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**Bradford District Partnership
Review of Prevention and Early Intervention**

September 2017

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1. BACKGROUND AND SCOPE OF EXERCISE

This review of Prevention and Early Intervention was commissioned by Bradford District Partnership in June 2017, with Peopletoo appointed as preferred provider to deliver on the review's objectives.

For context, Bradford District Partnership (BDP) is the district's Local Strategic Partnership (LSP), bringing together, at local level, different parts of the public, private, community and voluntary sectors, enabling different initiatives and services to support each other so that they can work together more effectively.

This review was commissioned to help the Partnership understand its current position in relation to the approach taken across the partnership to Prevention and Early Intervention, identifying strengths and good practice but importantly identifying opportunities for development. It should be noted that the analysis of each organisation was to inform an overview of practice across the partnership, and not a deep dive review of any one organisation.

The objectives of the commission were to:

- a) Map existing provision in the district and the outcomes of them across all sectors.
- b) Reach an understanding of whether existing provision is meeting the anticipated outcomes of each programme.
- c) Identify and evaluate any lessons learnt and opportunities from existing projects.
- d) Research good practice and opportunities from beyond the district, particularly where such practice has been evaluated and shown to produce positive outcomes.
- e) Identify any gaps, weaknesses and duplication in current provision.
- f) Identify any barriers and challenges that would need considering as the programme develops.
- g) Confirm the scalability of the programme (i.e. geographic focus and impact on a wider population base).

The review took place between June and September 2017, and this report represents its findings and recommendations for future development. We would like to take this opportunity to thank Bradford District Partnership for the opportunity to undertake this review, and for the invaluable contribution of all stakeholders who have been involved in developing this report.

2. EXECUTIVE SUMMARY

There is no doubt that, in Bradford, there is a strong commitment to and understanding amongst partners of the value of Prevention and Early Intervention. Additionally, this review has highlighted that there are a number of examples of best practice across partners of which the District should be justifiably proud.

Such a landscape provides both a significant opportunity and a challenge, for whilst there is a significant basis from which a robust and collaborative approach to an Prevention and Early Intervention Offer for the people of Bradford can be built, the no less significant challenge is in ensuring that this Offer is well coordinated, based upon some agreed principles and ways of working, is well communicated, and that partners can be held to account for their contribution. Furthermore, for all that an Offer may look cohesive and effective in theory, achieving the public and workforce behavioral change at all levels that modernises the way that we provide services and the role that people and communities can play in supporting themselves, rather than relying on direct services only when needs become acute, is another challenge entirely.

This review has involved a considerable amount of stakeholder engagement in order to map both the services that can be defined as “Prevention and Early Intervention”, but moreover the approach that each organization or department within an organization is taking. Such has been the breadth of information gathered, the temptation in developing this report has been to detail all of this activity in depth. However, as the review has developed, it has become clear that what would benefit the Partnership more is not this level of narrative, but an analysis of how all of the positive work can be channeled into a clear direction going forward that also addresses some of the challenges identified.

This report therefore summarises activity but then focusses more on “Key Findings” and “Recommendations” in Section 11 which culminates in a proposed way forward.

The key finding from this review is that for all the strengths of individual organisations in respect of delivering Prevention and Early Intervention, and additionally some excellent examples of partnership between some organisations, there is no overall, agreed definition, principles, or Operating Model that brings all of this together, and on which partners are able to develop a bespoke approach that is appropriate to their client group. For all of the partnership and strategic groups in existence in Bradford, there is also no single accountable body for Prevention and Early Intervention to drive a coordinated approach to Prevention and Early Intervention, to which partner organisations can be accountable to.

Without any of this, there is the risk of duplication of effort, gaps in provision, dilution of key messages, and individual reconfigurations of service or planning decisions that may not take full account of the impact of these on another organisation's agenda. There is also no mechanism for ensuring that any organisation's strategy considers Prevention and Early Intervention as a key element of any activity.

This review also concludes that the current approach to Prevention and Early Intervention, at a strategic level, needs to be further considered in the context of how it reflects the diverse communities that exist in Bradford. The cultural diversity of Bradford District and the challenges that this brings in delivering Prevention and Early Intervention only really came out when engaging with the Voluntary and Community Sector. Whilst much work has been undertaken to ensure that the Voluntary and Community Sector was integral to strategic planning, some of those met still felt a disconnection from this.

This review therefore recommends five clear courses of action, which it details further in Section 12:

- That Bradford District Partnership Board reviews its purpose, Terms of Reference and membership to become the key ENABLER for Prevention and Early Intervention in Bradford.
- Within this remit, that Bradford District Partnership Board reviews the District Plan, ensuring that each of its objectives clearly identifies the Prevention and Early Intervention element. The Plan should also include:
 - A Delivery Plan, demonstrating how it will implement a plan based upon the recommendations in this review that bring consistency and accountability of the approach to Prevention and Early Intervention across the partnership.
 - A Resource Plan where each BDP member demonstrates their individual investment in Prevention and Early Intervention.
- That an agreed Strategic Operating Model for Prevention and Early Intervention is developed, underpinned by some agreed definitions and principles which can underpin an approach within any discipline, to create consistency across all partners.
- That to deliver the Strategic Operating Model, Bradford District Partnership as a whole builds upon the existing mechanisms that are effective, such as the programme of workstreams within the Self Care and Prevention programme and the model of local area working to deliver a more co-ordinated approach to Prevention and Early Intervention, developing additional workstreams where these may be necessary.
- To ensure that processes are in place with the Voluntary and Community Sector to reflect the diversity of its communities within Bradford District when planning for Prevention and Early Intervention.

Structures, processes, and even organisations, however, can only go so far; real change is effected by people, and by action. This review therefore makes a challenge to Bradford to creating behaviour change by threading three "golden thread" themes across three key life stages.

Taking life stages first, there is a body of evidence, most notably which underpins the Better Start (Born in Bradford) programme, that a positive start in life yields significant benefits in later childhood and hence later life both for the individual and society. Furthermore, it has also been noted locally, most notably by the police, that if children and young people can reach the age of 16 without having come to the attention of them, they are significantly less likely to do so beyond this age. At a later stage of life (early adulthood to mid-life), there is growing evidence that enabling individuals and empowering communities to support themselves and take ownership of their own health and wellbeing, creates better long-term outcomes for both them and the wider community, whilst reducing the burden on public services. At a stage even later than this, evidence tells that isolation and loneliness are the key factors that underpin a range of health difficulties in later life, including the growing challenge of dementia in older people.

Therefore, this review concludes that Prevention and Early Intervention in Bradford should have a key focus on these three key life stages:

- **Starting Well** – embedding within practice the evidence underpinning Born in Bradford’s “Better Start” programme, supporting children and families to build resilience and creating protective factors from the start of life that will reduce the demand for social care services and give children the sound basis from which to achieve key milestones (including educational and vocational milestones) as they progress to adulthood.
- **Living Well** – driving the positive messages of “self-care and prevention” in mid-life, creating better quality of life in the short term whilst creating long term protective factors that will impact in later life.
- **Ageing Well** – thinking more creatively, more “enabling” than “providing by default”, to reduce isolation and loneliness in later years where it still occurs, and the attendant risk of ill health.

To support this, this review identifies five key themes which, if embedded within practice across the three life stages, would have a significant impact upon outcomes in each:

- The development of relationships between organisations and communities at a local level, enabling “new conversations” and a sense of real connection between public services and the community that builds trust and reduces tensions.
- Mobilising further the “people” within communities through an expansion and greater evidence of the People Can concept, and exploration of innovative approaches being used across the country.
- More specifically, focusing on the reduction of isolation and loneliness (for isolation and loneliness is not exclusive to those in later years).
- Focusing on the reduction of poverty, which lies at the heart of many of the issues that Prevention and Early Intervention seeks to address.

- In order to build upon the culture in Bradford for innovation, targeting a hitherto untapped opportunity for innovation for the partnership to focus on, this review recommends that this be focused on developing intergenerational connections in communities that can bring positive benefits to all life stages. A case study in Appendix 4 is included to demonstrate the potential benefits of this.

The final challenge to Bradford is to have the courage to invest in interventions that are proved to provide long term gain, but which may take 10-15 years to truly show real impact. The desire for short term outcomes, often demanded by short term or non - recurrent funding, can make organisations reticent about investing in such activities even though evidence tells us that they will yield significant benefits later on. The evidence supporting the Born in Bradford Better Start programme is a good example of taking a long term view. Linked to this, practitioners need to be supported to have the confidence to be innovative and take informed risks when promoting an enabling culture, without fear of recrimination if the approach is not successful.

This review challenges Bradford to not only keep investing in these programmes, but, more than this, to embed the principles of these programmes within all agencies and hold them to account for doing so, as the evidence already exists to suggest that these approaches will yield outcomes. There is a sense that Bradford needs to give itself the permission to take this long-term view that a new District Plan, with a focus on Prevention and Early Intervention, could provide.

This review recognises that, across the partnership, organisations are at significantly different points in the journey towards an effective Prevention and Early Intervention approach. In this regard, this review must acknowledge this and attempts to provide an overall view of where the partnership is at, and a roadmap to get everyone to the same point before progressing onwards together. Some partners that are further ahead may feel that their own levels of progress are not emphasised enough in this report, or that the recommendations do not provide a more detailed solution at this point. However, as this review concludes, not everybody is at these more advanced starting points, and the partnership must first establish where it is at collectively and then ensure that everyone can move forward with an agreed approach. To some extent this is also reflected in the case studies included in this report; the fact that many are “single agency” rather than of a partnership approach is a reflection of where the partnership approach to Prevention and Early Intervention is currently at.

This notwithstanding, given Bradford’s starting point, the opportunity for this generation of partners to leave a real legacy, and for Bradford to become an example of best practice in future years, would appear too good to miss.

We would like to take this opportunity to thank Bradford District Partnership for the opportunity to undertake this review, and for all of the willingness of partners to engage so fully in the process.

3. HOW THE BRADFORD DISTRICT PARTNERSHIP AND THE DISTRICT PLAN SUPPORTS THE PREVENTION AND EARLY INTERVENTION AGENDA

The Bradford District Plan has four key areas of focus – (1) Better Skills, More Good Jobs and a Growing Economy, (2) A Great Start and Good Schools for All Our Children, (3) Better Health, Better Lives, (4) Safe, Clean and Active Communities, and (5) Decent Homes that People Can Afford to Live In. Each priority outlines an overarching ambition and current position statement, before detailing some high-level actions under the title of “Making it Happen”, the role that individuals, businesses, the VCS and any other key organisations can play in making it happen, and some key success measures. These are then delivered by four Strategic Delivery Partnerships – (1) Producer City, (2) The Children’s Trust, (3) Health and Well Being Board, and (4) Safer and Stronger Communities. It is noted that the Council Plan is consistent in its structure with the Bradford District Plan.

Key Findings

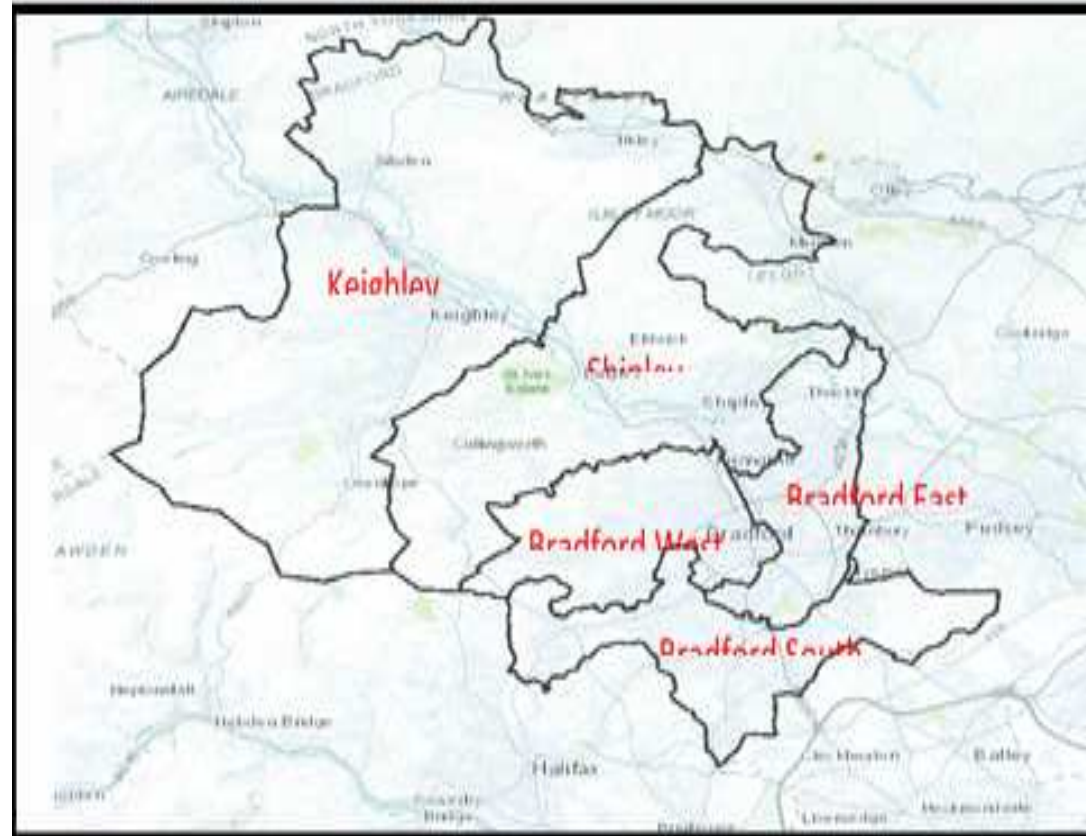
- There are a range of strategic groups in Bradford District that have Prevention and Intervention as a theme within their work, but no one group that has overall responsibility for driving it.
- Bradford District therefore does not have a clear strategy or “Operating Model” to both strategically drive or operationally deliver a partnership approach to Prevention and Early Intervention.
- As a result, there is a rather fragmented approach with no agreed definition or principles from which organisations can develop their own bespoke approach within an overarching framework; no frame of reference for an organization to understand the causes and consequences of its actions on another partner’s Prevention and Early Intervention agenda; no mechanism to hold less engaged organisations to account, and a missed opportunity to drive key priorities that all can impact upon.
- The Bradford District Plan does not currently emphasise Prevention and Early Intervention as a fundamental principle that underpins either the Partnership’s or individual organization’s approach to service delivery. As a result, there is then no “golden thread” of Prevention and Early Intervention as a fundamental principle across its objectives or within the plans that feed from it. Even within these plans, the reader is challenged to find the references to Prevention and Early Intervention rather than this being at the forefront of each plan.
- For all its aspiration, the District Plan does not contain a Delivery or Resource Plan which details how its aspirations will be delivered and what contribution each partner will make - whether focused on Prevention and Early Intervention or not.
- Whilst the People Can concept is rightly celebrated and is key to driving the community asset based approach, it does not have a significant profile within the District Plan and, as a result, would appear inconsistently applied across departments and organisations. Knowledge amongst some partners of it was also inconsistent.

- Where good practice in integration across the Partnership exists, it appears to involve a limited number of partners with a common sense of purpose rather than it being driven by Partnership as part an overall strategy. Some organisations are significantly more advanced in their approach to Prevention and Early Intervention than others. Some good practice also became evident during the review that was not highlighted elsewhere as something that demanded inclusion and celebration, and this implies that it is not as widely known as it should be.
- In terms of membership of the BDP, it is noted that there does not appear to be a representative from Public Health, Children's Services and Adults' Services, and the Fire Service, all of which are key deliverers of Prevention and Early Intervention activity.

There is hence an opportunity to Bradford District Partnership Board to take the lead role in driving Prevention and Early Intervention, and how this may be done is described in Sections 12-15 of this report.

4. BRADFORD – AN OVERVIEW OF SOCIAL OUTCOMES ACROSS THE 5 AREA COMMITTEE / CONSTITUENCY AREAS

For the purposes of this review, we have considered need across Bradford and hence based the analysis of the mapping of services on the 5 constituency areas, as these localities are well understood locally and the basis for much locality partnership working.



Levels of Need Across Constituencies

The table below demonstrates the differing levels of need across the 5 constituency areas. However, it should be noted that each of these constituencies are wide areas in themselves, and contain diverse communities and a wide variation of need. Therefore any Local Area Working arrangement must reflect these difference and differentiate resources based on this local intelligence.

Table 1: Levels of need across the five local constituency areas

AREA	ECONOMICALLY INACTIVE	NATIONAL AVERAGE	% OF CHILDREN IN POVERTY	NATIONAL AVERAGE	CRIME STATISTICS	NATIONAL AVERAGE	LIFE EXPECTANCY	NATIONAL AVERAGE	LEVEL OF NEED (1 BEING GREATEST NEED)
Bradford East	34.3%	22.2%	35.2%	20%	124.7	71.9	Male: 76.1 Female: 80.4	Male: 79.4 Female: 83.1	1 =
Bradford West	36.5%	22.2%	33.6%	20%	108.28	71.9	Male: 75.8 Female: 80.3	Male: 79.4 Female: 83.1	1 =
Bradford South	28.1%	22.2%	30/1%	20%	106.68	71.9	Male: 77.3 Female: 80.4	Male: 79.4 Female: 83.1	3
Keighley	26.7%	22.2%	21.2%	20%	74.5	71.9	Male: 78.7 Female: 81.8	Male: 79.4 Female: 83.1	4
Shipley	14.4%	22.2%	13.4 (485/650)	20%	70.9	71.9	Male: 79.8 Female: 84	Male: 79.4 Female: 83.1	5

Sources

Economically Inactive: NOMIS at <https://www.nomisweb.co.uk/reports/lmp/wpca/contents.aspx>. Statistics from Jan – Dec 2016

Children Living in Poverty at <https://www.parliament.uk/mps-lords-and-offices/offices/commons/commonslibrary/statistics-for-uk-constituencies/#jump-link-1>. Statistics from 2014

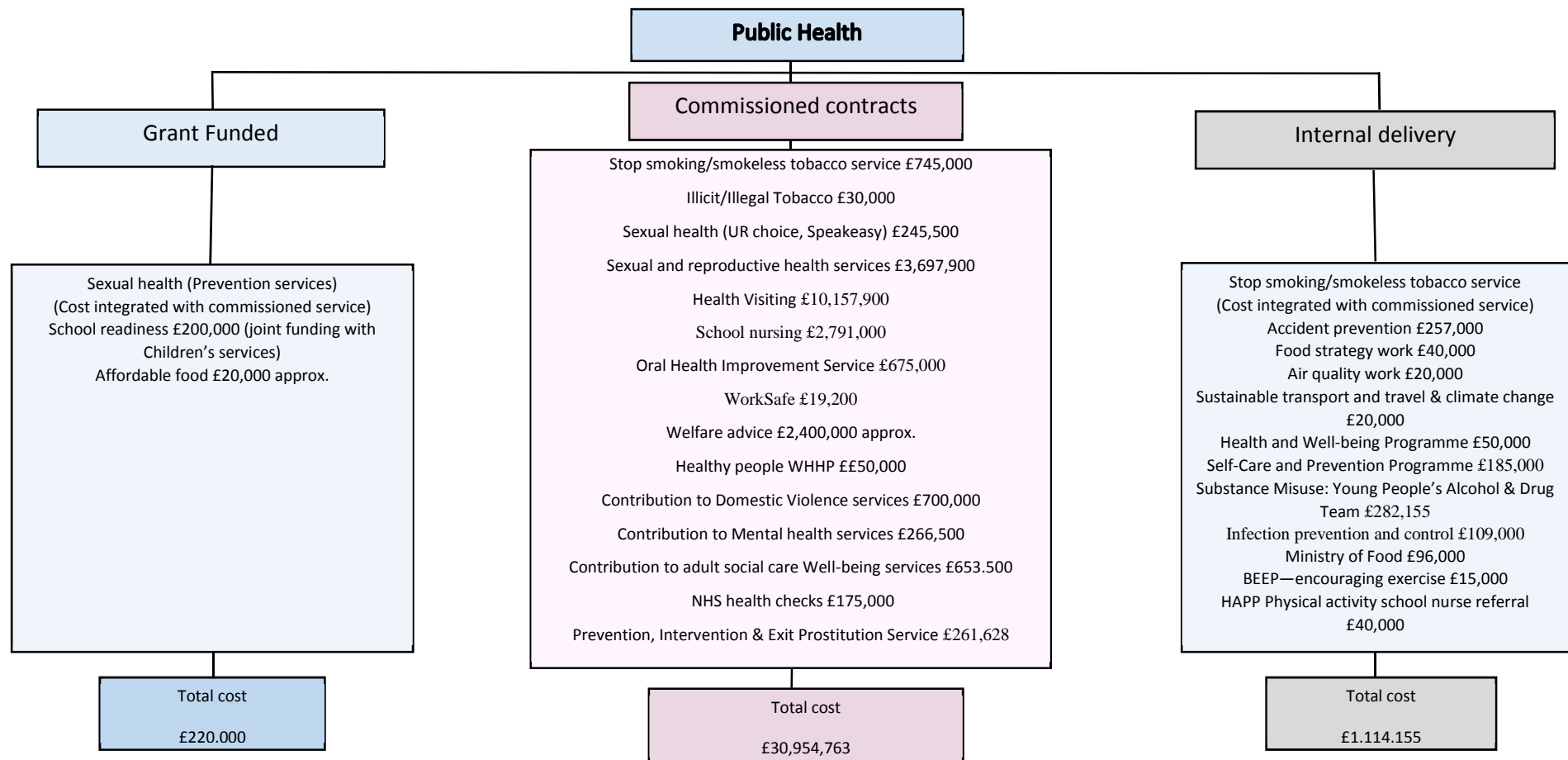
Population statistics by area at https://public.tableau.com/profile/house.of.common.library.statistics#!/vizhome/Populationbyage_0/Dataconstituencyincontext

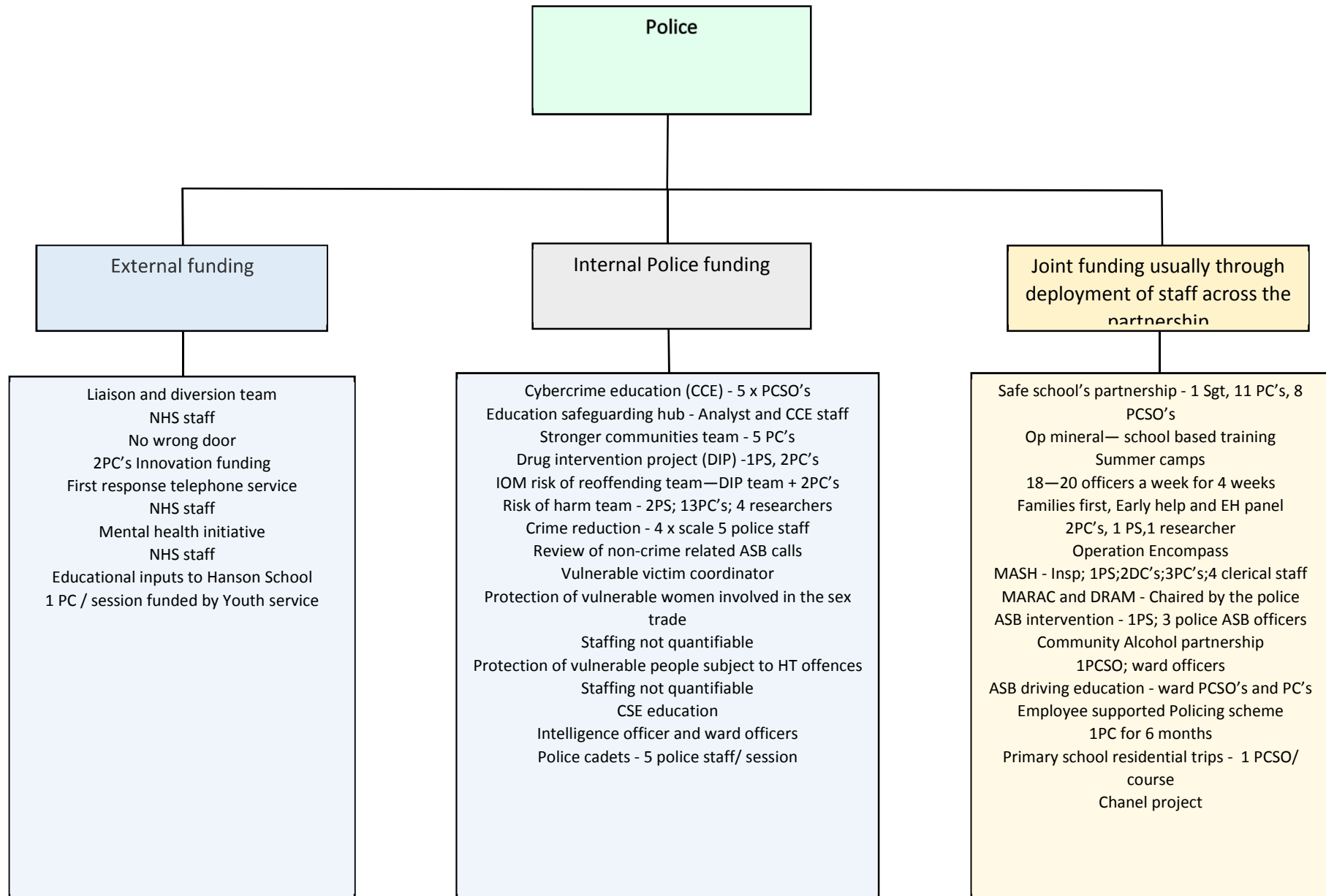
Crime statistics by area and national average provided via West Yorkshire Police. Figures are March 17.

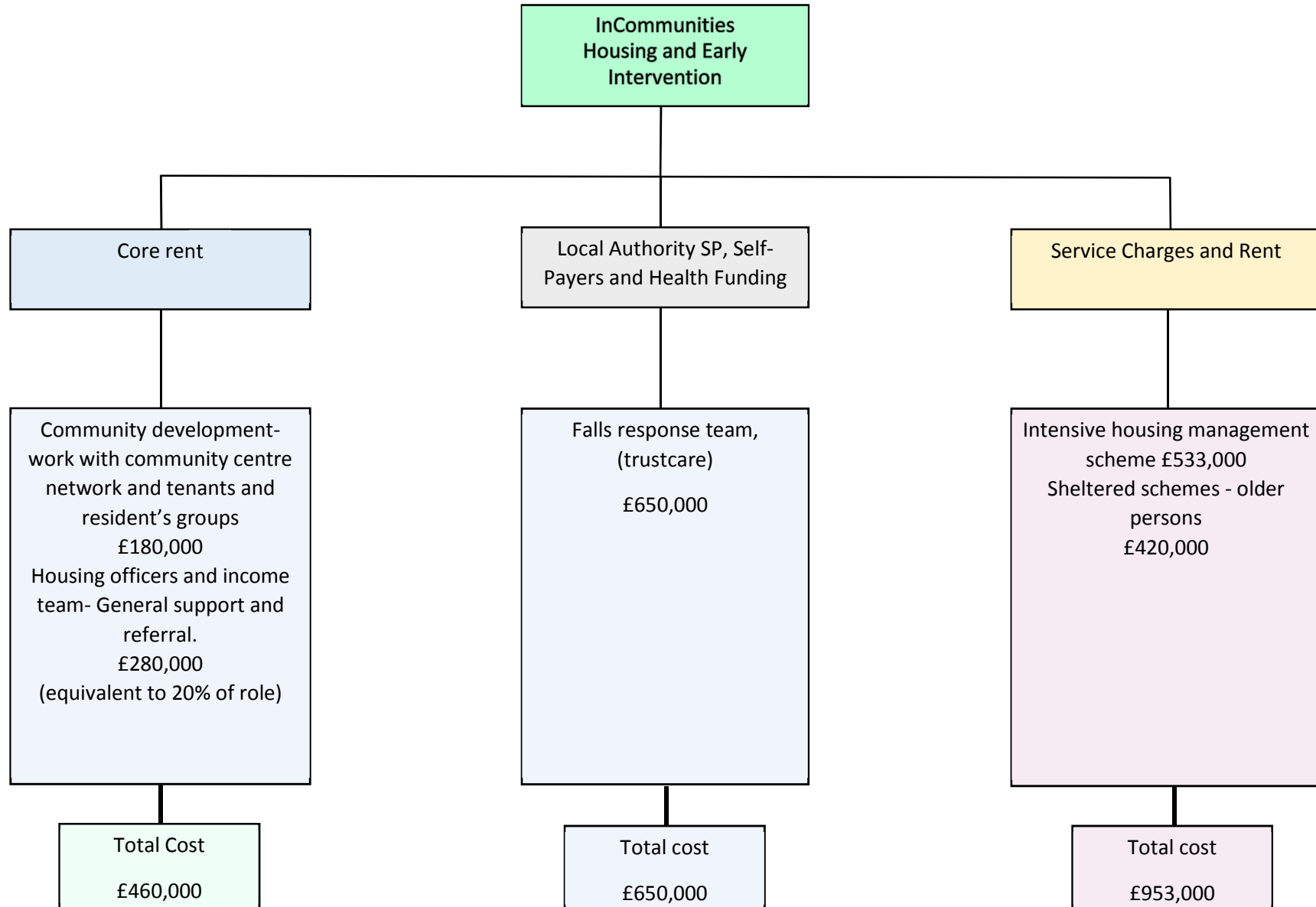
Life Expectancy Statistics - Catriona Colborn (Bradford City Council)

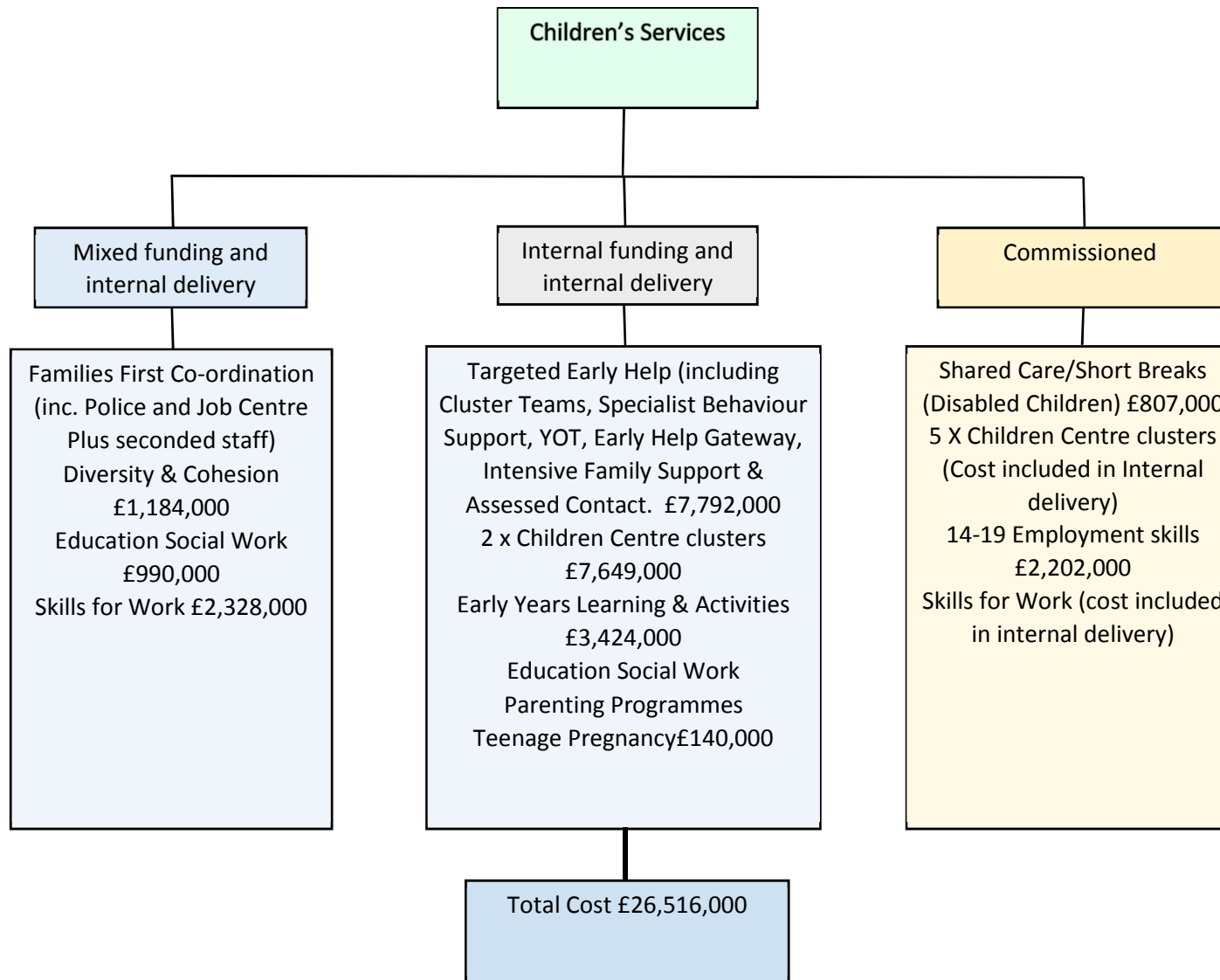
5. MAPPING OF PREVENTION AND EARLY INTERVENTION SERVICES

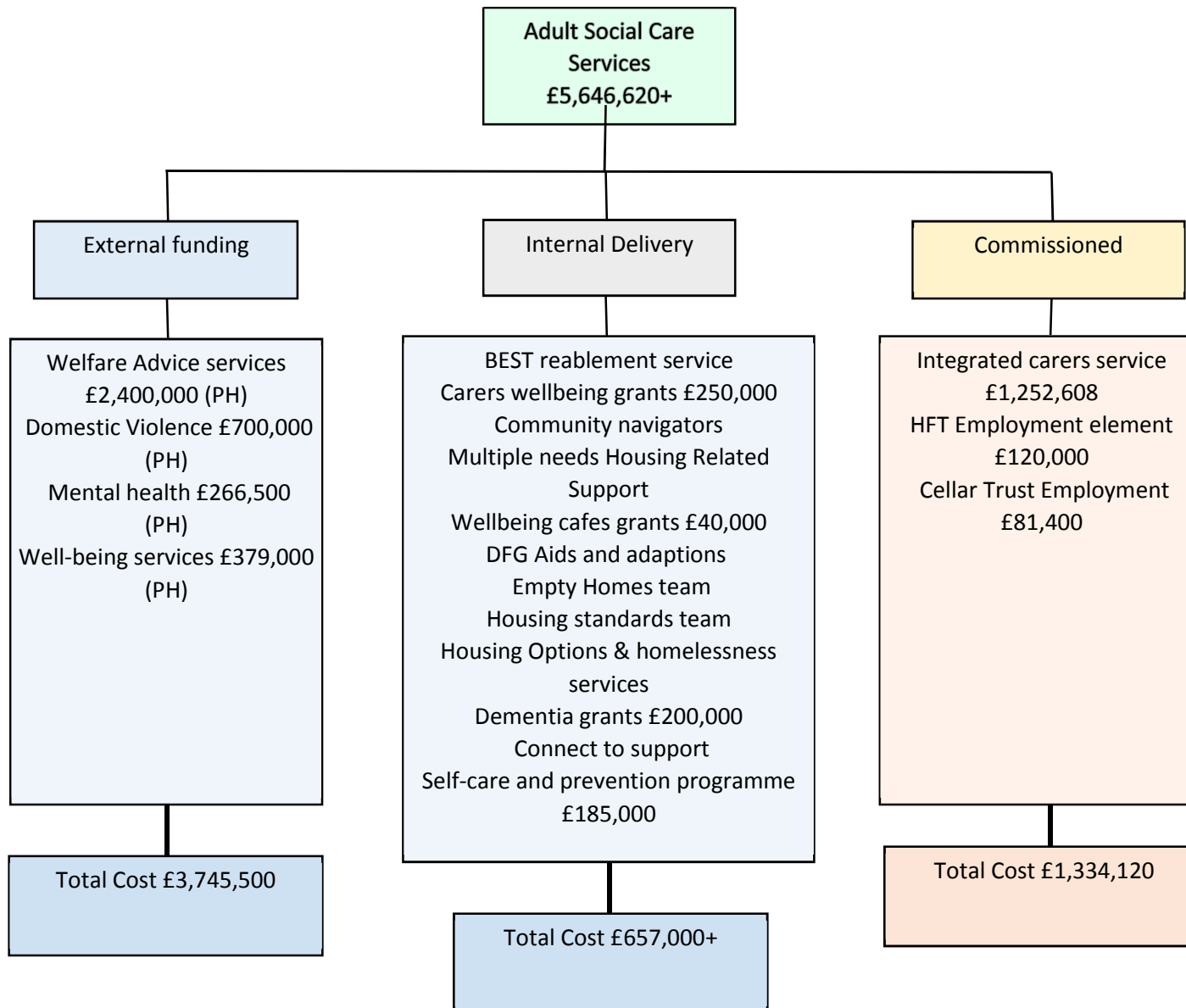
As part of this review, partners were asked to map what services they provide under the definition of “Prevention and Early Intervention”. Partners were asked to identify the service, service cost, whether it was internal or externally commissioned, and which tier of intervention each service was in (at this stage a 4-tier definition was given). The tables below in this section detail the information provided.

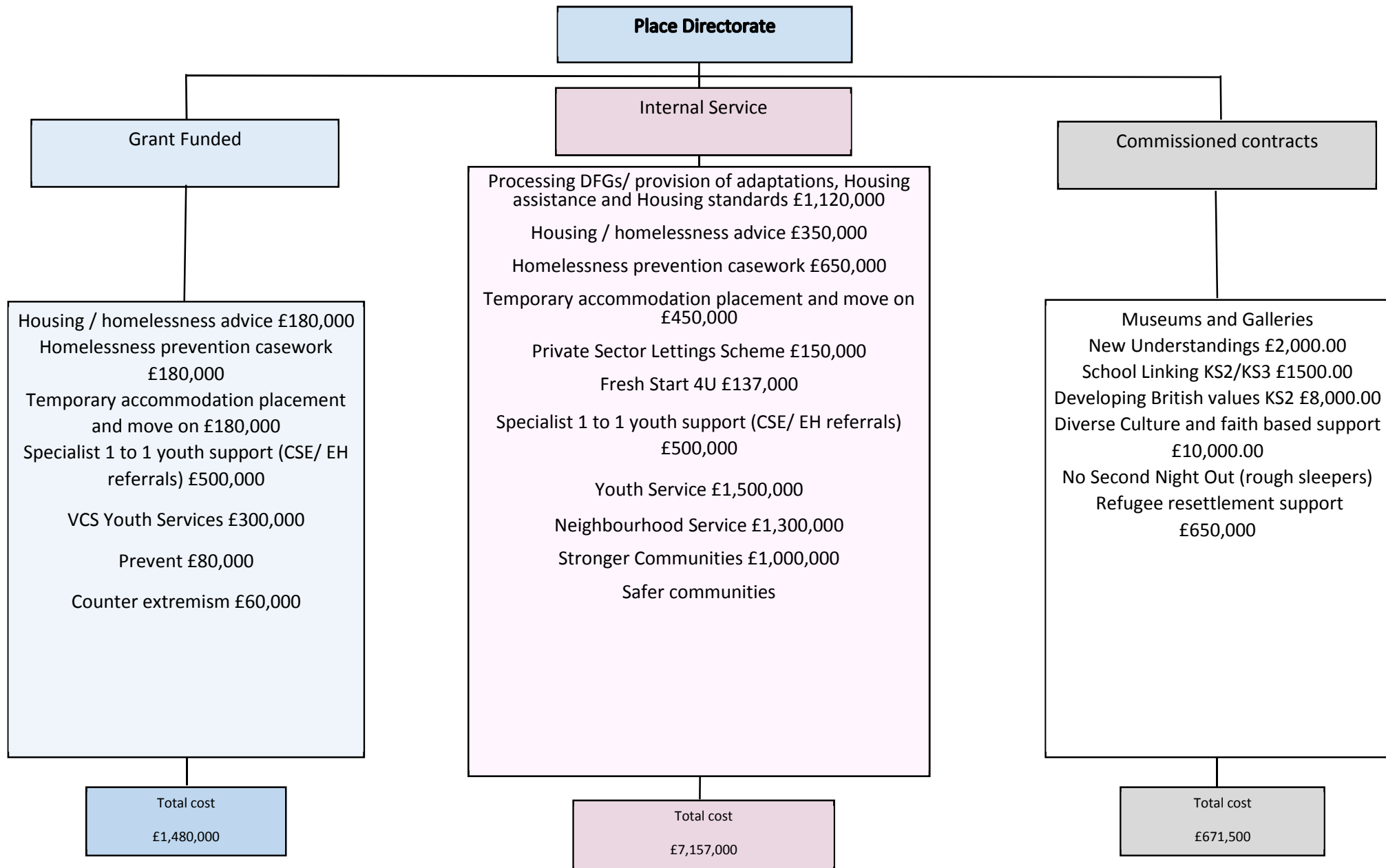












Bradford and Airedale, Wharfedale and Craven CCGs

The mapping of Prevention and Early Intervention across the two CCGs was more complex, in the sense that the majority of what is commissioned contained an element of Prevention and Early Intervention rather than being specific.

The majority of the Prevention and Early Intervention services will be found within Community Services, which account for 7% of overall spend, though prevention will also be an element of Primary Care (10% of total budget), Continuing Health Care (5%), and Out of Hours Service (1%).

6. AN OVERVIEW OF ALL KNOWN SERVICES ACCORDING TO TIER OF NEED

As part of the service mapping exercise, partners were asked to identify the tiers which best described each of their interventions. At the start of the mapping, partners were asked to identify services against one of four tiers:

- Tier 0 – Helping communities to build capacity, empowering and enabling them to support themselves and rely less on specific council resources
- Tier 1- Maintaining independence, supporting good health and wellbeing through high-quality information and advice programmes to develop self-help behaviours
- Tier 2 – Targeted prevention for individuals identified as being at risk of specific conditions, events or behaviours
- Tier 3 – Reducing more established needs

The purpose of this was to consider the current spread of services across the tiers. Whilst Section 13 proposes a 3-tier model, the analysis below still describes the overall spread between the lower and higher tiers of intervention.

Since this exercise, it was stated that both Adults and Children’s Social Care also worked at a tier above tier 3 – one where needs were acute, but where these was still an element of prevention in terms of attempting to shift need to a lower tier. Generally speaking, all should have this intention.

On the basis of information provided to date, the table below shows a higher representation amongst Tier 1 and 2 services than universal. This may reflect the fact that the Voluntary and Community Sector provide much of the universal element, but at the stage, we have been unable to include this detail..

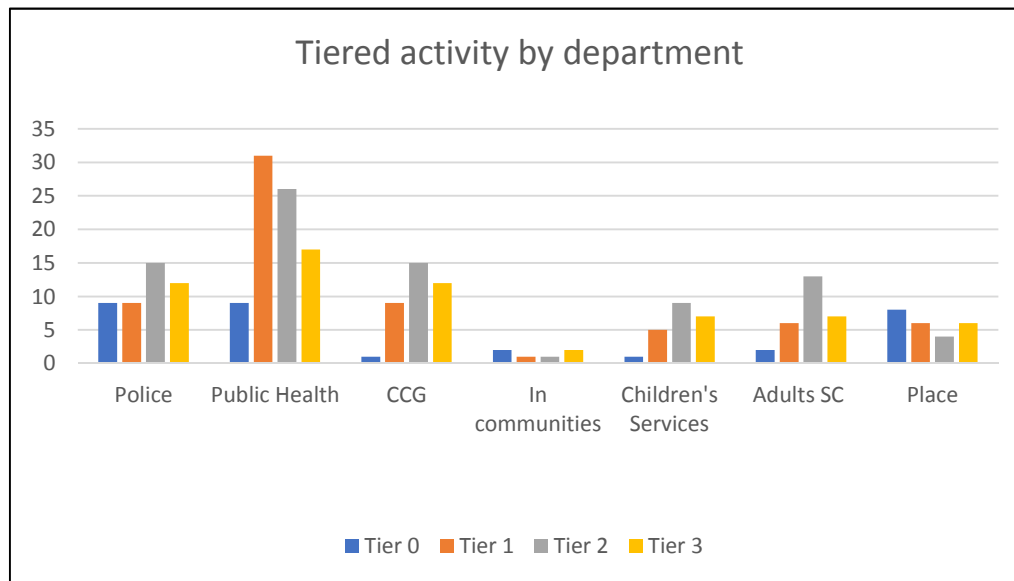
Given that when this exercise is done elsewhere it often shows that greater resource goes on higher tiered services, Bradford would appear to be at a good starting point to make the shift towards more at the lower tiers by at least having a fairly equal spread, particularly if it adopts a new Prevention and Early Intervention Plan which has a greater focus on the four key priorities of:

- The development of relationships between organisations and communities at a local level, enabling “new conversations” and a sense of real connection between public services and the community that builds trust and reduces tensions.
- Mobilising further the “people” within communities through an expansion and greater evidence of the People Can concept, and exploration of innovative approaches being used across the country.
- More specifically, focusing on the reduction of isolation and loneliness (for isolation and loneliness is not exclusive to those in later years)
- Considering where there is innovative best practice in developing intergenerational connections in communities that can bring positive benefits to all life stages.

Table 2: Tiered Activity by Department

Tiered activity by Department				
	Tier 0	Tier 1	Tier 2	Tier 3
Police	9	18	15	12
Public Health	9	31	26	17
CCG	1	9	15	12
In communities	2	1	1	2
Children's Services	1	5	9	7
Adults SC	2	6	13	7
Place	8	6	4	6
Totals	19	49	56	41

Chart 1: Tiered Activity by Department



7. THE EXTENT TO WHICH LOCAL INTELLIGENCE IS JOINED UP TO IMPROVE SERVICE OUTCOMES

As part of this review, we have considered the potential for and current arrangements for the sharing of information, both analytic intelligence and information about Prevention and Early Intervention services delivered by partners across the District.

Key Findings

- While the review, it became clear that there were plans to join up local arrangements for analyzing intelligence held by the Council and the Police. This is therefore a step forward in organisations sharing local intelligence about need to support the planning of services and allocation of resources and provides potential for the intelligence held by other organisations to feed into this.
- During the course of this review, it became clear that the Council has a GIS package, ARCGIS, which allows for a visual mapping of services across the District. When overlaid with local intelligence about need, this can help identify whether current provision is in the right areas, and, if not, how this could be addressed. The following link demonstrates the capability of this, currently populated with Council led Prevention and Early Intervention services. <http://cbmdc.maps.arcgis.com/apps/webappviewer/index.html?id=ef7f69caf9a44e089cff06679228dbc7>
- There is clearly potential for this to be scaled up to include partners' services, to provide an overarching view of Prevention and Early Intervention services across the District. Currently the potential to do this has not been realised.
- During the course of this review, we became aware of some service mapping of VCS provision through "Community Health Mapping" exercise to support the Social Prescribing approach. This information could be added to the Council's GIS system and a joint approach taken going forward.
- The VCS were not able to contribute to the service mapping exercise for this review, which is a reflection of the challenge that they face of being limited by their resources. There is clearly however a need for a wider conversation about what partners can bring to the table "in kind" in the interests of a partnership approach to Prevention and Early Intervention.
- The reasons for this are varied but also symptomatic of a challenge that became apparent during the course of this review. Firstly, the existence of this system being available within the Council at least would not appear to have been known across the partnership; secondly, the capacity within the Council to develop usage of the system is limited, and hence the resource to further develop it, particularly with partners' information, would need further consideration by partners as part of a resource plan going forward should the Bradford District Partnership Board take the lead on Prevention and Early Intervention as proposed by this report. Thirdly, when requested to provide details of Prevention and Early Intervention services to inform both this exercise and the population of tables in Section 5 and 6 – i.e. what services are delivered, how they are funded, at what tier they operate, and where they operate, some partners found this exercise challenging. The reasons given this included difficulty in being able to define the relevant tier, a consistent approach to identifying the difference between where a service was based against where it covered, and capacity to identify the answer to some or all of these questions where services were not currently considered in this way.

- Section 4.2 highlights that the constituency areas of most need are the most central Bradford wards of Bradford East, Bradford West and Bradford South of the District. This is not to negate the individual needs of the Keighley and Shipley areas and the democratic nature of some issues such as social isolation and poor lifestyle choices that can cut across all social demographics, but it would imply that these areas are in need of the most focus in terms of Prevention and Early Intervention. If GIS capabilities were to be fully realised, there is potential to monitor whether services were in the right places as well as enable partners and, in theory, practitioners identify provision in local areas. Furthermore, a point made in the Executive Summary is that, without co-ordination, a decision made by one organization may impact upon the work of another – this tool would help to assess such impact.

8. KEY FINDINGS – THE APPROACH TO PREVENTION AND EARLY INTERVENTION ACROSS THE PARTNERSHIP

The following section complements Sections 5 to 7, which focus primarily on service provision, by considering the approach of different agencies to Prevention and Early Intervention. There is therefore inevitably a degree of overlap with sections 5-7, but this section aims to identify the key elements of the approach of each agency.

As stated in the Executive Summary, there is a temptation here to include a considerable amount of narrative across a wide range of partners. However, in the interests of prioritizing the fundamental needs of this review, the narrative below is a summary only to highlight the key activity taking place, identify good practice or gaps / issues, but also enable partners to identify further links that they could make with any new Operating Model or partnership approach.

8.1 BRADFORD COUNCIL: ADULTS' SERVICES

8.1.2 Overview of the Approach to Early Help

Adult Social Care is delivered via the Council's Health and Well Being Department, alongside Public Health and Environmental Health. The vision for the department and hence Adult Social Care in Bradford is described in its strategy "Home First". This focusses on the Care Act's drive for short term interventions and supporting people to return home to live safely and independently as quickly as possible. The department has a drive to strengthen the connections between health and social care, with the aim to enhance the wellbeing of residents and ensure greater independence and choice for individuals. Adult Social Care in Bradford recognises that it is on a journey towards realising these ambitions, but its ambitions are clear and rooted in developing self-care and resilience within communities.

Statistics provided by Adult Social Care to support this review highlight the current position of Bradford in respect of the balance between "enabling" and "providing". They show that the percentages receiving low level ongoing support and those who are signposted are roughly similar. However, of more significance are the following statistics:

- 10.5% of those that come into the system in Bradford have an outcome of receiving long term provided care, compared to 6.8% in the Yorkshire and Humber region.
- 25% receive short term support, compared to 10% in the Yorkshire and Humber region.
- All receive some sort of a service, whereas 19% elsewhere in the Yorkshire and Humber region do not.

Appendix 3 demonstrates the proposed new Operating Model for Adult Social Care to encourage a more enabling culture, with its 5 themes of:

- Information, Advice and Self Care
- Early Intervention
- Out of Hospital
- (Supporting Independence in) Localities
- Mental Capacity Act and Safeguarding Rights

These themes translate into objectives and hence a model with outline interventions and activities which underpin this approach (see Appendix 3a).

To support the journey to transformation, a Transformation Implementation Programme is in place, with 6 key areas of:

- First Point of Contact
- Home First Enablement
- Holistic Locality Offer
- Re-imagining Days (rethinking personalisation against service provision)
- Mental Capacity Act and Safeguarding Rights
- Demand Management

In terms of the more detail regarding what “Home First” means, this is defined in the Home First Strategy as:

The principles of the “Home First” approach are:

- Developing new systems of working with people which build on their strengths. Strengths based approaches involve:
 - Making information and advice easily accessible so that people can make informed decisions about their support needs.
 - Early intervention which builds on people’s natural networks of support. This includes managing complexity at the “front door”, as once cases are beginning to go through the system and receiving services, it is more difficult to promote self-care.
 - Ensuring that all practicable steps are taken to ensure the wishes, feelings and beliefs of people who have long term support needs from the services are communicated, understood and upheld.

- Underpinning an approach to working with people which encourages the following:
 - Finding personalised solutions, and having the faith in people to be able to make good decisions about their lives if given the right quality of Information, Advice and Guidance.
 - Being proactive to support for self-care which supports healthier lives
 - Using technology to support care
 - Getting people home as quickly as possible after being in hospital and helping to keep them there safely

Case Study - Home First Strategy in Practice

Case Study Betty has been living on her own since her husband died. Her 2 sons live close by and both pop in once a week to check that she is OK. Betty's sons have been worried about her as her home care workers have reported to them that she is losing weight. Betty had a bad infection, which made her confused and led to a bad fall during the night. The home care workers found her 6 hours later and rang for an ambulance. When she was taken to hospital they found that she had broken her hip. Betty's sons really want her to move into a care home as they were really worried about the fall but Betty really wants to go home. Through discharge to an intermediate care bed Betty's social worker has had the time and opportunity to build up a relationship with Betty and better understand Betty's strength and that she is making an informed choice to go home. The social worker arranged for a risk enablement meeting with Betty, her sons, the Occupational Therapist and other professionals to help Betty explain that she wishes to return home but needs some support around the risks. The social worker recommended that Betty has access to telecare equipment so that if she becomes confused and falls again her sons would be immediately notified and a mobile response worker would go out to help support Betty. Betty is supported by the Occupational Therapist who recommends that Betty has some equipment fitted in her bathroom. Betty's social worker arranges for a local community group worker to meet Betty from the taxi taking her home. The worker makes sure that she is settled, the heating is switched on and that she has a cup of tea. They arrange to come back each day that week and take her out every Monday and Wednesday to the local café to meet with a group of other ladies who are of the same age as Betty.

8.2 BRADFORD COUNCIL: CHILDREN'S SERVICES

8.2.1 Overview of the Approach to Early Help

- The Targeted Early Help Team in Children's Services sits alongside the Social Work, Looked After Children and Resources Teams, covering the following service areas:
 - Cluster Based Targeted Early Help Teams
 - Families First Co-ordination (inc. Police and Job Centre Plus seconded staff)
 - Family Centres (inc. supervised contact)
 - Specialist Behaviour and Inclusion
 - Short Breaks
 - Family Group Conferencing
 - Intensive Family Support
 - Parenting Programmes
 - Youth Offending Team
- Entry into and out of Children's Services' Early Help Services is via the Early Help Gateway, as described in Appendix 2 – Children's Services Targeted Early Help Pathway.
- Children's Services Early Help uses the Signs of Safety approach to assessing needs. This is an evidence based approach to assessing need and is an example of good practice in Bradford (see case study 1 below).
- Early Help (Children's) has been delivered across 5 localities since January 2017. Each locality has a multi-agency Early Help Panel and a Targeted Early Help Manager who acts as the key contact, chairs the panels and co-ordinates work in the locality through the Families First (Troubled Families) programme. The purpose of these panels is to discuss and allocate cases raised to a number of services including targeted early help teams, social care, children's centres, school nursing, health visiting, voluntary sector providers, police, schools and other agencies.
- At the time of undertaking this review, Children's Early Help was undertaking a public engagement exercise to help inform the development of a renewed Early Help Offer, which is intended to become the subject of public consultation in October 2017. The remodeling of this offer will take into account the review of Early Help in Children's Services recently undertaken by KPMG, which identified 5 key areas of focus - Maternal Health, Targeted Parenting Ability Support, addressing the Toxic trio (drugs, alcohol, domestic violence), School Attendance, and Data Sharing and Predictive Intelligence Capability.

- The Children’s Services approach to Early Help supports the ‘Think Family’ approach, understanding needs and the impact of these across the “whole family”.
- Children’s Services also developing the Signs of Safety approach as a way of working with families in assessment. Over 1500 practitioners are now trained across children’s services, NHS, schools and voluntary sector.
- There is also a common referral form for children centre support, early help and social work support which is based on key Signs of Safety questions, whilst Early Help Plans are now structured under Signs of Safety.
- Family Group Conferencing is used to support both this and the “Signs of Safety” approach.
- Children’s Services also use a tiered level of need definition for Early Help, as set out in the “Multi Agency Threshold Guidance for Bradford District - December 2016”. The guidance contains significant detail as to the definitions for each level and hence the type of intervention that should take place at each level, but for the purposes of this review it broadly describes the tiers as thus:
 - Tier 1 – Universal & community support, advice and information
 - Tier 2 - Early Help/Additional Needs met through Universal Services/Universal Plus
 - Tier 3 - Targeted Early Help – focus on ‘team around the family’ across several agencies

8.2.2 SEND

Alongside the proposed new approach to Early Help within Children’s Services, a proposal for a transformation for children and young people with Special Educational Needs and Disabilities was tabled to the Council’s Executive in June 2017. The proposals seek to ensure there is early identification, early assessment and early intervention for children and young people with these additional needs.

Key proposals include:

- 50 early years specialist places for children aged 2 – 5 years but with capacity for some children aged up to 7 where appropriate; alongside provision for mainstream places for young children.
- Each locality will contain two Early Years Enhanced Specialist Provisions (EYESP) which will provide integrated early education for mainstream and SEND young children on the same site.

- The model will also include two SEND Specialist Centres of Excellence. The SEND Specialist Centres of Excellence will comprise a range of SEND specialist practitioners who will provide consultation, support, training and outreach work for all SEND early years children across all types of early year's settings within the locality in addition to those accessing the EYESP.

8.2.3 Prevention and Early Intervention in Early Years

The Council's "Integrated Early Years Strategy" is a three-year strategy that aims to improve the life chances of children in Bradford by addressing inequalities, narrowing the gap and improving outcomes for all children including disadvantaged children and families across the district. Recognising the evidence that children's early years experiences shape their development, educational attainment and life chances (as evidenced through the research underpinning Born in Bradford programme), the strategy focusses on young children's development – ensuring they are healthy, have good parent-child relationships and are ready for their next stage of learning.

Key elements of the Council's approach include the provision of 39 Children's Centres via 7 clusters; 2 of these are managed by the Council, 3 by schools, and 2 by large Voluntary and Community Sector partners (Action for Children and Barnardos).

Case Study – Signs of Safety in Practice (by a practitioner)

I am currently working with a single parent who is working. Due to stress and anxiety from the job she was off sick. Her child is on the autistic spectrum and all were concerned that she was not coping well with life in general. There were also some concerns around alcohol usage and the impact this would have on her parenting. The Part B Signs of Safety assessment worked well with both the child and parent and both were willing to give their views and input these in the assessment. We discussed concerns in the worry section clearly; the parent understood this and it helped her clearly see why people had concerns and worries. Together we also looked at their strengths and set some clear actions required. I supported her to access counselling and a support group for children with autism. The client has seen her HR team at work and resolved her work-related issues as she came to understand how this was affecting her child and their relationship. Mum's emotional health has improved and she is accessing counselling and receiving support for alcohol use. The child is happy and more settled at home and accessing extra-curricular activities outside of school, which is helping their mental health and well-being which was a clear action on the part B. The child understood the three houses assessment and valued being able to give her views in a non-threatening and open manner and these views were embedded in the assessment to keep the child's views at the heart of the assessment.

8.3 BORN IN BRADFORD BETTER START

Born in Bradford is one of the largest research studies in the World, tracking the lives of over 30,000 Bradfordians to find out what influences the health and wellbeing of families. The study is tracking the health and wellbeing of over 13,500 children, and their parents born at Bradford Royal Infirmary between March 2007 and December 2010. Having commenced in 2016, the BIB: Growing Up and Primary School Years projects are now beginning to follow up the families involved to see how their lives have changed since pregnancy.

Linked to this, **Born in Bradford's Better Start (BiBBS)** is a Big Lottery funded research project that combines specific project delivery that will then be used to evaluate the impact of interventions in early life, at both pre and peri natal until the age of 4, on future outcomes for the child. It is doing this this via a programme of 22 interventions to improve outcomes for children aged 0–4 in three key areas: social and emotional development; communication and language development; and nutrition and obesity. The interventions will be implemented in three deprived and ethnically diverse inner-city areas of Bradford.

The programme is led by a partnership across the Council, the 2 CCGs, District Care Trust, Hospital Trust, Born In Bradford and the Voluntary and Community sector, and is part of the Born in Bradford research programme.

The 22 interventions are based on scientific evidence relating to 0-4 years development, most notably contained within “The Science Within – What Matters for Child Outcomes in the Early Years” (Social Research Unit, Dartington, for a Better Start). Strongly linked to research relating to the impact of Adverse Childhood Experiences (ACE). Further scientific evidence includes:

- The importance of pregnancy and first two years a key developmental window as evidenced in “Child Health and Well Being – The Early Years” 2016 (Sir Michael Marmot)
- The importance of the “Critical 1001 (first) days (of a child’s life) (Wave Trust 2016)

Statistical evidence includes:

- The importance of maternal mental health in the development of the child aged 0-4, as evidenced by - antenatal anxiety at 32 weeks’ of pregnancy linked to behavioural and emotional problems in the child at age 4; the link between poor maternal mental health and well-being at age nine months and/or at three years and poor child behaviour at age five; the link between a mother’s attunement at 8 months and a child’s development at age 7 attainment and age 11 reading in the lowest socio-economic groups.
- The child’s communication environment is a more important predictor of language development at two, and school entry ‘baseline’ scores at 4 than socioeconomic background.

- By the age of 3, some toddlers might have heard 30 million more words in their home environment than others. The more words children heard, the higher their IQ, and the better they did in school down the track.
- Language development at 2 strongly predicts children's performance on entry to primary school.
- Vocabulary at 5 is a powerful predictor of GCSE achievement.

8.4 PUBLIC HEALTH

A range of services are commissioned by Public Health to support Prevention and Early Intervention (see section 5).

Public Health's approach to Prevention and Early Intervention is then primarily driven through its Self-Care and Prevention Programme, led by Bradford Council Public Health and the CCGs and delivered in partnership with health, the third sector and providers. The programme works across Bradford and Craven and is one of the enabler programmes of the Integration and Change Board accountable to the Health and Well Being Board.

The programme has a key focus on supporting people to be more independent, self-sufficient and resourceful in order to more confidently manage their needs, thus reducing dependency on the health and social care system and improving quality of life. Principles include provision being "person centred" rather than "service centred", involving individuals and communities in creating and delivering solutions, and promoting collaboration and partnership.

There are 3 themes to the Self Care and Prevention Programme:

- People and Communities
- Workforce
- System Change

These are delivered via 8 workstreams:

- **Workforce Development**, focusing on training and empowering the health, social care and third sector workforce to deliver the Self Care and Prevention programme within their roles, promoting the "new conversation" with people to promote self-sufficiency and independence, and identifying and maximizing resources within their community. *Please refer to Section 13 for more analysis.*
- **Tools and Resources**, identifying partners who can work together to utilize existing / new technology and develop capability as required
- **Stakeholder and Culture**, developing, embedding and marketing new tools as required

- **Digital and TECS**, equipping partners and stakeholders with skills and capabilities required to embed Self Care and Prevention in their activities and care programmes
- **Children and Young People**, equipping and empowering children and young people and families to be resilient, healthy, and well and active citizens. The focus of this project is on common childhood illnesses, a schools' programme, and self-management of long term conditions
- **Contracting and KPIs**, working across systems to embed Self Care and Prevention within contracting and commissioning / planning frameworks, with clear outcomes and indicators
- **Prevention**, focusing on integrating key Public Health messages regarding primary, secondary and tertiary prevention in existing practices and maximizing the effectiveness and reach of commissioned services
- **Social Prescribing**, focusing on the concept of "social prescribing" services based within GP practices, linking with the Community Connectors programmes.

Case Study - The Impact of the Self Care and Prevention Workforce Development Programme (from a practitioner).

"The team was working with a man who had very complex needs. He had been known to the team for a very long time; we were having difficulty engaging with him and he was becoming quite resistant. After the training, I decided that I would try out the techniques I had learned with him. I planned the session before I went, went out to see him and took the time to listen to and understand his needs from his perspective. For the first time, he really engaged and we had really good conversations. As a consequence, through listening to him and focussing on what he could do, he has safely reduced his home care visits from four times a day to once a day. He was paying for the service so it has saved him a lot of money too. I have to say the training has changed my whole mind about the way I work and the way that I talk with people. It has helped me to plan more and be more focussed."

8.5 BRADFORD COUNCIL: PLACE

- Place operate an Area Committee structure which sees an Area Committee overseeing each of the 5 constituency areas. Each Area Committee then includes a Ward Partnership or a Ward Officer Team in each of the 30 Wards in Bradford District. Ward Partnerships bring together a wide variety of local partners to discuss and address local issues. They include elected members whilst Ward Officer Teams do not; this would appear to be dictated by each ward. These Partnership Teams meet on a 10-weekly cycle.
- Each of the 5 areas cover 6 wards and produces a Ward Plan and Ward Profile for each, published on the Council website. The Ward Plans consider local priorities and identify actions to address these.
- There are also a range of Communities of Interest groups that meet, such as African and African / Caribbean communities, Asylum Seekers and Refugees, the LGBT and Gypsy / Traveler communities.
- Ward Partnership and Ward Team Meetings have to date been driven by police data but this is about to develop to include information that the Council hold, including environmental intelligence. This will be facilitated by the co-location of police and Council analysts.
- Each area has an Area Co-Ordinator supported by 3 Ward Officers who produce the local plans, and co-ordinate local consultation and engagement. The core team also includes Street Cleaning and Wardens (the latter with an engagement and enforcement role), and also Neighbourhood Youth Workers who were moved from Children's Services to Place.

Case Study – Ward Partnerships in Action – “People Can Keep Great Horton Clean and Tidy”

The Great Horton Ward Plan in Bradford South highlighted that litter and street cleanliness is a significant issue within the Ward. The Ward Councillors decided to adopt the People Can approach by positively engaging with the local community to find a solution.

The ward had already seen a strong example of the People Can approach where the Friends of the Deceased Group had started a process of a deep clean and removal of unwanted vegetation in Scholemoor Cemetery. The before and after pictures demonstrate the impact of residents' involvement in transforming the space. This action and those of others were used to highlight to the wider community the potential of the People Can approach.

In parallel with promoting the positives of Great Horton's active residents a campaign began to engage with the whole community on their doorsteps. Council Wardens with the support of local Councillors and residents have gone door to door knocking on every door and discussing the environmental issues impacting on the Ward and highlighting the actions residents can each make to improve the local environment. We have learnt that to engage people in taking positive action reduces the need for enforcement action.

The process of behaviour change is always a slow one and in the case of Great Horton the number of transient people makes it an extra challenge. To this

end, the People Can Make Great Horton Clean and Tidy is now engaging specifically with the East European community which involves a wider approach to helping them sort out issues they face whilst at the same time promoting positive behaviours.

8.6 BRADFORD AND AIREDALE, WHARFEDAILE AND CRAVEN CLINICAL COMMISSIONING GROUPS

The CCG defines “Prevention and Early Intervention” in the following way:

- Primary Prevention – predominantly universal health messages aimed at increasing the individual and communities’ “health literacy” and ability to understand their own health and the impact of lifestyle upon it.
- Secondary Prevention – When something has occurred, how the risk of deterioration or escalation can be managed.
- There are three Clinical Commissioning Groups that cover Bradford – Bradford City, Bradford District and Airedale, Wharfedale and Craven. Whilst separate organisations, they have a shared management structure. They commission a range of services which include Prevention and Early Intervention services.
- Additionally, and significant in terms of Prevention and Early Intervention, two Self Care and Prevention programmes cover Airedale, Wharfedale and Craven (1), and Bradford City / Bradford District CCGs (2). The CCG Self Care and Prevention Programme is the delivery method within the health sector of the Self Care and Prevention Programme, with Public Health itself focusing more on embedding the principles of it within the Council’s Social Care.
- The two Self Care and Prevention programmes operate slightly differently, reflecting local funding arrangements and local needs. Both, however, deliver or support delivery of a Community Connector programme – Bradford District / City via the commissioned HALE service, and Airedale / Wharfedale / Craven via a Federation of GP practices.
- The CCG is leading on the development of the separate Bradford District and Airedale Accountable Care Systems which aims to bring health and social care partners together in partnership to share resources, including the pooling of budgets where appropriate by 2021. Partners include the CCG, Council and Providers, and the programme is driven by the Accountable Care Board. The purpose of an Accountable Care System is threefold – to improve the health of the population, closing the care and quality gap, within a sustainable resource plan. It aims to do this by bringing key partners and providers together to create one resource to be used to meet the needs of that area.
- The Accountable Care Board are working to a model that identifies the various tiers of need as described below. This model has four levels of intervention – Self Care and Prevention, Primary Intervention, Secondary Intervention and Acute Intervention.

- The Accountable Care Board have a range of “enabler” programmes to drive forward the Accountable Care System in Bradford, but it was identified that “Early Intervention” was not one of the them at this stage.
- It was stated that Children’s Services had yet to be engaged at this stage in discussions relating to the development of the Accountable Care System.
- The Better Care Plan sets out the health and social care vision for integration, including:
 - Develop a model of care and support that is effectively; person-centred, personalised, integrated, empowering. It will be co-produced in partnership with carers, citizens and communities and supported by mobilisation of front line staff, volunteers and a commitment to community engagement.
 - Transform the way that the system currently operates so there is a greater focus on the prevention of ill health, and upholding of rights, mental capacity and risk as a positive force resulting in reductions in premature death and dependency, and improvement in health, health inequalities and wellbeing.
 - Shift the balance from avoidable hospital admissions to personalised health, housing and social care models which are led and managed by the person as an expert of their own experience and delivered out of hospital.

8.7 BRADFORD DISTRICT CARE NHS FOUNDATION TRUST

Bradford Care Trust oversee Mental Health and Community Health services (including district nursing, school nursing, falls prevention and the Health Visiting Service).

Prevention and Early Intervention interventions include:

- Community Health Services such as Health Visiting, District Nursing, Speech and Language and the Family Nurse Partnership.
- Improving Access to Psychological Therapies (IAPT) services are for people over the age of 16 years who have mild to moderate mental health issues.
- The CAMHS service supports children and young people from pre-school years up to 16 years of age, (or up to 18 years of age if still in school) where there are severe and long-standing concerns about emotional well-being and behaviours. Whilst this is not strictly speaking “prevention and early intervention”, by intervening in childhood / adolescence, there is a focus on preventing needs escalating into adulthood.
- The Family Nurse Partnership in particular supports young women aged 19 or under expecting their first child. The FNP programme is underpinned by an internationally recognised evidence base, having been introduced to the UK via pilot sites in 2007. With clear linkages to the principles of the

Born in Bradford (Better Start) programme focusing on the 0-2 age range, supporting first time young parents in particular has been shown to improve health, social and educational outcomes in the short, medium and long term.

- The Early Interventions in Psychosis Service, specialises in working with people aged 14-35 years old who may be experiencing issues with their mental health providing a range of services including psychological therapies, medical and social interventions. Interventions are based on evidence that early intervention in psychosis modifies the potential for such episodes significantly.
- The Falls Prevention Team falls team aims to reduce the number and severity of future falls amongst the 'high risk' population of older adults. Support includes assessments in the home, carried out by a community nurse to consider the key risk factors that could contribute towards a fall. The service extends to offering a 16-week exercise and educational session that aims to reduce the risk of falling, delivered by postural stability instructors.

The Care Trust also deliver three key programmes focused on the People Can / community development principle:

- **Champions Show the Way** - this is a Volunteer led programme running a wide range of health and wellbeing activities within the community. There are currently around 270 volunteers offering a significant amount of activities which support the "community resilience / self-help" agenda. Referrals are received from GP and other health professionals, social care, the VCS, and self-referrals, and, whilst a universal service, a particular attempt is made to engage those who would benefit from reducing social isolation or as part of a rehabilitation or reablement package that may prevent further admissions. The programme works closely with the Community Connector programmes as a key programme for Community Connectors to refer to.
- **Health Trainers** - Health Trainers offer a 6 session programme to patients who require some form of behaviour change to adopt a healthier lifestyle, for example weight loss, increasing activity levels and addressing low level mental health issues such as depression and anxiety. Referrals are received from GP and other health professionals, the Voluntary and Community Sector, and self-referrals. Once the 6-week programme is complete, there is the option to refer on to the Community Connector programmes.
- **Practice Health Champions** are GP based volunteers who support the practice in a range of ways including patient liaison in the waiting area, some signposting to community activities (such as the Champions Show the Way programme), some small group work or delivery of activities, and support to help patients to understand and articulate their needs to their GP and hence promote the most appropriate course of action. Practice Health Champions are managed by GP practices after a programme of support and training delivered by the Care Trust.

Case Study – Champions Show the Way

Brenda is a single, 58-year old female with complex needs. She came as a referral from the Tong Integrated Care/MDT meetings detailing her anxieties of being alone and desire to be with others, but not knowing how she could address this appropriately.*

Champions Show the Way got in touch and offered Brenda some activities based on her creative interests. She has been attending the Creativitea and Biscuits group for two months now as well as the Carers group that is also run at the Delius Centre (by Artworks Cultural Communities). Brenda has also attended the 'Sing for Joy' Singing Group and a Textiles group, part of the Bradford People Centre's activities. Brenda reported that "the staff at the Delius Centre have been very helpful and have helped me to feel safe, it's great that I can go and speak to the staff if I need to. I am feeling much better about myself." The same staff have helped Brenda by giving her some one-to-one support.

Brenda loves to help people and after someone requested music be played in the session she now brings songs with her to share with others. This has given Brenda a role in the group, helping her to settle in and it also satisfies a need to help people.

In addition, Champions Show the Way has referred Brenda to Carers Resource's Winter Warmth scheme where she has received a food parcel. She has also been onward referred to Healthy Lifestyles and as a result Brenda has had two home visits from a befriender so far. Close working with other agencies will continue as Champions Show the Way continues to find activities to complement Brenda's schedule and ensure she is able to access activities where she can engage with other people in safe environments.

**Name changed.*

8.8 WEST YORKSHIRE POLICE – BRADFORD DISTRICT

West Yorkshire Police cover 5 districts of West Yorkshire, of which Bradford District is one.

More widely across West Yorkshire Police, a “Programme of Change” has been developed that focusses on “looking upstream” to both identify and address issues that may escalate into future problems if not addressed at an early stage. This includes the development of an Early Intervention Strategic Development Plan, which will identify some of the key early indicators of problems, and develop some key principles of the Police’s approach. This plan will then link to a Demand Management Review which takes a longer-term view as to how the Police may align its resources to achieve an appropriate balance between prevention and enforcement. The Plan is in the early stages of development but initial workshops have started to develop some early thinking.

Prevention and Early Intervention within West Yorkshire Police (Bradford District) is led by the Chief Inspector for Neighbourhoods and Partnerships, with the following most relevant Prevention and Early Intervention activities accountable to this post:

Neighbourhood Support Unit

The Neighbourhood Support Unit oversees the following functions:

- The Anti-Social Behaviour Team, co-located with the Council’s Anti-Social Behaviour Team. This team services the Youth Anti-Social Behaviour Panel which identifies and allocates a lead professional to support identified young people causing concern
- The Neighbourhood Co-Ordination Team – civilian police sergeants who support the Ward Officer Partnerships / Teams and are hence involved in identifying and addressing issues in the community in partnership.
- A range of community projects are delivered by the Police, including Bradford Police Summer Camps - this is a District wide activity with support from Council and Housing providers.
- A Police Officer is allocated to the Families First programme where there are referrals to the programme for children and young people who are experiencing domestic violence. This role ensures that the family receive all appropriate support, help and assistance in securing the safeguarding of the children and parties within the home.

Ward Sergeants

- There are 6 Ward Sergeants who are linked to the 5 Ward Partnership Teams. Every 10 weeks, the police provide analysis of hot spot areas and of individuals causing concern in relationship to anti-social behavior, and a partnership response is discussed. PCSOs are also ward based to support the Ward based working model.

Safer Schools Partnerships and Cyber Safety

- The Safer Schools Partnership involves 18 Officers accountable to a sergeant, with responsibility for supporting schools. In a number of secondary schools, schools part fund an officer to be based in schools for as many days as they feel appropriate. This role is fundamental to developing relationships between the police and children / young people as well as enabling a prompt response to issues either within or affecting the school.
- There are 6 Cyber Safety PCSOs, working with schools and parents to promote safe activity online, taking direct referrals from the MASH and undertaking direct work with those identified as being at risk of exploitation online.
- Bespoke training packages are also delivered within schools re Weapons/Drugs/Legal Highs/CEOP interventions/Bullying/CSE/Cyber Crime etc. This aims to reduce Crime, educate young people, safeguard young people and build trust and confidence.

Liaison and Diversion Team

- A Liaison and Diversion Team provide Mental Health support to those arrested where it is believed Mental Health may have been a contributory factor in offending behaviour.
- A “First Response” approach is also undertaken with adults where poor mental health has resulted in an offending episode, which involves a direct link to a central telephone number whereupon the call handler will be able to identify any other professional with whom the person may be involved with, and hence discuss a more appropriate immediate response than incarceration for someone already suffering from a mental health problem.
- Similarly, with young people, those displaying offending behavior due to a mental health problem “out of hours” are accommodated in a “safe place” until the next day, when an appropriate response can be made.

- There is also partnership working between mental health professionals and the Police whereby people are identified due to coming to the attention of the Police or other agencies due to high numbers of calls for service. Referrals are taken to partnership meetings and possible support is discussed
- Other specific interventions include a Drug Intervention Project, multi-agency support to women involved in the sex trade, and working with owners and managers of common locations for Child Sexual Exploitation across Bradford District on how to spot the signs.

The PREVENT Strategy

- A partnership approach is taken to tackling radicalisation, whereby individuals identified as being vulnerable to radicalisation are offered support through a range of agencies. This includes the identification of community based mentors to support those identified as at risk of radicalisation.

Safeguarding Partnerships

West Yorkshire Police (Bradford) have a designated lead for partnerships with both Children and Adults' safeguarding services.

Case Study – The Police in Partnership with Mental Health Services

A call was made to the Police from a concerned Landlord regarding one of his tenants, who they suspected of being in poor mental health.

The Police attended with an Officer and Special Constable, who was a member of Staff at Lynfield Mount Hospital and part of the ESP Specials Team. This Officer was able to make a call and access the RIO database on route to the call. This allowed him access to information that would not always be accessible to Officers if First Response was not working that day or free within the control room. On arrival the caller was spoken to and the Officers area of expertise explained. The caller was relieved and impressed that the Officers would help with the situation rather than referring to another agency. The Officers spoke with the subject and were satisfied there were no overt psychotic features, they learned he had had previous contact with Mental Health Service but with no current planned engagement.

First Response conducted an initial telephone interview with the subject and then arranged a face to face interview within 24 hours.

The Landlord and subject accepted this help and plan. Verbal advice given at the time about alcohol, its effects and more importantly the effects of

withdrawal.

The expertise in role for this subject matter was crucial in this situation and allowed treatment and assessment with no need to detain using 136 powers of attend Custody/Hospital.

Case Study – Building Relationships in Schools

An issue was identified that a number of young people in Years 5 and 6 were on the periphery of anti-social behaviour and low-level criminality, being led by young people traditionally at upper school age.

In one of its localities (Keighley), the Police set “School Watch” in a bid to return to `face to face` grassroots policing, with an intention `Every schoolchild will know the name of their local Police Officer and PCSO`.

School Watch is a bi-monthly meeting with primary school teachers to discuss local issues, and from this reintroduce Police into direct contact with pupils and parents through citizenship programmes, assemblies, parent’s evenings and gala events.

The long-term outcome is that simple, positive relationships between Police and young people at their most formative years can only lead to mutual respect and trust that will reduce anti-social behaviour both in the short and long term.

Keighley primary school head teachers have asked for a district school watch rather than 6 ward cluster schemes, as there is potential to share intelligence across wards, and a more cohesive approach can be taken. Keighley school watch will recommence on 14th September 2017.

8.9 WEST YORKSHIRE FIRE SERVICE – BRADFORD DISTRICT

West Yorkshire Fire Service cover 5 districts of West Yorkshire, of which Bradford District is one. The Fire Service is in a unique position that there is a degree of potentially “redundant” time when not attending incidents which can be dedicated to preventative working.

For the purposes of mapping its prevention and early intervention activity, two main areas were identified as part of this review.

Supporting the Vulnerable Adults’ Agenda via the Safe and Well Initiative

The Fire Service works in partnership with a wide range of agencies who are able to refer vulnerable adults to them in order to undertake “safe and well” visits. These still ostensibly have a fire prevention focus to them (hence they were previously known as Home Fire Safety Checks), but have grown to include a range of other considerations as part of an “Every Contact Counts” approach.

Firefighters are trained to consider the following:

- Fire Prevention
- Frailty (including risk of slips, trips and falls)
- Home Security (including risk of door to door scams)
- Social Isolation
- Fuel Poverty
- Smoking Cessation

There is a graded response to the above agendas, from referral to an appropriate agency in the case of frailty (BDCT) and home security (the Police where there is a significant risk), to advice and information in relation to fire prevention and smoking cessation. The social isolation is an emerging area of consideration which will require links with agencies promoting “social prescribing” agenda.

Referrals for checks are targeted in the sense that referrals are taken from a range of agencies, including InCommunities, Sure Start, the Alzheimer’s Society.

Children and Young People

West Yorkshire Fire Service offer the following programmes via its Youth Intervention and Youth Training Teams:

- The Firesetters Programme aimed at young people who are at risk of or engaging in fire-setting
- Young Firefighters Accredited Courses to BTEC Levels 1 and 2. These offer young people who may not achieve formal GCSE qualifications the opportunity to complete vocational qualifications aimed at increasing self-confidence and problem-solving skills through the medium of firefighting awareness and skills
- Public Uniformed Course. This provides young people the opportunity to undertake units towards Level 1, 2 and 3 of the Public Uniformed Service course, with a focus on team work and problem solving
- The Service offers a range of short term programmes delivered through both primary and secondary schools and / or youth groups (these come at a cost to the school / youth group), using the medium of firefighting to develop positive attitudes, behavior and lifestyle choices. This includes a programme for 14-18-year olds aimed at improving employability.
- The above then extends to “Targeted Intervention Days” focused more specifically on safety issues such as the dangers of fire setting, misuse of fireworks, road safety, and water safety.

Case Study – Safe and Well

During a Home fire safety check, a grandmother revealed that her granddaughter, aged 13 and living at the property permanently, had been starting fires in her bedroom.

Fire detection was fitted in all the relevant rooms of risk and the granddaughter was referred to the fire setter’s programme. I spoke at length with the grandmother who revealed some family history which had had an impact upon her granddaughter, for example that both parents were drug and alcohol dependent, and that there had been a history of domestic violence. Upon talking to her granddaughter, she became emotional when discussing how this and other experiences within the family had and continued to affect her. As a result I informed my Line Manager of some continuing safeguarding concerns, and a referral was made to Children’s Social Care.

I feel that I have helped this young person not only by addressing the presenting issue of the firesetting, but referring her to support to tackle the underlying issues that were affecting her. This came through a routine Safe and Well visit and is an example of “Every Contact Counts”, as from such a routine visit came a much more complex case.

8.10 INCOMMUNITIES (SOCIAL HOUSING)

There are 5 discreet teams within InCommunities that have a Prevention and Early Intervention element:

- **Sheltered Housing** – predominantly for older people, with a higher level of support given to those with more need
- **Trust Care** – a joint provision between InCommunities, Health and Social Care focused on a response to falls
- **Housing Officer Teams** – offering lower level prevention support to maintain tenancies, including addressing low level anti-social behavior
- **Community Resilience Team** – working with the local authority, delivering “Housing Plus” support to tenants, focusing on increasing employability and hence income generation via employability and basic skills. This includes the provision of work experience placements within InCommunities to develop employability skills and experience of work
- **Income Team** – focusing on financial inclusion, promotion of credit unions, and maximizing the income levels of tenants with low incomes or where there are financial pressures impacting upon health and wellbeing and hence tenancy maintenance
- **Tenancy Enforcement Team** – liaising with the police, focusing on more acute levels of anti-social behavior

A “Suitability Check” is undertaken with each new tenant to help identify support needs at the start of the tenancy that, if unaddressed, may impact upon the tenancy, with a range of pre-planned visits by Housing Officers to identify and seek to address these needs.

Case Study

The InCommunities 2016/17 Community Resilience Strategy is based on prioritising approximately 20 neighbourhoods where indicators such as turnover and rent loss, together with quality of life indicators) for tenants have caused a spiral of decline and hope for many of the people who live there.

Within the year a strong network of existing and new community partners has been established who have the capacity to help InCommunities offer opportunities to improve the lives of tenants. This is a cost-effective approach based on a community resilience model, built on local evidence.

Priorities include:

- *Supporting the wellbeing of tenants, including financial inclusion advice, employability support and, general social wellbeing*
- *Engagement with tenants to improve service standards*
- *Building emotional and financial capacity to help people cope with the setbacks that all have to deal with in day to day life.*

8.11 THE VOLUNTARY AND COMMUNITY SECTOR IN BRADFORD

The Voluntary and Community Sector in Bradford District is supported by a partnership between Community Action Bradford and District (CABAD), Volunteering Bradford, and Bradford and District Community Empowerment (CNET). Voluntary Sector organisations affiliated CABAD as either a beneficiary or a member. Beneficiaries, of which there are around 1300/1400 in number, have access to promote their services through the DIVA information database and are more likely to be community groups as opposed to “organisations”.

The work of the partnership between Community Action Bradford and District (CABAD), Volunteering Bradford, and Bradford and District Community Empowerment (CNET) is driven by 5 key themes:

- **Information** - led by CABAD, this includes the DIVA database which brings together information on voluntary and community sector groups in a single directory. This is complemented by a “Community Health Maps” mapping exercise undertaken to identify interventions which can support the Social Prescribing approach.
- **Support and Development** - led by CABAD, this includes training, Young Lives Bradford, and the provision of a Volunteer Support Officer in each constituency.
- **Bradford District Assembly** - this provides a direct link between the Voluntary and Community Sector and Bradford District Partnership and its strategic delivery partnerships. There are 8 forums that feed into the Assembly, the purpose of which is to act as a central point through which the Voluntary and Community Sector can have a strong voice, whilst also being a means by which information can be shared. The 8 forums are:
 - Health and Well Being Forum
 - Regeneration and Prosperity
 - Bradford Young Lives (there is also an Advisory Group that complements this group, mainly made up of the larger VCS organisations)
 - Safer Communities
 - Environment

- Equalities
- Religion and Belief
- Culture

Bradford District Assembly represents the Voluntary and Community Sector at a range of strategic groups, and is the key representative on the Bradford District Partnership Board. Members, of which there are around 500, are Voluntary and Community Sector organisations who are more likely to be actively involved in locality partnership working.

Volunteering Bradford

Led from the Volunteering Centre Bradford with a further presence in Keighley and via some outreach points, Volunteering Bradford provides the infrastructure to develop volunteering within Bradford district. The Centre is a key part of the success in Bradford of promoting volunteering, with a recent survey showing that there are around 4000 people involved in volunteering in some form across 600 organisations. Support is given to organisations to be able to offer volunteering opportunities, and a Quality Mark is awarded to organisations who can demonstrate criteria that highlights them as demonstrating particularly good practice in this regard.

Volunteering is promoted via Volunteer Fayres and social media with volunteering opportunities published online via the Volunteering Bradford website. Applications are predominantly made online, with Volunteering Bradford being involved in interviewing and matching where necessary (around 1000 interviews were conducted in the last year).

8.12 PEOPLE CAN

“People Can” is the partnership led, overarching campaign in Bradford to support and promote community action. As such it is a fundamental driver of the community asset based approach underpinned by a culture of volunteering in both a formal and informal way.

The premise of People Can is that, whilst structures, processes and strategy are important in providing the framework for action, it is people who make the real difference on the ground. People Can celebrates and promotes volunteering and the act of giving via four key principles:

- Promoting Neighbourliness – carrying out small, informal, everyday acts of kindness.
- Community Action – creating a new group, activity or event that brings people together.
- Formal Volunteering – devote some of your time to helping others.
- Fundraising – using skills to raise funds for the community.

Case Study

With a growing older population, sometimes it can be difficult to find time to visit loved ones which can only increase feelings of loneliness and isolation. However, thanks to St Marys Centre in Burley-In-Wharfedale, loneliness is now a thing of the past for those attending the Cuppa, Cake and Company sessions.

The sessions were the idea of a volunteer at the centre, who wanted to do something that would encourage elderly members of the community to get out, visit the centre and make friends. With the support from other volunteers, research was carried out to find out how the community felt and if they would be interested in attending these sessions. With an overwhelming positive response in feedback, they then set off to get the group going by submitting a successful application for Community Chest funding.

All the volunteers worked hard with setting up the group, planning the sessions and they received help from Creative Support and the local Nursing Home. The group has developed further and now has links in with the local primary school that have visited and sung for the group.

8.13 REALISING COMMUNITY ASSETS

A report commissioned in 2016 by Bradford City and Districts CCGs and carried out by Arise Yorkshire Ltd and Ysustain Limited with Bradford Trident, “Realising Community Assets” considered in further depth the extent to which communities had the capacity and the right level of support to promote the community asset approach to prevention, as part of the drive to shift the focus to a more social rather than medical model of health.

The research reached substantially into the Voluntary and Community Sector and the community.

Key Findings (Source: “Realising Community Assets”, a report produced by Arise Yorkshire Ltd and Ysustain Limited with Bradford Trident)

- The strength of the VCS was recognised by people from all parts of the system, particularly its ability to connect with and be trusted by people often considered by the public sector as rarely heard’, as well as its ability to recruit, train and support volunteers to support people in their own communities to make positive changes in their lives.
- However, it was also noted that the VCS sector is also very fragile, with many reliant on one source of funding. Most VCS organisations did say they were looking for alternative funding, but this is becoming more and more competitive. A coordinated approach between the CCG, Public Health and Adult Social Care commissioners was felt to be more crucial than ever if critical VCS services are not to be lost to the district.
- There was a strong commitment to co-design and co-creation, involving patients, alongside commissioners and service providers. The Better Start Bradford programme is given as an example of this, whereby a Community Anchor Organisation is instigating a programme of service co-creation (co-designed services which are subsequently tendered from local service providers).
- Most members of the public interviewed were committed to changing their own behaviour but also identified the challenges to do this, and were struggling to make the first step.
- There was a strong desire for locally based accessible services. Health professionals talked about the need for locally based hubs offering a range of services and the role that community anchor organisations and children’s centres could play in achieving this. Local people also said that they were looking for more locally based accessible services. Effective, long-term partnership with the VCS was seen as critical to achieving this vision.

8.14 BRADFORD HOSPITAL FOUNDATION TRUST

Bradford Hospital Foundation Trust is predominantly a medically focused organisation whose services are predominantly beyond “Prevention and Early Intervention”.

However, the Trust has developed an Integrated Care Hub with Health and Social Care partners with the focus on reducing hospital admissions. Led by an Elderly Care Team, this has been established as an enabling multidisciplinary team to support older people at home and has largely been a step-down model with a 'discharge to assess' approach linked to the older people assessment unit. A clear pathway is in place to support this, including triage and identifying the most appropriate health or social care input.

9. FIRST CONTACT POINTS FOR INFORMATION AND ADVICE (INCLUDING THE DIGITAL AGENDA)

- Bradford District Council’s Public Health department lead on the Bradford Connect to Support online directory, which has a general focus on Health and Well Being but then links more specifically to sites that give further detail on a range of issues that both directly and indirectly impact upon health and well-being.
- Bradford District Council’s Children’s Services operates the statutory Family Information Service and Local Offer for children and families with disabilities.
- CABAD (Community Action for Bradford and District) have a publicly accessible online directory of services entitled DIVA.
- Bradford District Council has a Digital Strategy that sets out how digital technology can support the District Plan. It has six key strands including the intention to promote “Digitally Enabled Public Services”.
- The CCG is considering investment in software to develop an APP that enables a GP to identify social prescribing options to a patient based on their condition or circumstance.

10. WORKFORCE DEVELOPMENT

There were two clearly identifiable programmes of workforce development focusing on Prevention and Early Intervention and the cultural shift required to move from a providing to an enabling culture.

Adult Social Care are undertaking CPD with their workforce to drive forward the personalization and community asset base agenda.

This sits alongside the Public Health / CCG led Self Care and Prevention programme.

Training is at 3 levels:

- **Tier 1: Basic Awareness and E-learning** is an introduction to self-care, the approach, principles and tools to support self-care and prevention.
- **Tier 2: Making Every Contact (MECC)** is an approach to behaviour change that utilises the millions of every day conversations that organisations and people have with other people to support them in making positive changes to their physical and mental health and wellbeing.
- **Tier 3: Conversations for Change** is in-depth training aimed at educating and supporting health and care professionals and people, to provide them with the skills to promote and engage in collaborative conversations.

A target of training 10% of the Adults' Social Care and Community Care (Health Visiting, School Nursing, District Nursing) workforce, including team managers as a priority so that the training of practitioners can be monitored via appraisal. The programme has been developed and delivered by RIPEN via a tender process, with a target to train 640 participants in the pilot phase with a 50/50 split between workforce, and community members.

An Evaluation Report on the pilot was produced in May 2017. Key findings included:

- 332 participants from the workforce – 129 Council, 123 Health sector, 74 from the Voluntary and Community Sector, 5 from the police, 1 from DWP.
- Analysis identified two key areas of learning – a greater understanding of and ability to empower in line with the spirit of motivational interviewing, and an improved ability to practice active and reflective listening and being less “directive” in influencing the support needs of service users.
- A further key area of behavior change identified was an awareness of the practitioner desire to “fix” problems rather than empower people to take ownership of and address their own problems. 98% of participants identified the need to increase the role that “empowerment” played in their practice, with 88% more confident to support the service user to become empowered. 81% identified the need to explore strengths as a starting point when working with service users (similar to the “Signs of Safety” approach within Children’s Services)

11. KEY FINDINGS AND RECOMMENDATIONS

This section collates the key findings from Sections 3 – 10 under key, relevant headings, and then outlines the key recommendations. These recommendations are then summarised in section 12 for easy reference.

Key Finding	Evidence	Recommendation
<p>There is good practice in Bradford but the approach to Prevention and Early Intervention is not well coordinated across the Partnership.</p>	<ul style="list-style-type: none"> ○ There is a wide range of good practice in Bradford in relation to Prevention and Early Intervention, but there is a lack of overall co-ordination and strategic direction, and a lack of an overarching framework with agreed principles from which organisations can deliver an approach bespoke to their client group. ○ There is therefore a risk of duplication of effort, gaps in provision, dilution of key messages, and individual reconfigurations of service that may not take full account of the impact of that service’s changes on another organisation’s agenda. Examples of this include the review of Children’s Early Help which is concurrent with this review, and the decommissioning of some community centres for short term financial gain but to the detriment of a community based partnership approach. ○ There are a range of strategic groups which cover Prevention and Early Intervention, but they are limited to the agenda of one or most a limited number of partners. The Bradford District Partnership Board has an opportunity to position itself as the key enabler of Prevention and Early Intervention in Bradford. ○ Strategically, notwithstanding some caution around the timescales to scale it up beyond its predominantly Health and Social Care agenda, the Public Health / CCG Self Care and Prevention programme would appear to provide a potential strategic framework to build upon to help drive the delivery of an agreed Operating Model. ○ A number of terms are currently used to describe what partners do to reduce demand for acute services, all of which have their own meanings – Prevention, Early Intervention, Early Help, Self-Care and Prevention. Some 	<ol style="list-style-type: none"> 1. Bradford District Partnership Board should seek approval with other strategic bodies to review and redefine its purpose, Terms of Reference, membership, and resourcing / capacity, in order to become the key enabler of Prevention and Early Intervention in Bradford District. As part of this it will need to consider what functions it currently has that may need to be undertaken elsewhere to avoid a dilution of its new focus. 2. Bradford District Partnership Board should then review its District Plan with the following focus: <ul style="list-style-type: none"> ○ A clear vision for Prevention and Early Intervention ○ That each objective outlines the key Prevention and Early Intervention elements and how these will be delivered ○ A Delivery Plan, demonstrating how it will

	<p>partners suggested that this was confusing to them, and an Operating Model would help to define the difference.</p> <ul style="list-style-type: none"> ○ Similarly, there were different “tiered” models of intervention being used by different organisations or departments that do not have synergy with each other. ○ There is no overall performance framework, with agreed key indicators, by which Prevention and Early Intervention is to be measured and evaluated across the partnership in Bradford and which enables the Partnership to define “what good looks like”. ○ Commissioning process do not appear to align and routinely involve intelligence informing a Prevention and Early Intervention approach. ○ The contribution of the Voluntary and Community Sector was seen as a strength throughout this review, but the VCS themselves felt that their influence on Prevention and Early Intervention strategy and delivery was limited, and that the process was not representative enough of the diverse communities that they represent. 	<p>implement a plan based upon the recommendations in this review that bring consistency and accountability of the approach to Prevention and Early Intervention across the partnership.</p> <ul style="list-style-type: none"> ○ A Resource Plan where each BDP member demonstrates their individual investment in Prevention and Early Intervention. ○ Clear “Golden Thread Priorities” and principles that all agencies are required to embed (see recommendation 6) ○ An overarching Operating Framework defining the tiers of Early Intervention and Prevention, and an overview of the types of activity / approach in each tier ○ A Performance Management Framework with agreed indicators for Prevention and Early Intervention to support an evaluation of effectiveness ○ A Governance Arrangement with other strategic groups to ensure two – way accountability
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		<p>3. Bradford District Partnership Board should build upon the Public Health / CCG Self Care and Prevention Framework in terms of developing the key strategic building blocks to enable a partnership approach / Delivery Plan for Prevention and Early Intervention.</p> <p>4. Bradford District Partnership Board should consider areas that would benefit from a deeper dive to bring all partners to the same starting point.</p> <p>5. Bradford District Partnership Board should ensure that review the involvement of the Voluntary and Community Sector fully reflects the cultural diversity of Bradford District when planning Prevention and Early Intervention.</p> <p>6. Bradford District Partnership Board should consider how commissioning cycles can be aligned and be fully informed by key learning from Prevention and Early Intervention activity.</p>
<p>There is good / best</p>	<p>Examples of existing good / best practice approaches in Bradford identified as part of this review that could be further embedded include:</p>	<p>7. The key principles that Bradford District Partnership sign up to as part</p>

<p>practice across Bradford, but the application of the key principles of these across all agencies is variable, and some could be embedded more as part of “everyone’s business”.</p>	<ul style="list-style-type: none"> a. The “People Can” concept of volunteering and developing community resilience. Whilst a very positive aspect of Bradford, in line with recommendations in the recent Peer Review, there is an opportunity to expand and promote this further so that it becomes the focal point of the Council and its partners’ ambition for citizen involvement, but also build in innovative, intergenerational approaches and community mentoring. b. Some areas are more able than others at this stage to embrace the “People Can” concept, and this needs to be factored in to the focus of locality resources to create the right conditions for this concept to grow consistently across the District. Care must also be taken that the overall message is that “People Can” rather than “People Should”. c. The Self Care and Prevention Programme’s Workforce Development programme, focusing on the “new conversation” with the public around building upon personal, familial and community assets. Whilst Adult Social Care also delivers a CPD programme for its own workforce, the Self Care and Prevention programme, is currently limited in its reach to a target of only 10% of the Health and Social Care workforce, and there are opportunities to extend both the reach of this within Health and Social Care and the scope in respect of other partners. d. The Born in Bradford (Better Start) Programme and the focus on the pre-birth to 2 years age as a key predictor of future outcomes. However, the principles of this research would not appear at present to be embedded as a fundamental driver of the Early Years strategy. Whilst the evaluation of Born in Bradford itself is not yet ready for publication, the scientific and empirical evidence that supports the approach is overwhelming. e. The Think Family approach to meeting a family’s needs, allied with the strength based Signs of Safety approach, is already being embedded across Children’s Services, but every opportunity should be taken to promote these principles beyond Children’s Services as a key part of building upon individual, familial and community assets. f. The Social Prescribing approach, focusing on reducing isolation and 	<p>of a new District Plan should contain the following:</p> <p>The “Golden Thread Priorities” of:</p> <ul style="list-style-type: none"> o The development of relationships between organisations and communities at a local level, enabling “new conversations” and a sense of real connection between public services and the community that builds trust and reduces tensions. o Mobilising further the “people” within communities through an expansion and greater evidence of the People Can concept, and exploration of innovative approaches being used across the country. o Focusing on the reduction of isolation and loneliness (for isolation and loneliness is not exclusive to those in later years) o Focusing on the reduction of poverty, which lies at the heart of many of the issues that Prevention and Early Intervention seeks to address. o Developing an intergenerational approach in communities that can
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	<p>loneliness through a community asset based approach. There is investment in this programme, but investment in the infrastructure to support this as a key driver of community resilience at a locality level could be stronger.</p> <p>g. The Self Care and Prevention programme has a programme targeted at building a self-care culture amongst children and young people via the School Nursing service, but the reach of this at this stage is relatively limited. There is an opportunity to build this more widely in schools’ PHSE curriculums, youth services, and part of the new Children’s Early Help Offer.</p> <p>h. The Safer Schools Partnership is a particularly strong aspect of the police’s approach to Prevention and Early Intervention. However, it is noted that it only operates in secondary schools, and this would appear to be missing an opportunity to forge relationships with younger children in years 5 and 6, which the police also identified as a key risk ages at which problems were already beginning to be seen, in particular being easily led by older children.</p> <p>i. The Community Policing approach evidenced in Keighley demonstrated an approach to Prevention and Early Intervention based on the building of significant community relationships, including with primary schools. The approach described as developing close relationships with the community and in particular children and young people is an approach that would benefit from being rolled out across the District.</p> <p>j. The “Every Contact Counts” approach of the Fire Service is an example of good practice which would benefit from becoming an embedded approach across the Partnership.</p>	<p>bring positive benefits to all life stages.</p> <p>The contribution to the key priorities of the 3 key life stages of:</p> <ul style="list-style-type: none"> ○ Starting Well – embedding within practice the evidence underpinning Born in Bradford’s “Better Start” programme, supporting children and families to build resilience and creating protective factors from the start of life that will reduce the demand for social care services and give children the sound basis from which to achieve key milestones, (including educational and vocational milestones) as they progress to adulthood. ○ Living Well – driving the positive messages of “self-care and prevention” in mid-life, creating better quality of life in the short term whilst creating long term protective factors that will impact in later life ○ Ageing Well – thinking more creatively, more “enabling” than “providing by default”, to reduce
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		<p>isolation and loneliness in later years where it still occurs, and the attendant risk of ill health</p> <p>The Key Enablers of:</p> <ul style="list-style-type: none"> ○ The People Can approach to mobilising communities to develop their resilience ○ Workforce Development and Cultural Change to embed the enable the workforce to deliver “new conversations” based on a strengths based approach ○ The “Every Contact Counts” principle ○ The holistic “Think Family” approach ○ A Social Marketing approach which focusses on changing the perception of the public of the public sector of being a “provider” to being more of an “enabler”
<p>There is a risk of a short termism approach discouraging a fully committed investment in interventions that are scientifically proven</p>	<ul style="list-style-type: none"> ○ There was a concern amongst some partners about the risk of short termism i.e. undertaking activities which may give short term unsustainable outcomes to satisfy short term / non recurrent funding, rather than the District having the courage to realign their services to deliver evidence based practice that may not yield immediate results but are proven to evidence benefits in the long term. Examples where there appeared to be reticence in investing without seeing local impact at present, despite national evidence that supports the approach, includes the Born in Bradford (Better Start) 	<p>8. Bradford District Partnership should commit to be bold in its investment of evidence based interventions that may only demonstrate their impact over the long term, and be have the permission to be creative in devising personalised solutions for service users without fear of individual reprisal.</p>

<p>to provide Long Term Outcomes</p>	<p>programme that is evidenced by Adverse Childhood Experiences research, and Social Prescribing.</p> <ul style="list-style-type: none"> ○ To reassure those with the authority to commit resources, the District Partnership would benefit from agreeing a definition for the phrase “evidence based”, as there is a risk that this definition can be applied very loosely. ○ It was stated that within Adult Social Care, there was still a culture of “providing” rather than enabling, hence a tendency to address a short-term gratification for a service rather than having the courage to think creatively at a longer term, more personalised solution. ○ Part of this “providing” culture was based upon a risk averse approach to delivery, and a concern that if a creative approach is taken and it goes wrong, that the individual worker will not be supported by the organisation. This concern was felt to be restricting creativity and a positive approach to risk. 	
<p>The Ward Partnership approach is effective in bringing the Cleaner, Greener, Safer agenda together at locality level, but:</p> <ol style="list-style-type: none"> 1. It was difficult to identify the link between these and other locality based approaches 2. It was difficult to establish the 	<ul style="list-style-type: none"> ○ The Ward Partnership approach to Prevention and Early Intervention was strongly valued by the Council’s Place directorate and the Police as a means of delivering collaboratively against local need. ○ Children’s Social Care agenda now operate on the same locality footprint but outside of these groups. Whilst this is not necessarily a problem, there is no overall framework that can articulate why this is the case and how linkages are made and communication undertaken where necessary. This risks duplication of effort and misses key opportunities to work more together. ○ The Adults’ Social Care model does not currently operate on a locality level but intends to do so. ○ The Public Health Model is currently built on a more centralised model, with leads for separate agendas such as obesity, substance misuse and smoking cessation. This has the potential to miss the interconnection between these three agendas and other wider determinants, whilst also not aligning to Local Area Working Model. ○ It was felt that the Ward Partnership model works well, it is predominantly focused on the Cleaner, Greener, Safer agenda and to subsume other 	<p>9. Bradford District Partnership should further develop its model of local area working, with each partner organisation demonstrating how they contribute to a model based on the 5 constituencies to enable consistency and transparency.</p> <p>This model should be intelligence led, supported by analytics and appropriate local information, including GIS Mapping, so that resources can be allocated according to need. This should be reviewed regularly to ensure that as need moves area, resources move with it.</p>

<p>extent to which wards that had fewer building blocks for resilience were prioritized for resource.</p>	<p>agendas in to this would be both cumbersome and risk diluting the reasons why it is successful (i.e. having a clear focus). However, it was not possible to evidence how the health and social care and / or Voluntary Sector work at a local level came together and at least linked with these Ward Partnerships.</p> <ul style="list-style-type: none"> ○ The review notes that the administration of 30 Ward Partnerships and Ward Plans is significant. However, there would appear to be the flexibility to differentiate resource according to need. ○ This review does however note that some Wards have “Partnerships” that include elected members, whilst others have “Ward Officer Teams” that do not. The reasons for this appear to be due to the levels of confidence around sharing information. Given the value that elected members are thought to bring to the Partnerships, and that all members are governed by Information Sharing and confidentiality agreements, this would appear to be an inconsistent approach. 	
<p>There are a variety of online Information and Advice directories, but no obvious link between them</p>	<ul style="list-style-type: none"> ○ Local authorities and its partners are increasingly looking to align online Information and Advice directories to create a joined-up approach, but Bradford appears to have a range of directories that do not join up and differ in style and levels of accessibility. ○ Examples found as part of this review included: <ul style="list-style-type: none"> ○ Bradford District Council’s Public Health led “Bradford Connect to Support” online directory, with a general focus on Health and Well Being but then links more specifically to sites that give further detail. ○ The Family Information Service and Local Offer within Children’s Services. ○ The CABAD (Community Action for Bradford and District) led online directory of services “DIVA”. ○ It was noted as part of the review that none of these appear to be widely advertised to the public. 	<p>10. As part of its new remit as the enabler of Prevention and Early Intervention, Bradford District Partnership should undertake a review of partners’ online Information and Advice directories in attempt to create a greater linkage between them, and greater profile / branding within the community.</p>
<p>The sharing of</p>	<ul style="list-style-type: none"> ○ Whilst there were effective mechanisms to share information with social care when it became a safeguarding issue, and an excellent example of 	<p>11. Partners within the Bradford District Partnership should identify where</p>

<p>information across agencies was felt to be inconsistent</p>	<p>information sharing between the police and mental health services, elsewhere there was felt to be less consistency around the sharing of lower level concerns and support for a joined-up approach to prevent such needs becoming acute.</p> <ul style="list-style-type: none"> ○ All agencies appear to collate data relating to demand, and some have undertaken work to attempt to predict demand for their service areas on this basis. However, this does not appear to be joined up as a way of partners’ having an overview of predicted demand to take a coordinated approach to inform joint commissioning or allocation of resources. 	<p>there are blockages to the sharing of information and escalate these formally to the BDP as the key enabler of Prevention and Early Intervention.</p>
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12. SUMMARY OF RECOMMENDATIONS

Recommendation Reference	Recommendation
<p>Recommendation 1</p>	<p>Bradford District Partnership Board should seek approval with other strategic bodies to review and redefine its purpose, Terms of Reference, membership, and resourcing / capacity, in order to become the key enabler for Prevention and Early Intervention in Bradford District.</p> <p>As part of this it will need to consider what functions it currently has that may need to be undertaken elsewhere to avoid a dilution of its new focus.</p>
<p>Recommendation 2</p>	<p>Bradford District Partnership Board should then review its District Plan with the following focus:</p> <ul style="list-style-type: none"> ● A clear vision for Prevention and Early Intervention ● That each objective outlines the key Prevention and Early Intervention elements and how these will be delivered ● A Delivery Plan, demonstrating how it will implement a plan based upon the recommendations in this review that bring consistency and accountability of the approach to Prevention and Early Intervention across the partnership. ● A Resource Plan where each BDP member demonstrates their individual investment in Prevention and Early Intervention. ● Clear “Golden Thread Priorities” and principles that all agencies are required to embed (see recommendation 6) ● An overarching Operating Framework defining the tiers of Early Intervention and Prevention, and an overview of the

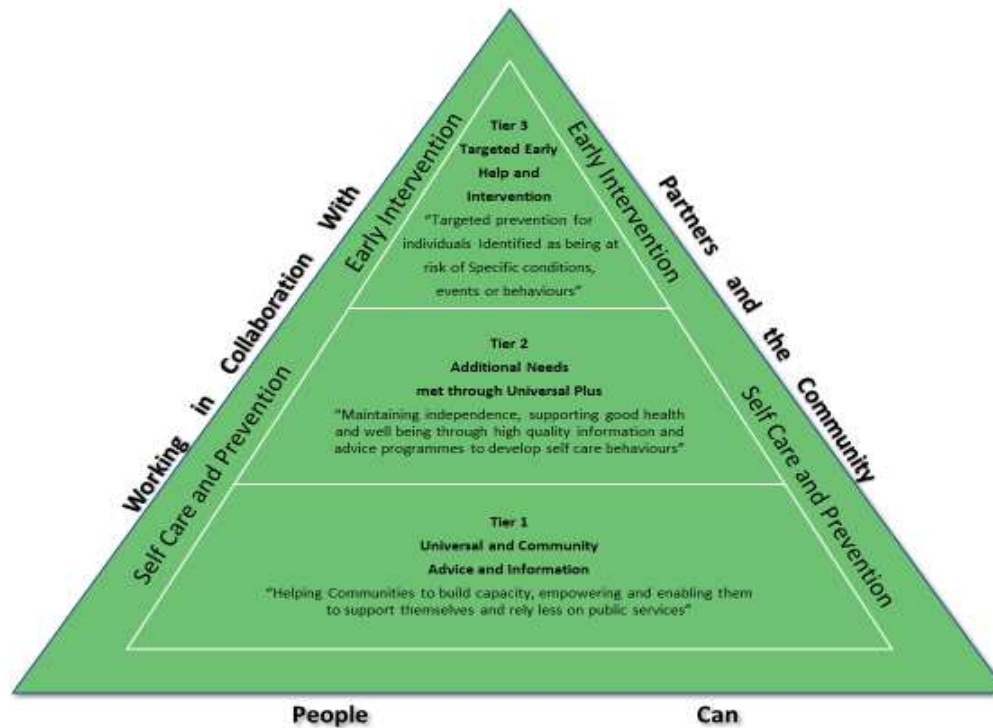
	<p>types of activity / approach in each tier</p> <ul style="list-style-type: none"> • A Performance Management Framework with agreed indicators for Prevention and Early Intervention to support an evaluation of effectiveness • A Governance Arrangement with other strategic groups to ensure two – way accountability
Recommendation 3	Bradford District Partnership should build upon the Public Health / CCG Self Care and Prevention Framework in terms of developing the key strategic building blocks to enable a partnership approach / Delivery Plan for Prevention and Early Intervention.
Recommendation 4	Bradford District Partnership Board should consider areas that would benefit from a deeper dive to bring all partners to the same starting point.
Recommendation 5	Bradford District Partnership should ensure that review the involvement of the Voluntary and Community Sector fully reflects the cultural diversity of Bradford District when planning Prevention and Early Intervention.
Recommendation 6	Bradford District Partnership should consider how commissioning cycles can be aligned and be fully informed by key learning from Prevention and Early Intervention activity.
Recommendation 7	<p>The key principles that Bradford District Partnership sign up to as part of a new District Plan should contain the following:</p> <ul style="list-style-type: none"> • The “Golden Thread Priorities” of: <ul style="list-style-type: none"> ○ The development of relationships between organisations and communities at a local level, enabling “new conversations” and a sense of real connection between public services and the community that builds trust and reduces tensions. ○ Mobilising further the “people” within communities through an expansion and greater evidence of the People Can concept, and exploration of innovative approaches being used across the country. ○ Focusing on the reduction of isolation and loneliness (for isolation and loneliness is not exclusive to those in later years) ○ Focusing on the reduction of poverty, which lies at the heart of many of the issues that Prevention and Early Intervention seeks to address. ○ Developing an intergenerational approach in communities that can bring positive benefits to all life stages. • The contribution to the key priorities of the 3 key life stages of: <ul style="list-style-type: none"> ○ Starting Well – embedding within practice the evidence underpinning Born in Bradford’s “Better Start”

	<p>programme, supporting children and families to build resilience and creating protective factors from the start of life that will reduce the demand for social care services and give children the sound basis from which to achieve key milestones (including educational and vocational milestones) as they progress to adulthood.</p> <ul style="list-style-type: none"> ○ Living Well “self-care and prevention” in mid life ○ Aging Well – reducing isolation and loneliness in later years where it still occurs <ul style="list-style-type: none"> ● The Key Enablers of: <ul style="list-style-type: none"> ○ Workforce Development / Cultural Change to embed the individual / familial and community asset based approach (complementing the social prescribing approach) ○ “Every Contact Counts” ○ “Think Family” ○ A Social Marketing approach which focusses on changing the perception of the public of the public sector of being a “provider” to being more of an “enabler” for self-care
Recommendation 8	Bradford District Partnership should commit to be bold in its investment of evidence based interventions that may only demonstrate their impact over the long term, and be have the permission to be creative in devising personalised solutions for service users.
Recommendation 9	<p>Bradford District Partnership should further develop its model of local area working, with each partner organisation demonstrating how they contribute to a model based on the 5 constituencies to enable consistency and transparency.</p> <p>This model should be intelligence led, supported by analytics and appropriate local information, including GIS Mapping, so that resources can be allocated according to need. This should be reviewed regularly to ensure that as need moves area, resources move with it.</p>
Recommendation 10	As part of its new remit as the enabler of Prevention and Early Intervention, Bradford District Partnership should undertake a review of partners’ online Information and Advice directories in attempt to create a greater linkage between them, and greater profile / branding within the community.
Recommendation 11	Partners within the Bradford District Partnership Local Area Working Model should identify where there are blockages to the sharing of information and escalate these formally to the BDP as the key enabler of Prevention and Early Intervention.

13. THE PROPOSED OPERATING MODEL FOR PREVENTION AND EARLY INTERVENTION

The proposed Prevention and Early Intervention Operating Model for Bradford District Partnership is detailed below.

The purpose of this Model is for partners to agree the key principles which underpin a more co-ordinated approach to Prevention and Early Intervention. It has three main tiers of intervention. Each tier has a range of “approaches” or principles that all organisations should seek to adopt as part of their approach to Prevention and Early Intervention. An example of these are shown in the table that follows the diagram. It should be noted that at this stage, the approaches and principles in this example are a “starter for ten” for Bradford and mainly for illustrative purposes; each tier should then be further developed as part of the work to develop consistent principles. **Adults and Children’s Social Care also have some Prevention and Early Intervention focus at a tier above tier 3 – one where needs were acute, but where these was still an element of prevention in terms of attempting to shift need to a lower tier.**



Tier	Description	Key Elements of this Approach
Tier 1 (Universal and Community Support, Advice and Information)	Helping communities to build capacity, empowering and enabling them to support themselves and rely less on public services	<ul style="list-style-type: none"> An Information and Advice Offer which gives people the information and advice that they need, whenever and wherever they need it, supported by an effective Digital Strategy. A co-ordinated approach to Community Asset Based way of working which maximises the connection of people to resources and assets within their community and promoting a universal

Tier	Description	Key Elements of this Approach
		<p>People Can approach</p> <ul style="list-style-type: none"> • A local area working approach that can respond locally to the needs of the particular area. • The building of relationships between public bodies and the community to understand needs and be able to address problems through the quality of relationships • An understanding of Adverse Childhood Experience (ACE) and the principles of Born in Bradford (Better Start) • A focus on the Golden Thread Priorities relating to Early and Formative Years, Mid Life and Older People • A “new conversation” based on some strengths based approach • A Social Marketing approach which focusses on changing the perception of the public of the public sector of being a “provider” to being more of an “enabler” for self-care • Commissioning practice to be informed by intelligence gained from Prevention and Early Intervention activity; contracting practice to include measurable responsibilities to promote Prevention and Early Intervention.
<p>Tier 2 (Additional Needs Met Through a “Universal Plus” approach)</p>	<p>Maintaining independence, supporting good health and wellbeing through high-quality information and advice programmes to develop self-help behaviours when a need begins to emerge.</p>	<ul style="list-style-type: none"> • A more targeted approach to the People Can / Community Asset Based way of working when needs emerge. • Organisations adopt an “Every Contact Counts” approach whereby they can identify needs other than those that their organisation can address but which can be referred to a more appropriate agency. • Organisations adopt an holistic “Think Family” approach that recognizes the strengths within families that can help address problems at an early stage. • The appropriate sharing of information across partners, including analytics, where this benefits individuals and communities, where early needs are being identified.

Tier	Description	Key Elements of this Approach
		<ul style="list-style-type: none"> • Arrangements for joint working on a more targeted basis (both individual and community) which promote a co-ordinated multi-agency response to need. • Clear pathways for referral to services and effective transitions
Tier 3 (Targeted Early Help and Intervention)	Targeted prevention for individuals identified as being at risk of specific conditions, events or behaviours	<ul style="list-style-type: none"> • As per Tier 2 but more intense activity focussed on reducing needs to a lower tier as a matter of priority, including: <ol style="list-style-type: none"> 1. The appropriate sharing of to support a collaborative, multi-agency response to need. 2. Appropriate referral to a more specialist agency • Identification of frequent users across multiple services, to support a more co-ordinated approach to meeting their needs.

14. THE PROPOSED WORKSTREAMS TO SUPPORT THE BDP OPERATING MODEL FOR PREVENTION AND EARLY INTERVENTION

Workstream	Scope of Workstream
Strategy, Framework and Governance	<p>Undertake a review of the Bradford District Partnership Board and its plans to redefine it as the key, multi-agency strategic driver for Prevention and Early Intervention.</p> <p>Define the accountability structure and relationship with other strategic boards.</p> <p>Agree a vision, set of principles and framework in the form of an Operating Model for Prevention and Early Intervention.</p> <p>Agree an operational structure that drives the multi-agency delivery and implementation of Prevention and Early Intervention.</p>
Tools and Resources	<p>Building upon but scaling up the workstream within the Public Health / CCG Self Care and Prevention Programme, agreeing a set of tools, resources and processes that underpin the delivery of Prevention and Early Intervention, to include:</p> <ol style="list-style-type: none"> 1. Assessment Tools 2. Referral Pathways

Workstream	Scope of Workstream
	<ol style="list-style-type: none"> 3. Information and Intelligence Analytics 4. Information Sharing Protocols 5. The sharing of and development of innovative, digital approaches 6. Performance Management and Evaluation
Information and Advice (incorporating the Digital Agenda)	<p>Building upon but scaling up the workstream within the Public Health / CCG Self Care and Prevention Programme, reviewing and agreeing the principles for and implementation of Information and Advice across partners.</p> <p>This workstream seeks to achieve a co-ordinated approach to Information and Advice that supports “self-care” and easy access through promotion of digital and online solutions.</p>
Workforce Development	<p>Building upon but scaling up the workstream within the Public Health / CCG Self Care and Prevention Programme across the Partnership, focusing on training and empowering the health, social care and third sector workforce to deliver the Self Care and Prevention programme within their roles, promoting the “new conversation” with people to promote self-sufficiency and independence, and identifying and maximizing resources within their community.</p>
Social Prescribing and Community Resilience	<p>Building upon the workstream within the Public Health / CCG Self Care and Prevention Programme, focussing in developing the “social prescribing” approach within GP practices, but scaling this up to ensure that the “community asset” based approach is embedded within health and social care practice (linking with the Workforce Development workstream)</p> <p>Promoting and building upon the culture of volunteering within Bradford and the opportunities that this provides to the residents of Bradford as both volunteers and potential recipients of services</p>
Commissioning and Contracting	<p>Building upon but scaling up the workstream within the Public Health / CCG Self Care and Prevention Programme, working across systems to embed Self Care and Prevention responsibilities within contracting and commissioning / planning frameworks, ensuring that:</p> <ul style="list-style-type: none"> • Commissioning processes are aligned and are informed by intelligence gained through Prevention and Early Intervention activity • Contracts include responsibilities in Prevention and Early Intervention, including where possible measurable targets, but in all cases how they contribute to the People Can agenda

15. THE PRINCIPLES OF LOCAL AREA WORKING TO DELIVER PREVENTION AND EARLY INTERVENTION

The diagram below shows at a high level how the proposed governance of the new Prevention and Early Intervention Strategy, Operating Model, and Local Area Working may work.

The central principle of Local Area Working is that it is driven by a working culture rather than a bureaucratic system.

For this reason, this review does not propose a detailed governance structure for local area working. Moreover, it proposes some key principles before describing what local area working should mean in practice in Bradford.

The proposal for local area working is dependent on a range of principles that Local Area Working is:

- Focussed on local priorities, informed by up to date data and intelligence
- Inclusive and based on trust and respect between all partners.
- Multidisciplinary and multi-sector.
- Driven by a common purpose through an agreed scope and local outcomes for the population.
- Able to make decisions or have access to decision makers in the deployment of resources.
- Able to inform the development and delivery of the joint strategic commissioning plans.

How Local Area Working should work in Bradford:

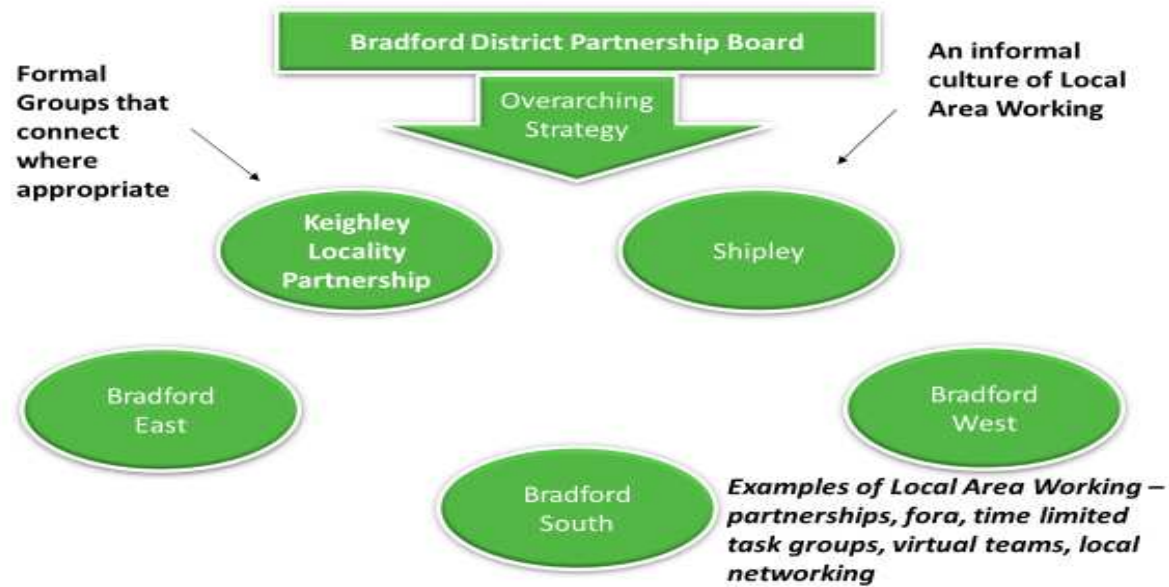
- Some local area working will be local area working group / forum led; some however will simply be professionals linking up for the benefit of the service user.
- No single “locality group” is expected to cover all agendas.
- Moreover, there should be a range of local area working groups that exist, operate under one framework, and connect where appropriate.
- For this reason it is not suggested that the Ward Partnership Teams subsume a wider range of agendas, for this would dilute all agendas and require different members for different agendas. However, there is an opportunity for health, social care and voluntary sector partners to come together in the same way to focus on local issues, but show some connection to the existing Ward partnerships where appropriate.
- It is not recommended that there is any kind of formal overarching group that all feed into, moreover local area working is a culture and a means of allocating resources where they are needed most, and not a system.

- Some local area working may involve task groups that may only meet for a time limited period to meet a need.
- Local Area Working model does not necessarily mean “co-location” – it should only mean this if there is a specific benefit to doing so.
- Local Area Working must reflect that some communities have greater needs than others, and that even within a local area, there may be very small pockets of need that require even closer attention.

What each partner needs to contribute to Local Area Working:

- Partners’ services should align themselves to the 5 constituency areas in order to support local area working at a strategic level – where their boundaries are laid down by statute and are different to these, they should at least identify how they contribute to strategy and delivery in the 5 areas. Their strategies should reflect how they contribute to local area working.
- Partners’ services should identify key constituency leads for their service so that referral between services is effective and blockages can be escalated.
- Local Area Working needs to be based on a proper understanding of the area it relates to, if they are to be relevant, realistic and to address local issues effectively. To this end, local area working needs to be informed by an Intelligence Hub that each organization contributes to – a formal agreement amongst partners to pool data and intelligence, to ensure that resources are allocated to where there is the most need, and that this can be reviewed as and when needs change or a particular need moves to another area.
- Where such intelligence implies greatest need, partners should be prepared to re-align and pool their resources to help meet that need; they should be flexible enough in their allocation of resources to re-allocate these when need changes or moves.
- Partners should also consider focusing on a particular area within the larger constituency area for a time limited period where a short term, intense multi-agency approach is likely to have an impact, either on an area in general or a specific issue. As above, partners should be prepared to re-align and pool their resources to contribute to this approach.
- Partners should identify how they engage local people in the planning and review of services.
- Partners should be committed to making available venues that they own for effective local area working and community engagement activities.
- Partners should consider how key contacts can be shared and further linked into other partners to support local area working.

Framework for Local Area Working



16. TIMELINES AND MILESTONES

Please refer to Appendix 5 for the key milestones and timelines that are recommended to Bradford District Partnership to support in implementing the recommendations in Section 12.

Appendices

Appendix 1 – List of stakeholders engaged in the review

Appendix 2 – Children’s Services Targeted Early Help Pathway

Appendix 3 – Adults’ Services Social Care Proposed Operating Model and Transformation Programme

Appendix 4 – Best Practice Case Studies Outside of Bradford

Appendix 5 – Implementation Milestones and Timeline