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A Vision for Adult and Community Services in Bradford

Our Vision
“People will have choice and control over their own lives and will be as healthy and as well as possible”
At a time of increasing pressure on public funds, changing patterns of needs and increasing aspirations of citizens together with the momentum towards integrated services, joint commissioning and increased choice, fundamental changes to the way care and support services are arranged are needed. The Care Act 2014 is the single largest change to health and social care policy for a generation. It seeks to bring together a number of existing laws, and introduce new duties to local authorities to ensure that wellbeing, dignity and choice are at the heart of health and social care across the Country.

The Act will present commissioners and providers with a new set of challenges. The Act places a new statutory duty on local authorities to promote the diversity and quality of local services, in order that there is a sufficient range of high quality service providers to enable genuine choice for service users. The Act also affords legal rights to carers to have their support needs met. Local authorities will also have a duty to ensure continuity of care should a provider fail. The duty to provide market oversight to ensure quality will be shared with the Care Quality Commission (CQC). A new power to delegate local authority functions, e.g. assessment, and a new duty to provide social care in prisons may offer further business opportunities to providers.

The Care Act suggests that ‘high-quality, personalised care and support can only be achieved where there is a vibrant, responsive market of service providers’. We recognise as a Local Authority that we are critical to this being achieved, both through the actions we take to directly commission services to meet needs and through developing a broader understanding of and interacting with the wider market. We believe that our market shaping activity is a key way in which we can support the design and facilitation of a healthy market of high quality services. A workstream has been introduced to ensure that Adult Social Care in Bradford is clear in its relationship with the care and support market, supports the development of the market to ensure understanding of the strategic priorities of the Council and places the importance of personalisation at the heart of our business.

Our ambition is to influence and drive the pace of change for the whole care market in order to stimulate a sustainable and diverse range of care and support, continuously improve quality and choice and deliver innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.

Market Shaping means the local authority collaborating closely with other relevant partners, including people with care and support needs, carers and families, to facilitate the whole market in its area for care, support and related activities.

The core activities of market shaping are to:

- engage with stakeholders to develop an understanding of supply and demand
- articulate likely trends that reflect people’s evolving needs and aspirations
- signal to the market the types of services needed now and in the future

**Care Act Factsheets:** “Factsheets accompany Part 1 of the Care Act 2014”
Geography

The Bradford District covers an area of approximately 370 square km and although it has one of the largest populations in the country, only one third of the District is urban. The District contains the five parliamentary constituencies of Bradford East, Bradford West, Bradford South, Shipley and Keighley.

In addition to Bradford City Centre, and the towns of Shipley, Bingley, Keighley and Ilkley, the district is made up of many other communities including Addingham, Baildon, Burley, Cullingworth, Denholme, Eastburn, Eccleshill, Haworth, Menston, Oxenhope, Queensbury, Silsden, Steeton and Thornton.

Population

According to the 2011 census the population of the district is estimated to be 522,500. This represents an increase of 11% since 2001 which is higher than the average increase for England and Wales of 7.1%. This population increase is related to high birth rates in the district and longer life expectancy.

Ethnicity

Bradford District has become more ethnically diverse since 2001. The White ethnic group has decreased in size from 76% to 64% and Bradford District now has the largest proportion of people of Pakistani ethnic origin (20.4%) in England. There are also increasing numbers of people from Bangladeshi, mixed multiple ethnic groups, other Asian, Black/African/Caribbean/Black British and other ethnic groups. The projected population increases, in particular in older populations, will increase demand for health and social care services. We will need to make sure that care and support services are able to meet the diverse needs of people in the district.

Age profile

Bradford is the youngest English city outside London. Nearly a quarter of the population is aged under 16 (23.5%). Over the last decade there has been an increase of over 20% in 0-4 year olds.

The working age (16 – 64) population makes up over 60% of the District population. Over the last decade it has increased by over 10%, a faster rate than the regional and national average. Over the next ten years the working age population of the District is projected to increase by 2,000 people a year.

There are around 70,000 people aged 65 and over living in the Bradford District, with a significant future growth forecast in the numbers of people aged 85 and over. This group will grow by over 80% in the next 20 years. Many older people experience increasing levels of social isolation as they age through loss of close family members and lifelong friends. Around 40% of older people live alone, and this is more common in White populations than Black and Minority Ethnic communities, and in the rural areas of the Bradford District.

Religion

Although the proportion of the population who identified themselves as Christian has fallen since 2001, they were still the largest religious group in the Bradford District. Between 2001 and 2011 the proportions fell from 60.1% to 45.9%

Nearly one quarter of the population identified themselves as Muslim; the second largest group and an increase of 8% to 24.7% since 2001. Bradford District has the fourth highest proportion of Muslims in England.

Long term health problems or disability

Unsurprisingly, the proportion of the population whose daily activities are affected by health problems and disability varies by age. 19.2% of 65 -74 year olds in the Bradford District stated their day-to-day activities were limited a lot by health problems or disability. This increases to 50% of over 85 year olds.
Unpaid Caring

In 2011, 9.8% of residents provided unpaid care for someone with an illness or disability. Most carers fall into the 25 - 49 year age band, although 28% of carers providing 50 or more hours a week are over 65 and 11.9% are in bad or very bad health. We estimate that within the Bradford Metropolitan District Council the average weekly amount of care provided by a carer rose by almost 8% between 2001 and 2011 to 23.1 hours per week.

Carers play a vital role which, if anything happened to them, would more than likely have to be provided by statutory services in some form. From the hours that carers say they spend caring, and taking into account the average hourly rate for paid care provision, the University of Leeds estimate that carers contribute work to the value of £1.1 billion per year in the Bradford District.

FURTHER INFORMATION AVAILABLE

Understanding Bradford District:
“A comprehensive analysis of the Bradford District”
http://www.bradford.gov.uk/bmdc/government_politics_and_public_administration/about_bradford_council/understanding_bradford_district

Joint Strategic Needs Assessment: “Identifies the health and wellbeing needs of the local population and aims to support the development of services which reduce inequalities”
http://www.observatory.bradford.nhs.uk/Pages/JSNA.aspx
The Government’s 2010 Spending Review cut Government grants to local government by an average of 28% over four years, a bigger and faster reduction than for most other Government departments. Subsequent announcements have made clear the Government’s intentions to continue to pursue austerity measures and to reduce budgets further in 2015-16 and beyond.

The Chancellor’s 2013 Spending Review announced an additional headline reduction of 10% to local government funding in 2015-16. Research by the Local Government Association indicates that in reality, because of Government changes to the way it will distribute grants, local authorities will need to plan for a real-terms reduction of 15% in 2015-16.

Bradford has been hit harder by national austerity measures than many other authorities. Government grants for the Council’s day to day expenditure have reduced by £100 million since 2010 and there have been big reductions in capital grants. The Council has also had to meet the costs of inflation and increasing demand for social care, forcing it to make savings of over £100 million on its day to day spending as well as scaling back capital investment.

The Council estimates that it will have to save another £115 million by 2016-17 to balance the books, starting with £38 million next year and £50 million in the year after. By 2016-17 the Council’s resources will have reduced by more than a third over six years.
Budget and expenditure

In 2013/2014 Bradford Council spent 24% of its net budget on adult social care. This is very similar to comparable authorities but below the England average. Adult and Community Services spent £181m last year and also received £46m of income from sources other than the government giving a net spend of £135m.

In Adult Social Care £32 million worth of savings have been delivered since 2010, with a further £6.8 million savings budgeted for 2014/15. The table shows Adult & Community Services net spend over the last 4 years.

We spend over half of our money on providing services for our older people and almost a third on people who have a learning disability. The chart below shows who we spend this money on.

We spent £119m on paying for services we commissioned, including residential and nursing care and domiciliary care (home care), which accounts for two-thirds of our budget. We also spent £33.9m on our staffing which includes our social workers and care workers. The chart on page 8 shows how we spent this money.
Current Performance

The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support, measure progress, and strengthen transparency and accountability. Bradford’s performance against the measures improved in 2013-14 with 9 out of the 18 measures reported in 2012-13 improving, some by a good margin.

- Approx 12,200 people contacted adult social care services in 2013/2014, a 3% increase on 2012/13. This includes new contacts at our Adult Services Access Point, Bradford and Airedale Hospitals and our Sensory Needs Service at Morley Street Resource Centre. In 2013-14 54% of all new contacts were signposted or dealt with at point of contact, increasing to 57% in 2014-15 to date. Adult Services Access Point has had a positive impact with less new clients going on to receive an assessment and subsequent packages of care, due to better quality screening and effective signposting at point of contact.

- In Bradford we now have much more of a focus on prevention, short term support, rehabilitation and re-ablement. The number of people receiving reablement via our Bradford Enablement Support Teams has increased year on year from approx 2,000 in 2012-13 to 2,500 in 2013-14, a 25% year on year increase.

- Between 2012-13 and 2013-14 the numbers of people in permanent residential or nursing care on the last day of the year increased from 1,830 to 1,970, in line with projected demographic growth and representing an 8% year on year increase. Within these overall figures the numbers of Older People in residential or nursing care on the last day of the year also increased from 1,490 to 1,565.

- 8,840 people received longer term care and support service during 2013-14 – 74% of which was provided in peoples own homes

- In 2013-14 77% of clients and carers were assisted via Self Directed Support or Direct Payments, an increase from 63% in 2012-13.
Future Challenges

In order to meet the challenges presented by the Care Act, the pressure on public funds, changing demographics and consumer expectations, Adult & Community Services are seeking to transform care and support through a number of coordinated programmes and projects. As a result of this work we want to see:

- People being supported to take responsibility for their own health and well-being
- People having greater access to information, advice, advocacy and signposting
- Greater emphasis on rehabilitation and enablement to help people regain and maintain their independence at home
- A reduction in long term care packages by supporting people with more sustainable low-level services which prevent, postpone and minimise people’s needs for formal care and support
- More people benefitting from assistive technology
- Increased take up of personal budgets with a range of options including direct payments and individual service funds
- Developed models of supported living for all client groups achieved through accessing better housing options for people and more choice in who provides them with the support they require.
- A reduction of traditional building based day-care
- A reduction in the number of residential care placements to bring Bradford in line with the national average figures for residential older people placements in residential care homes

Quality Assurance

Adult & Community Services place great importance on quality assurance and sees its role within this area increasing over time. As the demand for a range of high quality services rises the department will continue with its statutory duty to measure and assure quality for all its residents, including those residents who fund their own care, and quality assurance will remain a core area of business for the department.

The Bradford Quality Assurance Framework (BQAF) is an evidence based approach to quality assurance that combines the customer care standards of the Quality Assessment Framework with the Care Quality Commission (CQC) Essential Standards for all regulated services. This provides the basis of the single quality model which will be used to achieve a consistent quality mark for all Adult Social Care services within Bradford

Quality assurance will also be achieved through a number of other approaches:

- Provider frameworks: an agreement or arrangement that a contracting authority enters into with one or more suppliers which sets out the terms on which it will purchase in the future, including price and quantity, where appropriate
- Service specifications: a document that clearly sets out what is required from a service; it is a working tool for the provider to use to structure how they will deliver the service as well as being a document to refer to measure the quality of the service
- Registration schemes: the department is looking into an approved register for personal assistants.
These approaches complement rather than replace the requirement to register with the Care Quality Commission for a wide range of health and social care services. The Council sees its role in both protecting the interests of all residents with care or support needs, regardless of how they are provided or funded and continuing to work with providers to improve and maintain high quality services.

The department will seek to work with providers who are able to demonstrate their commitment to quality, for example organisations who:

- Create a positive culture in which service users, carers and staff are supported to voice their views on services, including complaining or raising concerns about poor quality care; this should include putting in place mechanisms to gather and learn from such feedback and taking action when things are not right
- Work in partnership with commissioners to identify and address issues that may detract from providing quality care, including issues such as 15-minute home care visits
- Maintain a stable, reliable workforce with the necessary skills and expertise to deliver high quality services; this includes appropriate investment in recruitment, training, supervision and leadership as well as pay and conditions
- Create a culture where everyone is treated with care, dignity and respect, where relationships are valued and where workers have personal ownership of quality
- Develop new options and service models which are co-produced with people using services and come from real engagement with local communities; services should be welcoming and linked to the local community
- Provide evidence of quality to existing and potential future customers (however funded), people arranging care for others, councils and clinical commissioning groups

FURTHER INFORMATION AVAILABLE

**Bradford Quality Assurance Framework:**
“Bradford’s evidence based quality assurance model”
http://www.bradford.gov.uk/bmdc/housing/supporting_people/information_for_providers_and_services/quality_assurance

**State of Health Care and Adult Social Care in England 2013/2014:**
“Care Quality Commission perspective on the state of health care and adult social care in England in 2013/14”
http://www.cqc.org.uk/content/state-care-201314

**Adult & Community Services Local Account:**
“Describes Bradford Council’s delivery of Adult Social Care”
http://www.bradford.gov.uk/bmdc/health_well-being_and_care/adult_carerelated_information/adult_services_local_accounts
Adult and Community Services plan to introduce a series of Market Briefings to encourage and support providers to shape their services to meet the needs of individuals and to support the personalisation agenda locally.

The briefings will share the Council’s thinking and future commissioning intentions based on a good understanding of demand and supply.

### Demand
- An overview of population and demographics
- A description of the population that uses services
- Work that has been undertaken with providers to identify changes in demand that they are experiencing
- Consumer research that has been undertaken
- Relevant legislation and policy guidance

### Supply
- An overview of the current market
- An overview of funding
- A view of the stability of the market
- Information about the workforce, for example: levels of training and qualifications, turnover etc
- An overview of quality

### Commissioning Intentions
- The type and volume of services that might be required to meet demand
- How the local authority will facilitate this, eg type of contract, market engagements etc

The Market Briefings are designed to stimulate ongoing discussions with providers from all sectors which will also act as a feedback loop highlighting specific areas where people in the market place have ideas to improve the lives of citizens in the district.

However, the Council are also committed to developing an ongoing programme of engagement with providers focussed on bringing together information about needs and future demand. We are considering a range of engagement opportunities, including:

- Large-scale provider events to engage with the market place on a wide scale to share the departments strategic commissioning intentions and direction of travel
- Smaller scale forums to engage with specific sectors within the wider market place to discuss the departments strategic commissioning intentions and direction of travel and how they impact on specific sectors of the market around new models of provision
- ‘Drop-in’ sessions for providers from all sectors of the marketplace to have an opportunity to meet with commissioners on a more informal basis to discuss ideas and gain clarity on any issues specific to their organisation and to seek advise and support around developing these and to ensure this fits with the councils direction of travel
Meetings and working groups with various different developers and providers as and when required to facilitate the development and realisation of new models of provision

The Local Authority will develop provider engagement activity to take advantage of all relevant technology and communications methods. This will enable the Council to work innovatively with the provider market, enhancing working relationships across all sectors of the marketplace.

Planned market briefings:
- Supported Living
- Advice
- Home Care and Enablement
- Day Opportunities
- Residential and Nursing Care

How you can help us:

As a starting point we welcome views on what kind of market information would be especially useful in the future or might be difficult to obtain independently as well as your views on the type of engagement you feel will be most useful to you.

The Council is interested in hearing from you if you have any questions or comments about this document and with your ideas about how we could improve it in future years.

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Find out how Connect to Support can benefit care providers and their customers:

https://www.connecttosupport.org/s4s/CustomPage/Index/3