BRADFORD DAY OPPORTUNITIES STRATEGY, 2017-2021

Introduction

This document aims to give a clear direction of travel on day opportunities for the future. The current environment that we are operating in is challenging. The combined issues of reduced budgets and changing demographics including an ageing population mean we have to look differently at how we provide services and seek out innovative approaches.

We know that the demand for day opportunities is from a wide range of different people with different levels of need for care and support.

We are confident that making a shift away from doing things for people, towards an approach which supports people to remain as independent as possible will bring about the change we need.

However we know this isn't something that any one individual or organisation can do alone. It is important to engage widely. This strategy therefore seeks to shape the range, type and quality of activity needed in order to effectively meet the current and future needs of the local population. It will illustrate the priorities we will work towards and commission against.

Our Vision

Our vision for day opportunities is that people should be able to access their local communities' resources. Only when this is not an option will we look to have venues that are specifically set up for particular groups of people.

Where possible we want short term focussed support that helps people find friendship groups and get involved in activities that will help keep them well.

Within all provision we want people to have choices about what they do, be supported to be as independent as possible and where services are provided, for them to be high quality.

Our Strategic Approach

We will:

- Take a **strength based approach** focussing on an individual's strengths as well the challenges they face and valuing their capacity, skills, knowledge, connections and potential. In this way, people can become co-producers of support, not passive consumers of support

- Encourage **community activism** that means people can access universal services and activities that are run without input or funding from statutory agencies

- Develop **networks** of diverse activities that mirror the communities of Bradford so that people can have **choice and control** about how and where they spend their day. To facilitate this we will move towards paying for provision for people by **Direct Payments** or **Individual Service Funds**

- Take an **enabling approach** that supports people to live as independently as possible. For people of working age **employment including self-employment** with social and micro enterprises will be our first consideration. With other things such as volunteering being considered as options. For older people we will expect people's contributions to be encouraged and valued.

- Develop an approach that looks at the **whole system** together at all levels of need and ensure everyone works together to deliver it, incorporating issues such as town planning, transport, leisure, employment opportunities and the potential for these to be used to prevent, delay or reduce people's requirement for health and social care services

- Illustrate how we can **reduce dependency** and the need for ongoing support by using **short-term interventions** to help people learn skills, re-learn skills and develop confidence

- Support **carers** by looking at ways they can have respite from their role and maintain their own health and wellbeing

- Be creative in our use of processes for the re-commissioning of services that will deliver the **outcomes** we aspire to achieve

In Brief
National and local context

Nationally and locally there is legislation and strategies and policies that we have used to guide our thinking:

The NHS Five Year Forward View

The forward view covers a wide range of areas including:

- Proposing a radical upgrade in prevention and public health
- Patients gaining far greater control of their own care
- Taking decisive steps to break down the barriers in how care is provided
- Developing new models of delivery including multispecialty community provider and integrated hospital and primary care providers

The Care Act 2014

The Care Act describes the expectations in relation to social care including promoting wellbeing. This signifies a shift from existing duties on local authorities to provide particular services, to the concept of 'meeting needs' – now a core legal duty. It recognises that everyone's needs are different and personal to them and assumes that the individual is best placed to judge their own wellbeing, and what wellbeing means to them."[1]
It also outlines Local Authorities responsibilities for prevention.
It says local authorities should encourage providers to be innovative and responsive in developing interventions that contribute to preventing and reducing needs for care and support and in identifying unmet needs. Local authorities should coordinate shared approaches and work with providers who have local insight into changing or emerging needs beyond eligibility for publicly-funded care.

The Care Act enshrines personal budgets into law for the first time, making them the norm for people with care and support needs. Moreover, it makes clear that decisions about personal budget allocations and direct payments should not be made purely on financial grounds, but on outcomes and value for money.

The person will know how much the local authority will pay, and how much they will pay themselves – and how that is calculated. They will be able to manage the money themselves through a direct payment, or can appoint the local authority or a third party, often called an individual service fund (ISF), to manage it for them. Where an ISF type arrangement is not available locally, the local authority should consider developing this service with specified providers.

[1] http://www.local.gov.uk/documents/10180/6869714/L14-759+Guide+to+the+Care+Act.pdf/d6f0e84c-1a58-4eaf-ac34-a730f743818d

Bradford District plan: Better Health, Better Lives

This sets the priorities to work with families, community and voluntary groups and others to wrap support around people in their homes, families and communities and work with families and the wider community to safeguard vulnerable people. It aims to do this by bringing different services together – like hospitals, social care and GPs – to work in a more joined up way and will use the Better Care Fund to bring some of our budgets together to design services that work better together, provide value for money and help us improve our health and wellbeing.

Over the next four years partners plan to work together so that:

- Prevention comes first and needs are met earlier
- Demand for urgent and unplanned care is reduced
- People are supported to remain independent for longer, minimising hospital and nursing care
- Resources are focused on mental wellbeing as much as physical wellbeing
- Self-care programmes are developed to help people manage their own health
- All children are registered with a GP and a dentist
- People are supported to stay fit and active and to eat healthily so obesity is reduced

The vision is that we are better together and everyone has a role to play in achieving this vision

People can:

- Take responsibility for staying healthy, active and independent – e.g. reduce alcohol intake, eat healthily and stop smoking
- Stay fit by taking advantage of the wide range of sport and leisure activities in the district
- Set up a support network for a vulnerable person using RallyRound
- Use services appropriately – attending appointments, using A&E and 999 for urgent/emergency only

Businesses can:

- Ensure workplaces are safe and healthy places
- Support employees to improve their health and wellbeing
- Keep in touch with staff who are sick and support them to return to work
- Recognise the benefits of a diverse workforce that includes people with disabilities

Communities and the voluntary sector can:

- Help children and young people to be healthy and active through community-based activities
- Support older people to stay active, healthy and connected within their community

- Encourage volunteering to increase provision of health and wellbeing activities in the community
- Provide activities to support people to maintain physical and mental wellbeing

Active Communities

Neighbourhoods support people to be a part of their own active community, contributing their time, energy and skills to help make them better places to live. Active citizens are people who get involved in the community, look out for their neighbours or volunteer their time. The human value offered by active citizens is priceless.

People Can is an initiative by a range of partners who are concerned about a range of challenges faced by the Bradford District and who want to do something positive about them.
The start point of People Can Make a Difference is a recognition of the fantastic voluntary work already being carried out in the Bradford District. People Can is an open invitation to everyone to take part, help others and make a difference.

People can make the difference in a number of ways:

1. **Be Neighbourly** – carry out small, informal, everyday acts of kindness.
2. **Community action** – create a new group, activity or event with like minded people
3. **Volunteer** – devote some of their time to helping others.
4. **Raise money** – use their skills to raise funds for a community project.

West Yorkshire Transport plan

In Bradford the aim is to achieve the Vision and objectives of the West Yorkshire Transport Plan through:

1. Supporting the delivery of new housing and jobs and helping to regenerate existing local communities
2. Making it easier to access places, services and amenities by sustainable means
3. Creating high quality, distinctive, cohesive and safe environments
4. Reducing congestion and supporting greener fuel technologies
5. Serving the transport needs of the most vulnerable members of the community and reducing the harmful effects of road traffic within neighbourhoods.

Mental Health strategy

Strategic Priorities are:

1. Our wellbeing: we will build resilience, promote mental wellbeing and deliver early intervention to enable our population to increase control over their mental health and wellbeing and improve their quality of life and mental health outcomes.
2. Our mental health and physical health: Mental Health & Wellbeing is of equal importance with physical health. We will develop and deliver care that meets these needs through the integration of mental and physical health and care
3. Care when we need it: When people experience mental ill health we will ensure they can access high quality, evidence based care that meets the needs in a timely manner, provides seamless transitions and care navigation.

Personal Budgets: Direct payments and Individual Service Funds

We want people to have choice and control over their lives and therefore it is a priority for people to be able to access Direct Payments and Individual Service Funds.

Direct payments: A Direct Payment is where the person or a suitable representative holds the budget (from the Council) and organises the support.

Individual Service Funds: An ISF is a managed account, held by a third party (usually a provider organisation) with support provided in line with the person's wishes and organised by the third party.

Combined Personal Budgets

Combining personal budgets is an option to manage personal budgets, whereby two or more people who receive a personal budget opt to take it as a direct payment, and agree to have an account to achieve mutual agreed aims such as employing a personal assistant (PA) to support them to pursue activities in the community.

Concepts, ideas and new ways of thinking

Strength based approach

Strengths-based approaches concentrate on the strengths of individuals, families, groups and organisations, and concentrate on using those personal strengths to aid recovery and improve confidence. In essence, to focus on health and well-being is to embrace an asset-based approach where the goal is to promote the positive. They start from understanding the person and what is unique about them and important to them. They take a can do approach and look at what the person can contribute as well as what they need.

Wellbeing

There is very good evidence indicating that behavioural factors, such as smoking, having a poor diet, high levels of alcohol consumption and little physical activity and poor social conditions are strongly associated with poor health and wellbeing in later life.[2]
We also know that social isolation and loneliness are issues for older people. Whilst levels of loneliness in the UK have remained relatively consistent with around 10% of those over 65 experiencing chronic loneliness at any given time, the increase in the population of older people means the absolute number of individuals experiencing loneliness often, or all of the time has increased. Research indicates that the effect of loneliness and isolation can be as harmful to health as smoking 15 cigarettes a day, and puts individuals at greater risk of cognitive decline, with one study concluding that lonely people have a 64% increased chance of developing clinical dementia.[3]
We need to respond differently to the needs of people and take a more preventative approach. Recent research indicates loneliness is a sign from our psychological systems that we need to reconnect with people.[4]

Research from the New Economics Foundation[5] led to the development of five ways to wellbeing:

1. **Connect** – connect with the people around you: your family, friends, colleagues and neighbours. Spend time developing these relationships.
2. **Be active** – you don't have to go to the gym. Take a walk, go cycling or play a game of football. Find an activity that you enjoy and make it a part of your life.
3. **Keep learning** – learning new skills can give you a sense of achievement and a new confidence. So why not sign up for that cooking course, start learning to play a musical instrument, or figure out how to fix your bike?

[2] Newcastle University Live Well Research
[3] http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf
[4] https://www.theguardian.com/lifeandstyle/2016/nov/11/how-to-cope-with-loneliness-oliver-burkeman
[5] http://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-yourself/five-ways-to-wellbeing/

4. **Give to others** – even the smallest act can count whether it's a smile, a thank you or a kind word. Larger acts, such as volunteering at your local community centre, can improve your mental wellbeing and help you build new social networks.
5. **Be mindful** – be more aware of the present moment, including your thoughts and feelings, your body and the world around you. Some people call this awareness "mindfulness". It can positively change the way you feel about life and how you approach challenges.

Mental Health
There are a number of important approaches that form the focus for developments in mental health:

- Diversion & Assertive outreach
- Prevention & the Recovery Model
- Crisis avoidance
- Emotional resilience
- Risk minimisation and positive risk strategies

Diversion & Assertive Outreach: An assertive outreach approach is a way of working with identified individuals with mental health staff attending incidents with the police and fire service or in place of police to develop a diversionary approach.

Prevention & The recovery model: this is about prevention focussed community services. It is a whole system design that seeks to support people in an individualised way to become well and stay well. It incorporates the tools needed for people to regulate their own health. The focus is on people identifying themselves their goals, assets and therefore creating a recovery based plan that include advance plans.
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Crisis Avoidance: the Crisis Care Concordat is there to prevent crisis. It does this in a variety of ways including projects where people can be diverted from A&E or police cells into a welcoming and comfortable environment where they can be given practical and emotional support. This is a whole system approach with partners including the Police, the Council, both acute and specialist NHS and key V&CS organisations working together. The First Response team has been the lead organisation with a 24/7 response, with options including intensive support, support from First Response or referral on. This is an important part of the suicide prevention work. A psychiatric nurse has been co-located with the Police and in A&E to deal with social issue such as housings. There are also criminal justice staff working as part of first response to divert people with mental health issues away from the criminal justice system.

Emotional resilience and supporting people to develop emotional resilience is an important area of development work. Part of this response is WRAP but it is important to look at future options for this area.
IAPT is working to increase access to psychological therapies and support people to increase the range of coping mechanisms they have available to them.
Peer support is also an area with potential for further development including using experts by experience to improve services.

Risk minimisation & positive risk strategies: An important element of risk minimisation is positive risk taking: avoiding crisis through having an ongoing managed approach
It involves developing a non punitive approach with a risk minimisation programme in particular for those people who access emergency services frequently.

Dementia Friendly Communities

Dementia Friendly Communities are about everyone, from governments and health boards to the local corner shop and hairdresser, sharing part of the responsibility for ensuring that people with dementia feel understood, valued and able to contribute to their community. A great deal of joint work has been done in Bradford in relation to dementia friendly communities.[6]

Bradford has a District Dementia Action Alliance, which encourages a wide range of organisations to make dementia friendly changes that reflect the needs of our diverse local communities.

Navigation

Community navigation, also sometimes called community connectors, is a short term intervention aimed at people with social, emotional or practical needs often resulting from social isolation and loneliness which have occurred after major illness or a significant bereavement. It is a way of linking people up to activities and services in the community that they might benefit from, to maintain independence. It includes supporting the community to engage with older people as well as supporting older people to engage effectively with their local community. It can also involve helping Help people set up their own groups which after initial input will be self-supporting.

Circles of Support

A Circle of Support is a group of people who meet together on a regular basis to help somebody accomplish their personal goals in life. The Circle acts as a community around that person (the 'focus person') who, for one reason or another, is unable to achieve what they want in life on their own and decides to ask others for help. The focus person is in charge, both in deciding who to invite to be in the Circle, and also in the direction that the Circle's energy is employed, although a facilitator is normally chosen from within the Circle to take care of the work required to keep it running.

The members will all have diverse gifts and interests, and there can appear many new opportunities and possibilities which had not even been considered before

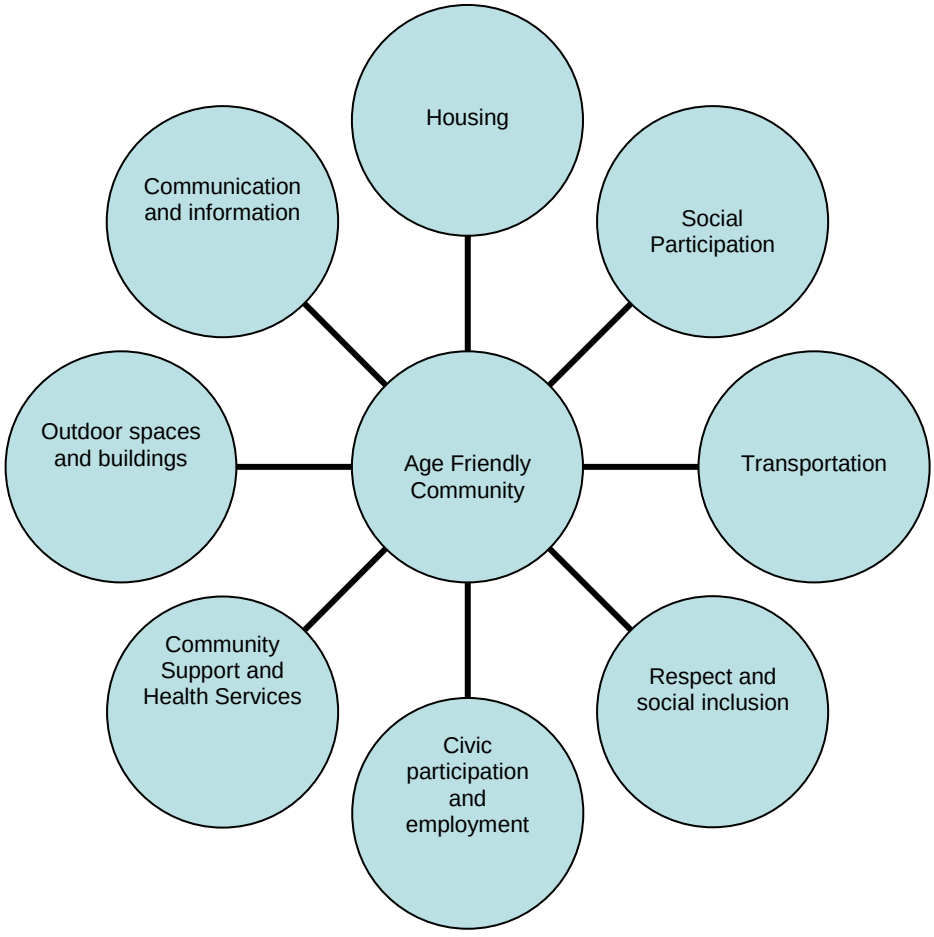
[6] http://www.housinglin.org.uk/_library/Resources/Housing/OtherOrganisation/dementia-friendly-learnings-summary.pdf

forming the Circle. A Circle is like any group of friends. Everyone joins because they want to be there. No one is paid to be a member of a Circle.

- Most people that have a Circle of Support say that from the first meeting of their Circle their lives become so much bigger.
- People suddenly realise that they have a group of friends that have genuine interest in supporting them to reach and fulfil their dreams and aspirations.
- The difference between a Circle of Support to a group of friends is that the Circle is focused on one person.
- A Circle of Support can change a person's life; by providing an individual with the confidence to dream and plan for the future.
- The focus person is the person in control of the Circle and the decision making. This is a key reason why this method of support is so unique.

Age Friendly Communities

The World Health Organisation approach to Age Friendly Communities provides a helpful framework for developing initiatives. Considering the areas below will create a positive environment for all people in the district but considering the needs of older people and others with additional needs will ensure we create environments everyone can access and reduce the need for additional provision for some clients groups.



What we already know

Headline Figures on Bradford district

- Bradford District is the fourth largest metropolitan district (in terms of population) in England, after Birmingham, Sheffield and Leeds although the District's population growth is lower than other major cities. In the last three years Bradford's population has grown at 0.3% which is slower than the regional average of 0.8% and the national average of 1.5%.
- The population of Bradford is ethnically diverse. The largest proportion of the district's population (63.9%) identifies themselves as White British. The district has the largest proportion of people of Pakistani ethnic origin (20.3%) in England.
- The largest religious group in Bradford is Christian (45.9% of the population). Nearly one quarter of the population (24.7%) are Muslim. Just over one fifth of the district's population (20.7%) stated that they had no religion.
- We are a district where people are active in communities and civic life. There are high levels of volunteering when compared to the national average, including regular volunteering and civic participation in the local area. It's estimated that there are over 100,000 active citizens in the Bradford District (around 20% of the total population) and that volunteers contribute over £17 million to the local economy.
- We have experienced a bigger decline economically since the recession than regionally and nationally. However at June 2014 the number of people in employment in the district had increased by 3,500 over the previous year. [7]

Health and social care needs and the demand of people in Bradford

- In addition to the general trend of population increase people are living longer. In men the average life expectancy is 77.5 – this compares to 81.5 in women. However the mortality rates for all causes in Bradford district are higher than the average for both England and Yorkshire and the Humber [8]
- There is a danger that people, especially women, will live a significant proportion of their lives in poor health. There will be an increasing number of older people living on their own and living alone is a significant predictor of hospital admission. Much will depend on the health of the population as they enter old age, highlighting the importance of healthy ageing and supporting people to stay active and involved.
- Supporting people to live well with dementia will remain important. People with learning disabilities are at increased risk of developing dementia, and at an earlier age. The number of people with dementia from BME groups is expected to rise quickly as this section of the population ages and are more likely to develop Early Onset Dementia

[7] http://observatory.bradford.gov.uk/

Performance against national and local targets

ASCOF		2016-17 Out-turns					2015-16 Final						
		Num	Denom	Outcome	DoT	RAG	Outcome	DoT	RAG	Regional Rank	National Rank	Region Ave	National Ave
1A	Social Care Quality Of Life						19.5	↑		5	28	19.1	19.1
1B	Control Over Daily Life						79.2%	↑		6	46	76.2%	76.6%
1C(1a)	Self Directed Support (Cared For)						86.8%	↑		9	99	87.9%	86.9%
1C(1b)	Self Directed Support (Carers)						82.5%	↑		10	113	70.3%	77.7%
1C(2a)	Direct Payments (Cared For)	638	2,719	23.5%	↑		17.5%	↑		13	132	25.8%	28.1%
1C(2b)	Direct Payments (Carers)						81.9%	↑		7	92	59.8%	67.4%
1D	Carers QOL	2,397	299	8.0	↓		-			-	-	8.1	7.9
1E	LD Employment						5.5%	↑		8	77	6.3%	5.8%
1F	MH Employment	210	2,615	8.0%	↑		6.1%	↓		11	78	8.2%	6.7%
1G	LD Independence						86.3%	↑		3	24	78.6%	75.4%
1H	MH Independence	1,915	2,615	73.2%	↑		69.1%	↑		7	65	64.7%	58.6%
1I(i)	Social Contact						51.4%	↓		2	17	46.0%	45.4%
1I(ii)	Social Contact Carers	125	318	39.3%	↓		-			-	-	40.8%	38.5%
2A(i)	Perm Admissions To Care 18-64	42	315,051	13	↑		14.0	↑		9	91	13.9	13.3
2A(ii)	Perm Admissions To Care 65+	392	76,088	515	↓		513	↑		1	35	699.5	628.2
2B(i)	Re-ablement (effectiveness)	197	225	87.6%	↓		88.2%	↓		7	43	82.9%	82.7%
2B(ii)	Re-ablement (offered)						2.8%	↑		4	81	3.1	2.9
2C(i)	Delayed Transfers of Care (ALL)	13.2	391,139	3.4	↑		3.4	↑		2	7	10.2	12.1
2C(ii)	Delayed Transfers of Care (social care)	5.7	391,139	1.46	↓		0.19	↑		1	4	3.4	4.7
2D	Outcomes from Short Term Support						64.8%	↑		12	120	73.1%	75.8%
3A	Satisfaction						63.1%	↑		11	90	63.8%	64.4%
3B	Carers Satisfaction	87	244	35.7%	↓		-			-	-	43.7%	41.2%
3C	Carers Discussion/Consultation	160	217	73.7%	↓		-			-	-	74.7%	72.3%
3D(i)	Information and Advice						70.8%	↓		13	113	75.3%	73.5%
3D(ii)	Carers Info & Advice	140	199	70.4%	↑		-			-	-	68.9%	65.5%
4A	Feeling Safe						73.2%	↑		5	24	69.9%	69.2%
4B	Feeling Safe As A Result of Services						84.8%	↑		12	85	85.9%	85.4%

Our local data tells us that of the people with a learning disability who use day services:
70 % have a white British background, 25% have an Asian ethnic background with a small proportion of users from other backgrounds
More men (56%) than women (44%) use the services and over half live with their families.
The middle age bands 25- 54 account for 66% of day opportunity users.
More people using these services live in BD6 and BD22 and areas neighbouring central Bradford than elsewhere in the district

For people using short term mental health day services – three quarters have a white background with 17% having an Asian background and a small no of people with dual or black heritage

55% of people using the service are male and 45% female.
There is a fairly even distribution of people across the age bands
More people using these services live in Tong and Keighley and areas neighbouring central Bradford than elsewhere in the district

What people have told us

We asked people who use services for their views and they told us the following:

People with learning disabilities said:
The majority of people who responded to our survey who use day services found out about day opportunities from a social worker
The majority of people wanted support to access social and leisure opportunities, education and employment and this provision was wanted during the day Monday to Friday and evenings at the weekend.
Sports and getting out were particularly popular
A lot of people used Facebook and Skype and texts.

People with mental health issues said:
The majority of people found out about this service from social workers but family and friend and health professionals were also important in making people aware of service. People valued the advice of family and friends highest.

No surprisingly many people said a loss of confidence was a reason for not accessing services but a similar number identified mobility issues as a reason. Local Community provision was accessed by people. They identified a desire to do things other than crafts and sport. However being part of social activities was the highest support requested. As well as education and employment, personal care and help with communication needs were noted.

People felt it was important to have staff who were friendly and supportive and who were patient without being patronising.

Monday to Friday was the most popular time for day opportunities with weekend evenings the second choice

Over half of people who answered the survey used Facebook with a number using twitter and skype but telephone and text was the most popular to keep in touch. Over 60 % didn't keep in touch with people they had met via provision if they were not able to attend.

People with a physical disability said:
Family, friends and church were as important in finding out about services as social workers
Where people couldn't attend or could undertake activities they had enjoyed before the main reason was physical disability. Appropriate toilet facilities was most important to people to be able to access service with level access also important
Support to be part of social activities and with getting to health appointment was most important
Day time activities Monday to Friday was most important
Half used skype but telephone most used

People who were over 65 said:
People found out about service from a range of people including family and friends and social worker
Reasons for not being able to access were mainly physical disability or mobility needs but also included mental ill health and loss of confidence. Lack of local knowledge was also mentioned
Level access was most important to people to be able to access services – wanted a range of activities
People used skype and facebook but majority kept in touch via telephone
Support to be part of social activities and with getting to health appointment was most important
People's main requirement was for caring, friendly staff who were well trained and motivated and who provided a high quality of care. They wanted a range of provision of local services partly because transport was a concern for older people.
Older people have told us that becoming isolated often happens after a major bereavement or period off ill health. Also we know that people value opportunities to get out of their homes and socialise with others. We also know anecdotally that some people find the existing range of activities on offer are not suited to their interests.

Social work staff and other stakeholders
For older people Stakeholders have said it is important to:

- Consider how we identify people who are lonely and make them aware of what is available.
- Need to support people to access existing groups that are open to all and capitalise on activities people used to have an interest in, with a focus on finding new ways of enabling people to participate.

- They also confirmed the importance of activities that make people feel valued, and ensuring there are activities for men.
- Need to retain some building based daycare provision as we move towards a more integrated community approach and direct payments
- Need for appropriate provision for service users from BME communities
- Need for provision which can be used flexibly including different types of provision on different days with option of longer days & weekend
- Need for appropriate facilities and trained, skilled staff & volunteers
- Need for support specifically for people who are totally housebound and need for one off support on a non-regular basis for people who need support for hospital visits etc.
- Need to consider issue of transport in relation to access
- Need to have creative, innovative solutions developed by providers
- Address gaps in provision for people who are living with dementia, for people with sensory impairments, including those with newly acquired speech difficulties & for people who have cognitive deficit as well as physical needs

For people with mental health issues Stakeholders have said it is important to have services that are creative and innovative.
Also that good communication with other professionals who are supporting an individual is key.

For people with learning disabilities Stakeholders have said there are insufficient services that take an enablement approach and there is more scope to develop in supporting people to be more independent.
Also that there is a gap in a range of services that work with people on the autism spectrum.

What do we know about the providers that are working in the district
Older people: In-house there are existing daycare services. Holmewood is located in Keighley and Beckfield is located in Bradford providing day services for those with complex needs as well as Woodward Court in Allerton, Bradford. In addition there is COMPASS which is a support service provided as an alternative to daycare where people are cared for in the worker's own home. This was developed for people with a learning disability but is being developed further for other client groups. It is anticipated that these services will continue to offer a service to people with complex needs.

There are two externally commissioned daycentres in extra care settings where providers are national housing organisations in Keighley and Ilkley, which also have self-funders attending. A small number of providers offer daycare in residential or nursing homes on a spot contract basis and a large number of grant funded providers of day opportunities in the Voluntary & Community Sector - mainly small community providers across the District. Some of the Voluntary & Community Sector organisations are BME or gender specific.

Traditionally low level services for older people have focused on the following areas:

- Befriending and outreach
- Community Transport
- Luncheon clubs
- Wellbeing and health activities
- Wellbeing cafes

This market has been static for a number of years. Over the last three years the Local Authority has reduced the number of daycentres they run. There have not been new entrants to this market and recently a small number of providers have exited the market due to a general shrinkage in level of funding of organisations over time.

As many of the providers are small community organisations with a small number of staff, the workforce in this sector is small. There has not been significant workforce development in this sector in recent years and this is an area which would require input to develop new ways of working.
However there is a wide range of organisations within the Voluntary & Community Sector in Bradford district who would be able to support preventative work.

Rally Round

We have purchased a licence which will mean any Bradford resident can set up a Rally-Round network. A Rally Round network will enable carers to set up support around individuals by organising friends, relatives and volunteers who are willing and able to help out. Free

Learning Disabilities

We currently have one large block contract with a provider that delivers district wide services across a range of venues. Over the life of the contract there has been movement from large institutional environments towards smaller community venues. There are still some venues which are no longer felt to be appropriate environments.
There are a five grant funded organisations who have been funded for a number of years.
In addition to the above there are a number of spot contracts which vary in performance, cost and volume. We need to work with the market to develop consistency and ensure value for money.

Mental Health

The largest provision for day opportunities for older people is the block contract for the Wellbeing Service. This is based upon a community connectors model and offers time limited support for people experiencing severe and enduring mental health issues to re-connect to social activities, learning, volunteering and employment.

There are also six organisations funded to provide day activities including support with employment for people experiencing mental ill health. Many of these are also funded by the Clinical Commissioning Groups.

Physical Disabilities

Many people with a physical disability have accessed direct payments to support their care and access to activities. There is some in-house provision for people who used the service at Whetley Hill in Bingley and Odsal.
In addition there are grants paid to one provider for a range of services relating to sensory needs and day activities.

The Future of day opportunities in Bradford and district

We will:

- Engage with service users, carers and representative organisations to ensure services meet people's needs and aspirations
- Look at models of good practice and continuously improve quality and develop services beyond the traditional models that currently exist
- Develop innovative and creative services that enable people to continue to live at home
- Ensure there is appropriate provision for service users from all BME communities including more recently settled communities
- Develop ISFs as a method along with direct payments for people to choose activities and venues – their preference – where they go and what they do.
- Allow people to arrange their own personalised support including by registering on Connect to Support: a website for people needing care or support in Bradford District where Providers are able to set up an online store
  https://bradford.connecttosupport.org/
- Work in Partnership with other Council departments and other stakeholders to:
  - Identify opportunities in Leisure, Planning and Transport to create accessible and accepting environments for people
  - Work with Skills for Work to develop employment opportunities
  - Work with Neighbourhood Services to further develop strength based approaches and community initiatives such as an age friendly environment and community support
- Support carers by acknowledging and supporting them through the provision of daytime support for the people they care for and support for themselves

Mental Health

- Re-commission services using a tender process
- Continue to develop the approach used in the Mental Health Wellbeing Service with short term interventions focussed on supporting people to integrate into their communities
- To further develop the recovery based model
- Review Mental Health grants in line with this strategy and the mental health strategy to re-focus them on prevention and improving wellbeing
- Develop a clear approach for working age adults to incorporate an increased emphasis on navigation to employment, education & training opportunities
- Explore with Skills for Work jointly commissioning employment services

Older People

- Re-commission some low level services using a grant process whilst undertaking a procurement process to develop the market further
- Allow older people with capacity to make their own decisions, have control over what they choose to do and are supported to take on new challenges
- Focus on prevention and short term interventions to support people to access universal services, community activities, develop friendship networks and regain independence.
- Make a shift away from doing things for people, towards a more preventative approach which supports people to remain independent
- Take an enabling approach to give people the opportunity and confidence to learn, relearn and regain some of the skills they may have lost because of an episode of poor health or a hospital admission or bereavement
- Embed and support the vision and priorities of the self-care and prevention programme in supporting people to be healthy, well and independent
- Identify technology to support people remaining or becoming more independent
- Show how their services can become self-sustaining or generate matched funding with clear costings on how much people will be asked to contribute.
- Support older people to develop their own social networks and to meet outside of organized services to socialise or pursue interests

Learning Disability

- Pilot individual service funds with the learning disabilities block contract to trial the processes and resolve and problems that may occur
- Work with all providers to develop and implement personalised budgets through direct payments and individual service funds
- Go on to develop individual service funds as our normal offer for people accessing activities during the day
- Review existing learning disabilities grants to focus on short term, non-recurrent funding with a focus on preventation

Physical Disability

- Retain focus on direct payments as the main route for accessing support
- Review physical disability grants to develop a focus on short term interventions
- Ensure access to supported employment services

How will we know we have made a difference?

We will have:

1. Re-commissioned services with funding in place for a minimum of two years

2. Focussed on communities, accepting each will be different

3. Developed a culture that is based on trust and empowerment

4. Developed a new approach for services that supports people to be as independent as they can be

5. Challenged and supported Voluntary & Community Sector organisations to have developed and improved

6. Changed the focus from Council funded activities to self that have been supported to begin and then have become self-sustaining

7. Kept bureaucracy to a minimum and created a system that is proportionate and delivers good outcomes

8. Put in place effective working partnerships with other Council departments, Health and other partner organisations

9. Evidenced we can make public places more accessible and accommodating for all citizens of Bradford district