

City of Bradford MDC

[www.bradford.gov.uk](http://www.bradford.gov.uk)

# “To Be” Operating model

## Department of Health & Wellbeing



Bev Maybury

Strategic Director – Health & Wellbeing

Version 0.3 - 21<sup>st</sup> February 2017

## **1. Introduction**

Our vision (Home First) for Wellbeing in Bradford is centred around the belief that where possible, people in the Bradford District who are in receipt of health and social care services 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 in the wider District.

To support the delivery of this vision we recognise that our policies, governance and decision making arrangements should be structured to enable us to work creatively and collaboratively with our partners within the public, private and voluntary sector.

The new “To Be” operating model has been designed to enable the department to deliver the aims and ambitions set out in our Home First Vision and is based on the principles of shared responsibility between Council (including public sector), the community and the person.

It recognises that the role of the Department of Health & Wellbeing is to work collaboratively with our partners to align our resources to support people’s independence and ability to be part of their communities for as long as possible.

We believe that by helping people to stay healthy and well, supporting them to regain their independence after illness or injury, encouraging them to make greater use of their own and community resources, the new operating model will reduce demand for public sector resourced care and support.

## **2. Key components / principles**

The “To Be” operating model builds on our local experience of delivering services and the good work undertaken within the department, while also incorporating national best practice. The key components of our operating model are visually described in the diagram overleaf, and are summarised below:

- A greater focus on early intervention and prevention by reshaping support to reach people earlier and being more accessible in local communities
- Strengthening our self-care and self-directed support offer in local communities through the development of multi-agency community hubs, which will enable us to better support people to feel in control and make choices about how they want their support arranged around them to meet their outcomes

- By building capacity within communities, people will be able to access support within their own communities, while also reducing isolation and loneliness.
- A greater focus of resources on front line support and time limited interventions, such as reablement services, to help people get back on their feet and in their own homes. This will also mean emphasising the importance of being highly responsive when people are in crisis and developing a plan that helps them to regain as much independence as possible
- Delivering a workforce development programme across all agencies to ensure they are fully equipped with the right skills set to support the delivery of our shared approach e.g. ensuring that our front line staff are able to identify support requirements at an early stage (e.g. safeguarding) and also help people develop and maintain skills that will maximise their independence
- Implementing an organisational change programme that is aligned to the workforce development programme and focuses on affecting culture change, enabling transformation and streamlining bureaucracy, with an emphasis on enabling a bottom up approach e.g. people centric dialogue to identify what people, their families and carers want to tell us and working with them rather than doing to them
- Making best use of digital platforms and assistive technologies to support employees to be more effective and help people to maintain their independence and enhances their quality of life
- Investing in good quality information and advice which will enable people to intervene early and delay or prevent the need for long term care. This will ensure that we have a universal approach across all our contact points that sign posts people to the right information or support service which meets their needs. For example Connect to support, website, social media and access team
- Developing an integrated strategic commissioning approach that aligns resources and supports flexible delivery solutions.

### 3. Delivery timeline

The table below provides a summary of key milestones for the implementation of the “To be” operating model:

Activity	Description	Timescale
Home Vision – raising awareness	Engagement with key stakeholders (staff, people receiving support and partners) on the revised offer set out in the new vision and key	April to July 2017

	implications.	
Safeguarding	Make safe and stabilise - Safeguarding / Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS)	April to August 2017
Information Technology and Digital Platforms	Strategic review of Information Technology (IT) Systems and Digital Transformation Capacity in partnership with IT Service	March to May 2017
Personal budget	Implement Personal budget framework, which will include Direct Payments and Individual Service Funds (ISFs)	April to Sept 2017
Workforce development	Roll out of work force development programme to ensure staff have the necessary skills to implement the vision	June to Dec 2017
Governance arrangement	Review management and governance arrangements across the department to improve decision making, accountability, financial, risk and performance management	April to Sept 2017
	Review and agree performance measures to keep track on delivery progress (building on ASCOF and Public Health	May to Sept 2017
Integrated Commissioning framework	Review of strategic commissioning and procurement policies	April to Sept 2017
	Establishing a joint team between the Council and CCGs	April to July 2017
Locality infrastructure	Review and alignment of resources at a local level across Council departments and Partner services to enhance community resilience and capacity. E.g. <ul style="list-style-type: none"> <li>• establishing community hubs to coordinate local level early intervention and prevention activity,</li> <li>• commissioning of capacity building support,</li> <li>• alignment of ICT infrastructure to enable system connectivity</li> </ul>	April to Dec 2017
Information and advice	Review our information and advice arrangements to ensure we have a universal approach across all contact points that signs post people to the right information or support service to meet their needs – e.g. connect to support, council website, social media and front line access team)	May to Sept 2017



Health and Wellbeing Department – “To Be” operating model

