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Report of the Strategic Director, Health and Wellbeing to the meeting of Executive to be held on 4th April 2017

BT

Subject:

Home First – a new vision for wellbeing and adult social care in the Bradford District and a new operating model for the Department of Health & Wellbeing to deliver the aims set out in the new vision.

Summary statement:

This report sets out the rationale, key aims and ambitions for the new vision (Home First) for wellbeing in Bradford and the new operating model for the department of Health and Wellbeing.

The report also provides an overview of the development and consultation process, and requests the Executive to approve the approach set out in the documents, including the proposed implementation process.

Bev Maybury Strategic Director: Health and Wellbeing	Portfolio: Deputy Leader and Health & Wellbeing
Report Contacts: Imran Rathore, Transformation and Executive Support Manager Phone: (01274) 431730 E-mail: imran.rathore@bradford.gov.uk	Overview & Scrutiny Area: Health and Social Care

1. SUMMARY

1.1 This report sets out the rationale, key aims and ambitions for the new vision (Home First) for wellbeing and adult social care in Bradford and the new operating model for the department of Health and Wellbeing.

1.2 The report also provides an overview of the development and consultation process, and requests the Executive to approve the approach set out in the documents, including the proposed implementation process.

1.3 The draft vision (Home First) 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. Where people's needs cannot be met at home we will work with individuals, their carers and advocates to ensure the right type of support package is made available.

1.4 The associated draft operating model sets out the organisational policy, governance, decision making and commissioning arrangements that will support the delivery of our vision. This will be done through enabling people to have control over how they manage their health and social care needs, while also putting in place a greater focus on the use of personal and community assets and working in partnership with key partner agencies within the public, private and voluntary sector.

2. BACKGROUND

2.1 The context within which the Department of Health & Wellbeing delivers services is constantly evolving. There are significant changes in: demographics; customer needs and expectations; legislation; and financial pressures. These include:

- *The Care Act (2014) sets out a new framework of local authority duties in relation to:*
  - *the promotion of individual well-being,*
  - *provision for the prevention of needs for care and support,*
  - *provision of information and advice,*
  - *promotion of diversity and quality in service provision*
  - *assessment of eligible needs,*
  - *the arrangement and funding of social care,*
  - *promotion of greater integration with the NHS,*
  - *changes to the regulation of social care providers.*
- The government personalisation agenda – Shaping our Lives, Putting People First, Caring for our Future:
- *The government's Spending Review and Autumn Statement (2015) sets out that every part of the country must have a plan for integrated Health and Social Care in 2017, to be implemented by 2020.*
- *The money from central government to the Council has greatly reduced and continues to do so over the life of this parliament, which is putting pressure on service delivery.*
- *The Health and Wellbeing service which is now made up of Adult and Community Services, Public Health and Environmental Health has a total*

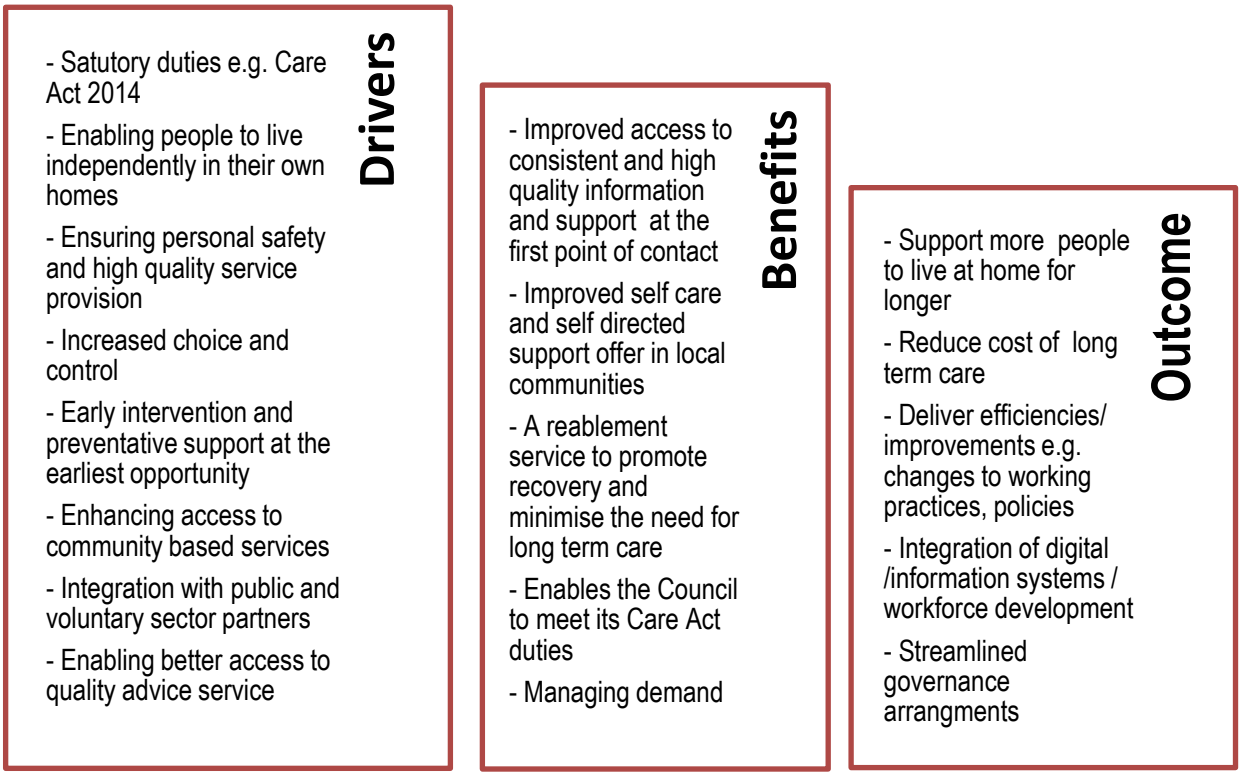
proposed savings target of £20.9m in 2017/18 and £11m in 2018/19

- *The number of people who use adult and social care is expected to rise from 8,500 now to 8,843 in 2 years' time, which is a 2% increase on an annual basis. We expect that the demand will continue to keep rising by 2% each year until 2030. (Projecting Older People Population Information (POPPI) and Projecting Adult Needs and Service Information (PANSI)).*
- *ADASS annual budget survey (2016) suggests that adult social care accounts for 35% of total council spending, while the Local Government Association (LGA) analysis shows that the proportion could rise to 40% by 2020.*

2.2 The nature of the issues outlined above requires an approach that ensures sustainable support to people, which maintains their independence, living within their own communities and improves their quality of life and general wellbeing. National best practice research also shows that a strength and community based approach can improve the quality of life for people who have health and social care needs, whilst reducing costs.

3. RATIONALE, PURPOSE AND APPROACH

3.1 In response to the issues outlined above, over the last few months, the Department of Health & Wellbeing has been reviewing how it provides support services to people in the Bradford District. One of the outcomes of this review has been the development of a new vision and operating model for Health and Wellbeing, which builds on the good work done within the department, our local experience and national good practice. The key drivers, benefits and outcomes of this work will include:



3.2 The new vision (Home First) and 'To be' operating model will guide and shape how we will work with our partners to deliver the high level outcomes set out in the Council's Corporate Plan 2016-20, for everyone in the district to have a long, healthy and full life.

3.3 The development process for both the draft vision (Home First) and 'To be' operating model has included working with partner organisations in NHS, community and voluntary sectors (VCS), service user groups, partnerships, networks and elected members. The draft vision and operating model incorporates feedback from these groups and are attached to this report as appendix 1 and 2.

3.2 VISION – HOME FIRST

3.2.1 The issues outlined above are reflected in our aim and ambitions for the wellbeing of Bradford District, and are set out in our vision (Home First) document, which is currently being developed. Our vision is centred on 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".*

3.2.3 The delivery of our vision will rely heavily on a whole system approach that enables people to intervene early and delay or prevent the need for long term care, while supporting them to maintain their independence as long as possible. As such, the vision will guide the way we work with our partners across the Health and Adult Social Care spectrum to develop, shape and commission services.

3.2.4 As a result of our approach, it is likely that, in the future there will be fewer people receiving on going, longer term social care support – however this is in the context of the drive to support people to live independently.

3.2.5 The draft vision is attached to this report as Appendix one.

3.3 "TO BE" OPERATING MODEL

3.3.1 To support the delivery of our vision we are also reviewing our operating model to ensure that it enables us to work creatively and collaboratively with our partners within the public, private and voluntary sector.

3.3.2 The new 'To Be' operating model builds on our local experience and national good practice, and is based on a vision 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 NHS, Voluntary Sector and Private Sector Partners to align our resources to support people's independence and ability to be part of their communities for as long as possible.

3.3.3 By helping people to stay healthy and well, supporting them to regain their independence after illness or injury, and encouraging them to make greater use of

their own and community resources, the new operating model also aims to reduce demand for Public Sector resourced care and support.

3.3.4 The model proposes changes to how we do things e.g. processes, team and organisational culture and working practices. These include:

- *A greater focus on resources for front line support and time limited interventions to help people get back on their feet and in their own homes.*
- *Investing in good quality information and advice which will enable people to intervene early and delay or prevent the need for long term care.*
- *Strengthening our self-care and self-directed support offer in local communities through the development of multi-agency community hubs.*
- *Delivering a workforce development programme across all agencies to ensure they are fully equipped with the right skill set to support the delivery of our shared approach.*
- *Developing an integrated strategic commissioning approach that aligns resources and supports flexible delivery solutions.*
- *Improving the use of digital information platforms to develop and deploy support services that meet the needs of people and communities.*
- *Enhancing the use of assistive technologies that enables people to maintain their independence and enhance their quality of life.*

3.3.5 Appendix two provides further detail on the "To Be" operating model and includes a visual description of the key components.

4. DEVELOPMENT, CONSULTATION AND APPROVAL

4.1 We have taken an inclusive approach to the development of the new vision, operating model and associated delivery plans. The approach and principles behind the vision has been discussed with a range of stakeholder groups in draft form to help support its development and seek input on the overall approach and direction. Presentations have been given to the following groups, and feedback has been received:

- *Department of Health & Wellbeing staff roadshows – Nov to Dec 2016*
- *Strategic Disability Partnership, Older People's Partnership, Learning Disability Joint Budget Consultation Workshop – 23.01.17*
- *Health & Social Care Overview and Scrutiny Committee – 26.01.2017*
- *Bradford Talking Media User Group – Jan to Feb 2017*
- *Integrated Change Board (ICB) – 17.02.17*
- *Health & Social Care Overview and Scrutiny Committee – 2nd March 2017*
- *Older People's Partnership Board - 9th March 2017*

4.2 Further presentations and consultations are also planned with:

- *Health & Wellbeing Board – 28th March 2017*
- *Strategic Disability Partnership Board - 6th April 2017*

4.3 An easy read version of the Home First vision has also been produced and this been shared with partners and stakeholders in draft form. This will be formally published alongside the main document subject to executive approval.

4.4 In general the feedback received to date has been positive and supportive of the overall approach, whilst there is also a general recognition that services need to be structured in a different way and integrated with other partners to respond to the different challenges facing the District. For example, the vision and operating model was presented to the ICB who endorsed the approach and also agreed to support the implementation plans.

As recognised above, overall there was general acceptance of the overall approach and direction for Adult Social Care in terms of more personalised and effective services.

4.5 The feedback has been used to refine the vision and the operating model, and will also help inform our implementation plans and related success measures.

5. IMPLEMENTATION TIMESCALE

5.1 Subject to Executive's approval, work will begin on the implementation of the vision through the roll out of the new operating model. We envisage that it is likely to take 6 to 12 months starting from April 2017 to fully implement the core components. Appendix two includes detail of key delivery milestones.

6. FINANCIAL & RESOURCE APPRAISAL

6.1 Moving to a model based approach on early intervention and prevention through a greater focus on self-care, personal and community resources will play an essential role in the departments plans to reduce demand and costs. As such, the new operating model will contribute to achieving the pre-agreed savings allocated to the department by full Council for 2017/18, alongside the savings to be agreed by full Council in Feb for 2017/18 and 2018/19.

7. RISK MANAGEMENT AND GOVERNANCE ISSUES

7.1 The proposals are key to the Department of Health and Wellbeing in delivery of its responsibilities under the Care Act 2014 and to ensuring this is done within the allocated budget.

7.2 These proposals mitigate against potential budgetary and performance risk for the department.

7.3 Equality impact assessments have been carried out on the vision and operating model, and will continue to be updated to enable mitigation against any risks.

8. LEGAL APPRAISAL

8.1 When making decisions around service delivery, the Council must consider its statutory responsibilities including those under the Mental Capacity Act 2005, Care Act 2014, Human Rights Act 1998, its Public Sector Equality Duties and Consultation Duties. Consideration should be given to public consultation when considering

changes to policy or practice. In general terms, in relation to changes to policy or practice, the more significant the impact upon the public, the greater the need for public consultation. There will be a duty to consult when introducing a significant change that will adversely affect the public. The duty of public consultation can be an express statutory duty or a duty at common law as an aspect of fairness, proportionality or legitimate expectation. There is no express statutory duty to consult under the Care Act 2014. However, the related statutory guidance indicates consideration should be given to public consultation in specified circumstances. Statutory guidance should be followed unless there is a clear and sound reason not to. The statutory guidance relating to the Care Act 2014 specifies local authorities should ensure that active engagement and consultation with local people is built into the development and review of market shaping and commissioning strategies. Public consultations should be timely, involve all those affected or likely to be affected by the proposal, provide full and accessible information on the proposal and any alternatives, allow sufficient time for meaningful consideration and feedback and take account of the feedback when a final decision is made.

9. OTHER IMPLICATIONS

9.1 EQUALITY & DIVERSITY

9.1.1 The Public Sector Equality Duty under the Equality Act 2010, requires the Council when exercising its functions to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it;
- Relevant protected characteristics include age, disability, gender, sexual orientation, race, religion or belief.

The implementation of the new vision and operating model will place the individual at the centre of services and enable wider access to services that the person can direct according to their preferences. This will promote fairness and equality by ensuring that service access requirements for people with equality protected characteristics (e.g. age, disability, ethnicity etc.) are wherever possible met according to their personal choice.

9.1.2 An initial Equality Impact Assessment has been completed for the new vision and operating Model. The draft is attached to this report as appendix three. The EIA will be further refined and updated as we firm up the detailed implementation plans as a result of feedback from stakeholders.

9.2 SUSTAINABILITY IMPLICATIONS

9.2.1 The long term sustainability of the Council's ability to continue to provide support to people is under considerable pressure due to the increasing demand and the reduction in funding. This issue is not isolated to Bradford and is currently being discussed nationally by the Government and other influential bodies.

9.3.1 GREENHOUSE GAS EMISSIONS IMPACTS

9.3.1 None

9.4 COMMUNITY SAFETY IMPLICATIONS

9.4.1 None.

9.5 HUMAN RIGHTS ACT & TRADE UNION

9.5.1 The Human Rights Act 1998 makes it unlawful for any public body to act in a way which is incompatible with an individual's human rights. Where an individual's human rights are endangered, Local Authorities have a duty to balance those rights with the wider public interest and act lawfully and proportionately. For this report, the most relevant rights from the 16 covered in the Human Rights Act (1998)[3] are:

- the right to respect for private and family life
- the right to peaceful enjoyment of your property (if this were interpreted broadly as enjoyment of one's home).
- the right to freedom from inhuman and degrading treatment.
- the right not to be discriminated against in respect of these rights and freedoms.

9.5.2. Staff have been involved in the development of both the vision and operating model from the outset of the process to help shape the approach and thinking. We will continue to involve them as we move into the implementation process. If any HR implications are identified as part of the implementation plans, then these will be managed in a formal manner in accordance to the agreed Council policy and employment legislation.

10. NOT FOR PUBLICATION DOCUMENTS

10.1 None.

11. RECOMMENDATIONS

11.1 That the Executive notes progress made towards the development of the vision (Home First) and the new 'To be' operating model for the Department of Health & Wellbeing.

11.2 That the Executive provides comment and feedback on the vision (Home First) and the new 'To be' operating model.

11.3 That the Executive approves the approach set out in the vision (Home First) and the new 'To be' operating model.

12. APPENDICES

Appendix one: Draft Home First vision

Appendix two: “To be” operating model

Appendix Three: Home First - Equality Impact Assessment