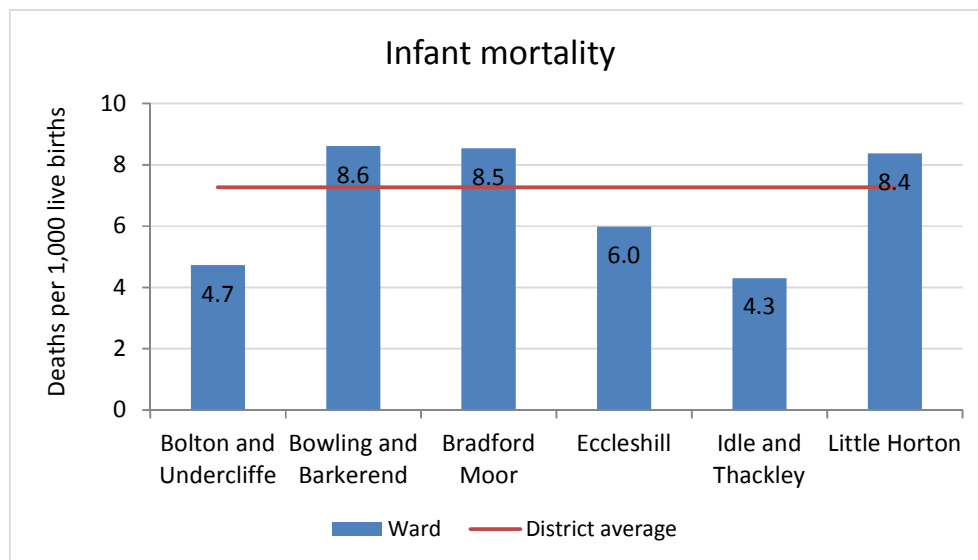


g) Infant mortality, 2006-2013

Bradford East compared with the other areas of Bradford district



A comparison between the six electoral wards in Bradford East



Source: Bradford Public Health Analysis

Bradford East Area has the second highest infant mortality rate within Bradford District . Infant mortality rates vary within the wards of Bradford East area. Bowling and Barkerend has one of the higher infant mortality rates amongst Bradford’s 30 wards whilst Idle and Thackley has one of the lower rates.





Report to Bradford East Area Committee – October 2015

1 Progress on achieving strategic objectives

The following provides an update on progress to date on achieving the six key strategic objectives set out in the CCGs' two-year operational plans:

1.1 Bradford's Healthy Hearts (BHH)

This programme – launched in 2014 - aims to reduce cardiovascular disease (CVD), such as coronary heart disease, angina, heart attack, congenital heart disease and stroke. BHH is already well established in the area covered by Bradford Districts CCG and is being rolled out in Bradford City CCG over the coming months. Its overall objective is to reduce cardiovascular disease (CVD) related deaths by a minimum of 10%, prevent 150 strokes and 340 heart attacks by 2020. This is being done by:

- Helping people to lower, and control, their cholesterol levels;
- managing high risk patients in primary care;
- reducing the risk of CVD events (such as heart failure, atrial fibrillation and stroke) in specific cohorts of patients;
- improving CVD patient pathways across primary and secondary care;
- taking a large-scale preventative approach to determining risk factors in the population.

Widespread activity is taking place with patients in GP practices to support the programme. A bespoke website – www.bradfordshealthyhearts.co.uk - has been launched to support patients and professionals, using a wide range of information and resources about CVD. In addition, education events are being held for practice staff on a range of topics including hypertension (high blood pressure) and stroke prevention in atrial fibrillation.

Successes so far have included:

- switching over 5000 patients to more appropriate statin medication;
- over 700 patients with CVD risk above 20% have been started on statin.
- over 200 patients with CVD risk 10-20% have been started on statin
- treating an additional 700 patients with oral anticoagulants such as Warfarin
- a one per cent increase in hypertension prevalence, with over 1000 patients added to the register.



1.2 Bradford Beating Diabetes (BBD)

BBD is a programme that identifies people at risk of diabetes and offer advice on its prevention, and ensures that those who have diabetes are diagnosed and provided with appropriate care. Now entering its third year, BBD was recently chosen as one of seven national demonstrator sites for the National Diabetes Prevention Programme. And, following the submission of a business case to NHS England, £890,000 has been awarded to the programme to support its development and expansion. Like Bradford's Healthy Hearts, BBD started in one CCG area – Bradford City – and is now being expanded to incorporate people living in the area covered by Bradford Districts CCG.

To increase the number of people with access to the Intensive Lifestyle Change Programme (ILCP), and to improve the uptake and retention into the programme, future development of BBD will focus on:

- acceleration of phase two (identifying those at low/medium risk and general awareness raising) in Bradford City CCG
- expansion of phase one (identification of those at highest risk) to Bradford Districts CCG
- workforce development, including recruiting 'ILCP supporters' to work with the health trainer service hosted by Bradford District Care NHS Foundation Trust.
- a text messaging reminder/support service and telephone coaching
- community engagement
- expansion of communications

Evaluation information from Leeds Beckett University has shown that the ILCP does have a positive impact. Participants show increased awareness of diabetes - and the risk of developing it - and have had reductions in clinical readings such as blood pressure and average blood sugar levels of a period of weeks or months (HbA1c).

1.3 Maternal and Child Health

Our work to improve maternal and child health has included:

- supporting the implementation of **Better Start Bradford** and a service design workshop to ensure we deliver pilots that can be scaled up across the Bradford district if deemed successful. We continue to support the development of a maternity case-loading pilot where women have the support of one named midwife during pregnancy and after the birth of a baby, and during labour if a home birth has been chosen.
- working with the local authority to **design integrated services which improve support for transition** for young people aged 14 – 25.
- surveying local people on the **wheezy child and gastroenterology** pathways, the results of which we will share and discuss with member practices to help us implement service improvements. We have also designed a new **croup pathway** and are working with member practices to discuss and influence any further additions.
- working with service users, through the Maternity Partnership, to improve service provision for women with **mental health** concerns immediately prior to, or after, giving birth (perinatal).
- continuing to improve access to the **community paediatrics and child development service** for children and young people. We are also looking at the **autism assessment pathway** and the availability of support for children requiring education and healthcare (EHC) plans.



- working with the local authority - as part of their review of the school nursing service - to appraise the team providing **community nursing for children with special needs** in special schools.
- exploring proposals to improve **primary care access for children during core hours** across Bradford City CCG.
- continuing to oversee the **paediatric palliative care** review which commenced in February 2015.

1.4 Mental health

Mental health is a serious priority for us; we have been working with Bradford District Care NHS Foundation Trust (BDCFT), our main provider of specialist mental health services, to radically improve services for people with mental health problems:

- **Improving access to psychological therapies (IAPT) service review** – a new draft service specification is being developed and, through the commissioning of the IAPT intensive support team, BDCFT's has been supported to achieve 15% IAPT access target in all three CCG areas. We are also currently working to implement the approved **stepped care model** which will result in a network of providers working within a framework to support governance, best practice and access to a whole range of provision.
- The **single point of access** - which incorporates access to all services from IAPT referrals to the first response service - has been recognised nationally and has been nominated for awards for the significant progress made between agencies in addressing this national policy priority.
- **Child and adolescent mental health services (CAMHS) and schools pilot funding application** - The Future in Mind (FiM) task force has asked for areas to put themselves forward to pilot joint working schemes between schools and specialist CAMHS. A FiM transformation plan and a children's mental health strategy are currently being developed. There is up to £50,000 available to support the project which will be match-funded by the CCGs.
- **Physical health (parity of esteem):** Our local physical health annual check template has attracted national interest and has put Bradford in the top 10 nationally for achievement of annual health checks for people with serious mental illness. There are two physical health care nurses now employed through mental health with a focus on community and inpatient provision.

1.5 Living longer, better

Living longer, better is Bradford Districts CCGs' focus on long term conditions and recently the emphasis has been on cancer:

- a cancer work plan has been jointly developed with the Cancer Locality Action Network (CLAN). This plan incorporates all national, regional and local priorities to deliver awareness, early diagnosis, better management, improved outcomes and cancer survivorship.
- Risk stratification – this work will start with prostate cancer with the aim of delivering care closer to patients' homes to reduce the burden of follow up visits to hospital.



- Be Clear on cancer campaign – In July and August the national and local awareness campaign featured breast cancer in women over 70.
- A *'so you think you know about cancer do you event'* was held in Bradford's Centenary Square in August.
- A Patient information leaflet has been developed to use at the point of referral to explain why the patient is being referred and what to expect.
- Cancer of unknown primary (CUP) - this aims to ensure that patients who have a malignancy of unknown primary receive timely and appropriate care.
- Practice data information packs – Sharing data with our practices in relation to care, treatment and management of cancer which will allow them to compare themselves against their peers and nationally.

1.6 Improving patient experience

We have continued to strengthen and consolidate the mechanisms that we use to involve patients and the public in our commissioning decisions and specifically we have linked in to the **MyNHS** website. Through this we are currently establishing a new database that will map our patient engagement and enable us to tailor key messages and involvement and promote better communication.

Areas where we have engaged the public about the development of health services include:

- the relocation of hyperacute stroke services from Airedale General Hospital to Bradford Royal Infirmary;
- epilepsy enhanced services in primary care
- new models of care

Our mechanisms for engagement include:

- **Grass Roots insight** – a way of reporting patient feedback on health topics from a variety of sources, including the Patient Opinion website, the Patient Advice and Liaison Service (PALS), feedback from our websites and information that is collected during general engagement with local people.
- **Patient and community network** – a joint network event took place in June to share good practice. Patient groups delivered short presentations sharing the progress, challenges and achievements of their groups, whilst partner organisations – such as Healthwatch and the VCS forum – held stalls to promote patient involvement.
- **Patient engagement local incentive scheme (LIS)** – this scheme – which all of our GP practices signed up for in 2015/16 - encourages practices to work with patient engagement groups.
- **Women's network** – supporting better understanding of women's health issues;
- **Engagement with GP practices** – a joint project with Healthwatch and Barnardo's to look at ways of improving participation of vulnerable groups of young people within GP practices.
- **Community chest** – promoting partnership working with other practices and voluntary and community groups to ensure we are all working to achieve the CCGs' strategic priorities. Practices with good ideas to make the city a healthier place have the opportunity to bid for funding of up to £1000 to get their ideas off the ground.



- **Maternity Partnership** – working with providers and commissioners of maternity services to make sure that services meet the needs of local women, parents and families. Each year the Partnership conducts a series of focussed discussion groups throughout the district to listen to the views and experiences of new mums and pregnant women on topics chosen by people who use the service (such as planning for pregnancy, perinatal mental health and safeguarding awareness).
- **Young people’s event** – a multi-partnership event on 15 October at which the CCGs will promote Bradford Beating Diabetes, Bradford’s Healthy Hearts and patient groups. We will also test out the “commissioning game” by running a workshop on commissioning intentions for young people, tailored to be interactive and fun for young people to take part.

2 **Other headlines**

2.1 **Bradford Breathing Better**

Our new respiratory disease campaign will run as a joint venture between the two CCGs and will look at increasing prevalence, diagnosis, management planning, self-care and drug regimes and procuring a Bradford-wide pulmonary rehabilitation service. A programme board has been established to provide the governance and assurance that we have the correct projects and outcome measures and that these are being achieved.

2.2 **Urgent and Emergency Care (UEC) vanguard**

The West Yorkshire UEC Network submitted a successful bid for national UEC vanguard status. The bid is a collaboration of the two Bradford CCGs with Airedale, Wharfedale and Craven CCG, acute and mental health providers, NHS 111, GP out-of-hours service and Yorkshire Ambulance Service.

Vanguards – which aim to deliver urgent care across the system - will work with partners, including local system resilience groups, to build on progress already made in transforming primary, community and acute care services.

Yorkshire Ambulance Service will develop a stronger focus on becoming a mobile treatment service delivering care at patients’ homes with conveyance to hospital for those who really need to go. Three mental health service providers will work with West Yorkshire Police to deliver major service change which will see rapid crisis response through emergency response control centres and ‘street triage’. Other planned projects include creating an Integrated West Yorkshire care record and a system-wide information dashboard which reports in ‘real-time’.

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