

# **Report of the Strategic Director Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 28<sup>th</sup> November 2019.**

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**Subject: Adult Social Care Annual Performance Report 2018/19**

## **Summary statement:**

**The following report sets out a summary of performance within Adult Social Care and how performance reporting and business intelligence processes are being improved.**

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## **Portfolio:**

**Healthy People and Places**

## **Overview & Scrutiny Area:**

**Health and Social Care**

## 1. SUMMARY

- 1.1 This report provides an overview of the Department of Health and Wellbeing's performance across the Adult Social Care Outcomes Framework (ASCOF) in 2018/19, as well as an updated position on the NHS-Social Care Interface Dashboard.
- 1.2 The report also provides an up to date position of the work taking place across key areas within Adult Social Care.
- 1.3 There is also an update on the implementation of revised performance improvement and business intelligence frameworks within Adults Social Care.

## 2. BACKGROUND

- 2.1 ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.

The key roles of the ASCOF are:

- It provides councils with robust information that enables us to monitor the success of local interventions in improving outcomes and to identify our priorities for making improvements.
- Regionally the data supports sector led improvement, bringing councils together to understand and benchmark their performance. This in turn, stimulates discussions between councils on priorities for improvement, and promotes the sharing of learning and best practice. In Bradford we are fully engaged in the Y&H Sector Led Improvement Programme where the ASCOF measures are monitored on a quarterly basis together with Risk Awareness via the Regional Performance and Standards Network.
- At the national level the ASCOF demonstrates the performance of the adult social care system as a whole and its success in delivering high-quality, personalised care and support.

## 3. REPORT ISSUES

### ASCOF

- 3.1 The table overleaf summarises the latest ASCOF outcomes measures compared to previous year's performance and showing direction of travel and an overall rating based on latest comparator data available. The latest comparator data is for the financial year 2018/19. There were 29 measures calculated in 2018/19, of these performance has improved for 15 measures, worsened in 8 and stayed stable in 6.
- 3.2 ASCOF outturns are ranked against 3 comparator peer groups, All councils in England, all councils in the Yorkshire and Humber region and all councils in Bradford's nearest statistical neighbour peer group as defined by The Chartered Institute of Public Finance & Accountancy (CIPFA).

3.3 There are 16 councils in our CIPFA peer group. Of the 29 ASCOF measures in 2018/19, Bradford performs strongly and is in the top quartile for 14 measures, and needing to improve from a position of being in the bottom quartile on 4 measures.

**Bradford's areas of strength in comparison to our CIPFA group are;**

Ref	Indicator Name
1A	Social care-related quality of life score
1B	The proportion of people who use services who have control over their daily life
1C1B	The proportion of carers who receive self-directed support
1C2B	The proportion of carers who receive direct payments
1D	Carers Quality of Life
1H	The proportion of adults in contact with secondary mental health services living independently, with or without support
1I1	The proportion of people who use services who reported that they had as much social contact as they would like
1I2	The proportion of carers who use services who reported that they had as much social contact as they would like
2A1	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population
2C (1)	Delayed transfer of care per 100,000 population (All delays)
2C (2)	Delayed transfer of care per 100,000 population (attributable to Social Care)
2C (3)	Delayed transfer of care per 100,000 population (attributable to both NHS and Social Care)
3A	Overall satisfaction of people who use services with their care and support
4A	The proportion of people who use services who feel safe

**Bradford's areas for improvement in comparison to our CIPFA group are;**

Ref	Indicator Name
1C1A	The proportion of people who use services who receive self-directed support
1C2A	The proportion of people who use services who receive direct payments
2B2	The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital

3.4 The proportion of people who received self-directed support has increased from 82% to 88%. Whilst performance is in the bottom quartile a further increase will be seen in 2019/20 through reviewing and assessment activity. We are seeing growth in the proportion of people accessing a service via a direct payment continuing into 2019/20, though we are currently in the bottom quartile. Work is taking place to ensure that the BEST service is able to fully utilise staffing resources on providing reablement services rather than long term support. This work will make us more able to offer reablement to those people who would benefit from the service, improving performance on measure 2B2 and ensuring performance on Delayed Transfers of Care remains high.

# Summary of Bradford Metropolitan District Councils 2018/19 ASCOF Performance

- Position improved 15
- Position Stable 6
- Position Worsened 8

Councils in Group  
 BMDC Top Quartile Measures  
 BMDC Bottom Quartile Measures

Comparator Group		
England	Region	CIPFA
152	15	16
12	9	14
2	4	3

ASCOF Measure	Good is;	Bradford Trend	16/17	17/18	18/19	2018/19 rankings		
						England	Region	CIPFA
1A - Social care-related quality of life score	High		19.4	19.2	19.6 <span style="color: green;">●</span>	16	3	1
1B - The proportion of people who use services who have control over their daily life	High		75.1	79	82 <span style="color: green;">●</span>	16	3	1
1C1A - The proportion of people who use services who receive self-directed support	High		82	82	88 <span style="color: green;">●</span>	103	11	14
1C1B - The proportion of carers who receive self-directed support	High		100	100	100 <span style="color: orange;">●</span>	1	1	1
1C2A - The proportion of people who use services who receive direct payments	High		16.7	21.1	23 <span style="color: green;">●</span>	105	9	14
1C2B - The proportion of carers who receive direct payments	High		82.6	95	100 <span style="color: green;">●</span>	1	1	1
1D - Carers Quality of Life	High		8.2		7.9 <span style="color: red;">●</span>	17	5	2
1E - The proportion of adults with a learning disability in paid employment	High		3.2	3.6	2.1 <span style="color: red;">●</span>	130	14	12
1F - The proportion of adults in contact with secondary mental health services in paid employment	High		7	7	8 <span style="color: green;">●</span>	70	8	5
1G - The proportion of adults with a learning disability who live in their own home or with their family	High		88.8	88.1	86.3 <span style="color: orange;">●</span>	35	5	10
1H - The proportion of adults in contact with secondary mental health services living independently, with or without support	High		70	72	72 <span style="color: orange;">●</span>	39	6	3
1I1 - The proportion of people who use services who reported that they had as much social contact as they would like	High		50.3	47	48.6 <span style="color: green;">●</span>	41	7	3
1I2 - The proportion of carers who use services who reported that they had as much social contact as they would like	High		41.6		40.5 <span style="color: orange;">●</span>	15	2	2
1J - Adjusted Social care-related quality of life – impact of Adult Social Care services	High			0.43	0.395 <span style="color: orange;">●</span>	105	12	10
2A1 - Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	Low		17.1	14.6	7.9 <span style="color: green;">●</span>	30	2	3
2A2 - Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Low		571.3	492.9	548.7 <span style="color: red;">●</span>	63	4	5
2B1 - The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	High		87.8	87.9	82.9 <span style="color: red;">●</span>	88	10	6
2B2 - The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	High		2.6	1.1	1.7 <span style="color: green;">●</span>	128	11	16
2C (1) - Delayed transfer of care per 100,000 population (All delays)	Low		3.2	3.5	2.6 <span style="color: green;">●</span>	4	2	1
2C (2) - Delayed transfer of care per 100,000 population (attributable to Social Care)	Low		0.9	0.9	0.2 <span style="color: green;">●</span>	7	1	1
2C (3) - Delayed transfer of care per 100,000 population (attributable to both NHS and Social Care)	Low			0.1	0 <span style="color: green;">●</span>	1	1	1
2D - The outcome of short-term services: sequel to service	High		63	61.2	69.7 <span style="color: green;">●</span>	110	11	12
3A - Overall satisfaction of people who use services with their care and	High		64.5	65	66 <span style="color: green;">●</span>	53	7	3
3B - Overall Satisfaction of carers with social services	High		37.4		34.9 <span style="color: red;">●</span>	104	14	11
3C - The proportion of carers who report that they have been included or consulted in discussions about the person they care for	High		74.9		67.9 <span style="color: red;">●</span>	90	12	10
3D1 - The proportion of people who use services who find it easy to find information about support	High		69.9	72	70.1 <span style="color: red;">●</span>	79	9	5
3D2 - The proportion of carers who use services who find it easy to find information about support	High		72.4		61.3 <span style="color: red;">●</span>	87	10	8
4A - The proportion of people who use services who feel safe	High		73.1	69	74 <span style="color: green;">●</span>	23	4	2
4B - The proportion of people who use services who say that those services have made them feel safe and secure	High		86	84	85.4 <span style="color: orange;">●</span>	93	10	7

## **4 Performance and Business Intelligence framework update**

- 4.1 A revised Performance and Business Intelligence framework is being implemented in Adult Social Care.
- 4.2 The Health and Wellbeing Directorate Management Team meet each week and have been having a monthly meeting dedicated to Finance and Performance since December 2019. The meetings are designed to provide updates on Finance and Performance and to agree any corrective actions as well as celebrating successes. To aid the meeting a report has developed to which tracks performance against agreed targets and sets out issues and mitigations. The focus of the report and agreed targets allow us to track progress against the objective of delivering quality services whilst maximising independence.
- 4.3 To ensure that performance and finances are discussed across the department and to build understanding and accountability, Senior Adult Social Care Management Teams meet the week before the Finance and Performance Directorate Management Teams meetings to discuss the information that will be presented and provide narrative to the report.
- 4.4 Increased levels of understating and accountability for performance is now being seen. Work has recently started with Team Managers to support them in building up their knowledge and skills around the performance framework and the intelligence they have available to understand how they can apply the intelligence we hold alongside the performance reporting framework to understand and improve their teams performance. Workshops and dedicated sessions with small groups of managers are taking place.
- 4.5 To enable the performance framework to function effectively we have developed the Adult Social Care Development Intelligence Hub, a webpage hosted on Bradnet the council intranet site. The hub is home to a series of Power Bi reports. The reports have been co-produced with team managers and are built to enable users to access high level data and then drill into the data and gain insights via the engaging and interactive reports. The reports extract data from the care management system, SystemOne and the finance system, ContrOCC. Data extraction is automated and the reports are refreshed on a daily basis. The reports increase the transparency of the data and allow us to target areas where data quality needs to be improved.
- 4.6 We are playing an increasingly active role within the Association of Directors of Adult Social Services (ADASS) regional Performance and Standards network as part of sector led improvement. As part of this group we have showcased how we are delivering information reporting in Bradford to regional peers and hosted an Adult Social Care intelligence event in Bradford. This helps us support the network but also provides us with assurance that the approach we are taking around information reporting and performance improvement is fit for purpose. Reporting is now in line with established best practice and is robust and sustainable. Adult Social Care are now attending and contributing to the Bradford District Council Digital Programme Board.

- 4.7 The new Performance and Business Intelligence frameworks build around and complement our transformation programme is allowing us to embed evidence and intelligence into daily and strategic decision making more effectively and efficient uses of council resources and allowing outcomes to be met more effectively. We are monitoring and reporting on the impacts of the Home First strategy, tracking the reduction in demand, and understanding how to best target resources to manage demand and improve outcomes.
- 4.8 In addition we are building our Information Governance knowledge and capability within Adult Social care to ensure that we are able to effectively meet our legislative requirements. We are delivering Information Governance Awareness sessions to 300 staff from September to November.

## 5 Impact and Transformation

- 5.1 The improved Performance and Business Intelligence frameworks have seen increased rigour. The department has greater ability to make evidenced based decisions, complementing the transformation activity taking place across the department; this is all contributing to the underspend of £1.6m in the Department of Wellbeing reported as part of September's revenue monitoring process. Our transformation priorities are:
- Prevention and Early Help
  - Maximising Independence
  - Commissioning
  - Performance and Workforce Development
- 5.2 These transformation priorities are positively impacting upon performance across our service areas. In the last 12 months as a result of our transformation programme we have seen improved processes and/or outcomes across all service areas. A flavour of the impacts being seen across the main service areas within Adult Social Care are set out in paragraphs 5.3-5.11. In addition, please see appendices A to G which give greater detail on a number of the transformational projects currently taking place. These projects were showcased as part of the staff engagement roadshows which took place in October and November 2019, these events were attended by over 300 staff from across the department.
- 5.3 **Older People and Physical Disabilities.** There has been a reduction of 49 people in residential/nursing placements since March 2019. At the end of September there were 1,034 people in placements versus a target of 1,059. This reduction continues the long term trend of reducing numbers of people in placement's. This reduction has resulted in the top quartile performance for the ASCOF measure on new care home placements for people aged 65+.
- 5.4 Whilst we are seeing reductions in the number of people in care homes we have seen an increase in the number of purchased Home Care hours. In September there were 102,000 hours purchased versus a target of 91,000. Following a period of stability in 2018 we have seen a return to the upward trend. As part of the

performance framework the Directorate Management Team are now sighted on monitoring and managing this trajectory.

- 5.5 **Mental Health.** There has been a reduction of 11 people in residential/nursing placements since March 2019. At the end of September there were 157 people in a placement versus a target of 174. We have seen a downward trend since June 2018.

The number of Home Care hours purchased in Mental Health also continues to fall. There were 3,050 fewer hours purchased in September 2019 than in March 2019. In September we purchased 10,039 hours versus a target of 14,300.

- 5.6 **Learning Disabilities** There has been a reduction of 31 people in residential/nursing placements since March 2019. At the end of September there were 178 people in a placement versus a target of 193.
- 5.7 **Commissioning and Quality.** Back in July 2017 just 57% of the Adult Social Care service providers in Bradford were rated either good or Outstanding by the Care Quality Commission. At the time the average across England was 80%. At September 2019 the proportion of good or outstanding providers in Bradford has risen to 81%. The England average was 84%. The council and CCG have invested in this area with the contracts and commissioning team developing and facilitating service improvement boards working across the sector and with in-house providers. The gap has been closed significantly and the target is to close the gap between Bradford and the England average completely, we expect this to happen in 2020. At this point we will review our position and explore setting a revised target that would see care quality provision in Bradford to be at a high standard when compared to our statistical neighbours.
- 5.8 **Safeguarding and Deprivation of Liberty Safeguards (DoLS)** In 2018/19 we received 1,538 DoLS applications, an increase of 3% on the previous financial year. The number of applications completed rose significantly from 929 in 2017/18 to 2,353 in 2018/19 reducing backlogs.
- 5.9 This increase in completed applications reduced the number of applications that had not been completed, dropping from 1,122 at 31<sup>st</sup> March 2018 to 406 at 31<sup>st</sup> March 2019.
- 5.10 In 2018/19 Adult Social Care received 4,510 safeguarding concerns, a reduction of 6% since the 4,815 concerns received in 2017/18. New data recording systems were implemented in 2018 alongside the implementation of new safeguarding procedures. These two issues combined led to a reduction in the proportion of concerns that were recorded as Section 42 enquiries. In the first 6 months of 2019/20, 56% of concerns have been recorded as Section 42 enquiries.
- 5.11 The work taking place in the **Independence Advice Hub**, formally Access, to embed strengths based practice within all their conversations and advice. This practice alongside the improved business intelligence framework has seen an increase in the number of contacts that are signposted rise from 59% in the 1<sup>st</sup> half of 2018/19 to 90% in 2018/19.

- 5.12 The transformation work has taken place and led to evidenced impact and improved outcomes. The work which has taken place in 2019/20 is part of a three-year transformational programme. It is recognised that whilst progress is being seen, significant challenges remain in years 2 and 3 of the programme to ensure that targets around demand management and outcomes are met. Appendix H shows an overview of the transformation workstreams and the work ahead.

## **6 FINANCIAL & RESOURCE APPRAISAL**

- 6.1 There are no direct financial implications arising from the detail of the report.

## **7. RISK MANAGEMENT AND GOVERNANCE ISSUES**

## **8. LEGAL APPRAISAL**

There are no recommendations or actions of the Council on this report being sought, for legal to comment on at this time

## **9. OTHER IMPLICATIONS**

## **10. NOT FOR PUBLICATION DOCUMENTS**

## **11. OPTIONS**

## **12. RECOMMENDATIONS**

Members are invited to comment on the report

## **13. APPENDICES**

- A – Community Led Support
- B – Integrated Working, Mental Health teams
- C – Valley View and Fletcher Court
- D – Liberty Protection Safeguards
- E - Preparation for Adulthood
- F – Learning Disabilities
- G – Time Out
- H – Priority transformation workstreams

## **14. BACKGROUND DOCUMENTS**



## **Appendix A – Community Led Support**

### **What Issues Does This Address?**

A key objective of this, is to identify local resources and build a resource map to share with other professionals in the area – as well as highlight any gaps that the council and partnership may need to address through their commissioning strategy.

Working at a local level to connect people to each other and community support is designed to better identify and support people's needs earlier to reduce the number of people requiring more formal short or long term care

### **What work has been done?**

Strengths based practice is a key element where the conversation you have with care professionals will look at your strengths, ie. what you do well or wish to do well again, and utilise their skills and expertise to help you build upon these aspects to maintain and strengthen your independence and quality of life.

linking people to relevant and appropriate community resources such as meeting groups for individuals with similar issues or interests. Examples can include:

- volunteering which can boost socialisation and combat loneliness;
- linking to the Walk from home service via Age UK for those who have lost confidence due to a fall allowing people to regain their confidence and independence;
- access to Silverline, a 24h confidential information, friendship and advice service.

Professionals are active and linked into the local community and so are constantly aware and up to date of the scope and variety of resources available.

By understanding the community resources professionals will build and maintain a valuable intelligence and insight resource. This is also beneficial for commissioners who will utilise this information to place shape accordingly.

In addition, through Community Led Support there is a commitment to be accessible in a number of ways and includes so called "community hubs" as appropriate to each locality. For example, in Keighley a hub has been established in the local market where people can just pop in for a chat, widening participation. The concept of hubs means that by their very nature they are not actively targeted rather they are a conveniently placed catch all for people.

## **What impact has been made?**

Transformation Board approved the request to trial the initial conversation paperwork and a Support Budget Guide (SBG), a revised indicative budget guide to replace the current Resource Allocation System (RAS) assessment. Inherent within the trial was some key performance indicators to assess its impact.

The trial took place over May & June 2019. The results were:

### **Overall**

21 people submitted 79 cases, out of which 78 Let's Connect completed

### **Minimise bureaucracy**

On average Let's Connect took just over an hour to complete

SBG guide - 53 completed

Average time to complete 1h 30m vs 3h for a RAS = 50% time saving

### **RAS comparison**

22 cases compared. Cost comparison:

Overall SBG was 12% lower budget

12 SBG cases were cheaper and 4 cases were within 10% variance

### **Staff feedback**

60 completed – 91% led to the same or better outcomes

46% led to better outcomes

### **User Feedback**

40 completed – 82% found useful; others satisfactory - none unsatisfactory

These results gave confidence to implementing fully into Keighley over summer 2019

## **Appendix B - Integrated Working, Mental Health teams**

### **What Issues Does This Address?**

- Parity of esteem between health and social care.
- Recovery focussed support planning using strengths based conversations.
- Promoting individuals independence and wellbeing.
- Looking at alternatives to traditional care and support packages.
- Promoting social care at the forefront of peoples recovery.

### **What work has been done?**

- The Community Mental Health Team (CMHT) have developed multi-disciplinary daily huddles which promote integrated biopsychosocial model to mental health care.
- Mental health presence at the Community Partnerships promoting Happy, Healthy and at Home.
- Collaborative work with the Voluntary and Community Sector (VCS)
- Duty social worker supports VCS services and attend daily
- Promoting Community Led Support (CLS) and building positive links with the local community.
- Improved links with peers in the Local Authority, including adult and children services.
- Upholding peoples legal and human rights within a medical model.
- Increase in peer support

### **What impact has been made?**

- Improved moral within the teams
- Biopsychosocial approach to person centred care which ensures people get the right support right care at the right time.
- Promoting human rights based practice and ensuring the rights of individuals are upheld.
- Achieve savings at time of austerity.
- Strong social work leadership within mental health.
- Improved relationships with police, hospitals, housing, ambulance, GP's and the CCG

### **Lessons Learnt**

- Social care within integrated mental health teams became diluted over the years. In the last 18 months there has been a strong promotion on social care achieving parity with health.
- Looking at outcomes when designing support plans and the panel process being more robust to be accountable for recovery focussed work.

## **Appendix C – Valley View and Fletcher Court**

### **What Issues Does This Address?**

- This scheme supports the implementation of the integrated system strategy Happy, Healthy at Home, in relation to accommodation and support services for older people, as well as enhancing partnerships and integrated service provision to support older people (including people living with dementia) to remain independent for as long as possible and have choice and control about how they live their lives
- Looking at alternatives to traditional care and support packages.
- Lack of extra care provision

### **What work has been done?**

- The extra care scheme Fletcher Court has 69 extra care apartments (32 two-bedded and 33 one-bedded)
- The 50 bedded residential unit called Valley View will accommodate dementia specialist services currently based at HolmeWood, Keighley. The remaining beds will be used for short-term care for both assessment and intermediate care in partnership with health services.
- The scheme has been designed to the HAPPI (Housing our Ageing Population: Panel for Innovation) principles which will ensure high standards and that the scheme remains fit for purpose in to the future.
- The scheme had adopted high energy & ecological standards in particular in relation to high thermal efficiency.
- Facilities such as hairdressing/barber and nail bar, along with the Garner Restaurant will be just some of the services available which will also be open to the community to access.

### **What impact has been made?**

- People have control over their own care needs.
- People feel more independent.
- The short term beds will enable a timely discharge from hospital allowing the individual to regain their confidence and facilitate a period of comprehensive multi-agency assessment and support back in to the community.
- Established and enhanced relationships with the community who are keen to be involved ie healthy living champions, autism hub.
- Received a gold award by design from the police for safety and security.
- The scheme was shortlisted for a Public-Private Partnership of the Year (for the Extra Care + Residential Care development) + Residential Development of the Year (for the Housing development) at the Insider Yorkshire Property Industry Awards.

## **Lessons Learnt**

- To hold a vision & values sessions at the beginning to set ground rules at the outset and principles of key outcomes.
- Contract in future have a design and build which reviews the requirements and specification as various steps along the way.
- Robust change control in place with one document repository.

## **Appendix D – Liberty Protection Safeguards**

### **What Issues Does This Address?**

- Following royal assent being granted to the Mental Capacity Amendment Act (2017) the Liberty Protection Safeguards go live in October 2020.
- Preparation is underway to implement the new LPS arrangements which will replace the Deprivation of Liberty Safeguards.

### **What work has been done?**

- A partnership steering group has been established with representation from the 3 NHS Trusts, the CCG and the Council to manage the implementation.
- Briefings have been held with Bradford Care Association.
- Work has begun to scope out transition from the DoLS to the LPS.
- The Teaching Partnership have committed to make LPS a core strand of their offer to support the Department.

### **What impact has been made?**

- The LPS will impact on all social workers
- Some BIAs may convert to AMCAP roles
- Anyone 100% CHC funded who is subject to DoLS will transfer to the CCG as the Responsible Body from 1<sup>st</sup> October 2020
- Some care home registered managers may take on the role of Responsible Body from 1<sup>st</sup> October 2020, this is to be determined

### **Lessons Learnt**

- There will need to be a large programme of briefings and CPD to support social workers with this work and providers

## **Appendix E – Preparation for Adulthood**

### **What Issues Does This Address?**

- Repositioning the transitions from children to adult services for disabled young people as Preparation for Adulthood

### **What work has been done?**

- Support from the National Development Team for Inclusion (NDTi) Preparation for Adulthood Team funded by the Department of Education to run 2 coproduction events with disabled young people and their families spring 2019
- The establishment of our new disabled young people's reference group to reshape the service autumn 2019
- 4 Personal Assistants networking events being held in autumn 2019
- Gig buddies and School of Rock and Music offering reshaped support model
- Implementing the Preparation for Adulthood outcomes from Year 9 Early Help offer

### **What impact has been made?**

- All 62 young people transferred with an agreed plan from education and children's services to adult services this summer
- No new placements have been made in residential care in 2019

### **Lessons Learnt**

- Coproduction approaches ensure that young people and their families own the plan
- Early help and prevention ensures that pathways to maximise independence avoid restrictive residential homes

## **Appendix F – Learning Disabilities**

### **What Issues Does This Address?**

- Transformation of the learning disabilities offer supported by the Big Conversation to ensure that people's voices are central to all decisions and that their rights are upheld

### **What work has been done?**

- Big Conversation 2 taken place spring/summer 2019 building on Big Conversation 1 outcomes
- Community Learning Disabilities Front Door fully live with new short term support offer in place
- Training rolled out across all 4 CTLD Locality Teams on Mind Space supported by Impower
- Impower Reviews processes implemented

### **What impact has been made?**

- 589 learning disabled and autistic adults have attended 12 workshops (6 autumn 2018/winter 2019 and 6 spring/summer 2019)

### **Lessons Learnt**

- People want 4 key outcomes from us: a place to live which is in my community near my family; meaningful paid employment; someone to love and if I become a parent help to be a good mum or dad; hope – believe in my dreams and work with them



## **Appendix G – Time Out**

### **What Issues Does This Address?**

- Lack of awareness of the service by the public and colleagues within the authority/Adult services.

### **What work has been done?**

Promotion of the service through team meetings, video publicity and of open days. The promotion is highlighting what the service can offer;

- carers relief, one to one support,
- support with indoor and outdoor activities.
- short term support.
- waking nights
- Help prevent carers breakdown and prevent hospital admission and respite for the cared for

### **What impact has been made?**

New Carer/client matches have been made, inclusive of people who have differing faiths . We are embracing and supporting the faiths of Bradford and coming together from different communities.

### **Lessons Learnt**

- Engagement with service users at an early stage to understand need and to co produce support solution.
- Robust induction plan for new starters to ensure they are equipped with the appropriate skills and tools to undertake their role

**Appendix H – Priority transformation workstreams**

## Health and Wellbeing Priority Transformation Workstreams

Our high level three year plan focuses on 4 key transformation work streams. Each of the work streams are assigned to a member of the Directorate Management Team (DMT) as a Senior Responsible Officer. These workstreams are reviewed on a monthly basis by the Health & Wellbeing Transformation and Change Board to ensure that targets and milestones are being met. These workstreams are also reviewed as part of the annual planning process to ensure that resources are focused on identified priorities.

The following does not take into account everything a service area is focusing on.

<b>Maximising independence</b> <u>SRO: Rob Mitchell</u>	<b>Early help &amp; prevention</b> <u>SRO: Sarah Muckle</u> <u>SRO: Lyn Sowray</u>		<b>Commissioning</b> <u>SRO: Jane Wood</u>	<b>Performance framework</b> <u>SRO: Bev Maybury</u>
<ol style="list-style-type: none"> <li>1.Embed 3 tier approach and CLS – LD reviews / Transitions, home support, Access</li> <li>2.Update policies and procedures and embedding into practice</li> <li>3.Implement quality assurance process including supervision, audit, etc.</li> </ol>	<ol style="list-style-type: none"> <li>1.Implement and embed whole system framework for early help and prevention</li> <li>2.Implement and embed health living:</li> <li>3.Implementation of Bradford district clean air action plan</li> </ol>	<ol style="list-style-type: none"> <li>1. Embed strategic packages for early intervention approaches including: <ul style="list-style-type: none"> <li>• Embedding assistive technology</li> <li>• Carers</li> <li>• VCS</li> <li>• ADL</li> </ul> </li> <li>2. Review of Health &amp; care interface</li> </ol>	<ol style="list-style-type: none"> <li>1.Implementation of Commissioning framework</li> <li>2.New Supported Living Units</li> <li>3.Home support locality contract implementation</li> <li>4.Reimagining days: HfT day care strategy and contract</li> </ol>	<ol style="list-style-type: none"> <li>1.Enhance and embed the use of performance data and intelligence within strategic and operational teams.</li> <li>2.Work with district to develop a shared approach to business intelligence.</li> <li>3.Continue to strengthen and enhance workforce skillsets to support service improvement.</li> <li>4. Enhance and strengthen Information platforms to support service users and staff.</li> </ol>