

Good Health and Wellbeing

Strategy to improve health and wellbeing
and reduce health inequalities

2013 – 2017



Bradford and Airedale Health
and Wellbeing Board

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Foreword

I am delighted to introduce this strategy from the Bradford and Airedale Health and Wellbeing Board.

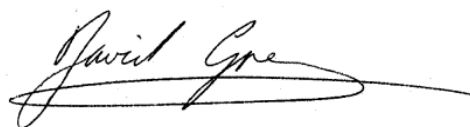
The strategy, when complete, will highlight our priorities for Bradford District and outline the actions we are proposing to take in order to address our priorities and secure improvements in health across the board.

There are some excellent local examples of innovative work to improve health and wellbeing, to reduce health inequalities and ensure life expectancy continues to improve in line with national and regional trends.

However considerable challenges remain. There are long standing issues related to obesity, diabetes, heart disease and infant mortality and different parts of the District continue to have big differences in health; men in the most affluent areas can expect to live twelve years longer than those in the most deprived places and women for eight years. The partners on the Health and Wellbeing Board recognise that we are seeking to improve everyone's health and wellbeing however we must address the health inequalities that mean some people



in our District lead shorter, less healthy lives than others. So improving health in the most deprived areas is a top priority for the District and we must work to ensure that everyone benefits properly from improvements. The District is facing big reductions in public spending, so we'll only make the progress that we need if everyone continues to work closely together and increasingly we will need to focus attention on early intervention and preventative measures that help to reduce demand for high cost services. In Bradford District we have a strong tradition of partnership working with individuals, families and organisations contributing to improvements in their own neighbourhoods and for the district as a whole. Our commitment to sustaining and developing that approach is probably more important now than it has ever been before.



Councillor David Green

Leader of Bradford Council
Chair of Bradford and Airedale Health and Wellbeing Board

1 Context and Background

Introduction

This is the Joint Health and Wellbeing Strategy (JHWS) for Bradford District. It outlines how we, as a district, aim to contribute to the improvement of the people of Bradford's health, wellbeing and quality of life. The Joint Strategic Needs Assessment (JSNA) provides a strategic examination of "need" across the Bradford District and provides the evidence-base to inform the JHWS, in particular helping to identify the key priorities for Bradford District. In turn, the JHWS priorities and key areas for action will inform the next JSNA and form a cycle of development for the district. The priorities outlined in the JHWS will require strong partnership working to ensure that improvements are made to health and wellbeing, through implementation of current strategies and action plans in the priority areas. The JHWS outlines how key organisations across Bradford District work together to identify and meet the unique needs of the district's population. The Government envisages that the JSNA and JHWS will enable commissioners to plan and commission integrated services that meet the needs of their whole local community, in particular for the most vulnerable individuals and the groups with the worst health outcomes. Joining up commissioning and integrating services for the benefit of the population are therefore important priorities for the Health and Wellbeing Board in Bradford District, and are reflected in this strategy.

The associated Health Inequalities Action Plan (HIAP) aims to outline how Bradford District will reduce inequalities in health and wellbeing for the population and is a key part of the development of a strategy for health and wellbeing.

Aim of the Joint Health and Wellbeing Strategy

The aim of the JHWS is to give local partners a set of jointly agreed priorities to work on together in the new health and social care system. In doing so, it will provide a clear direction for improving health and wellbeing and reducing health inequalities in Bradford District and will underpin local action and commissioning plans from 2013 to 2017.



Health, Wellbeing and Health Inequalities in Bradford District

The most important feature of the JHWS and the associated HIAP is that they are about the people of Bradford District, and as such, have been tailored to facilitate improved health and wellbeing outcomes for the population. According to the 2011 census, the population of the district is estimated to be 522,500, representing an increase of 11% since 2001, compared with an average increase for England and Wales of 7.1%. This population increase is related to high birth rates in the district and longer life expectancy. Bradford District has become more ethnically diverse since 2001. The White ethnic group has decreased in size from 76% to 64% and Bradford District now has the largest proportion of people of Pakistani ethnic origin (20.4%) in England. There are also increasing numbers of people from Bangladeshi, mixed multiple ethnic groups, Other Asian, Black/African/Caribbean/Black British and other ethnic groups. The projected population increases, in particular in older populations, will increase demand for health and social care services. Careful planning and commissioning is required to ensure that services are ready to meet this demand whilst also responding to the changing characteristics of the population.

The distribution of health and wellbeing is determined by a wide variety of individual, community and environmental factors. In most communities, the distribution of health and access to healthcare is not equal, leading to inequalities in health. Health and wellbeing can be influenced by factors such as deprivation, gender and ethnicity. Each of these can lead to inequalities in health and wellbeing. This strategy comes at a time of significant changes in the NHS, with health and social care services undergoing major restructuring. In addition, the recent programme of welfare reform and the current economic climate are leading to increasing numbers of people in Bradford District living in poverty and requiring additional support. Therefore, there is a risk that inequalities in health and wellbeing may increase in the next few years.

There have been important improvements in many different aspects of health and wellbeing in the Bradford District over the years. For example, life expectancy continues to improve in line with national and regional trends. However, not everyone has benefited equally from these improvements and even the most encouraging figures can sometimes disguise a more complex local picture. Within Bradford District, the differences in people's health between different areas can be stark. For example, people living in Wharfedale to the north of the district typically live about five years longer than people living in Tong in the south. Similarly, when Bradford District is compared to the rest of the country people's life expectancy is shorter, there are more deaths as a result of smoking, more premature deaths from cancer, heart disease and stroke, and higher rates of mortality in children. There are marked differences in people's health in the district. However, around 45% of the Bradford District population live in areas within the 20% most deprived in England.

This illustrates that health inequalities exist between Bradford District and other parts of the UK, and within Bradford District itself. The JHWS and HIAP aim to address both types of inequality by defining Bradford District in the context of the rest of the UK and also by identifying inequalities within our population and outlining how these inequalities will be reduced.

A great deal of investment takes place year-on-year to address the causes of disease, such as reducing smoking and increasing healthy eating. However, it is clear that whilst this investment delivers health improvements, it may not reduce health inequalities. To do that, we need to focus not just on the causes of poor health, for example smoking, but on the causes of the causes. In the example of smoking, this would be why people smoke.

Adopting a life course approach

In 2010 Sir Michael Marmot carried out a strategic review of health inequalities in the UK, 'Fair Society, Healthy Lives'. The Marmot review outlines how disadvantage starts before birth and carries on throughout life, and that tackling the social determinants of health (the conditions in which people are born, grow, live, work and age) can improve health and wellbeing and address health inequalities. The Joint Health and Wellbeing Board has adopted the life approach taken by Sir Michael Marmot in 'Fair Society, Healthy Lives'. The priorities for action in this Strategy have been grouped under the six policy objectives described by Marmot:

1. Give every child the best start in life;
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives;
3. Create fair employment and good work for all;
4. Ensure a healthy standard of living for all;
5. Create and develop healthy and sustainable places and communities;
6. Strengthen the role and impact of ill health prevention.

Developing the JHWS

The priorities outlined in the JHWS were developed based on the identification of need in the JSNA, alongside consultation with organisations and individuals. A number of consultation events and an online survey were made available to enable stakeholders and the public to comment on the draft strategy and actively engage in the development of the JHWS. This engagement allowed the Joint Health and Wellbeing Board to further understand the views of the public and service users in order to ensure that the JHWS reflects the true nature of the health and wellbeing of Bradford District. A full description of the consultation events and outcomes is available via the Council website.



Health Inequalities Action Plan

In order to ensure that inequalities are being addressed across the district, the Joint Health and Wellbeing Board has developed an action plan in collaboration with partner organisations. The Health Inequalities Action Plan (HIAP) has been incorporated into the JHWS and is included as an appendix. All 18 priorities in the JHWS are linked to the most appropriate Strategic Delivery Partnership from the Bradford District Partnership or Clinical Commissioning Group (CCG). Each named Partnership or CCG has agreed to oversee the priority and the actions required to reduce inequalities in health. The Partnership or CCG will work collaboratively with other Partnerships and CCGs to agree the actions and will report to the Joint Health and Wellbeing Board.

2 Our approach to improving health and wellbeing

There are a number of general principles that have been identified during the consultation process that the JHWS and HIAP will adhere to in order to achieve the objectives and priorities. These include:

Development of the strategy and action plan

- **Strategic fit:** to ensure that this strategy is integrated with the existing strategies and policies across Bradford District.
- **Joint priority setting:** the strategy focuses on priorities that require strong partnership working in order to improve the health of the population.
- **Integrity:** a realistic strategy has been developed to ensure that it can be used to improve the health of the population of Bradford District.
- **A focus on inequalities:** it is vital that the strategy and action plan address needs within particular groups, and are able to adopt different approaches for individual groups.
- **Local focus:** The JHWS must focus on the local population, working with local services and groups to improve its health.
- **Adopt an asset-based approach:** we must acknowledge the excellent work that is already going on within Bradford District and ensure that community services are used to their full potential.
- **Evidence-based approach:** in these times of economic austerity, it is vital that we ensure that money is spent in the most effective way. Therefore, actions outlined in the strategy will be evidence-based to ensure that we can deliver the most benefit with our limited budgets.

Implementing the strategy and action plan

- **Collaboration:** implementing the strategy and action plan requires strong partnership working across the NHS, the Council and Voluntary and Community Services.
- **Integrated care:** it is important that health and social care provide a collaborative, holistic approach to ensure that individuals are treated with the care and support they require.
- **Communication:** the JHWS must be communicated well and widely to organisations and user groups with specific needs to ensure that local action is encouraged.
- **Local leadership:** working with local Councillors to achieve the JHWS will enable local action, while securing national resources for the district.



Delivering the strategy and action plan

A number of specific interventions were identified throughout the consultation which have been incorporated across the priority areas. These include:

- **Education and empowerment in health and wellbeing:** to empower people to make informed healthy choices.
- **Education and empowerment about rights:** there is considerable concern about the impact of welfare reform on health and wellbeing. Services should ensure good access to welfare advice.
- **Accessibility:** services must be familiar, accessible and inviting to the local population to ensure that inequalities in access to healthcare are not exacerbated.
- **Stimulation of the local economy:** the JHWS should work towards encouraging regeneration, employment and support for business to help stimulate the local economy.

Monitoring the strategy and action plan

Monitoring and evaluation: it is vital that the JHWS and HIAP are owned by the health and social care community and are regularly reviewed and adapted as appropriate. In addition, strong accountability will ensure that progress is being made on each of the priorities.



3 Health and wellbeing outcomes and priorities

Objective 1

Give every child the best start in life: 'Starting well'



Of the six policy objectives identified in the 2010 Marmot Review, the highest priority is given to “giving every child the best start in life”. Addressing this policy objective is considered to be the most vital aspect of all in reducing inequalities across the life course. Although inequalities are present in the whole population, the seeds of inequality are often planted in the population during childhood, and lead to growing inequalities later in life. Therefore, ensuring every child has the best start in life is a key factor in ensuring positive outcomes for the whole population.

Improving the health of women prior to and during their pregnancy, and improving the health of their babies and young children will improve the long-term health of the next generation. In the early years, the focus remains on reducing child poverty and improving housing, nutrition and lifestyles

for women and their children. This could include increasing physical activity and reducing smoking, alcohol and substance misuse. Ensuring access to free high quality early education and childcare for all children including those with disabilities should remain a key focus.

Our priorities to ensure every child has the best start in life are:

1. Reduce and alleviate the impact of child poverty
2. Reduce infant mortality
3. Promote effective parenting and early years development

Reduce and alleviate the impact of child poverty

Poverty is one of the main predictors of a child's health and wellbeing status. This relationship between poverty and health and wellbeing continues into adulthood.

Children living in areas of high deprivation are:

- more likely to die in infancy or childhood;
- more likely to be injured at home or on the roads;
- more likely to be subject to safeguarding and/or child protection measures;
- more likely to be obese.

What we know about Bradford District

Bradford District continues to experience higher rates of child poverty than England as a whole. As of 2010, more than 1 in 4 children (36,080) in the district live in poverty, compared to 1 in 5 nationally. This rises to 1 in 2 in some small areas. Child poverty is highly

concentrated in some areas of the district, with more than half of children in poverty living in 8 out of 30 wards. In order of the highest number of children these are: Bradford Moor; Little Horton; Bowling and Barkerend; Manningham; Tong; Toller; Great Horton and Keighley Central.

How we aim to improve health and wellbeing in this priority area

The *Children's Trust* is the lead partnership working towards improving child health and wellbeing in the district. One of the three priority areas in the 'Children and Young People's Plan 2012-15' is child poverty, led by the Child Poverty Board. The 'Bradford

Child Poverty Strategy 2011-14: Child Poverty is Everybody's Business!' sets out how the district aims to alleviate the impact of poverty on children and ensure children living in poverty get the best start in life.

Key areas for action for Bradford District to reduce and alleviate the impact of child poverty.

- Embed child poverty reduction measures in existing local strategies to focus resources on alleviating child poverty
- Offset the negative impact of welfare reform
- Increase uptake of free school meals and 'poverty-proof' the school day, identifying and removing barriers to learning for children in poverty
- Improve housing quality and reduce fuel poverty for children living in poverty
- Encourage positive parenting to improve resilience and help parents protect children from the effects of poverty
- Make employment accessible for families now and for children in the future
- Reduce rates of accidental injury to children in poverty

Reduce infant mortality

Infant mortality is a sensitive measure of the overall health of a population and in particular poor maternal and child health. It is defined as the number of deaths in the first year of life per thousand live births. It reflects overall health and wellbeing, including economic development, general living conditions, social wellbeing, rates of illness, access to children's services and the quality of the environment.

What we know about Bradford District

Of all the local authorities in England and Wales, Bradford District experiences the second highest rate of infant mortality. Between 2008 and 2010, the infant mortality rate in the most deprived quintile of deprivation in Bradford District was 9.9 deaths per 1,000 live births, 2 deaths per 1,000 live births more than for Bradford District as a whole (7.9 deaths per 1,000). Infant mortality rates are significantly higher for the Pakistani population than other populations within Bradford District. The wards with significantly higher infant mortality rates compared to that of the whole of the district are Little Horton, City and Bradford Moor.



How we aim to improve health and wellbeing in this priority area

The *Children's Trust* is the lead partnership working towards reducing infant mortality through the 'Every Baby Matters Strategy'

Key areas for action for Bradford District to reduce infant mortality

- Improve nutrition for pregnant women and young children, including provision of Vitamin D
- Increase uptake of breastfeeding
- Ensure that all women have equal access to comprehensive high quality antenatal services
- Integrate key children's services in early years together with investment in health visiting and family nurse partnership services
- Reduce the number of pregnant women who smoke and/or are at risk of alcohol or substance misuse
- Increase individuals', families' and communities' understanding of genetic inheritance
- Ensure consistent messages via websites and media to improve maternal and child health

Promote effective parenting and early years development

Effective parenting is becoming increasingly recognised as a crucial aspect of child health and wellbeing. A recent independent review on poverty and life chances concluded that there was “overwhelming evidence that children’s life chances are most heavily predicated on their development in the first five years of life”.

What we know about Bradford District

Significant improvements are being achieved with school readiness locally (as measured by foundation stage profiles) in line with national improvements. Children living in more deprived areas perform less well, on average, than children living in the least deprived areas. There is significant variation by ethnicity, with white children performing best, at 6% above the Bradford District average and Bangladeshi children performing least well at 9% below. Pakistani children, who make up nearly a third of the child population, have steadily improved their performance at a faster rate than that seen for all Bradford District children; with the performance gap halving from 19% in 2007 to 9% in 2011.

How we aim to improve health and wellbeing in this priority area

The *Children’s Trust* is the lead partnership working towards early years development, through implementation of the ‘Early Years Strategy for 0-4 year olds’ and the ‘Parenting & Family Support Strategy’.



Key areas for action for Bradford District to promote effective parenting and early years development

- Increase parental voice and participation in service development
- Increase access to services by providing information, advice and guidance on available services
- Provide early support to parents and carers in times of difficulty
- Improve relationships with adult services
- Ensure staff are well trained and supported to deliver services using evidence-based approaches

Objective 2

Enable all children, young people and adults to maximise their capabilities and have control over their lives

At the core of this policy objective is the need to give support to families, individuals and the community so they can make well-informed choices that are likely to have a positive impact on their health and wellbeing. At the same time, it is necessary to ensure that this approach addresses the wellbeing of the whole population, and that existing inequalities do not widen. The 'life course' approach is most visible in the approach to identifying priorities within this objective. It has been sub-divided into three of the life stages identified by Marmot: developing well, living well and ageing well.

Our priorities to enable all children, young people and adults to maximise their capabilities and have control over their lives are:

“Developing well”

4. Ensure young people are well prepared for adulthood and work, with a focus on helping children with disabilities to maximize their capabilities
5. Reduce childhood obesity and increase levels of physical activity and healthy eating in children and young people
6. Improve oral health in the under 5s

“Living well”

7. Improve the mental health of people in Bradford District
8. Improve health and wellbeing for people with physical disabilities, learning disabilities, sensory needs and long term conditions

“Ageing well”

9. Improve diagnosis, care and support for people with dementia and improve their, and their carers', quality of life
10. Promote the independence and wellbeing of older people



Ensure young people are well prepared for adulthood and work, with a focus on helping children with disabilities to maximize their capabilities

In order to ensure the children of Bradford District are well prepared for adulthood, there must be a focus on educational and social development, as well as keeping children healthy. It is vital that all children, including those with physical and learning disabilities, are given an equal chance in adulthood, and so we must focus on reducing inequalities and inequity of access.

What we know about Bradford District

There are many issues that contribute to this priority, for example:

- **Childhood illness:** High rates of asthma and diabetes in children in Bradford District mean a focus on delivery of high quality health care and community children's services is key to ensuring children are reaching their potential.
- **Disability:** There is a higher prevalence of childhood disability and children with complex health needs in Bradford District, compared to the national average, and particularly in the South Asian population.
- **Teenage conception:** Teenage conception rates have fallen to around the national average which may mean that increasing numbers of teenagers can maximise their educational attainment.



How we aim to improve health and wellbeing in this priority area

The *Children's Trust* is the lead partnership working towards improving child health and wellbeing in the district. In order to meet this widely encompassing priority, the Children's Trust will work closely with the Strategic Disability Partnership, the Learning Disability Partnership, the Health Improvement

Partnership and the Strategic Children's Disability and Special Educational Needs groups. 'Delivering Bradford Futures: Bradford District 14-19 Partnership Plan 2009 – 2012' outlines how Bradford aims to ensure young people are well prepared for work.

Key areas for action for Bradford District to Ensure young people are well prepared for adulthood and work, with a focus on helping children with disabilities to maximize their capabilities:

- Increase participation in learning by ensuring opportunities are accessible to all
- Enable learners to work towards their first full Level 2 or Level 3 qualification and improve their life, career and economic prospects
- Deliver high quality learning opportunities for young people, through continuous improvement

Reduce childhood obesity and increase levels of physical activity and healthy eating in children and young people

Childhood obesity is one of the most serious public health challenges of the 21st century. Overweight and obese children are likely to remain obese as they become adults, and with this comes an increased risk of a range of diseases, such as diabetes and cardiovascular disease. In turn, these diseases can curtail life expectancy - severely obese individuals are likely to die on average 11 years earlier than those with a healthy weight.

What we know about Bradford District

Proportions of children with excess weight are higher in Bradford District than nationally in both Reception and Year 6, with levels of obesity higher in Year 6 than in Reception. There is a significant link with deprivation, with higher rates of childhood obesity in more deprived populations.

How we aim to improve health and wellbeing in this priority area

The *Children's Trust* is the lead partnership working towards reducing childhood obesity in Bradford District, working alongside the Health and Wellbeing Partnership and the Healthy Weight, Healthy Lives Board. The 'Children and Young People's Healthy Weight Strategy 2013-16' is currently being developed and will outline how Bradford aims to reduce childhood obesity.

**Key areas for action for Bradford District to reduce childhood obesity and increase levels of physical activity and healthy eating in children and young people:**

- Encourage and support the healthy growth and weight of children
- Promote healthier food choices and improve the nutritional quality of food in schools
- Increase everyday play and physical activity opportunities for children
- Promote environments and practices that support children to eat healthier foods and to be active throughout each day
- Provide personalised advice and support for children and their families through a child healthy weight pathway
- Increase support and training for education and childcare staff to implement health improvement activity and increase availability and accessibility of evidence based children's lifestyle weight management services

Improve oral health in the under 5s

The oral health of young children is a strategic priority both nationally and locally with an outcome indicator relating to improving the oral health of five year olds included in the Public Health Outcome Framework. Dental disease causes pain, discomfort, sleepless nights, fear, loss of function and self esteem, and can result in hospital admission for multiple dental extractions in this age group.

What we know about Bradford District

The prevalence of dental disease amongst 5 year olds in Bradford District is the highest in the region, and above the national average. There are considerable oral health inequalities within the district, with areas such as Keighley Central, Bradford Moor and Bowling and

Barkerend having significantly higher levels of dental disease than the district as a whole. There is a clear link to deprivation, with those in the most deprived areas having five times the level of dental disease as those in the least deprived.



How we aim to improve health and wellbeing in this priority area

The *Children's Trust* is the lead partnership working towards reducing childhood obesity in Bradford District, working alongside the Health Improvement Partnership and the Healthy Weight, Healthy Lives Board. The 'Children

and Young People's Healthy Weight Strategy 2013-16' is currently being developed and will outline how Bradford aims to reduce childhood obesity.

Key areas for action for Bradford District to improve oral health in the under 5s:

- Improve diet and reduce sugar intake
- Optimise exposure to fluoride
- Improve oral hygiene
- Adopt a life course approach to improve oral health, through delivering a programme of evidence-based health improvement interventions for all ages
- Provide professional training and support to those involved in the care of young children

Improve the mental health of people in Bradford District

The mental health and wellbeing of any population is a key determinant of quality of life, employment and housing status as well as broader morbidity and mortality. Mental illness is common, affecting up to a quarter of us throughout our lifetime. It can have an enormous impact on the quality of life of both individuals and their families, including emotional distress for children. Mental illness can also have a significant effect on physical health, for example, an increased incidence of cardiovascular disease. People from Black and Minority Ethnic groups have higher rates of mental ill health than people from White ethnic groups.

Alongside mental illness, it is equally important to consider the concepts of good mental health, health promotion and the prevention of mental illness. We must reduce the stigma associated with mental illness and encourage people to seek help early if they feel they may have a mental illness, or know someone who has.

What we know about Bradford District

A 2011 Mental Health Needs Assessment estimated that 43,000 people of working age are affected by depression or anxiety in Bradford District and an estimated 8,500 experience schizophrenia or a bipolar disorder



during their lifetime. In addition, up to 11,000 children may have a diagnosable mental illness. Mental illness accounts for a significant proportion of the medicines prescribed in the District, at a cost of nearly £6 million a year.

How we aim to improve health and wellbeing in this priority area

The *Health Improvement Partnership* is the lead partnership working towards improving mental health and wellbeing within Bradford District. The 'Strategy for Mental Health in

Airedale and Bradford 2012 – 2015' outlines how Bradford District aims to improve mental health and wellbeing.

Key areas for action for Bradford District to improve the mental health of people in Bradford District:

- Increase community based mental health care
- Include families and carers in help and support
- Support people with mental ill health to live well, cope with ill health and not to be left out of society
- Improve physical health of people with mental illness
- Provide choices of good quality care, including access to psychological therapies
- Develop public health mental health and suicide prevention strategies

Improve health and wellbeing for people with physical disabilities, learning disabilities, sensory needs and long term conditions

Supporting people with physical disabilities, learning disabilities, sensory needs, and long term conditions allows them to live well and promotes independence. The vision is that everyone has an equal opportunity to experience health and wellbeing and have access to support in order to maintain a healthy lifestyle. Mainstream services must understand and respond to the adjustments needed to meet the aspirations of people with disabilities, sensory needs and long term conditions, along with the specialist services that people with disabilities require.

What we know about Bradford District

18.5% of the population of Bradford District consider that they have a long term limiting illness, slightly higher than national average. Long term conditions represent 69% of spend on health care. In 2006, over 25,000 people in Bradford District aged 16 to 65 were claiming incapacity benefit or severe disability

allowance. The changes to the benefits system will have significant impact on this population of Bradford District. It is estimated that 8,700 people in the District have a learning disability and as such are likely to have other conditions such as obesity and epilepsy.

How we aim to improve health and wellbeing in this priority area

The *Strategic Disability Partnership* is the lead partnership, working together with the Learning Disability Partnership to improve health and wellbeing for people with disabilities, sensory needs and long term conditions. 'Independence, inclusion and support: our

integrated commissioning strategy for adults with physical disabilities, sensory needs and long-term conditions 2011 – 2014' and the 'Changing Lives' Programme outline priorities for people with disabilities, sensory needs and long-term conditions.



Key areas for action for Bradford District to Improve health and wellbeing for people with physical disabilities, learning disabilities, sensory needs and long term conditions:

- Support people with disabilities, long term illness and sensory needs with employment, skills and learning
- Develop integrated services for management of long term conditions
- Improve housing, assistive technology and support at home
- Ensure information and access to services is available for all
- Facilitate transitions from child to adult services
- Develop specialist services and pathways for rehabilitation and care
- Ensure Bradford District benefits from regional commissioning for HIV & AIDS

Improve diagnosis, care and support for people with dementia and improve their, and their carers', quality of life



Dementia describes a range of conditions caused by physical and chemical changes to the brain, which lead to a decline in memory, communication, reasoning and the ability to carry out routine tasks of living. The most well known is Alzheimer's disease. Dementia can occur at any age, although it is far more common in the elderly. As the number of elderly people in the population continues to grow, so will the number of people with dementia, which is likely to have a significant impact on health and social services.

What we know about Bradford District

It is estimated that nearly 3000 people in Bradford District are diagnosed with dementia, with an additional 2000 people undiagnosed and living with dementia. One in 20 people over 65 have dementia, one in five people over 80 have dementia, and 2% of patients with dementia are under the age of 65. The

prevalence of early onset dementia is higher in men than in women; in Black and Minority Ethnic groups and in those aged 50–65. The total number of people in Bradford District with diagnosed and undiagnosed dementia is forecast to increase by around 1500 by 2021.

How we aim to improve health and wellbeing in this priority area

The *Older People's Partnership* is the lead partnership working towards improving dementia diagnosis and care within Bradford

District. The 'Bradford District Dementia Strategy 2011-14' outlines how the district aims to improve dementia care and support.

Key areas for action for Bradford District to improve diagnosis, care and support for people with dementia and improve their, and their carers', quality of life:

- Improve diagnosis of early and late onset dementia
- Improve planning for dementia care
- Improve early intervention to support end of life planning
- Integrate health and social care to promote independence and facilitate community based care
- Improve access to intermediate care
- Reduce use of non therapeutic anti-psychotic medication

Promote the independence and wellbeing of older people

Older people make a significant contribution to social, economic and community life, and people are generally living longer and healthier lives. But these advancements are not spread evenly across the population and the growing numbers of people aged 80 and over have increased vulnerabilities and support needs. The pressures on health and social care services mean that it is vital that partner organisations focus on the promotion of healthy ageing.

What we know about Bradford District

There are around 70,000 people aged 65 plus living in the Bradford District, with a significant future growth forecast in the numbers of people aged 85 and over. This group will grow by over 80% in the next 20 years. Many older people experience increasing levels of social isolation as they age through loss of close family members and lifelong friends. Around 40% of older people live alone, and this is more common in White populations than Black and Minority Ethnic communities, and in the rural areas of the Bradford District.

**How we aim to improve health and wellbeing in this priority area**

The *Older People's Partnership* is the lead partnership working towards promoting the independence and wellbeing of older people. The preventative 'Ageing Well' agenda is being promoted through the 'Bradford Older People's Partnership Framework 2012-15' and the plans

for action are set out in 'Meeting Changing Expectations', a joint commissioning strategy for health, social care and housing related support services for older people in the Bradford District.

Key areas for action for Bradford District to promote the independence and wellbeing of older people:

- Promote personalisation and enhance quality of life for people with long-term conditions, care and support needs
- Help people to recover from episodes of ill health or following injury, preventing deterioration, delaying dependency and supporting recovery
- Support people to maximise their incomes through good welfare benefits advice, education and training and support to stay in or return to employment
- Ensure a positive experience of care and support; treating and caring for people in a safe environment and protecting people from avoidable harm
- Ensure people experience services that support them to enjoy a good quality of life

Objective 3

Create fair employment and good work for all: “Working well”



The Marmot Review’s emphasis on “fair employment and good work for all” is based upon substantial evidence that employment is good for the health of an individual. Furthermore, the more fulfilled an individual is in their work, the better their health and wellbeing tends to be. Conversely, unemployment has a pronounced, negative effect on the health of an individual, with many knock-on effects that can conspire to have a worsening effect over time.

Bradford District’s workforce is growing and predictions from the Office for National Statistics indicate that it will have one of the fastest growing working age populations of any major city in the UK, increasing by 1,700 people a year to 2021. The growing and entrepreneurial population in Bradford District, a tradition of making and trading, nationally recognized companies and the momentum provided by the regeneration of the city centre are all important assets to draw upon. The growth of the workforce will largely be driven by an increase in working age people from Black and Minority Ethnic populations. However, an economy such as Bradford District’s, which is over represented by low skills and low wages, will be vulnerable in an

increasingly competitive global economy and may struggle to generate the employment to meet the needs of a growing workforce. A further issue is that Bradford District’s economy is overly dependent on public sector employment. Reductions in public sector spending means Bradford District is particularly vulnerable to job losses that will need to be matched by private sector growth. Despite this it is important to note the district is still predicted to see employment growth.

Partners must work together to understand the increasingly important links between employment, health and wellbeing, across all people in Bradford and Airedale. In order that gaps in inequalities do not widen, particular attention must be given to sections of the community who face challenges in securing and maintaining employment due to health and social issues.

Our priorities to create fair employment and good work for all are:

11. Increase employment opportunities and training
12. Promote healthier lifestyles in the workplace

Increase employment opportunities and training

Getting people into work and improving workforce skill, particularly for those disadvantaged by health and social issues, are at the heart of local and national strategies to reduce poverty. Benefits for unemployed people with disabilities and/or ill health are currently undergoing a major change. The national programme is Work Choice, a voluntary scheme that offers specialist support to disabled people looking for work. Locally, 'Get Bradford Working' incorporates a wage subsidy programme and specialist support to enable individuals with disabilities and/or ill health to gain work experience and employment.

**What we know about Bradford District**

Bradford District has one of the lowest proportions of residents of working age in employment of any local authority in Yorkshire and Humber, and lower than the national average. There are high proportions of working age people who are either unable to work or unemployed amongst the younger population, disabled people and Black and Minority Ethnic groups. Locally, organisations work in partnership to ensure that both local

and national programmes are implemented effectively. It is predicted that in the next decade and beyond, the district's workforce will be amongst the fastest growing of all the major cities in the UK. This growth presents both opportunities and challenges. Raising skill levels is key to ensuring local people are equipped to take up employment in occupations both within and outside the district.

How we aim to improve health and wellbeing in this priority area

The *Prosperity and Regeneration Partnership* is the lead partnership working to increase employment opportunities. The district's

'Employment and Skills Strategy' outlines the key areas for action for employment and training in 18 to 65 years olds.

Key areas for action for Bradford District to increase employment opportunities and training:

- Increase the number of business start-ups
- Increase social enterprise growth
- Create more apprenticeships
- Retain graduates in greater numbers
- Develop a single gateway for employers
- Increase the number of learners accessing pre-entry ESOL (English for Speakers of Other Languages)
- Increase access to basic literacy/numeracy courses
- Promote growth of existing small and medium enterprises
- Promote opportunities for disabled people and people with work limiting illness to gain and retain employment

Promote healthier lifestyles in the workplace

There is a positive relationship between health and well-paid fulfilling work, a negative relationship between health and low paid, unfulfilling work and a negative relationship between health and unemployment.

Healthy workplaces are good for business. Healthy and motivated workers are more likely to 'go that extra mile', give good customer service, take fewer sick days and provide commitment and creativity, thereby increasing productivity and the reputation of the company. It is important that employers and employees work together to promote improved health at work, especially mental health.



What we know about Bradford District

In 2008/9, there were over 9000 cases of self-reported work-related ill health and over 150,000 working days lost in Bradford District. The estimated economic cost of health and safety ill health incidents in Bradford District in 2009/2010 was between £94.5 and £144.7 million, with accidents costing between £50.5 and £91.6 million. There is a well-established history of promoting health and safety within Bradford workplaces. This fits into a bigger picture of both health and safety legislation and an increasing focus on broader wellbeing within workplaces.

The Bradford Occupational Health Project 'Workers Health Advice Team' gives advice and support to workers whose ill health is caused by or made worse by their work. The Bradford Area Occupational Health and Safety Forum works with employers and creates a forum where the statutory enforcing bodies the Local Authority (Environmental Health) and the Health and Safety Executive can work proactively with employers.

How we aim to improve health and wellbeing in this priority area

The *Prosperity and Regeneration Partnership* is the lead partnership to promote healthier lifestyles in the workplace. It is important that

employers and employees work together to promote improved health at work, especially mental ill health.

Key areas for action for Bradford District to promote healthier lifestyles in the workplace:

- Improve occupational health and safety in workplaces
- Promote healthy work styles in the work place
- Encourage and support employees to adopt healthier lifestyles

Objective 4

Ensure a healthy standard of living for all

Income inequality has been shown to underpin inequalities in health. Bradford District has greater levels of income inequality than many other parts of the country, and the gap between the most and least deprived parts of the district is greater than the gap in any other Local Authority area. In addition, welfare reform is likely to adversely impact those who are the most vulnerable. Therefore reducing income inequalities and the negative impact of relative poverty is particularly important for Bradford District.

Our priority to ensure healthy standard living for all is:

13. Create the economic, social and environmental conditions that improve quality of life for all



Create the economic, social and environmental conditions that improve quality of life for all



People in low-income groups are less likely to eat well or be physically active, and there is a clear health 'gradient' for life expectancy and major diseases relative to level of income. Therefore, improving the employment prospects of disadvantaged groups, helping people to develop skills to progress within work and making sure that those on pensions and benefits have the best possible chance of receiving an appropriate 'living income' can have a significant positive impact on health and wellbeing. As well as reducing income inequalities we will work to protect people on low incomes from the adverse health consequences of their financial situation through developing affordable initiatives that encourage healthy lifestyles.

What we know about Bradford District

Many people locally have a standard of living well below that which most people would consider acceptable in Britain today. Wards with the highest proportion of households on annual income of less than £15,000 are Little Horton (46%), Manningham (45%), and City (44%). The 2010 Indices of Multiple Deprivation highlighted that some areas of Bradford District are deprived in almost

every respect: Income, Employment, Health, Education, Housing, Crime and the Living Environment. Whilst deprivation affects some areas much more severely than others, there are encouraging signs that the joint work of organisations locally has contributed to some of the most deprived becoming less so in the past five years, particularly in Toller, Bradford Moor and Manningham.

How we aim to improve health and wellbeing in this priority area

The *Prosperity and Regeneration Partnership* is the lead partnership working towards creating the economic, social and

environmental conditions that improve quality of life for all, in line with the 'Bradford Community Strategy'.

Key areas for action for Bradford District to create the economic, social and environmental conditions that improve quality of life for all:

- Regenerate our city centre to drive economic growth across the district
- Deliver economic development, without compromising the quality of life of future generations
- Raise the economic wellbeing of the people across the district

Objective 5

Create and develop healthy and sustainable places and communities

There is a strong relationship between the quality of our physical environment and the state of our health. Transforming Bradford District's housing, neighbourhoods and public spaces into healthy places will create conditions that are more conducive to individual and community health and wellbeing. It is important that new developments in Bradford District are designed in ways that improve health and reduce health inequalities, and similarly, that investment is made in improving the district's existing housing stock and neighbourhoods. Fundamental to health and wellbeing is making sure individuals and communities feel safe and that services and

public spaces are accessible and welcoming to people from all backgrounds and ages. For example, interventions to increase walking and cycling or encourage people to use local parks and facilities will not work if people are fearful about personal safety.

Our priorities to ensure a healthy standard of living for all are:

14. Deliver a healthier and safer environment
15. Increase the number of decent homes and ensure affordable warmth.
16. Enhance social capital and active citizenship



Deliver a healthier and safer environment

Health inequalities are often the result of multiple factors compounding one another. Some of these factors relate to the quality of the environment in which people live. For example:

- People living in social rented homes are more likely to live in noisier areas which can disrupt sleep patterns, cause mental health problems and have a negative impact on children's education and learning.
- Access to affordable fresh food varies across the district and tends to be lower in areas of high deprivation where there is a proliferation of fast food restaurants and takeaways.
- People living in deprived areas are disproportionately affected by poor air quality. Air pollution has an impact on everyone living and working in the district, but mainly on the most vulnerable people in our city such as children, older people and those with existing heart and respiratory conditions.

What we know about Bradford District

The majority (87%) of Bradford District's residents are satisfied with their local area as a place to live. Residents' top priorities for improvement are clean streets, activities for teenagers, road and pavement repairs and crime levels. Most Bradford District residents feel safe in their local area during the day, but nearly 20% do not feel safe outside after dark. There are areas of poor air quality in the district, with expected improvements not being

met. Bradford District has 36 public parks, over 100 recreation grounds and over 140 play areas and large areas of woodland. These areas provide free facilities for the whole community to use for exercise, socialising and enjoying the natural environment. However, there are areas where open spaces are of poor quality due to lack of maintenance, littering, fly tipping, graffiti, presence of untethered horses and presence of derelict land or buildings.

**How we aim to improve health and wellbeing in this priority area**

The *Stronger Communities Partnership* is the lead partnership working towards delivering a healthier and safer environment. The 'Bradford Community Strategy' and the 'Stronger

Communities Partnership Delivery Plan' set out how the district aims to deliver a healthier and safer environment.

Key areas for action for Bradford District to deliver a healthier and safer environment:

- Create a greener, cleaner and more sustainable environment which makes best use of our resources and positively affects climate change
- Support people from different backgrounds to get on well together
- Help everyone to feel secure and at ease, including extending community involvement in tackling crime and in strengthening communities

Increase the number of decent homes and ensure affordable warmth

Poor quality housing can lead to health problems such as mental ill health, accidents and respiratory disease. 'Decent homes' are those that meet minimum statutory standards for housing, namely being in a reasonable state of repair and providing a reasonable degree of thermal comfort. Failure to build enough housing can lead to overcrowding and homelessness.

A household is considered to be in fuel poverty if it needs to spend more than 10% of its net income to maintain an adequate heating regime. Fuel poverty can lead to excess winter deaths, especially for elderly people or those with chronic disease. Changes to housing benefit may have a significant impact upon how people live, and partner organisations across Bradford District need to work together to ensure this does not have a negative impact on the health and wellbeing of the population.

**What we know about Bradford District**

Over 99% of social housing is of a decent standard, but only 60% of private sector households in Bradford District live in decent homes. 18% of people are living

in what is considered to be overcrowded accommodation. 22% of households are considered to be in fuel poverty, up from 16% in 2007.

How we aim to improve health and wellbeing in this priority area

The *Housing Partnership* is the lead partnership working towards ensuring the people of Bradford have decent homes and affordable warmth. Strategies to help Bradford increase the number of decent homes

and ensure affordable warmth, include the 'Communities Strategy', 'Sustainable Homes and Neighbourhoods in a Successful District: Joint Housing Strategy for Bradford 2008-2020' and 'Bradford Homelessness Strategy'.

Key areas for action for Bradford District to increase the number of decent homes and ensure affordable warmth:

- Build more homes that are affordable
- Reduce disrepair and health hazards in older private housing likely to be occupied by vulnerable people
- Improve energy efficiency and eco standards
- Local authority housing service to provide high quality services
- Improve access and services to vulnerable people, process applications more quickly, improve choice, and reduce and prevent homelessness
- Improve the design, quality and supply of housing in the district to better meet the needs of older and vulnerable people

Enhance social capital and active citizenship

‘Social capital’ refers to the processes which allow people to establish networks and trust, through making friends and acquaintances. This can occur in places of worship, local groups and clubs, informal social structures and activities such as volunteering. Building social capital through increasing numbers of acquaintances can lead to improved health and wellbeing outcomes, such as increased life expectancy and reduced infant mortality, as people are more likely to help each other in times of need. In addition, social capital facilitates co-ordination and co-operation within and across communities for mutual benefit.

Active citizenship in itself also contributes positively to people’s physical and mental health and wellbeing and can provide a conduit for meaningful engagement and consultation on services and local development.

What we know about Bradford District

Levels of social capital and active citizenship vary across the district. Areas of lower levels of social capital require support to build this capacity. Given the ethnic diversity of Bradford District, it is encouraging to note that over 80% of the population agree that people from different backgrounds get on well together. The current economic downturn is placing pressures on communities, both through the changing circumstances of individuals (unemployment, cuts in benefits, changes to housing) and through increased pressures on voluntary groups and organisations (reduced funding and increased demand).



How we aim to improve health and wellbeing in this priority area

The *Stronger Communities Partnership* is the lead partnership working towards enhancing social capital and citizenship. The ‘Community Strategy’ and the ‘Stronger Communities

Partnership Delivery Plan’ outline how Bradford aims to enhance communities, social capital and citizenship.

Key areas for action for Bradford District to enhance social capital and active citizenship:

- Develop effective ways for all partners and partnerships to involve communities, groups and individuals in their plans and work
- Support communities throughout the District to do things for themselves
- Increase opportunities for active citizen involvement in the District
- Encourage people from different backgrounds to get on well together
- Create opportunities for individuals, groups and organisations to get together to discuss their circumstances, needs and aspirations, within and between communities and neighbourhoods

Objective 6

Strengthen the role and impact of ill health prevention

The national direction for health is to focus on disease prevention and promotion of good health. “At a population level, it is not better treatment, but prevention – both primary and secondary, including tackling the wider social factors that influence health – which is likely to deliver greater overall increases in healthy life expectancy”.

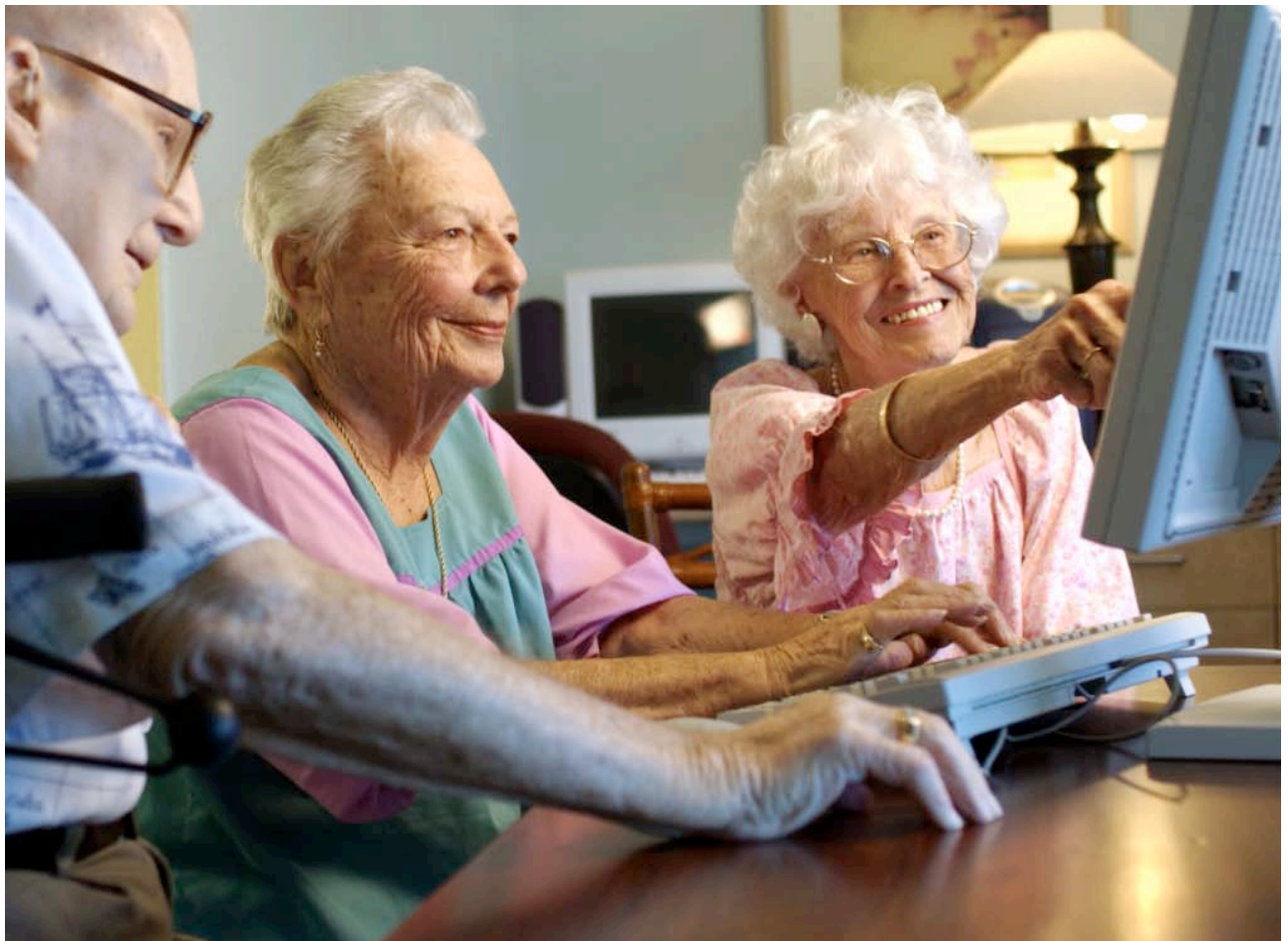
There is a need for focused and sustained intervention on the issues that are responsible for most avoidable illness and early death. Together, the key lifestyle risk factors (smoking, inactivity, poor nutrition, excessive alcohol consumption and substance misuse) represent perhaps the biggest challenge and the greatest opportunities. There is an ongoing need for the large-scale implementation of strategies that reduce exposure to lifestyle risk both as primary prevention and secondary prevention, and to integrate this into pathways

for treatment. In addition there is a need for both individual- and population-focused policy interventions, in order to reduce inequalities in health.

Even with the best and fullest implementation of lifestyle interventions it is impossible to prevent all early death and avoid all illness. It is important that systems and processes for managing populations of patients are optimised to maximise health outcomes from treatment.

Our priorities to strengthen the role and impact of ill health prevention are:

17. Reduce harm from preventable disease caused by tobacco, obesity, alcohol and substance abuse
18. Reduce mortality from cardiovascular disease, respiratory disease, diabetes and cancer.



Reduce harm from preventable disease caused by tobacco, obesity, alcohol and substance abuse

Smoking is the biggest preventable cause of morbidity and mortality in the UK, and is a risk factor for cancer, coronary heart disease, stroke and chronic obstructive pulmonary disease. England has one of the highest rates of obesity in Europe, with more than 60% of adults and a third of 10 year olds overweight or obese. Regularly drinking more than the recommended daily limits of alcohol increases the risk of liver disease, some cancers, and cardiovascular disease. Substance misuse can impact on the health and wellbeing of individuals and those living around them. These risk factors for disease are causes of and effects of health inequalities. For example mental ill health may be caused by substance abuse and may lead to increased consumption of tobacco, alcohol and illegal substances.

What we know about Bradford District

It is estimated that around 225,000 adults in Bradford District are overweight or obese, with higher rates in the White population and in women. An estimated 20% of adults smoke in Bradford District, with higher rates of smoking in younger age groups and in men, in particular in Bangladeshi and Pakistani men. Niche tobacco products such as smokeless tobacco and shisha are used regularly within Bradford. 9% of men and 7% of women drink at harmful levels in Bradford, with the rate in women being double the national average.

How we aim to improve health and wellbeing in this priority area

The *Health Improvement Partnership* is the lead partnership to reduce harm from preventable disease. The 'Best Health For All: Strategic Plan 2008-13', 'Food Strategy', 'Tobacco Strategy' and 'Alcohol Harm Reduction Strategy' outline the key areas for reducing harm.

**Key areas for action for Bradford District to reduce harm from preventable diseases caused by tobacco, obesity, alcohol and substance abuse:**

- Work with partners to promote an environment and culture that makes healthy lifestyles easier to achieve
- Develop a tiered model of interventions so the most effective interventions get to the right people at the right time
- Commission specialist services for those in greatest need
- Provide brief interventions and referrals to effective preventative services, using the principles of 'Making Every Contact Count'
- Increase access to targeted health checks

Reduce mortality from cardiovascular disease, respiratory disease, diabetes and cancer

Cardiovascular disease accounts for 35% of global avoidable illness and early death. Respiratory illness, particularly asthma and Chronic Obstructive Pulmonary Disease (COPD), accounts for 8% of deaths. Improved primary and secondary prevention carries significant untapped potential for improved health outcomes. Cancer accounts for 27% of all deaths. Whilst advances in chemotherapy have achieved significant gains in outcomes and survival, there is a need to focus on early diagnosis of cancer such as through bowel and cervical cancer screening.

What we know about Bradford District

Around 7% of the population are living with cardiovascular disease, with much of the burden of disease concentrated in areas of deprivation. It is estimated that 5% of first time heart attacks are attributable to diabetes. Around 26,000 people in Bradford District have diabetes and it is more common in the South Asian and African-Caribbean populations.

Mortality from respiratory conditions is higher in Bradford District, compared with the national average, 34.7 per 100,000 compared to 23.7 per 100,000. The prevalence of cancer in Bradford District is 0.9%, which is below the national average of 1.3%, although this varies by cancer type.

How we aim to improve health and wellbeing in this priority area

The *Collaborative Commissioning Board* will work to reduce mortality from cardiovascular disease, respiratory disease, and cancer. 'Achieving the Best Health For All: Strategic

Plan 2008-13' outlines how Bradford District will reduce mortality from cardiovascular disease, respiratory disease, and cancer.

**Key areas for action for Bradford District to reduce mortality from cardiovascular disease, respiratory disease, diabetes and cancer:**

- Ensure early detection of cardiovascular disease, respiratory disease, cancer and diabetes, including health screening
- Develop integrated care models to meet individual need
- Improve management of people with chronic disease and cancer
- Reduce complications and repeat admissions from chronic disease
- Work with vulnerable and high risk groups to reduce inequalities in access to health services
- Improve self-care support

4 Monitoring and Evaluation of the strategy

4.1 Governance for the Strategy

The Health and Wellbeing Board will monitor the Health and Wellbeing Strategy and ensure that it is implemented.

4.2 Standards to measure progress in priority areas

There is a clear steer from central government to move from 'top-down targets' and process measures to outcome measures. The standards identified in the table below are from nationally developed Public Health, NHS and Adult Social Care Outcome Frameworks. It is likely that there will also be locally determined standards that the Partnerships would like the priorities to be measured against. These will be developed and added during the development of the health inequalities action plan.

objective 1

Give every child the best start in life: "Starting well"

Priority	Standard
1: Reduce and alleviate the impact of child poverty	The number of children living in relative poverty (PHOF)
2: Reduce infant mortality	Rate of infant deaths (persons aged less than one year) per 1,000 live births (PHOF, NHS) Neonatal mortality and stillbirths (NHS) Low birth weight of term babies (PHOF) Breastfeeding (PHOF) Smoking status at time of delivery (PHOF)
3: Promote effective parenting and early years development	Child development at 2 to 2.5 years (PHOF) School readiness (PHOF)

objective 2

Enable all children, young people and adults to maximise their capabilities and have control over their lives

Priority	Standard
4: Ensure young people are well prepared for adulthood and work, with a focus on helping children with disabilities to maximize their capabilities	Pupil absence (PHOF) First time entrants to the youth justice system (PHOF) 16-18 year olds not in education, employment or training (PHOF) Under 18 conception (PHOF) Employment for those with a long term health condition, including those with a learning difficulty/disability or mental illness (PHOF) Hospital admissions caused by unintentional and deliberate injuries in under 18s (PHOF) Emergency admissions for children with lower respiratory tract infection (NHS)
5: Reduce childhood obesity and increase levels of physical activity and healthy eating in children and young people	Excess weight in 4-5 years and 10-11 years (PHOF)
6: Improve oral health in the under 5s	Tooth decay in under 5s (PHOF) Access to NHS dental services (NHS)

Priority	Standard
7: Improve the mental health of people in Bradford District	<p>People with mental illness or disability in settled accommodation (PHOF)</p> <p>People in prison who have a mental illness or significant mental illness (PHOF)</p> <p>Hospital admissions as a result of self harm (PHOF)</p> <p>Excess under 75 mortality in adults with serious mental illness (PHOF, NHS)</p> <p>Suicide (PHOF)</p> <p>Reducing premature deaths in people with serious mental illness (PHOF)</p> <p>Employment of people with mental illness (NHS)</p> <p>Proportion of adults in contact with secondary mental health services who live independently, with or without support (ASC)</p> <p>Emotional wellbeing of looked after children (PHOF)</p> <p>Proportion of adults in contact with secondary mental health services in paid employment (ASC)</p> <p>Patient experience of community mental health services (NHS)</p> <p>Domestic abuse (PHOF)</p>
8: Improve health and wellbeing for people with physical disabilities, learning disabilities, sensory needs and long term conditions	<p>Reduce premature death in people with learning disabilities (NHS)</p> <p>Health related quality of life for people with long term conditions (NHS)</p> <p>Proportion of people feeling supported to manage their condition (NHS)</p> <p>Employment of people with long-term conditions (NHS)</p> <p>Unplanned hospitalisation for chronic ambulatory care sensitive conditions, asthma, diabetes and epilepsy in under 19s and adults (NHS)</p> <p>Health-related quality of life for carers (NHS)</p> <p>People manage own support as much as they wish, so are in control of what, how and when support is delivered to match their needs (ASC)</p> <p>Proportion of adults with learning disabilities who live in their own home or with their family (ASC)</p> <p>Proportion of adults with learning disabilities in paid employment (ASC)</p> <p>Permanent admissions aged 18-64 to residential and nursing care homes (ASC)</p> <p>Excess under 60 mortality rate in adults with a learning disability (NHS)</p>
9: Improve diagnosis, care and support for people with dementia and improve their, and their carers', quality of life	<p>Dementia and its impacts (PHOF)</p> <p>Enhancing quality of life for carers (NHS)</p> <p>Enhancing quality of life for people with dementia (NHS)</p> <p>Carer-reported quality of life (ASC)</p> <p>Proportion of carers who report that they have been included or consulted in discussion about the person they care for (ASC)</p> <p>Overall satisfaction of people who use services with their care and support (ASC)</p> <p>Overall satisfaction of carers social services (ASC)</p> <p>Estimated diagnosis rate for people with dementia (NHS)</p>
10: Promote the independence and wellbeing of older people	<p>Falls and injuries in the over 65s (PHOF)</p> <p>Health related quality of life for older people</p> <p>Hip fractures in over 65s (PHOF)</p> <p>Improving recovery from injuries and trauma (NHS)</p> <p>Improving recovery from fragility fractures (NHS)</p> <p>Helping older people to recover their independence after illness or injury (NHS)</p> <p>Proportion of people who use social services who have control over their daily life (ASC)</p> <p>Proportion of people using social care who receive self-directed support and those receiving direct payments (ASC)</p> <p>Permanent admissions ages 65+ to residential and nursing care homes (ASC)</p> <p>Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital intoreablement/rehabilitation services (ASC)</p> <p>Proportion of older people (65+) discharged from hospital with the clear intention that they will move on/back to their own home out of those discharged from hospital (ASC)</p> <p>Average number of delayed transfers of care attributable to social care (ASC)</p> <p>Bereaved carers' views on quality of care in the last 3 months of life (NHS)</p>

objective 3

Create fair employment and good work for all: "Working well"

Priority	Standard
11: Increase employment opportunities and training	<p>Employment for those with long term health condition including those with a learning difficulty/disability or mental illness (PHOF)</p> <p>People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation (ASC)</p>
12: Promote healthier lifestyles in the workplace	<p>Sickness absence rate (PHOF)</p>

objective 4

Ensure a healthy standard of living for all

Priority	Standard
13: Create the economic, social and environmental conditions that improve quality of life for all	<p>Reduced differences in life expectancy and healthy life expectancy between communities (PHOF)</p> <p>People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation (ASC)</p> <p>Self reported wellbeing (PHOF)</p> <p>People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation (ASC)</p>

objective 5

Create and develop healthy and sustainable places and communities

Priority	Standard
14: Deliver a healthier and safer environment	<p>Killed or injured on England's roads (PHOF)</p> <p>Violent crime (PHOF)</p> <p>Re-offending (PHOF)</p> <p>Use of green space for exercise / health reasons (PHOF)</p> <p>Self reported wellbeing (PHOF)</p> <p>Public sector organizations sustainable management plans (PHOF)</p> <p>Proportion of people who use services who feel safe (ASC)</p>
15: Increase the number of decent homes and ensure affordable warmth	<p>Fuel poverty (PHOF)</p> <p>Excess winter deaths (PHOF)</p> <p>Percentage of population affected by noise (PHOF)</p> <p>Statutory homelessness (PHOF)</p> <p>Air pollution (PHOF)</p>
16: Enhance social capital and active citizenship	<p>Social connectedness (PHOF)</p> <p>Older people's perception of community safety (PHOF)</p>

objective 6

Strengthen the role and impact of ill health prevention

Priority	Standard
17: Reduce harm from preventable disease caused by tobacco, obesity, alcohol and substance abuse	<p>Smoking prevalence – 15 year olds (PHOF)</p> <p>Diet (PHOF)</p> <p>Excess weight in adults (PHOF)</p> <p>Proportion of physically active and inactive adults (PHOF)</p> <p>Smoking prevalence – adults (PHOF)</p> <p>Successful completion of drug treatment (PHOF)</p> <p>People entering prison with substance dependence not previously known (PHOF)</p>
18: Reduce mortality from cardiovascular disease, respiratory disease, diabetes and cancer	<p>Recorded diabetes (PHOF)</p> <p>Alcohol related admissions to hospital (PHOF)</p> <p>Cancer diagnosed stage 1 & 2 (PHOF)</p> <p>Cancer screening coverage (PHOF)</p> <p>Access to non-cancer screening programmes (PHOF)</p> <p>Take up of NHS health checks (PHOF)</p> <p>Mortality from all cardiovascular diseases (including heart disease and stroke), cancer, liver disease, respiratory diseases, communicable diseases (PHOF, NHS)</p> <p>Emergency readmissions within 30 days of discharge from hospital (PHOF, NHS)</p> <p>One- and five-year survival from colorectal, breast, lung cancer (NHS)</p> <p>Preventable sight loss (PHOF)</p> <p>Emergency readmissions for acute conditions that should not usually require hospital admission (NHS)</p> <p>Proportion of stroke patients reporting improvement in activity/lifestyle (NHS)</p>

ASC: Adult Social Care Outcomes Framework

NHS: NHS Outcomes Framework

PHOF: Public Health Outcomes Framework

Health Inequalities Action Plan

Health Inequalities

What are health inequalities?

“Health inequalities” are the differences in the health of different parts of the population. For example, people in more deprived areas have a shorter life expectancy than those who live in less deprived areas. Inequalities also exist in other aspects of people’s health – for example, people in more deprived areas tend to smoke more, drink more alcohol, and are more likely to experience long-term illness. Inequalities also exist between groups according to other factors, such as gender, ethnic background, certain sorts of disability and sexual orientation.

Whilst the health of the population has improved continuously since the industrial revolution, the rate of improvement in those from poorer backgrounds has generally been slower than for those who are more affluent. This means that, in health terms, the gap between the most and least deprived is widening.

The Local Authority, the NHS locally, and other organisations work hard to ensure that differences between groups are as small as possible – we want to ensure that, wherever possible, an individual’s health and wellbeing is not determined by the area in which they were born, or in which they live, or – for example - their ethnicity.

Why do inequalities matter?

In the past two decades there has been an increased focus on reducing inequalities, and in Spring 2013, the Secretary of State for Health said:

“Everyone should have the same opportunity to lead a healthy life no matter where they live or who they are, which is why we must continue to work to narrow the gap in health inequalities. Local areas must work together to address the health needs of their population and make a real difference in tackling health inequalities.”

There are a number of reasons why people think that inequalities are important.

Possibly the most important reason is that the effect inequalities have seems unfair. Put simply, the poorer a person is, the less likely they are to survive infancy and the less likely they are to live into old age.

Additionally, evidence suggests that where the greatest inequalities exist, the health of the whole population – even the relatively affluent – is worse than it would be if inequalities were less significant.

There is also an acceptance that inequalities begin in childhood, and subsequently widen over an individual’s lifetime. That is to say that if children have very different experiences of health when they are very young, then they will experience even greater differences as adults.

Furthermore, inequalities in health and its determinants can trigger other problems – such as crime, poor educational outcomes, and mental health issues such as situational depression. This can in turn make areas more deprived, and this can widen the gap in inequalities. As such, it becomes a vicious circle.

Finally, because Bradford is more deprived than other areas, any argument that inequalities do not matter could logically be extended to say that it is acceptable for the population of Bradford to experience poorer health than those of its neighbours.

What leads to inequalities?

There are a number of factors which lead to Health Inequalities. Most experts tend to place these factors into a small number of groups – such as those listed below. It is important, however, to bear in mind that experts think of these as the factors which are likely to lead to poorer health. There is every reason to believe that people can live healthy lives even in the harshest circumstances.

Social factors:

These are issues which affect the population as a whole, but do not necessarily affect everybody equally. Examples include government policies, the availability of work, general levels of wages, taxation and how much things cost – particularly the prices of essentials such as fuel, transport, food, and clothing. These big, broad considerations can affect how much the public sector can spend on health and wellbeing.

Living and working conditions:

These include the important issues for people as they go about their lives, day in, day out: things like education, training and employment, housing, public transport and amenities. It also includes basic facilities like reliable utility supplies (gas, water and electricity) and being able to get hold of essential goods like food and clothing.

Social and community networks:

A person's "network" includes his or her family, friends and social circles – and the way all of those people together support, influence, advise and guide the individual. A strong network of family and friends can help to ensure that an individual has a healthy lifestyle. Sometimes, individuals living alone may not have any "network"; sometimes the "network" can have an unsupportive effect, such as encouraging the consumption of alcohol to excess.

Individual lifestyle factors:

These are sometimes described as lifestyle choices, because they tend to refer to things that people can generally choose to do, or not do. This would include things such as tobacco use, alcohol consumption, and drug use, whether people eat healthily and whether they take regular physical exercise. These choices are influenced by the environment in which the individual lives – how friends and family act, how products are advertised and so on.

Healthcare factors:

There is evidence to suggest that sometimes the parts of the population in the greatest need are poorly understood. This can mean that services are constructed and

commissioned to address the needs of the whole population, but not in such a way that inequalities are addressed.

Additionally, low-cost healthcare is sometimes under-used in a population. When this happens, it tends to be the most deprived parts of the population who are worst affected, because illness and disease is most prevalent in those areas. This therefore leads to a widening of the gap between the most and least deprived areas of a population.

Personal factors:

These include some of the basic definitions of who people are: age, sex, ethnicity and genetic factors. There is nothing that can be done to change these factors – but understanding more about the population can help us to develop strategies, policies and practices, and can influence the way the Local Authority and the NHS communicate with people.

Addressing inequalities

Because inequalities are so complex, we cannot always deal with them in the same way. For example:

- Some of the time, we focus on particular parts of Bradford District, because it is most important to ensure that health and wellbeing in the most deprived areas 'catches up' with the less deprived areas. In other instances, the focus is on the whole of Bradford District
- Sometimes, campaigns to improve health and wellbeing need to be focused on individuals; sometimes on the population as a whole

Through wide consultation with partnerships across the District, each of the priorities within the Joint Health and Wellbeing Strategy now has an agreed set of commitments (action points) that will be delivered against to reduce inequalities in that particular area of health and wellbeing.

Priority 1: Reduce and alleviate the impact of child poverty

Relevant standards against which to monitor progress on this priority could include:

The number of children living in relative poverty

Areas for Action	Commitments	Delivery partners	Overseeing (and supporting) partnership
<p>Embed child poverty in existing local strategies to focus resources on alleviating child poverty</p> <p>Offset the negative impact of welfare reform</p> <p>Increase uptake of free school meals and 'poverty-proof' the school day by identifying and removing barriers to learning for children in poverty</p> <p>Improve housing quality and reduce fuel poverty for children living in poverty</p> <p>Encourage positive parenting to improve resilience and help parents protect children from the effects of poverty</p> <p>Make employment accessible for families now and children in the future</p> <p>Reduce rates of accidental injury to children in poverty</p>	<p>Deliver the Child Poverty Strategy</p> <ul style="list-style-type: none"> No child to live in sub-standard housing Every family can access the support they need (eg. Debt advice; benefits and careers advice; mental health; domestic violence support; disabilities services) Children and young people take advantage of education, employment and training opportunities (continue to reduce the gap between children at foundation stage, key stage 2 and key stage 4) Break the cycle of worklessness by undertaking positive action for vulnerable groups (low income families; unemployed adults; those who are NEET or at risk of becoming NEET. Positive parenting builds resilience in children and families to address inequalities particularly health related issues 	<p>Bradford Council –</p> <p>Children's Services;</p> <p>Adult and Community Services;</p> <p>Revenues and Benefits;</p> <p>Housing;</p> <p>Carbon Reduction and Climate Services;</p> <p>Parenting Board;</p> <p>Third sector;</p> <p>Schools;</p> <p>Colleges;</p> <p>Job Centre Plus</p>	<p>Children's Trust (Child Poverty Board; Prosperity and Regeneration Partnership)</p>

Priority 2: Reduce infant mortality

Relevant standards against which to monitor progress on this priority could include:

Rate of infant deaths (persons aged less than one year) per 1,000 live births; neonatal mortality and stillbirths; low birth weight of term babies; breastfeeding; smoking status at time of delivery

Areas for Action	Commitments	Delivery partners	Overseeing (and supporting) partnership
<p>Improve nutrition for pregnant women and young children, including provision of vitamin D</p> <p>Increase uptake of breastfeeding</p> <p>Ensure that all women have equal access to comprehensive high quality antenatal services</p> <p>Integration of key children's services in early years together with investment in health visiting and family nurse partnership services</p> <p>Reduce the number of pregnant women who smoke and/or are at risk of alcohol or substance misuse</p> <p>Increase individuals', families' and communities' understanding of genetic inheritance</p> <p>Ensure consistent messages via websites and media to improve maternal and child health</p>	<p>Implementation of the key areas of the Every Baby Matters Strategy and Action Plan with focus on areas of high need in target areas below:</p> <ul style="list-style-type: none"> Recommendation 3a and b : Improve infant and maternal Nutrition and Vitamin D and breastfeeding Recommendation 4: Ensure equal access to pre-conception, maternal and infant health Recommendation 6a and b: Reduce smoking in Pregnancy and reduce alcohol and substance misuse Recommendation 7: Increase awareness of genetic inheritance Recommendation 8: Increase community awareness through Media and communications <p>Investment in a Health Visitor Expansion Programme & development and implementation of an integrated care pathway for early years services with midwifery and health visiting services</p>	<p>NHS;</p> <p>Bradford Council;</p> <p>Third Sector;</p> <p>Clinical Commissioning Groups;</p> <p>Bradford District Care Trust;</p> <p>Key groups :</p> <ul style="list-style-type: none"> Maternity Network Breastfeeding and Women and Infants and Nutrition Smoking in Pregnancy Early Years , Midwifery and Health Visiting services via Health Visitor Implementation Plan group 	<p>Childrens Trust Board (Health Improvement Partnership)</p>

Priority 3: Promote effective parenting and early years development

Relevant standards against which to monitor progress on this priority could include:

Child development at 2 to 2.5 years

School readiness

Foundation Stage Profiles results

Narrowing the gap in Foundation Stage profile results between deprived and less deprived areas

Areas for Action	Commitments	Delivery partners	Overseeing (and supporting) partnership
<p>Increase parental voice and participation in service development</p> <p>Increase access to services by providing information, advice and guidance on available services</p> <p>Provide early support to parents and carers in times of difficulty</p> <p>Improve relationships with adult services</p> <p>Ensure staff are well trained and supported to deliver services using evidence-based approaches</p>	<p>Ensure all below are implemented particularly where deprivation is high and Foundation Stage profile results are low :</p> <ul style="list-style-type: none"> Review parent representation on children's centre advisory boards and implement action plan Increase take up of the statutory 2 year old early education entitlement by the most disadvantaged children Implement the Integrated Care Pathway Pilot a team around the family model and Family Common Assessment Framework (CAF) Review Young Carers Partnership and implement revised action plan. Nutrition training to be rolled out across all children's centres 	<p>Early Childhood Services/ Children's Centres;</p> <p>Partnership across Children Services, schools NHS and Third sector;</p> <p>Health Visiting Implementation Group:</p> <p>Midwifery, Health Visiting;</p> <p>Families First Team; Childrens Trust Partners; Women and Infants Nutrition Group</p>	<p>Children's Trust (Health Improvement Partnership)</p>

Priority 4: Ensure young people are well prepared for adulthood and work, with a focus on helping children with disabilities to maximise their capabilities

Relevant standards against which to monitor progress on this priority could include:

Pupil absence

First time entrants to the youth justice system

16-18 year olds not in education, employment of training

Under 18 conception

Employment for those with a long term health condition, including those with a learning difficulty/disability or mental illness

Hospital admissions caused by unintentional and deliberate injuries in under 18s

Emergency admissions for children with lower respiratory tract infection

Areas for Action	Commitments	Delivery partners	Overseeing (and supporting) partnership
<p>Increase participation in learning by ensuring opportunities are accessible to all</p> <p>Enable learners to work towards their first full Level 2 or Level 3 qualification and improve their life, career and economic prospects</p> <p>Deliver high quality learning opportunities for young people, through continuous improvement</p>	<p>To help young people and parents/carers to access the right pathways for learning and independence through:</p> <ul style="list-style-type: none"> Application of new funding streams Provision of 3 Personal Advisers to work with young people, parents and schools to develop and implement the Education, Health and Social Care Plans 	<p>Colleges;</p> <p>Special Schools;</p> <p>Mainstream Schools;</p> <p>Adult Services;</p> <p>Employers;</p> <p>Education Funding Agency (EFA).</p>	<p>Children's Trust (Strategic Disability Partnership; Learning Disability Partnership; Health Improvement Partnership)</p>

Priority 5: Reduce childhood obesity and increase levels of physical activity and healthy eating in children and young people

Relevant standards against which to monitor progress on this priority could include:

Excess weight in 4-5 and 10-11 years

The number of children living in relative poverty

Areas for Action	Commitments	Delivery partners	Overseeing (and supporting) partnership
<p>Encourage and support healthy growth and weight of children</p> <p>Promote healthier food choices and improve the nutritional quality of food in schools</p> <p>Increase everyday play and physical activity opportunities for children</p> <p>Promote environments and practices that support children to eat healthier foods and to be active throughout each day</p> <p>Provide personalised advice and support for children and their families through a child healthy weight pathway</p> <p>Increase support and training for education and childcare staff to implement health improvement activity and increase availability and accessibility of evidence based children's lifestyle weight management services</p>	<ul style="list-style-type: none"> To develop a child obesity strategy and implementation plan for Bradford district by Jan 2014 To halt the increase of and start seeing a year on year reduction in the prevalence of obesity in children aged 4-5 years 	<p>Bradford Council;</p> <p>Bradford District Care Trust;</p> <p>Third Sector;</p> <p>Clinical Commissioning Groups;</p> <p>Schools;</p> <p>Children's Centres;</p> <p>Health and Wellbeing Team;</p> <p>Bradford Teaching Hospitals Foundation Trust.</p>	<p>Children's Trust (Health Improvement Partnership)</p>

Priority 6: Improve oral health in the under 5s

Relevant standards against which to monitor progress on this priority could include:

Tooth decay in under 5s; Access to NHS dental services

Areas for Action	Commitments	Delivery partners	Overseeing (and supporting) partnership
<p>Improve diet and reduce sugar intake</p> <p>Optimise exposure to fluoride</p> <p>Improve oral hygiene</p> <p>Adopt a life course approach to improve oral health, through delivering a programme of evidence-based health improvement interventions for all ages</p> <p>Provide professional training and support to those involved in the care of young children</p>	<ul style="list-style-type: none"> Review and refresh local Oral Health Strategy Ensure process in place to robustly manage performance of oral health improvement programmes Develop structured partnerships to improve and integrate oral health within child health systems eg embedding oral health within clearly defined elements of the HCP/ICP Review the safe transition of flexible and equitable access to dental care 	<p>Local Authority;</p> <p>Public Health England;</p> <p>stakeholders;</p> <p>National Health Service England;</p> <p>Health and Wellbeing Board;</p> <p>Family Nurse Partnership;</p> <p>Troubled families;</p> <p>Health care professionals;</p> <p>Early years teams;</p> <p>Clinical Commissioning Groups;</p> <p>Bradford District Care Trust.</p>	<p>Childrens Trust Board (Health Improvement Partnership)</p>

Priority 7: Improve the mental health of people in Bradford District

Relevant standards against which to monitor progress on this priority could include:

People with mental illness or disability in settled accommodation; People in prison who have a mental illness or significant mental illness; Hospital admissions as a result of self harm; Excess under 75 mortality in adults with serious mental illness; Suicide; Reducing premature deaths in people with serious mental illness; Employment of people with mental illness; Proportion of adults in contact with secondary mental health services who live independently with or without support; Emotional wellbeing of looked after children; Proportion of adults in contact with secondary mental health services in paid employment; Patient experience of community mental health services; Domestic abuse

Areas for Action	Commitments	Delivery partners	Overseeing (and supporting) partnership
Increase community based mental health care Include families and carers in help and support Support people with mental ill health to live well, cope with ill health and not to be left out of society Improve physical health of people with mental illness Provide choices of good quality care, including access to psychological therapies Develop public health mental health and suicide prevention strategies	<ul style="list-style-type: none"> Link mental health initiatives to wider determinants thereby taking a holistic approach which includes family, environment, community, culture and poverty & deprivation. Improve physical health of people with mental ill health, addressing diagnostic overshadowing, access to psychological therapies and primary care. Access to mental health beds and support from acute beds Improve support for people experiencing difficulties accessing services due to barriers linked to age, ethnicity, disability and language Increase early intervention, improve access to services including through web based applications 	Bradford District Care Trust; Third Sector; Clinical Commissioning Groups; Prosperity and Regeneration Partnership; Bradford Council; Airedale NHS Foundation Trust; Bradford Teaching Hospitals Foundation Trust; West Yorkshire Joint Services.	Health Improvement Partnership

Priority 8: Improve health and wellbeing for people with physical disabilities, learning disabilities, sensory needs and long term conditions

Relevant standards against which to monitor progress on this priority could include:

Reduce premature death in people with learning disabilities; Health related quality of life for people with long term conditions; Proportion of people feeling supported to manage their condition; Employment of people with long-term conditions; Unplanned hospitalisation for chronic ambulatory care sensitive conditions, asthma, diabetes and epilepsy in under 19s and adults; Health-related quality of life for carer; People manage own support as much as they wish, so are in control of what, how and when support is delivered to match their needs, Proportion of adults with learning disabilities who live in their own home or with their family; Proportion of adults with learning disabilities in paid employment; Permanent admissions aged 18-64 to residential and nursing care homes; Excess under 60 mortality rate in adults with a learning disability

Areas for Action	Commitments	Delivery partners	Overseeing (and supporting) partnership
Support people with disabilities, long term illness and sensory needs with employment, skills and learning Develop integrated services for management of long-term conditions Improve housing, assistive technology and support at home Ensure information and access to services is available for all Facilitate transitions from child to adult services Develop specialist services and pathways for rehabilitation and care Ensure Bradford District benefits from regional commissioning for HIV & AIDS	<ul style="list-style-type: none"> Make sure disabled people have enough money to make healthy life choices Support Disabled People to have opportunities to develop skills, to work and/ or do activities that are meaningful to them Develop housing, neighbourhoods and access to transport that give disabled people a real choice about where they live Improve access to health care by <ul style="list-style-type: none"> Raising awareness, understanding and actions of Health Care Professionals Giving people knowledge and voice to make informed choices and decisions 	Bradford District Care Trust; Third Sector; Clinical Commissioning Groups; Prosperity and Regeneration Partnership; Bradford Council; Airedale NHS Foundation Trust; Bradford Teaching Hospitals Foundation Trust; West Yorkshire Joint Services; Health Improvement Partnership	Strategic Disability Partnership Learning Disability Partnership

Priority 9: Improve diagnosis, care and support for people with dementia and improve their, and their carers', quality of life

Relevant standards against which to monitor progress on this priority could include:

Dementia and its impacts; Enhancing quality of life for carer;; Enhancing quality of life for people with dementia; Carer-reported quality of life; Proportion of carers who report that they have been included or consulted in discussion about the person they care for; Overall satisfaction of people who use services with their care and support; Overall satisfaction of carers social services; Estimated diagnosis rate for people with dementia

Areas for Action	Commitments	Delivery partners	Overseeing (and supporting) partnership
<p>Improve diagnosis of early and late onset dementia</p> <p>Improve planning for dementia care</p> <p>Improve early intervention to support end of life planning</p> <p>Integrate health and social care to promote independence and facilitate community based care</p> <p>Improve access to intermediate care</p> <p>Reduce use of non therapeutic anti-psychotic medication</p>	<ul style="list-style-type: none"> Improved integration of health and social care resulting in coordinated services and information sharing Standardisation of provision across the district with a more equitable service for everyone with dementia and their carers. Complete the Dementia Health Needs Assessment, ensuring engagement of members and that the findings are reflected in the Dementia Strategy Action Plan Ensure that the majority of people with dementia are diagnosed, and that intervention is early in their pathway within GP/NHS records by standardisation of Memory Assessment and Treatment Service (MATS) Improve quality of care in general hospitals and care homes ensuring people with dementia receive the highest standard of care and that anti psychotic medication is used appropriately and monitored Improved public and professional awareness and understanding of dementia and services available. Reduce the stigma associated with dementia in all communities including Black and Minority Ethnic (BME) communities 	<p>Dementia Strategy Group – Partners include Bradford Council; Bradford District Care Trust; representatives from the District's CCGs; representatives from the District's Acute trusts; representatives of Third sector groups including The Alzheimer's Society, Meri Yardain, KIVCA and Positive Minds.</p>	<p>Older People's Partnership</p>



Priority 10: Promote the independence and wellbeing of older people

Relevant standards against which to monitor progress on this priority could include:

Falls and injuries in the over 65s; Health related quality of life for older people; Hip fractures in over 65s; Improving recovery from injuries and trauma; Improving recovery from fragility fractures; Helping older people to recover their independence after illness or injury; Proportion of people who use social services who have control over their daily life; Proportion of people using social care who receive self-directed support and those receiving direct payments; Permanent admissions ages 65+ to residential and nursing care homes; Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services; Proportion of older people (65+) discharged from hospital with the clear intention that they will move on/back to their own home out of those discharged from hospital; Average number of delayed transfers of care attributable to social care; Bereaved carers' views on quality of care in the last 3 months of life

Areas for Action	Commitments	Delivery partners	Overseeing (and supporting) partnership
<p>Promote personalisation and enhance quality of life for people with long-term conditions care and support needs</p> <p>Help people to recover from episodes of ill health or following injury, preventing deterioration, delaying dependency and supporting recovery</p> <p>Support people to maximise their incomes through good welfare benefits advice, education and training and support to stay or return to employment</p> <p>Ensure a positive experience of care and support; treating and caring for people in a safe environment and protecting people from avoidable harm</p> <p>Ensure people experience services that support them to enjoy a good quality of life</p>	<ul style="list-style-type: none"> Continue to develop preventative and early intervention approaches, including self care, to reduce health inequalities experienced by older people and ensure that support is focused on the areas with most need. Widen the offer of innovative approaches to maintaining independence of older people. This will include the development of local 'support hubs' and health and wellbeing champions to increase affordable care choices for people living on low incomes. Support planning for retirement for over 50s to enable a smooth transition from employment, so that people can enjoy wellbeing in retirement. There will be a focus on people in low paid employment. Promote intergenerational approaches to bring communities together to increase social interaction between people where there are high levels of isolation. Deliver the Great Places to Grow Old Programme ensuring a wide range of housing options are offered and made available which results in greater independence for older people. 	<p>Older Peoples Partnership Priority 10 group NHS; third sector; Local Authority; CCGs; Social Housing Providers</p>	<p>Older People's Partnership</p>

Priority 11: Increase employment opportunities and training

Relevant standards against which to monitor progress on this priority could include:

Employment for those with long term health condition including those with a learning difficulty/disability or mental illness; People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation

Areas for Action	Commitments	Delivery partners	Overseeing (and supporting) partnership
<p>Increase the number of business start-ups</p> <p>Increase social enterprise growth</p> <p>Create more apprenticeships</p> <p>Retain graduates in greater numbers</p> <p>Develop a single gateway for employers</p> <p>Increase the number of learners accessing pre-entry ESOL (English for Speakers Other Languages)</p> <p>Increase access to basic literacy/ numeracy courses</p> <p>Promote growth of existing small and medium enterprises</p> <p>Promote opportunities for disabled people and people with work limiting illness to gain and retain employment</p>	<ul style="list-style-type: none"> Provide effective employment and training routes out of poverty and other life circumstances likely to get in the way of positive health outcomes Support social enterprise growth including involvement of the third sector in service planning and delivery Support people to set up in business Promote greater uptake of apprenticeships by employers Increase the number of learners accessing pre-entry ESOL (English for Speakers Other Languages) Increase access to basic literacy/ numeracy courses Promote opportunities for disabled people and people with work limiting illness to gain and stay in employment 	<p>Prosperity and Regeneration Partnership, Employment and Skills Board, Bradford Breakthrough and Get Bradford Working</p>	<p>Prosperity and Regeneration Partnership (Employment and Skills Board, Bradford Breakthrough, Get Bradford Working</p>

Priority 12: Promote healthier lifestyles in the workplace

Relevant standards against which to monitor progress on this priority could include:

Sickness absence rate

Areas for Action	Commitments	Delivery partners	Overseeing (and supporting) partnership
<p>Improve occupational health and safety in workplaces</p> <p>Promote healthy work styles in the work place</p> <p>Encourage and support employees to adopt healthier lifestyles</p>	<ul style="list-style-type: none"> Improve occupational health and safety practice in workplaces Promote awareness of health issues in workplaces Promote healthy work styles in workplaces Encourage and support employees to adopt healthier lifestyles 	<p>Prosperity and Regeneration Partnership, Employment and Skills Board, Bradford Breakthrough and Get Bradford Working, Bradford Chamber</p>	<p>Prosperity and Regeneration Partnership (Employment and Skills Board, Bradford Breakthrough, Bradford Chamber)</p>

Priority 13: Create the economic, social and environmental conditions that improve quality of life for all

Relevant standards against which to monitor progress on this priority could include:

Reduced differences in life expectancy and healthy life expectancy between communities; People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation; Self reported wellbeing

Areas for Action	Commitments	Delivery partners	Overseeing (and supporting) partnership
<p>Continue to support enterprise and employment in order to raise the economic wellbeing of the people across the district</p> <p>Deliver economic development, without compromising the quality of life of future generations</p> <p>Raise the economic wellbeing of the people across the district</p>	<ul style="list-style-type: none"> Make Bradford a location of choice for business and a great place to operate a business Support Bradford businesses to be more productive and innovative creating employment opportunities for all Mainstream successful approaches to income maximisation and financial inclusion Deliver economic development without compromising environmental quality Deliver social and green infrastructure to support sustainable growth and sustainable communities Locate development where it will support opportunities for the delivery of renewable and low carbon energy, green infrastructure and facilities for walking and cycling. 	<p>Prosperity and Regeneration Partnership, Employment and Skills Board, Bradford Breakthrough and Get Bradford Working</p>	<p>Prosperity and Regeneration Partnership (Employment and Skills Board (Bradford Breakthrough</p>

Priority 14: Deliver a healthier and safer environment

Relevant standards against which to monitor progress on this priority could include:

Killed or injured on England's roads; Violent crime; Re-offending; Use of green space for exercise / health reasons; Self reported wellbeing; Public sector organisations sustainable management plans; Proportion of people who use services who feel safe

Areas for Action	Commitments	Delivery partners	Overseeing (and supporting) partnership
<p>Create a greener, cleaner and more sustainable environment which makes best use of our resources and positively affects climate change</p> <p>Support people from different backgrounds to get on well together</p> <p>Help everyone to feel secure and at ease, including extending community involvement in tackling crime and in strengthening communities</p>	<ul style="list-style-type: none"> Co-ordinate action to reduce the number of people who are killed or seriously injured on the roads with a particular focus on areas where higher rates of accidents occur Co-ordinate action to reduce the levels of violent crime Co-ordinate action to reduce re-offending Co-ordinate action to reduce illicit and other harmful substance use, increase the numbers of individuals recovering from dependence/maintaining abstinence, and build recovery capital in communities 	<p>Safer Roads Steering Group; West Yorkshire Police; West Yorkshire Probation Trust; Bradford Council - Public Health Department; Third Sector organisations</p>	<p>Community Safety Partnership</p>

Priority 15: Increase the number of decent homes and ensure affordable warmth

Relevant standards against which to monitor progress on this priority could include:

Fuel poverty

Excess winter deaths

Percentage of population affected by noise

Statutory homelessness

Air pollution

Areas for Action	Commitments	Delivery partners	Overseeing (and supporting) partnership
Build more homes that are affordable Reduce disrepair and health hazards in older private housing likely to be occupied by vulnerable people Improve energy efficiency and eco standards Local authority housing service to provide high quality services Improve access and services to vulnerable people, process applications more quickly, improve choice, and reduce and prevent homelessness Improve the design, quality and supply of housing in the district to better meet the needs of older and vulnerable people	<ul style="list-style-type: none"> • Enable and support the delivery of more new homes, in particular housing which is affordable to access and maintain, built to high energy efficiency standards. • Improve the quality of existing housing through a comprehensive programme of housing standards advice, support, equity loans and enforcement. • Support implementation of Green Deal measures to homes across the district; update Fuel Poverty action plan; tackle excess winter deaths • Implement major change programme to homelessness prevention and assessment services, improve provision of temporary accommodation. 	Bradford Council registered providers; housing developers; Private landlords; owner occupiers; other public sector partners; Homelessness service providers; other public sector partners.	Housing Partnership

Priority 16: Enhance social capital and active citizenship

Relevant standards against which to monitor progress on this priority could include:

Social connectedness; Older people's perception of community safety

Areas for Action	Commitments	Delivery partners	Overseeing (and supporting) partnership
Develop effective ways for all partners and partnerships to involve communities, groups and individuals in their plans and work Support communities throughout the District to do things for themselves Increase opportunities for active citizen involvement in the District Encourage people from different backgrounds to get on well together Create opportunities for individuals, groups and organisations to get together to discuss their circumstances, needs and aspirations, within and between communities and neighbourhoods	<ul style="list-style-type: none"> • Through Ward and Equality Assessments map where we have high and low levels of social capital and active citizens. • Through Ward and Equality Assessments identify Areas and communities of interests with specific health and wellbeing needs where enhancing social capital could make a significant contribution • Through Ward and Equality Plans develop and coordinate community initiatives that support communities to do things for themselves and engage communities appropriately • Work with Health and Wellbeing partners to help develop support networks and self help groups • Ensure there is brokerage between people wanting to volunteer and organisations seeking volunteers 	Bradford Council; Third Sector; NHS	Stronger Communities Partnership (Health Improvement Partnership)

Priority 17: Reduce harm from preventable disease caused by tobacco, obesity, alcohol and substance abuse

Relevant standards against which to monitor progress on this priority could include:

Smoking prevalence – 15 year olds; Diet; Excess weight in adults; Proportion of physically active and inactive adults; Smoking prevalence – adults; Successful completion of drug treatment; People entering prison with substance dependence not previously known to community treatment

Areas for Action	Commitments	Delivery partners	Overseeing (and supporting) partnership
<p>Work with partners to promote an environment and culture that makes healthy lifestyles easier to achieve</p> <p>Develop tiered model of interventions so the most effective interventions get to the right people at the right time</p> <p>Commission specialist services for those in greatest need</p> <p>Provide brief interventions and referrals to effective preventative services, using the principles of 'Making Every Contact Count'</p> <p>Increase access to targeted health checks</p>	<ul style="list-style-type: none"> Address access to low priced tobacco and alcohol through enforcement Recognise the importance of safe places to take part in physical activity, whether that be walking or cycling routes, community centres or health facilities and improve accessibility in a physical and monetary sense to ensure available to the wider community Address obesity as a family issue of malnourishment linked to poverty and deprivation Address access to low priced poor quality food and takeaways 	<p>Bradford District Care Trust; Third Sector; Clinical Commissioning Groups; Prosperity and Regeneration Partnership; Bradford Council; Airedale NHS Foundation Trust; Bradford Teaching Hospitals Foundation Trust; West Yorkshire Joint Services</p>	<p>Health Improvement Partnership</p>

Priority 18: Reduce mortality from cardiovascular disease, respiratory disease, diabetes and cancer

Relevant standards against which to monitor progress on this priority could include:

Recorded diabetes; Alcohol related admissions to hospital; Cancer diagnoses stage 1 & 2; Cancer screening coverage; Access to non-cancer screening programmes; Take up of NHS Health Checks; Mortality from all cardiovascular diseases (including heart disease and stroke), cancer, liver disease, respiratory diseases, communicable diseases; Emergency readmissions within 30 days of discharge from hospital; One-and five-year survival from colorectal, breast, lung cancer; Preventable sight loss; Emergency readmissions for acute conditions that should not usually require hospital admission; Proportion of stroke patients reporting improvement in activity/lifestyle

Areas for Action	Commitments	Delivery partners	Overseeing (and supporting) partnership
<p>Ensure early detection of cardiovascular disease, respiratory disease, cancer and diabetes, including health screening</p> <p>Develop integrated care models to meet individual need</p> <p>Improve management of people with chronic disease and cancer</p> <p>Reduce complications and repeat admissions from chronic disease</p> <p>Work with vulnerable and high risk groups to reduce inequalities in access to health services</p> <p>Improve self-care support</p>	<ul style="list-style-type: none"> Full implementation of CVD Secondary Prevention Quality Improvement (QI) Project, Continued implementation of the Atrial Fibrillation QI Project Development and implementation of Enhanced Heart Failure (HF) project for patients with Heart Failure Continued implementation of the Respiratory QI project More robust implementation of smoking cessation into secondary care pathways across hospital and mental health care Development, implementation and evaluation of directed enhanced services (DES) for hypertension telemonitoring in Bradford District CCG. Using the findings of the Diabetes review and other plans to improve care and outcomes for patients with diabetes All with specific encouragement and support of practices with most deprived practice populations to fully participate 	<p>Airedale Wharfedale and Craven and Bradford City and Bradford Districts CCG</p> <p>Public Health teams; Primary care teams; Secondary care teams; Clinical Specialty Leads; Clinical Commissioning Groups; Providers;</p>	<p>Transformation and Integration Group; Transformation Change Board; Bradford and Airedale Collaborative Commissioners Forum; Cancer Local Area Network ; Respiratory Quality Improvement Group; Stroke Strategy Group; Diabetes review board; Self care network</p>

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