

# **Somewhere to go, something to do and someone to talk to**

**A report on the review of day services for adults with  
mental health needs**

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**City of Bradford Metropolitan District Council  
NHS Bradford and Airedale  
Adult mental health day services review**

**Phase one report**

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**Phase one report**

## **1 Introduction**

This report sets out the conclusions of phase one of the review of adult mental health day services in Bradford.

The report aims to describe:

- Background to the review
- The wider strategic context
- The review process
- Summary of the review
- Recommendations for future service direction

## **2 Background**

Adult mental health services are subject to an ongoing programme of radical service development both nationally and at local level. The change programme is supported by a number of key policy initiatives:

- National service framework for mental health
- Lord Darzi's report 'Our NHS, Our Future'.
- Our Health, Our Care, Our Say: a new direction for community services
- Putting people first: a shared vision and commitment to the transformation of adult social care
- NHS Yorkshire and the Humber's publication 'Healthy Ambitions'

Most recently, in December 2009, the Department of Health published:

- New Horizons: towards a shared vision for mental health

New Horizons describes a new cross-cutting vision for mental health and well-being in England with the purpose of advancing the twin aims of: improving the mental health and well-being of the population and improving the quality and accessibility of services for people with poor mental health.

At a local level, City of Bradford Metropolitan District Council and NHS Bradford and Airedale undertook a joint strategic review of adult mental health services which was followed by the publication of a joint adult mental health commissioning strategy and plan 2008-11.

This document sets out 26 key priorities for local resolution covering four areas:

- Commissioning and governance arrangements
- Improving health and well-being
- Direct service provision
- Cross-cutting themes

Within the direct service provision area, one key priority is:

- To transform the provision of day services with an emphasis on socially inclusive outcomes

NHS Bradford and Airedale, as the lead commissioner for mental health services across the NHS and the local authority, has instigated a programme management approach to the implementation of the mental health component of the locality's strategic commissioning plans.

The aims of the overall mental health programme are to:

- Help people to stay well and enjoy good mental health
- Support people to live well, cope with ill health and not to be left out of society
- Make it easy for people with mental health problems to get the right help early
- Include families and carers in our help and support
- Provide choices in good quality care
- Spend money on what works for people and stop spending on things that do not work
- Ensure that mental well-being is everybody's business

The project to review and transform adult mental health day services sits comfortably within this overall programme management framework.

### **3 Strategic context**

The need to review and transform adult mental health day services was identified within the Bradford's joint commissioning strategy for adult mental health services. However, Bradford is not alone in focussing on this area of service provision. Right across the country localities are choosing to review and re-shape services in light of national guidance and evidenced best practice.

In February 2006, the Department of Health published commissioning guidance on day services with the encouragement to local services to review and adapt their services to move towards a more socially inclusive model. Alongside this publication the Department of Health and the Department of Work and Pensions also produced commissioning guidance on vocational services.

Drawing these two documents together, commissioners have been asked to observe the following principles when re-focussing services:

- Promote recovery
- Focus on community participation
- Reduce social isolation
- Maximise choice and self-determination
- Meet the needs of diverse groups
- Ensure that services are accessible to people who are more seriously disabled by their mental health problems
- Involve service users and carers
- Increase diversity of provision
- Improve cross sector working
- Offer opportunities for people with mental health problems to provide support to each other and to run their own services

The national guidance moves on to describe the sort of functions that should be commissioned to embody these principles, which are to:

- Provide opportunities for social contact and support
- Support people to retain existing social roles, relationships and existing social and leisure activities that they value
- Support people to access new roles, relationships and social and leisure activities of their choosing
- Enable people to retain and gain paid employment and mainstream education, including support to retain and gain employment and education
- Where it is not possible to access paid employment due to the extent of support needs or due to individual preference, enable access to volunteering and mainstream education
- Provide opportunities for people with mental health problems to run their own services

In addition to the guidance described above which is directly about day services, there are other pieces of social care policy which are also applicable to day services the most important of which is the introduction of personalisation.

Current policy states that all authorities should move towards providing greater choice and control for people for example through the introduction of individual accounts and direct payments.

In 2006, the Government published the white paper 'Our Health, Our Care, Our Say' which set out the need to give people greater control over their lives.

This includes giving people the opportunity to choose and manage the type of support they receive, rather than be fitted into the services that are available.

This was further strengthened by the Putting People First concordat which was launched in 2007 which sets out the vision for the transformation of adult social care services. In addition to recognising the importance of cost effective delivery of services, it envisages:

- Communities where universal services, including information and advice, have taken into consideration the issues affecting people who may or have social care needs.
- That people are offered interventions preventing them from needing ongoing social care support as well as advice where this is appropriate.
- That people who have longer term social care needs are able to exercise choice and control over how these needs are met with an understanding of the funds available to do so

Personalisation is to be rolled out nationally by 2011, and central Government has set a specific target that by March 2011, 30% of service users and carers are to have received packages of care going through a self-directed support process. This involves individuals receiving a financial allocation or personal budget that they control if they wish to do so to meet their own care needs, rather than the traditional service led approach.

It is also important to acknowledge these four further areas of policy development which impact on day services.

- Moving towards a preventative model of care: this will have long term positive benefits in terms of quality of life and on the costs of care.
- Third sector capacity: scope exists to further develop prevention and early intervention services within the voluntary and community sector and potentially in partnership with the statutory sector.
- Telecare: models of care that will enable people with higher level of needs to maintain a greater degree of independence.
- Support for carers: a holistic approach to carer as well as the client's needs, recognising the need of the carer to have opportunities to participate in social, educational and economic activities.

### **Case study one**

My name is Kulsum. I am a carer and have been a service user of mental health services. My journey began many years back but 5 years ago my sister introduced me to Roshni Ghar and this is when I feel my journey took a turn towards hope and recovery.

I first came to attend an open group session and was really surprised to hear women speak openly about their experience and no one in the group judged or ridiculed them. Even though I didn't join in, I went home feeling lighter because I was not alone in the feelings and fears I had. I looked forward to going again the next week, to meeting new people and the chance to share. Over the past years, I have shared a lot: new friendships, happiness, sorrows and many adventures. I've seen cities outside Keighley for the first time, seen the sea, attended concerts and stayed in the Dales and explored the capital London.

The best part of attending Roshni Ghar is the achievements I have gained through the different opportunities offered to me. My English is not strong but I attend the ESOL class on offer. The great thing about this is that the Roshni Ghar staff talk with the tutors to make it different for us, build confidence and allow breaks. Today, I have completed my ESOL certificate and attend conversational classes to build my confidence in speaking.

Roshni Ghar has given me a lot and so I have wanted to give something back. So I've helped developed new groups like the Gup-Shup group, and the Ehsaas (Compassion) group. The staff support us and build our confidence to do things ourselves. They don't just signpost, they make sure you can actually access something properly.

Last year, I got to volunteer with Bradford District Care Trust and I also got my first job as a sessional worker. It has been great to do this but the real achievement has been to have my daughter and niece feel proud of me, to be there for my family, share good memories with my family and learn more about the peacefulness of my faith. I'm not alone in this achievement.

## **4 Review process**

The review of adult mental health day services is being conducted as a project within the mental health programme and aims (as phase one February – April 2010) to review the current provision of day services and, following on from an appraisal of current services, to develop a plan (phase two May – July 2010) for transition to a new model for services that operates with an emphasis on services that promote recovery, social inclusion and self-determination and fulfils the following functions:

- Support people to maintain their health and well-being
- Provide opportunities for social contact and support
- Support people to retain existing and develop new social roles, relationships and friendships that they value
- Support people to retain existing and develop new social and leisure activities of their own choosing
- Provide opportunities to access education and training
- Provide opportunities to access volunteering and employment.
- Provide opportunities for people with mental health problems to plan, develop and run their own services

The project also aims to shift the way in which services are contracted and monitored. Particularly moving to a contract which seeks to be outcome-focussed and monitors volumes of service users who access mainstream sport, leisure and cultural activities, engage in education and training opportunities, undertake volunteering, undertake supported employment and gain and retain open employment.

The project, through its collaborative approach, also aims to build a 'federation' of service providers that are unhampered by traditional statutory and third sector organisation boundaries. This in turn will bring choice to the service user through a widening of the market and will allow for an expanding role for personalisation, individual accounts and direct payments.

This project covers all adult mental health day services commissioned by the PCT and local authority, that is: all aspects of the NHS and social care day services located within the statutory sector plus those commissioned within the third sector. These are:

Bradford District Care Trust  
The Cellar Project  
Mind in Bradford  
Out of Hours Project  
The Isis Project  
Naye Subah  
Roshni Ghar  
South Asian Women's Health Awareness Association (SAWHAA)

The project is also working with Sharing Voices Bradford (community development organisation) and Making Space (carers' organisation)

The services are those provided to adults aged 18 – 65, however the services operate flexibly and provide services for those over 65 years where it is appropriate to do so. Service users who reach 65 years may continue to use services until such time as needs are re-assessed as having changed.

With the help of the multi-agency project team (see appendix 1), all elements of the project are being delivered on time, for example:

- **Service 'mapping'** exercise, providers have provided detailed information about the services they offer, this allows the project team to gain a clear understanding of the type and range of services available to people in Bradford
- A **communications plan** has been approved which covers awareness raising, engagement and feedback and includes production of a monthly 'project update'.
- Production of a **leaflet for service users, carers and families** which has been made available to service users through current day services bases and through community mental health team staff and resource

centres. The leaflet gave details on how to express views on day services. 4,000 leaflets were circulated.

- A series of nine **meetings with service users and carers** held in March 2010. A number of current service providers 'hosted' meetings in their own buildings for service users to have the chance to discuss day services.
- A programme of **surveys of service users' views**. Bradford Local Involvement Network (LINK) organised a programme of interviews and surveys of service users. They surveyed those people who are current, past and potential clients of day services.
- A meeting was held with care coordinators and staff from **community mental health teams and the early intervention in psychosis team**.
- The project team also held a **workshop for service providers** to ensure that those who lead and shape the modernisation of day services were fully involved in the review process.

### **Case study two**

My name is Daniel, and I am currently both a service user and member of Mind in Bradford and The Cellar Project in Shipley. I suffer from obsessive compulsive disorder and I used to suffer from depression - when I was 18, I am now 23. I just wanted to express my views on how the day service centres have helped me, and how they have been a huge asset to me.

Mind in Bradford has been a great place to meet new people and make new friends (and realise that you are not suffering alone). Both the staff and members there have taught me about different mental illnesses, different coping strategies, people's opinions and have even helped me to open my eyes more about people and the world etc. I have been attending Mind for a year now and because of it I have many friends, more confidence, and I have improved greatly with my illness since joining.

The Cellar Project is currently helping me look for work in administration, which a year ago I thought was never going to be possible. They have helped me regain my confidence, learn new things, meet new people, write a good CV, taught me good interview techniques and helped me to see my potential in the workplace. I am truly grateful for all their help, and hard work. (It took a while to get a place in The Cellar Project but it was well worth the wait.)

Because of the services I am now looking forward to a prosperous future with both my career and personal life, and I have achieved more and learnt more in the past year than I have ever done before in my entire life.

## **5 Review outcomes**

### **5.1 Summary demographics**

Bradford has complex demographics with diverse communities ranging from inner city to rural areas. Within the Bradford district there is a significant difference from the national demographic trend. The numbers of 0-19 year olds and 20-49 year olds will increase over the next five years and the numbers of these younger people is set to continue to be above the national average over the longer term. This trend is anticipated to make Bradford the fastest growing metropolitan area outside London. As a consequence

Bradford's population will contain larger proportions of younger people than the national average.

The ethnic mix is similarly complex. Bradford district has one of the highest number and proportion of people from BME communities of any local authority outside of London. This includes large numbers of people from South Asian backgrounds, many who are second and third generation, as well as a number of refugees and asylum seekers and a large number of migrants from the more recently acceded EU states. Twenty percent of the population is from South Asian backgrounds with the largest proportions with ancestry in what is now Pakistan and Bangladesh. According to projections the South Asian population will increase to very close to a third of the total population by 2030 and the total BME population close to 40%.

A comprehensive assessment of the health status and need of communities is set out in the joint strategic needs assessment developed in partnership between the Council and the PCT. This is currently subject to review.

Bradford district has worse health than England as a whole, and within Bradford there are even wider health inequalities between different communities, both geographically, and as communities of interest (e.g. BME, asylums seekers and refugees). Bradford has higher than average levels of deprivation and child poverty, concentrated in the city itself and in Keighley. Life expectancy is lower than England and Wales, for both men and women and death rates for the major killers (coronary heart disease, stroke, cancer) are above national averages. Poor physical health is associated with poorer mental health so addressing broader health inequalities is a vital part of improving the mental wellbeing of the district.

A NHS Yorkshire and the Humber document referring to the population across the wider region describes the prevalence of mental health problems:

*“Approximately one in a hundred people will be in need of specialist mental health services at any one time and without proper support a significant majority of these people will end up with poor prospects of employment, discriminated against and isolated from family and community supports. One in ten will have a less traumatising mental health problem in the next year which will affect confidence, raise stress levels and result in reduced work efficiency and will also have profound impacts on family including emotional distress for children.”*

Approximately 25% of the population will experience a mental health problem at some time during their life and 16% of the population are likely to be experiencing common mental health problems at any moment in time. Common mental health problems are more prevalent in women (19%) than men (14%). Incidence is also related to age with the highest incidence amongst men aged 45-49 (20%) and women aged 50-54 (25%). Up to twice the normal incidence rates are to be expected in single parents, people living alone and those with long-term physical health problems. Incidence is also higher in South Asian populations.

An incidence of 17.2% of common mental health problems can be expected across the Bradford district (80,586). People with severe mental illness are 3 ½ times more likely to be divorced or separated, 2½ times more likely to live alone and to be economically inactive and 3 times more likely to live in local authority or housing association properties. They are also known to experience poorer physical health than the general population.

Bradford's demographic analysis estimates that the adult working age population is expected to grow by approximately 6% over the next five years (from 337,000 in 2006 to 357,000 in 2012). Consequently the forecasted incidence of (all) mental health disorders over the next five years is likely to increase by a comparable amount.

Demand on mental health services will increase in line with the population growth over the next four years. The forecast is that for psychotic disorders, the district expectation would be an increase of some 1800 cases (2006) to 1900 by 2012. For common mental health problems the increase would be 60,000 (2006) to 64,000 by 2012 and for personality disorder, 14,000 (2006) to 15,000 (2012).

The mental health problems described do not always occur in isolation. Many individuals will present with more than one problem. For example, individuals with psychosis frequently present with depressive illness. Such co-morbidity frequently occurs not only amongst the problems described, but also with alcohol and substance misuse and also learning disabilities.

## **5.2 Summary of current services**

As part of the review's service 'mapping' exercise, providers have provided detailed information about the services they offer, this has allowed the project team to gain a clear understanding of the type and range of services available to people in Bradford.

City of Bradford Metropolitan District Council and NHS Bradford and Airedale commission day services for adults with mental health problems from the following organisations:

Bradford District Care Trust (Springfield and Skipton Road day services)  
The Cellar Project  
Mind in Bradford  
Out of Hours Project  
The Isis Project  
Naye Subah  
Roshni Ghar  
South Asian Women's Health Awareness Association (SAWHAA)  
Sharing Voices

Together this amounts to £1,165,310 of investment in these services.

A full tabulation of services offered by each organisation from which the Council and PCT currently commission day services appears at appendix 2 and are mapped at appendix 3.

By way of a broad summary, it can be seen that:

- The statutory sector (Bradford District Care Trust) operates two day centres one each in Bradford and Keighley. Each takes referrals only from community mental health teams. Many clients have attended the day centres for considerable periods of time. The current combined caseload is 190 per annum. Each provides a wide range of support, interventions and activities. Many of these reflect a historical provision of service which both day centres wish to re-balance in the move to achieve a more socially inclusive service.
- The Cellar Project (Shipley based) offers sheltered workshops and vocational support for clients keen to gain new skills and/or return to education or employment. Referrals come from community mental health teams and general practitioners. The organisation aspires to move towards an employment recovery model and a greater commercial focus. Annual caseload is 179.
- Mind in Bradford provides a recreational and 'out of hours' support to people. Open 20 hours over 5 days on a drop-in basis ie there is open access and no formal referral process. Two gender specific sessions are offered. An independent out of hours scheme operates in Keighley on two evenings a week. There are no referral arrangements. This modest scheme aspires to extend its offering.
- The Isis Project is a female only service. Referrals are accepted from health and social care professionals and the organisation hold an active caseload of close to 300 women. With a keen recovery focus this service offers a wide range of services and a crèche facility.
- There are three services for South Asian women. Naye Subah in Bradford receives referrals from health and social care professionals only and offers a broad range of services to people with mild to moderate illness whilst South Asian Womens Health Awareness Association in Bradford and Roshni Ghar in Keighley accept both referrals from professionals and self-referrals each provides diverse services for women aimed at promoting social inclusion, well-being and developing community led initiatives to support those who experience or are vulnerable to mental health problems.
- Sharing Voices in Bradford is commissioned to work with BME communities across Bradford, the vast majority of referrals being from inner city areas. The organisation's remit is community development and as a consequence has developed a number of activities.

The service mapping exercise has revealed that the commissioned providers offer well-received services however a number offer activities that duplicate with one another. The geographical spread does not offer equity of access in all cases.

The lack of a common contract currency within existing contracts and, as a consequence, the lack of comparable data from which to arrive at unit costs for services is an issue.

However, it is worth noting that the University of Kent's Personal Social Services Research Unit produces unit cost data for sessional day care in both local authority and voluntary sector organisations and would prove a useful starting point for future comparative work.

The paragraphs above describe those services formally commissioned by the Council and PCT and for which there are contracts, partnership or grant agreements in place.

It must be noted that there are considerable additional resources invested in services on a 'case by case' basis.

This arises from the operational commissioning of packages of care from the care management budget held by Bradford District Care Trust.

Bradford District Care Trust, again through its operational commissioning function already supports clients to hold individual accounts and direct payments which may be expended on day service-type activity.

Bradford District Care Trust also supports the costs of personal assistants from home support budgets to assist clients with daily living skills as an alternative to attendance at day centres.

The recent publication of the Department of Health's financial mapping for 2009-10 shows that whilst Bradford invests less per (weighted) head of population than average for the strategic health authority or for England as a whole, the percentage residing in day services is higher than regional and national comparators.

It should also be noted that there are many voluntary and community organisations that are not explicitly funded from adult mental health funds but support people with mild mental health problems or that play a part in mental health promotion and ill health prevention. These are listed in 'Wellbeing' a guide to mental health services in Bradford and Airedale and can be accessed via [www.mentalhealthinbradford.nhs.uk](http://www.mentalhealthinbradford.nhs.uk).

### ***5.3 Summary of discussions with service users and carers***

A series of nine meetings with service users and carers were held in March 2010. A number of current service providers 'hosted' meetings in their own buildings for service users to have the chance to discuss day services.

Over the course of the meetings the commissioners met and talked with close to 200 people who use day services and also met with 40 staff and volunteers (see appendix 4). Much was learnt from these meetings. Set out below are the key themes that emerged from these meetings.

**Gaining confidence and feeling comfortable:** once established service users felt that they gained a good deal of confidence from being able to attend day centres and access day services. People expressed enthusiasm for having a safe place to go where their needs were known and understood by staff, volunteers and other attendees. Many saw the service they attended as a 'family unit' where everyone helped and supported each other. Some users stated that they could be open and honest within their group and would discuss issues or anxieties that they cannot with their own families or health workers.

**'Moving on':** a number of people stated they were reluctant to move on to other services as they were happy remaining within the various day care schemes with their circle of friends, routine and staff they trusted. Other services were often seen as intimidating and people felt there was a negative effect by being moved on. Longer term placements were seen to be needed.

**A range of services and activities:** clients expressed very positive views about all services on offer, in general attendees at each location wished that each centre could offer a wider range of activities and many recalled former times when more structured activities were on offer. In contrast, at some meetings service users recognized that not every service provider could do everything and that resources needed to be used wisely. There was considerable support for activities that supported general health and well-being. Regular workshops or sessions within the day centres from benefits advice workers etc to carry out benefit checks and educate users were much valued,

**Education and training:** more educational classes and courses were requested as people felt that to obtain new skills and qualifications was helpful in raising self esteem, supporting recovery and potentially regaining employment. In one or two locations courses to support those where English was not the first language were seen as pivotal to improved mental health.

**Gaining employment:** there was some anxiety about the perception of a drive 'to get people back to work and off benefits'. Some meeting attendees felt that employers are 'less than understanding' regarding service users seeking employment and are seen as not wanting to 'take a risk' by employing people who have suffered mental health problems. However, there were also many people who expressed considerable aspiration to re-enter the world of work with the right sort of individualized help and support.

**Meeting the needs of carers and families:** for women referred to day services the lack of associated childcare was seen as an additional hurdle in accessing services. A number of people stated that their partners, other family members and carers often needed help, guidance and clarity around mental health problems to promote understanding within the home, yet there was very little outside help to address this. Holding sessions within the day centres specifically for carers would benefit the whole family.

**Service demand and supply:** a number of service users in most meetings expressed concerns about the current capacity of day services. People recognised that services met the needs of only a proportion of adults with mental health problems, mostly those with severe and enduring illness. At a number of meetings service users also felt that the staff complement was insufficient and that staff were over-stretched and ‘trying to do too much’, there was also a feeling that staff within the statutory services spent too much time on ‘paperwork’.

#### **5.4 Summary of additional service users research**

As part of the review process City of Bradford Metropolitan District Council and NHS Bradford and Airedale commissioned a programme of surveys of service users’ views. Bradford Local Involvement Network (LINK) undertook this work and organised a programme of interviews and surveys of service users. In order to gain a comprehensive view Bradford LINK surveyed people who are current, past and potential clients of day services.

Set out below are the key recommendations taken directly from the Bradford LINK survey work.

**Safe Spaces** A lot of people talked about how important it was for them to be in a safe place in order to get better. Some people said that the places where day services happened did not make them feel very safe. Some of the people who are not using day services, and are from faith groups and from minority ethnic or sexuality groups, felt safer doing things in these groups. They felt that this was a safe place for them. It is important to remember that people from these groups are less likely to want to mix with people outside their culture, and often feel very strongly about making choices for themselves. It is important for people planning day services to make sure that people feel safe. It is also important that people are not taken away from a group where they feel that they belong as this may make them feel upset or angry.

**Stigma.** Stigma means a feeling that you are being treated badly because you are seen as being a mental health service user. Each group talked to felt the same about this so it is really important that people do not feel stigma about using day services. A good way to stop this is to make sure that the places people go to for day services are not just used to help adult mental health service users.

**Improving first welcome.** A few people who use day services talked about how going there was difficult at first because people did not make them feel welcome. It is important that people who use adult mental health day services in the future, do not feel unwelcome. It might help if people used services at home, if services happened in a place where lots of different people went or if services happened outside in the community. It is important that this need is understood when day services are planned for this group, so that they can feel welcome.

**Feeling part of the community.** Lots of people said that they got a lot better by doing things outside of a day centre and in the community. Most people also said that they liked to go to different places, do different things and mix with different people. People who had not used day services before said that it was important for day services to be held in places where lots of different people went in the local community. They said that this would help get rid of the stigma of going somewhere where only adult mental health services users went. They also said they could help do things with and for the community in the centre, and that this would make them feel more part of the community. It is important that people deciding on day services in the future think about having day services happen in places where lots of other different things for the local community happen as well.

**Expectations.** People expected different things of adult mental health day services. This depended on whether they use or had used day services, or whether they had never used them. People who used day services right now did not think services should open too long or do too much because it would cost too much money. People who had used day services in the past talked less about money, but still said some things were not possible. One person who had never used day services before also talked about being realistic. Services might have to open for longer and at the times that people wanted. It is important for day services to take notice of how much more busy people are and to make sure that these services are there when and where they are needed.

**Single sex services.** People who use or had used day services had lots of different ideas about single sex services. Men said that there were not many services for them. One man said he felt upset in a men's group, another man said that the group he went to was all women and he didn't feel comfortable talking there. One man who had not used day services before said he would not feel comfortable going to a men's group because it probably wouldn't welcome gay men. We have found that most men said there were not enough services for them, in particular Asian and gay or bisexual men. However, some people using men's day services felt scared being there. Most Asian women were happy with single sex services. However, a lot of women didn't feel comfortable there. Some women liked their single sex services, but some felt that what they said was being repeated by others and this made them not want to say anything. It would be useful for the Council to look closely at how single sex services are run and if there is any way to stop people feeling uncomfortable using them.

## **5.5 Summary of professionals' views**

A meeting was held with a group of staff from community mental health teams and the early intervention in psychosis team.

**Promoting recovery:** Colleagues identified the value of a 'safe space' for clients but equally expressed concerns that services not necessarily buildings were important to people's recovery and that any referral had to be an integral part of the recovery process and therefore there needed to be plans to 'move on'. Team members felt strongly that the social inclusion function was a key task for community teams; many felt that social inclusion workers should be within community teams. Return to education and employment elements needed to be both flexible and focussed to fit the needs of each client.

**Tackling social isolation:** Examples were given whereby groups met in non-day centre spaces and colleagues advocated for more flexible use of spaces and 'borrowing' rooms.

**Offering choice to clients:** A number of people were concerned about addressing the needs of younger adults. Current provision particularly day centres were perceived as inappropriate. For those not in day services flexible drop-in was seen as valued. The advent of individual accounts and direct payments were seen as a positive step for individualising support for clients. Service users should be 'skilled up' to run their own groups.

**Information and resources:** The lack of comprehensive knowledge about resources and how to facilitate connections for people with other services, community groups etc was seen as an obstacle to effective working.

**Working in partnership:** Providers were seen as very separate organisations with each one 'trying to do everything'. Services need to link better across providers in 'virtual teams'.

**Referral processes:** Attendees at the meeting shared concerns over the 'clumsy' referrals process and felt that there should be more in common between the requirements of providers and that clients should not be 'disadvantaged' by paperwork. Colleagues knew of or felt they knew of waiting lists for certain services.

## **5.6 Summary of provider views**

On 30 March 2010 representatives from the commissioners and providers of day services got together as part of the process to review adult mental health day services across Bradford.

The main proportion of the meeting was dedicated to group work in which participants firstly explored the nature of current services (identifying relative strengths and weaknesses) and then, building on this knowledge, participants moved on to reflect on how services should look in the future.

**Promoting recovery:** Colleagues felt it was important to retain a non-medicalised and social care model of recovery and that a substantial part of this was about promoting well-being and not just focussing on mental ill health. A non-judgemental 'no pressure' approach was seen as valued. Providers recognised the role of intensive support for certain clients. Having said that, providers felt that there was limited options for people to 'move on' and that providers had many long stay clients. All providers wished to promote recovery and whilst they saw themselves as a valuable safety net for people, services wished to avoid the development of a dependency culture. Greater understanding of the nature and function of day services amongst medical staff and GPs was seen as desirable. Providers valued the input of health trainers but saw this as a limited resource. Providers also wished to see more specialist resource eg in the education and employment field.

**Community participation and social isolation:** Everyone saw this as a critical developmental area but felt the haphazard or lack of information hindered effective community engagement. Whilst there were some notable examples of community involvement and positive outcomes for people some providers cited that they were able to offer little support to assist in accessing mainstream services (social, leisure, education or employment). There was considerable discussion on the stigma experienced by people and that outreach work to tackle negative attitudes was required. This educational role on aspects of mental health needed to be extended to partner organisations such as job centres etc. Many providers advocated on behalf of clients who saw day services as an important part of combating social isolation.

**Choice and self-determination:** Providers recognised the dilemma faced by a fixed programme approach to day service provision (much appreciated by service users) and the desire to provide flexible and individualised support to people (again much appreciated by service users). The balance of debate was in favour of flexibility, particularly if services were going to meet the needs of those service users who are not attracted to current provision. Providers also felt hampered by the lack of information about other services and community options. Above all, colleagues felt they must provide needs led and outcome focussed services.

**Addressing diversity:** Some providers work with particular sectors of the community and their ability to provide cultural or gender specific awareness and sensitivity was seen as deeply valued. Other providers felt there was equal value in working with diverse groups within a single service but identified language and cultural challenges. Diversity is not only about BME communities and everyone felt that there were gaps in age appropriate services (younger adults in particular) and for rural communities.

**Service flexibility:** Some services operate with much narrower referral criteria than others, whilst others operate on a self-referral or 'drop-in' basis. Not all options are available across the Bradford district. Providers saw merit in time-limited engagement with services built around defined and agreed support plans but they also valued the ability to provide long term more informal support. Restricted 'opening hours' was seen as an issue and not

only for buildings based services. Third sector organisations were aware of financial stability issues and would welcome longer term contracts or partnership agreements.

**Partnership working:** Providers welcomed the initiative to build partnerships between services and mix statutory and voluntary sector provision, where this already took place it was seen to work well but had largely occurred 'by accident'. Service knowledge needed to be improved. Staff roles were often too varied and there was often little or no specialism and joint training was cited as a way to enhance the sharing of skills and knowledge. Colleagues were keen to share good practice and to agree common standards.

**Service user and carer involvement in shaping and running services:** There were some excellent examples, eg the volunteer induction programme developed and run by a former service user, which needed to be shared more widely. Generally, there was a high degree of service user engagement and this was seen as a means to provide peer support and the sharing of experiences and coping strategies. Everyone acknowledged however the challenge of identifying and meeting the needs of those not currently using services and also how to address the needs of carers. Advocacy was seen as a welcome component of services.

### **Case study three**

Yvonne is a wonderful lady with a caring personality. She was referred to The Cellar Project in 2007 to help her cope with her severe stress and depression. Although Yvonne had worked for the same employer for 19 years she was off long term sick at the time of her referral due to being informed that redundancies were about to be made. This news had just added even more stress to her life and Yvonne felt she was not able to cope any longer.

Yvonne began to attend the Cellar's IT workshop where she learnt basic office and administration skills. This helped her to build up her confidence and convince her that she could learn new things.

Yvonne has a caring personality and some personal experience of care work but lacked the confidence to pursue her desire to change her employment without support.

Since October last year Yvonne has received one to one support from the new employment service. This has helped her to focus on her future, making the decision to change her career after 19 years in the same job, achievable. It has also helped her to recognise the value of her personal experience of care work in changing employment.

Yvonne was finally made redundant in February of this year but by then she had a plan for her future. She started a twelve week personal development and job search programme, Stepping Stones, in April, and she attends job club every week for help with identifying and applying for suitable jobs. She has had three interviews in one week recently and will be a great asset to any social care service provider who employs her.

In May 2010 Yvonne has successfully found employment as a home carer.

## 6 A 'blueprint' for future services

Taking account of all that has been learnt about current services in Bradford and the national guidance that provides us a best practice and evidence based model for services it is now possible to move on to describe a 'blueprint' for future services.

### 6.1 Service scope

Adult mental health day services are designed to meet the needs of those aged 18 – 65 with a mental health problem. The service must remain flexible and, for example, accept a referred client who is over 65 years of age where it is appropriate to do so. Service users who reach 65 years may continue to receive services until such a time as their needs are re-assessed as having changed.

### 6.2 Service vision

The future has been described by Paul Thompson, volunteer at Skipton Road day services in Keighley and a member of the review project team. Paul states that in five years time services should impress the people for whom they cater.

- I** Inspire people to believe in themselves;
- M** Motivate people to achieve what they want to achieve;
- P** Prepare people for moving on to the next steps in their care and recovery;
- R** Reach out to people, when they need reaching out to;
- E** Empower people to take control of their own lives;
- S** Support people through both the good and bad times;
- S** Socially include people, and make them feel part of the community;

### 6.3 Service principles

Borrowing ideas from the national guidance, people using Bradford services should expect services to:

**Promote recovery:** help people feel better through the rebuilding of satisfying lives and a sense of self-worth even when living with a mental illness and no matter at what stage of their illness; this suggests a needs led and personalised approach.

**Reduce social isolation:** provide opportunities for people to meet others and to make and retain social relationships both within and outside mental health services.

**Achieve community participation:** support people to play a full part in local activities in line with their own preferences and increase the capacity for communities to accommodate those with mental health problems.

**Provide for choice and diversity:** help people to identify their own preferences and to meet these through a wide range of options being mindful to reflect differences.

**Secure outcomes for people:** work with people so they are able to describe, work towards and achieve real change for themselves.

**Offer opportunities for service users to shape and run services:** provide scope for people to be part of the evolution of services.

**Increase the diversity of services whilst working in partnership:** encourage more creative ways for more services to work together so as to flexibly meet people's needs.

#### **6.4 Service functions**

In line with the above principles, day services across Bradford should comprise the functions set out below. This is based on the assumption that the referrer (where appropriate and usually a community mental health team care coordinator) has undertaken a thorough assessment and identified a significant social care need.

**Self-directed planning:** on referral, identification of a key worker who will support the client to identify their needs and develop a personalised, self-directed plan. The plan should describe the outcomes to be achieved (using a common outcomes measurement tool) within agreed timescales and how these will be reviewed and re-appraised. Planning to 'move on' should be an essential part of this process in order to manage service referral and discharge. The plan should also articulate 'back up' arrangements should the plan fail to support the individual at any particular time. The plan, 'owned' by the client, will be transferrable between services.

**Individualised support:** all service users should be able to receive one to one support from their key worker.

**Advocacy, advice and information service:** wide ranging advice should be available and cover: other day services, health and social care services, housing and accommodation, finance and benefits, employment, education, arts, sports and leisure activities, community support groups etc. Day services should provide access to advocacy support.

**Health and well-being service:** a non-medicalised model of one to one or group support for promoting and enhancing psychological and physical health and well-being and confidence building; this resonates with aspirations contained within 'New Horizons'.

**Social, cultural, leisure, sports and arts activities:** supported access to a wide range of activities providing meaningful leisure; an increasing proportion of which should be in community settings even when designed primarily

around the needs of mental health clients. Emphasis needs to be placed on addressing the needs of those under-represented groups eg younger adults.

**Education, training, volunteering and employment services:** targeted towards those whose support plan identifies specific vocational aspirations. Requirement for considerable partnership working with colleges, job centres and pathway to work schemes.

**Community meeting places:** it is without doubt that service users value a safe place to go where they can meet others who share their experiences and can seek and gain support. Any building should be considered a community resource open to a variety of community groups, service providers and client groups. Any building should also be perceived as a 'hub' from which services and staff reach out into the wider community.

## **6.5 Service organisation**

In line with the aspirations of both commissioners and providers services in the future will operate along federal or collegiate lines. This will mean that although the same (or more or less) number of providers may exist they will work together as an integrated network of service providers, thus avoiding unnecessary duplication and bridging gaps between services.

It is believed that this collaborative approach will support current service users whilst allowing developments to unfold and, as importantly, for the impact of personalisation to be factored in to future service developments.

So, it is proposed to link services that meet similar needs:

**Targeted services:** this will meet the needs of those who are ready to commit to an agreed programme of vocational support whether education, training, volunteering or paid employment. A virtual expert team across providers will result in focussed support to those clients entering this service. Deborah Pickles a member of staff at Skipton Road day services has described a vision 'from involvement to employment' which clearly articulates the aspiration to strengthen existing partnerships.

**Core services:** these are the broad range of services that meet social and leisure needs. Clients may be referred by intensive home treatment or community mental health teams, by other health and social care professionals or by self-referral for example where the client is accessing a 'drop-in' service. Whatever the route of entry, clients will enter a self-directed planning phase with the intention of seeking options for 'moving on'. These services cover those that may operate specifically to meet the needs of one or more ethnic groups or that are gender specific. Providers will be encouraged to move towards socially inclusive arrangements and to make maximum and multiple use of community meeting places including their own premises.

In line with the aspirations of all providers it is proposed to establish a **provider forum** to act as a means for taking developments forward. The forum will also sponsor development events for staff and volunteers.

## **6.6 Service issues**

Moving towards this federal model of service provision will pose a number of issues for commissioners, providers and health and social care professionals. It is hoped that through sensitive support and individualised planning individual service users can be cushioned from the impacts of change.

The following will need to be addressed as part of the implementation of this report's recommendations:

**Personalisation:** in implementing personalisation there will be the need to ensure the right balance of investment between universal services and self-directed support and that both value for money and financial sustainability are secured. A further issue is the need to 'shape the market' so that flexible and responsive services of a required quality are available to personal budget holders. New contractual models may need to emerge.

**Contract arrangements:** will need to reflect both individual provider arrangements and the commitment to a federal way of working. Each contract will be specified in terms of functionality and will be monitored both in terms of value for money (cost, performance and quality) and for the achievement of outcomes.

**Common referral, assessment and discharge arrangements:** in order to facilitate the federal approach and speed the client's journey through and between service elements there will need to be the common acceptance that documentation is 'owned' by the client and therefore can be 'passported' between providers by the client.

**Information sharing:** an information sharing protocol will need to be agreed to allow for the sharing of core information between providers

**Adjustments to the balance of services:** the review has identified both gaps and duplications in services. Issues related to the geographical distribution of services and equity of access across age ranges will need to be addressed. There may also be transitional issues whilst improvements are implemented.

**Estates:** the idea of community meeting places will raise issues over flexible use of estate amongst providers.

#### **Case study four**

Visions is a service user led group at Walker House in Bradford. The purpose of the group is to provide a social and recreational group for people experiencing mental health problems.

This group was initially run by staff from Springfield day services. About a year and half ago one of the staff left. This meant some of our sessions could not continue as the day services were short staffed. The service meant a lot to us and we wanted to keep the Wednesday afternoon session. The day services supported us and provided the space and keys to the building. We, as service users, got together to decide what kind of service we wanted and how we were going to provide it. Four of us who currently use day services got together with an ex service user and decided we wanted a drop-in system but without committees etc, as we didn't want things to get too complicated. We all support each other and run the session as it is the only opportunity for some to meet others in a safe space. We do a lot of different activities as a result of running this session. We have been to different towns and cities for day trips, shopping, meals and just as social outings. Some of these outings have extended into evening trips which helps reduce isolation for people living on their own.

Recently we have discussed taking over another session on Friday which was previously run by staff. This is really beneficial for us and we want to continue with this. We will open the sessions to others experiencing mental health problems, and those who are well enough to look after themselves as there won't be any paid members of staff on the premises.

The service users discussed it with the staff and they were really keen to support us in taking over this session, and with the second session on Friday afternoons. The staff will help us to get some funding for the activities for our group if we decide to do this in the future.

## **7 Recommendations**

This section attempts to draw out recommendations for implementing the 'blueprint' for future services arising from the comparison of Bradford's well-regarded current services (as described in section five) with the service model set out in the Department of Health's commissioning guidance (referred to in section three) and factoring in the views and aspirations of service users, carers, staff and volunteers.

The comparison exercise has been qualitative in nature. A more quantitative analysis has not been possible as there are no realistic benchmarks available either locally or across the country. The University of Kent's Personal Social Services Unit, for example, provides unit cost data on sessional day care but it is not detailed enough to make realistic comparison with the breadth of Bradford's current services.

The lack of a common contract currency within existing contracts and, as a consequence, the lack of comparable data from which to arrive at unit costs for services is an issue and is addressed in a recommendation below.

Set out below are recommendations for the future development of services, there are recommendations about service function and format and in terms of the processes that will build on the expertise within existing services and secure future robust service provision.

The recommendations have been compiled against the backdrop of public spending constraint which is particularly stretching given the population growth of 6% over the next five years which in turn will be mirrored in the demand on mental health services.

## **7.1 Service function and format**

### **7.1.1 Core services**

**Outreach:** in the first instance at the point of referral or to meet an individual's particular needs, staff should provide an outreach service meeting at someone's home or in a community setting.

**Self-directed plans:** each client should have an identified keyworker who will support the client to identify their needs and aspirations and develop a meaningful personalised and 'client owned' self-directed plan.

**Intensive v open-ended support:** the intensity and duration of the support on offer should be able to adapt to meet needs, some people should benefit from the ability to re-access a service rapidly, these arrangements need to be included within the self-directed plan.

**Community participation:** providers should share and develop their knowledge of local community opportunities in order to extend access to mainstream activities.

**Meeting diverse needs:** it is recommended that the groups providing services to specific communities of interest should work together to a common service specification, referral arrangements etc and seek opportunities to share expertise in order to avoid replication. The particular requirements and expectations of women only services need to be available equitably across the district.

**Achieving accessibility:** whilst it is appropriate to focus resources on those most socially excluded and most in need of support, rigid eligibility criteria can reinforce social exclusion and limit preventative work, therefore commissioners need to secure approaches to access which include limited self-referral to help people remain in control of support they access.

**Service user and carer involvement in leading and running services:** opportunities should be sought for appropriately supported services users to plan, lead and run their own services. The needs of carers are largely unmet and need to be further addressed.

**Community meeting places - 'a safe space':** the ability to go somewhere familiar and comfortable where there are others who understand the client's needs should be maintained with a main geographic focus in each of Bradford and Keighley.

### **7.1.2 Targeted services**

**Increasing vocational focus:** commissioning guidance suggests that resources should be re-aligned to shift the balance of services from those linked to social and leisure activities towards vocational options. It is recommended that providers create a 'virtual team' working to a common service specification across those providers who have significant expertise in this field thus safeguarding resources to the achievement of significant outcomes for those who aspire towards skills development and return to employment. It is further recommended that, building on current good practice, enhanced links are built with partner organisations eg Job Centre Plus, local colleges etc.

## **7.2 Processes to support service commissioning and provision**

**Service pathway:** a clear pathway should be established that describes routes of entry to services, pathways between different elements of service and how exit and re-entry can be achieved in line with a client's needs.

**Service referrals:** referral criteria need to be refreshed and re-articulated so there is clarity for referrers. Other than in the case of self-referral services, the CMHT care co-ordinator has the responsibility to assess need by way of the self-directed questionnaire process and where a significant social care need (in line with fair access to care services (FACS) criteria) has been identified to formulate an indicative plan. The onward referral should be to day services staff (not a building).

**Individual accounts and direct payments:** assessment processes should include consideration of individual accounts and direct payment options. For example, direct payments could support the costs of a personal assistant as an alternative to attendance at a day centre. A target of 150 clients participating in self-directed support by April 2010 exists. A refreshed target needs to be agreed for 2010-11. In order to improve choice for clients, commissioners need to consider how to open up the market to potential new providers. This would need to take account of how not to de-stabilise the current providers. New contractual models need to be adopted to accommodate providers who may enter the market without a specified contract volume or value. Examples exist of councils operating preferred provider lists, 'call off' contracts, zero-based contracts etc

**Self-directed planning:** on referral, each client will be assigned a key worker to support the client to identify their needs and aspirations and develop a personalised, self-directed plan to meet these needs. The plan should describe the outcomes to be achieved (using a common outcomes measurement tool) within agreed timescales and how these will be reviewed

and re-appraised. Planning to 'move on' should be an essential part of this process in order to manage service referral and discharge. The plan, 'owned' by the client, will be transferrable between services.

**Outcomes measurement:** collectively, commissioners and providers should choose and adopt an outcomes measurement tool or framework so that there is a common language for describing and comparing the achievement of outcomes. This will build on work currently piloting the locally developed 'Sunshine' tool. The purpose of introducing a common tool is to assist in the performance measurement both within and between providers.

**Service specifications:** over-arching service specifications for each of core services and targeted services will be developed. Specifications for each provider will also be developed each being compliant with the over-arching specification.

**Contracts and contract management:** each organisation's contract or (partnership) agreement should be revised to include provisions for contract monitoring for value for money (cost, performance and quality) and against outcome measures. This will allow for the establishment of unit cost and performance measures that can be used for robust contract management within and between providers. In the context of personalisation, there may be the need for new contractual models to facilitate new entrants to the market.

**Operational commissioning:** The £1.1 million invested in the contracts with current providers represents only a portion of the total spend on day services. It is proposed to understand more clearly the day services expenditure committed by Bradford District Care Trust's operational commissioning/assessment and care management function.

**Estates:** there are advantages to non-centre based day services which can be less stigmatising, more flexible and closer to mainstream activities however there is also the need to support people to access day services in a safe and familiar environment. As services move to a more socially inclusive model it is recommended that there is an appraisal of current premises with a view to seeking the most suitable options for community meeting places in each of Bradford and Keighley. Any building should be considered a community resource open to a variety of community groups, service providers and client groups. Any building should also be perceived as a 'hub' from which services, staff and volunteers reach out into the wider community.

**Provider forum:** it is proposed to establish a provider forum to act as a means for networking, sharing information and taking developments forward. The forum will also sponsor development events for staff and volunteers.

#### **Case study four**

My name is Justin and I go to Skipton Road Day Services in Keighley. If it hadn't been for Skipton Road I would not be here now and would not be where I am at now. They have made a huge impact on me and my life and I can handle my problems and circumstances better than ever before.

When I first went to Skipton Road it was pretty daunting but I soon made friends and felt comfortable. They helped me to find good supported accommodation and helped me to gain the confidence I needed to live in the community.

At Skipton Road I took part in the Return to Learn programme, which enabled me to go back to college where I gained a GCSE (at the age of 55!) and I am now currently studying counselling at college. Going back to college was a real catalyst to increasing my confidence. I've met new friends and I feel socially inclusive (to use to the buzzword). But this would not have happened if I hadn't taken part in return to learn.

I have taken part in the Volunteer Training programme and I am now an in-house volunteer where I run drop in sessions with another service user. I've learnt lots of new skills through being a volunteer and through the training programme and I feel proud to be part of a programme that puts service users at its heart – where we can be part of our own services. I've also become involved in the BDCT Service User Involvement Team where I am spokesperson for Skipton Road.

I've achieved a lot and it's great to know that I have somewhere to go where I can meet people and do lots of good things. I've gained confidence, self worth and I'm now going out into the big world. I couldn't have achieved any of this without the help of day services, its staff and all the people that I've come into contact with, without them I would not be the person I am today.

## **8 Next steps**

Once the recommendations above have been adopted then, in line with the project plan for the review of day services, the following actions will be taken forward:

- The report will be presented to the day services review project team, the integrated commissioning group, the mental health programme board and the mental health programme network
- The report will be published and shared widely with providers
- The project lead will meet with each provider to discuss the report's findings
- A workshop for providers will be held
- A summary of the review report will be produced for circulation amongst service users, carers, volunteers and staff
- The project leads will meet with service users at provider based meetings
- An implementation plan will be drawn up to describe more specifically the actions to be taken to implement the recommendations set out above; this will be done with active involvement of the providers.

**City of Bradford Metropolitan District Council  
NHS Bradford and Airedale  
Day services review**

**Acknowledgements**

**The report's author and all the project team would like to pass on their thanks to all the service users, their carers and families, volunteers, staff and managers from those organisations who work in and around day services who have contributed their time and effort to the review. Everyone's ideas, reflections, opinions and comments have been highly valuable in shaping our understanding of the present and our vision of the future.**

**City of Bradford Metropolitan District Council  
NHS Bradford and Airedale  
Day services review**

**Project team membership**

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Paul Thompson, service user representative and volunteer

Jayne Trofa, carers' representative

Melvyn Newton/ Daniel Park, Bradford LINK representatives

**City of Bradford Metropolitan District Council and NHS Bradford and Airedale: day services review  
COMMISSIONED ADULT MENTAL HEALTH DAY SERVICES**

<b>ORGANISATION</b>	<b>ACTIVITIES</b>	<b>GEOGRAPHY SERVED</b>	<b>CLIENT GROUP</b>	<b>NO. OF PEOPLE</b>	<b>NEW REFERRALS</b>	<b>DISCHARGES</b>
<p>THE CELLAR PROJECT</p> <p>Monday to Friday 9.30 am to 4.30 pm</p>	<p>Catering workshop Media workshop IT workshop Horticulture workshop Woodwork workshop Assistance to access: - Education Voluntary work Work placements Paid employment</p>	District wide	All Adults	179	70	81
<p>MIND</p> <p>Monday to Friday (20 hrs) incl. 4 evening sessions</p>	<p>Aromatherapy Sports groups Drug &amp; alcohol abstinence group Art group IT skills group Bingo Snooker Mediation Relaxation Hot meals 3 evenings weekly Promote social inclusion Physical and mental well being group Independence &amp; self help group</p>	District wide	All Adults. One male only and one female only group weekly	60	N/A	N/A

<p>OUT OF HOURS PROJECT</p> <p>Tuesday &amp; Thursday 7.00 pm to 9.00 pm</p>	<p>Social activities Occasional hot meals Cooking classes IT workshops Arts and crafts groups</p>	District wide	All Adults	30	N/A	N/A
<p>SAWHAA</p> <p>Monday to Friday 9.30 am to 5.30 pm Occasional weekends &amp; evenings</p>	<p>Assertiveness training sessions Emotional well being sessions Socializing Tajweed sessions Aerobics Pilates Yoga Massage &amp; aromatherapy Healthy eating on a budget Arts and crafts groups Pre and post natal depression awareness Menopause awareness Self help group</p>	District wide	South Asian women	239	139	32
<p>NAYE SUBAH</p> <p>9.00 am to 5.00 pm Four days weekly</p>	<p>Confidence and self esteem building Counseling Locality outreach service Yoga sessions Health trainer sessions Aromatherapy and massage Arts and crafts group Relaxation classes Jewelry making sessions Sewing and knitting group Glass painting</p>	District wide	South Asian women	90	40	98

<p>ROSHNI GHAR Monday – Friday 9.30am – 5.00pm</p>	<p>In reach service to hospitals Community safe spaces One to one support work with service users Befriending service Peer support group Outreach service Social inclusion and participation work Group support sessions Cooking project Spirituality peer support Young women's support</p>	<p>Mainly Keighley but may take Bradford referrals</p>	<p>Women only – predominantly members of BME community</p>	<p>201</p>	<p>53</p>	<p>32</p>
<p>THE ISIS PROJECT Monday to Friday 9.30 am to 4.30 pm</p>	<p>Crèche Green and clean activity Massage Basic IT skills Arts and crafts group Stay and play Stress management Anger management Time to chill.</p>	<p>District wide</p>	<p>Women only</p>	<p>293</p>	<p>334</p>	<p>194</p>
<p>SKIPTON ROAD DAY SERVICES Monday to Friday 8.30 am to 5.00 pm Sunday 12 noon to 3.45 pm</p>	<p>Walking activity Physical activity groups Benefits advice Return to learn scheme Volunteer training &amp; placement Service user led drop-in BME male group LGB specific services Inpatient ward collaboration</p>	<p>Keighley area</p>	<p>All Adults</p>	<p>90</p>	<p>25</p>	<p>20</p>

<p>SPRINGFIELD - WALKER HOUSE DAY SERVICES</p> <p>Monday to Friday 9.00 am to 4.30 pm</p>	<p>Voluntary placement service Benefits advice Employment seeking advice Drop in sessions Training and supervision Housing advice Social and recreational advice Advocates Confidence/self esteem building Personal hygiene advice Walking group First aid training</p>	<p>District wide</p>	<p>All Adults</p>	<p>100</p>	<p>46</p>	<p>36</p>
<p>SHARING VOICES BRADFORD</p> <p>Monday to Thursday Various times</p>	<p>Fitness group Daily drop in service Unified voices group Hemdard group Music group Radio group Men's walking group Listening Imam project Muslim prayer group</p>	<p>District wide</p>	<p>All Adults - predominantly members of BME community</p>	<p>800</p>	<p>700</p>	<p>650</p>

**City of Bradford Metropolitan District Council  
NHS Bradford and Airedale  
Day Services Review**

**Mental Health Day Service Locations - District Wide**



- Mind in Bradford - Tradeforce Building, Cornwall Place, Bradford, BD8 7JT
- The Cellar Project - Fairfield Road, Shipley, BD18 4QP
- Naye Subah - Quaker Meeting House, Russell Street, Bradford, BD5 0JB
- SAWHAA - 17-21 Chapel Street, Little Germany, Bradford, BD1 5DT
- The Isis Project - Fairfield Road, Shipley, BD18 4QP
- Skipton Road Day Centre - 147 Skipton Road, Keighley, BD21 3AU
- Roshni Ghar - 13 Scott Street, Keighley, BD21 2JH
- Springfield / Walker House - Squire Lane, Bradford, BD9 6RZ
- Sharing Voices - 99 Manningham Lane, Bradford, BD1 3BN

**City of Bradford Metropolitan District Council  
NHS Bradford and Airedale  
Day services review**

**Service users and carers meetings**

Date	Location	Number of attendees	
		Service users	Staff
Tuesday 16 March 2010	Mind in Bradford, Tradeforce Building, Cornwall Place, Bradford	25	7
Thursday 18 March 2010	The Cellar Project, Fairfield Road Shipley.	24	3
Friday 19 March 2010	Naye Subah, Quaker Meeting House, Russell Street, Bradford	14	6
Monday 22 March 2010	SAWHAA, Thornbury Centre, Leeds Old Road, Bradford	14	3
Monday 22 March 2010	The Isis Project, Fairfield Road, Shipley	13	5
Tuesday 23 March 2010	Skipton Road Day Centre, 147, Skipton Road, Keighley	38	8
Wednesday 24 March 2010	Roshni Ghar, 13, Scott Street, Keighley	12	1
Thursday 25 March 2020	Springfield Day Centre, Squire Lane, Bradford	30	2
Wednesday 31 March 2010	Sharing Voices, 99 Manningham Lane, Bradford	11	3
Wednesday 5 May 2010	Oasis Group, Somerset House, Shipley	16	2
<b>Totals</b>		<b>197</b>	<b>40</b>

**City of Bradford Metropolitan District Council  
NHS Bradford and Airedale  
Day services review**

**Supporting documentation**

Current service providers service mapping questionnaires

Notes of meetings with service users and carers

Report by Bradford LINK on research undertaken with service users

Notes of meeting held with community mental health team and early intervention in psychosis staff

Notes of service providers' workshop

**City of Bradford Metropolitan District Council  
NHS Bradford and Airedale  
Day services review  
References and additional literature**

- National service framework for mental health, Department of Health, 1999
- Our NHS, our future: NHS next stage review, Department of Health, 2007
- Our health, our care, our say: a new direction for community services, Department of Health, 2006
- Putting people first: a shared vision and commitment to the transformation of adult social care, Department of Health, 2007
- Healthy ambitions, NHS Yorkshire and Humber, 2008
- New horizons: a shared vision for mental health, HM Government, 2009
- Strategic review of adult mental health services in Bradford and Airedale 2008, NHS Bradford and Airedale and City of Bradford Metropolitan District Council, 2008
- Joint adult mental health commissioning strategy and plan, NHS Bradford and Airedale and City of Bradford Metropolitan District Council, 2008
- Adult services five year strategy 2007-12, City of Bradford Metropolitan District Council, 2007
- From segregation to inclusion: commissioning guidance on day services for people with mental health problems, Department of Health, 2006
- Vocational services for people with severe mental health problems: commissioning guidance, Department of Work and pensions and Department of Health, 2006
- From segregation to inclusion: where are we now? A review of progress, department of Health, 2008
- Work recovery and inclusion, HM Government, 2009
- About time; commissioning to transform day and vocational services, Sainsbury Centre for Mental Health, 2008
- Outcome indicators for mental health day services, National Social Inclusion Programme, 2007
- Identifying good socially inclusive practice in mental health day services, National Social Inclusion Programme, 2008