APPENDIX 1

Home First

Our vision for wellbeing

January 2017

DRAFT

City of Bradford MDC

www.bradford.gov.uk

Foreword

Councillor Val Slater

Deputy Leader and Health and Wellbeing Portfolio Holder

As Deputy Leader & Health and Wellbeing Portfolio holder in Bradford Metropolitan District Council I am pleased to introduce "Home First – our vision for wellbeing" for Bradford District.

This document sets out our vision and ambitions for wellbeing in Bradford District, which are structured around the themes of Home, Health and Happiness. I firmly believe that by focussing our activity around these key themes we will be able to improve and enhance the support and care we provide to people and to deliver the commitments we set out in the District Plan 2016 -2020

We have called the vision – "Home First" because we believe that where possible people in the Bradford District who are in receipt of Adult & Social care support should be supported to stay in their own home, so that they can continue to enjoy relationships with their family, friends and be active members of their local community while being able to participate in activities across the wider District.

As such, the vision will guide the way we work with our partners in the public sector (including Health), the Voluntary and the Community Sector and Private sector to deliver a range of services that will support individuals to live as independently as possible, and recognise their rights and choices about what is right for them, and to ensure they are protected when necessary.

The delivery of our vision will require a collective effort from all stakeholders in the district and therefore I look forward to working with you all to positively reshape the way we support people in the District and make this vision into reality.

Councillor Val Slater

Bev Maybury

Strategic Director Health and Wellbeing

I would like to welcome you all to 'Home First' which describes our vision for wellbeing in Bradford District. My team and I intend to use this document to share our thinking, consult and open up the discussion with people who use services, their families and carers and our wider partners about how we make the vision real. We know that there are things we can do better and I would welcome feedback on how we can work together to make positive changes.

Through investing in good quality information and advice which enables people to intervene early and delay or prevent the need for long term care alongside investment to strengthen our self-care and self-directed support offer in localities we believe that we can better support people to feel in control and make choices about how they want their support arranged around them to meet their outcomes. Having more choice and control is empowering. We should all be equal partners in making decisions that affect us. This leads to more of us being confident and independent and achieving our aspirations for a happier, healthier and more fulfilled life. Support and care have a vital role to play in ensuring everyone can enjoy the same human rights - dignity, equality of opportunity and access. When people feel happier, in control and safe they experience improved wellbeing and health outcomes.

I hope that you find the vision document accessible, clear and interesting. Please contact 01274 435400 or tweet us at [insert] to let us know what you think.

Bev Maybury

Our Dept of Health and Wellbeing

HOME FIRST - This aims to help people to be independent and have a better quality of life by meeting their care and support needs within their own home, keeping them near their friends and family for as long as possible.

The department's main purpose is to strengthen the connections between health and social care, with the aim to enhance the wellbeing of our residents and ensure greater independence and choice for individuals.

The department also has a leadership role in driving integration and transformation both within the Council and across the local healthcare system.

The department is made up of three service areas, which includes Public Health, Environmental Health and Adult Social Care.

- **Public Health:** The service focuses on what can make a difference to an individual's health, and then takes actions to promote healthy lifestyles, prevent disease, protect and improve general health, and improve healthcare services.

- **Environmental Health:** The service tackles and addresses many issues which are fundamental to good health and wellbeing. These include food safety, air quality, noise and other nuisances, contaminated land, drainage and drinking water supplies. In addition they have a key role in communicable diseases control. Outcomes are achieved through preventative work, eg with planning and other partners, inspection, advice and enforcement and in response to customer complaint.

- **Adult Social Care:** The service helps adults with eligible social care needs find care and support so they can live as independently as possible in their own homes

Our ambition for Bradford: Home, health, happiness

Our ambition is for Bradford to be a place where:

- People are understanding that contributing to Bradford and District is being recognised and valued.
- People are supported to live healthy, happy lives, where they are in control and able to make the best lifestyle choices for themselves and their families.
- We recognise and support the different and diverse communities that make up Bradford and District and offer support appropriately.
- Communities and places across Bradford District help people to live the healthiest and sustainable lives they can with access to clean air and a good range of housing options.
- We ensure access to information, advice and support in such a way that it enables people to help themselves.
- We empower people who choose to access support from services and empower staff involved in providing services to uphold people's rights to be in control and have their wishes, feelings and beliefs upheld.

CASE STUDY

Betty's story

Betty's 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 to do a home from hospital visit. The Occupational Therapist also 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 the same age as Betty.

CASE STUDY

Tariq's story

Tariq was born with a learning disability. He really likes his mum's cooking, but has over the years gained weight. The learning disability nurses have told his mum that he has diabetes. Tariq has just turned 18. He loves his mum but he wants to get out more, like other young people his age and make friends. Tariq's social worker from the Transitions Team spends time with him to find out what things are important to him in his life. The social worker finds out that Tariq likes the actors in films and TV drama. He has a top 20 of favourite actors and can tell his social worker all their best lines! Tariq's social worker makes contact with a voluntary organisation who have a regular social group which meets at a café in a local film Museum. The group have just started working with a production company that supports adults with a learning disability to produce plays and musicals. They help Tariq to learn how to become an actor and his mum is really proud to attend his first play. His mum tells you that he has started to lose weight. Tariq tells his social worker that he is planning to be a supporting actor in a television drama set in Bradford.

Our responsibility: A General Duty of Wellbeing (Section 1 of the Care Act)

The Care Act 2014 sets out a number of new rights for adults who choose to access support from services, their carers and families the centre of adult social care and new duties for City of Bradford Metropolitan District Council. These rights are underpinned by a general duty on the Council to promote the wellbeing of all our citizens.

Please note:
Public Health Case Study to be added

Wellbeing is not just the absence of disease or illness. It is a combination of physical, mental, emotional and social health factors. Wellbeing is linked to happiness and life satisfaction. In short, wellbeing could be described as how you feel about yourself and your life, being comfortable, healthy or happy.

Our approach in delivering our duty will be centred around a rational and compassionate approach.

What will this mean?

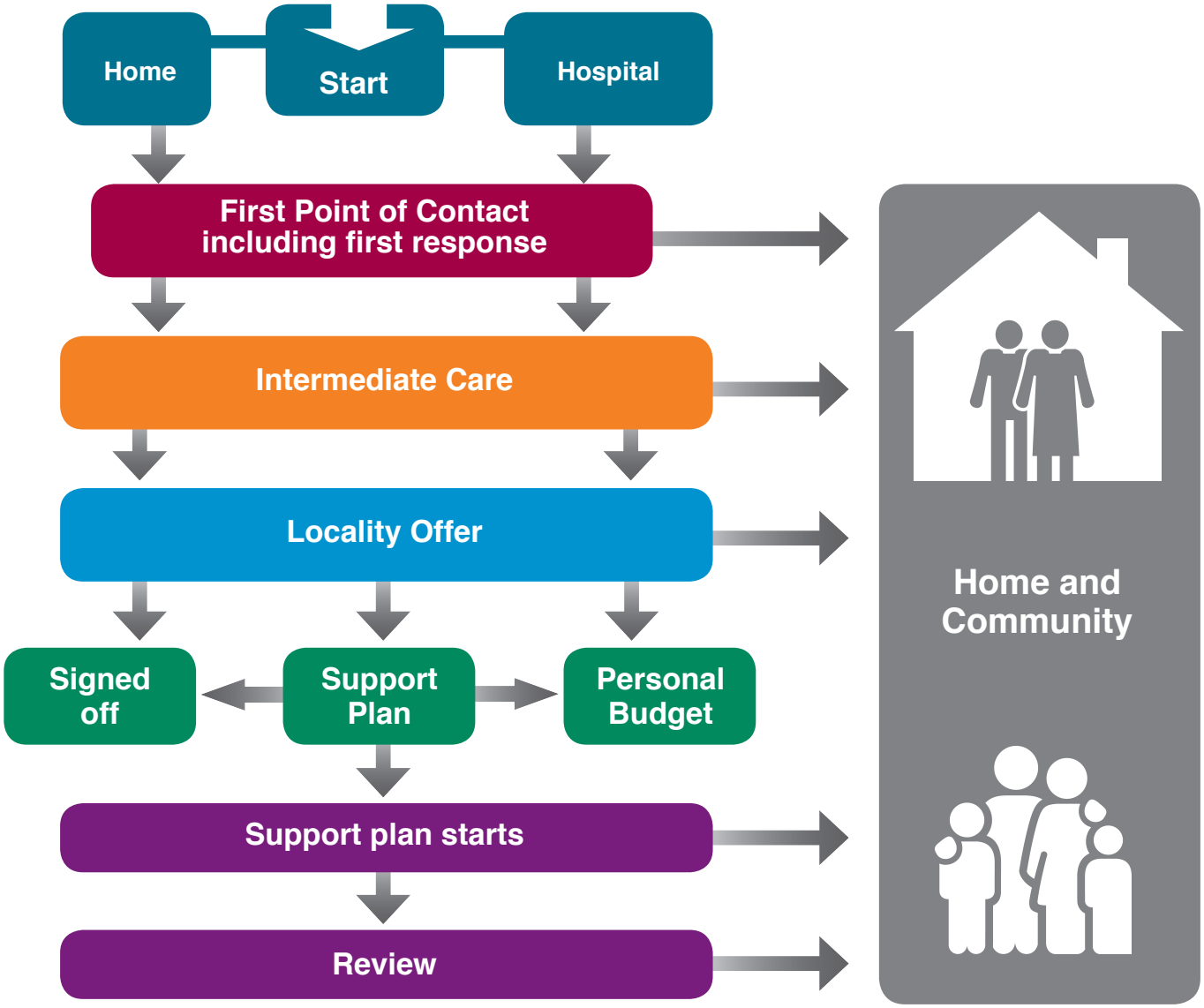
We will work with people who choose to access support from services, their carers and family members and our communities to develop new systems which build on their strengths. Strengths based approaches involve:

- 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
- 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.

We will do this by:

- Listening to people
- Improving the accessibility of our information about options
- Finding personalised solutions
- Being proactive to support for self-care which supports healthier lives
- Helping early to delay and prevent minor things developing into something major
- Strengthening and investing in our Social Workers and the culture of social work practice
- Transferring power away from traditional services to people, their families and communities
- Using technology
- Treating all people with dignity and respect
- When you are in hospital, we will strive to get you home as quickly as possible
- Establishing arrangements to uphold and enable people's right to take positive risks
- Ensuring that where a person is at risk of abuse that we put in place measures that ensure they remain in control
- Where a person requires the deprivation of liberty safeguards we take all practicable steps to ensure their rights are upheld.

The Social Care customer journey



CASE STUDY

Ian's story

Ian has lived in a care home in Wales since the age of 16. He has a physical disability and uses a wheelchair. Staff at the care home report that he has lost contact with his family in Bradford but appears bored in the home and that he is going out drinking in the town centre. They are worried that people are taking advantage of him and his money. Ian is known to enjoy buying and selling electronic goods. Ian doesn't want to speak to a social worker. He has had a yearly visit from a social worker to review his placement. He refuses to meet with the social worker when they visit. A new social worker spends time reading about Ian before making contact with him and notices that he likes electronics. The social worker asks the care home to give Ian the social media contact for the social work team. Over a period of 3 months Ian gets to know the social worker through using social media. Ian agrees that the social worker can ring him to discuss his care arrangements. The call goes well and Ian suggests that the social worker users facetime on their workphone to speak to him. He tells her that he is lonely and he misses his family. The social worker arranges for Ian to come to Bradford and spend a long weekend in a local care home with support from a Personal Assistant who supports him to visit his family and reconnect back to Bradford through visiting places he remembers from being a child. Ian decides he wants to stay in Bradford and would like to live independently using a Direct Payment to arrange support from a Personal Assistant.

Personal Budgets

In order to deliver our approach, we will use a personal budget process which will include the following steps:

1. **Resource Allocation System (RAS)**

   An indicative personal budget is calculated to reflect the level of support required to meet the assessed need.

2. **Support Plan**

   A plan that identifies how people will spend the money allocated to them to get the life they want.

3. **Approving the Support Plan**

   The Council will have to sign off the approved support plan before the personal budget is released.

4. **Personal Budget**

   People will have four options for using their personal budget:

   a) **Direct Payment (DP) –** Money paid by the Council to an eligible person (or someone acting on their behalf) so that they may arrange their own care and support instead of receiving arranged services. Records of how the money is spent are audited regularly.

   b) **Individual Service Fund (ISF) –** Money given to a third party (fund holding provider) to hold on behalf of the person and used to pay for care and support services in line with the support plan.

   c) **Managed Care –** Services that are arranged by the Council; people who use them have less choice and control over how they are delivered.

   d) **Combination of the above**

A DP may be used to manage some of the care and support services arranged to meet a person's needs with the rest arranged through a managed ISF arrangement.

CASE STUDY

John's story

John celebrated his 45th birthday recently. Birthdays have always been difficult for John. It is a time when he can feel really alone. This year however things were different. John's social worker in the Community Mental Health Trust had formed a strong relationship with him over the last 2 years and knew that he found this time of year difficult. John's social worker arranged to meet with John in the community café at the Cellar Trust a few months earlier. He had found out that John used to be a mechanic and he used to love working on cars. John went on the Stepping Stones course which helped him think about how to get back into work and stay well once he was in employment. He started a work placement with a local garage, working 2 days a week to begin in the week of his 45th birthday. When John's colleagues found out about his birthday, they arranged to get him a card which they had all signed. John is starting to feel that he can remain healthy and well in work and is beginning to regain his confidence that he is not alone.

Glossary

The Care Act 2014:

The Care Act is a law about care and support for adults in England. It gives clear and simple rules about what care and support people should be able to get as well as what councils have to do.

For further information on the Care Act please visit www.legislation.gov.uk/ukpga/2014/23/contents/enacted

Customer journey:

The experience a service user goes through at each stage from start to finish from being at home or in hospital and assessing the needs required through to the putting a plan together allowing the service user to live independently and further reviewing the support plan.

Early Intervention:

Early intervention means taking action as soon as possible to tackle problems before they become more difficult. Its purpose is to improve the life chances of people and benefit their families and immediate communities, and at the same time reduce long term costs.

Home First Model:

This aims to help people to be independent and have a better quality of life by meeting their care and support needs within their own home, keeping them near their friends and family for as long as possible

Personalisation:

Personalisation is a way to give everyone more choice and control over the support they get. Personalisation means

- that services are tailored to the needs of every individual, rather than delivered in a one-size-fits-all fashion.
- that families get better information about care and support
- that we spend more money on keeping people well, so there is less need for care, especially residential care
- that we encourage people to stay independent.

Contacts and further information

For more information on our Home First Vision visit:
https:Homefirst.Bradford.gov.uk
Twitter:
Facebook:
Telephone: 01274 435400
Email: hwbvison@bradford.gov.uk

Alternatively you can write to:
Health & Wellbeing Department
5th Floor, Britannia House, Bradford, BD1 1HX

To protect the identities of service users and providers stock photographs have been used throughout this report.

The wording in this publication can be made available in other formats such as large print and Braille. Please call 01274 431989.

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