

Public Document Pack

Supplementary information and late item for Scrutiny Board (Health and Well-being and Adult Social Care) on 16 December 2014

Pages 1-8: Agenda item 7 – The following information has been submitted as supplementary information:

- Copy of letter from Yorkshire Ambulance Service NHS Trust dated 10 December 2014
- Yorkshire Ambulance Service NHS Trust – Frequently asked questions: Unite the Union
- Copy of response to freedom of information request received by the Council on 11 August 2014

Pages 9-42: Agenda item 12 – Late item – Request for Scrutiny – Supplementary request regarding the Better Lives Strategy in Leeds: To consider a report from the Head of Scrutiny and Member Development presenting a supplementary request for scrutiny regarding the Better Lives Strategy in Leeds.

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To:
Local Council, Chief Executives
Acute Trust Chief Executives
Clinical Commissioning Group Chief Officers
Yorkshire & Humber Local Healthwatch
Scrutiny Committee Chairs

10 December 2014

Dear Colleague

Re: Unite the Union Letter of 2 December 2014 regarding Yorkshire Ambulance Service (YAS) NHS Trust

I understand that you may be in receipt of a general letter from Unite the Union which makes various allegations about patient safety. I wanted take the unusual step of writing to you directly to correct a number of factual errors and reassure you about our actions to date in respect of patients.

Firstly, I would like to reassure you that all YAS decisions are focused on continuing to deliver a high quality, safe and responsive service for patients. In order to achieve this we are continuing to increase our number of frontline paramedics year-on-year, maintaining our fleet numbers to match staff rotas and ensuring clinicians have the vehicles, equipment and training they need to care for patients.

I can also categorically state that the allegation that YAS is manipulating call-out data to meet targets is wholly false. In July 2013 the Care Quality Commission carried out an unannounced inspection. They observed our triage and re-grading system in practice and concluded that it was safe and fit for purpose.

This latest correspondence is against a background of industrial action commenced by Unite following YAS's decision to derecognise them in February 2013. This decision was taken for a number of factors including poor behaviour of local representatives and regional officers and the breakdown of the relationship between the two unions Unite and Unison. The majority of YAS staff are represented by Unison with only a small proportion (less than 8 percent) being members of Unite.

Since then, Unite has been in discussions with YAS about achieving formal re-recognition and rebuilding its relationship. We have been very clear with Unite that we will only be prepared to offer formal re-recognition once their relationship with Unison has been repaired, an agreement made about behaviours between the two unions and any differences resolved

at a local and national level. Unite representatives have previously committed to sign a protocol relating to behaviours, but to date they have been unable to secure this.

To that end, we have suggested ACAS conciliation with ourselves and both unions to try to seek a resolution. Unite's response to this, to date, has been to confirm that they will commence a negative campaign against the Trust.

Turning to the more important allegations in respect of patient safety, the position put forward by Unite is not correct and I would like to reassure you that, despite Unite's assertions, patients are not being put at risk by YAS. The enclosed frequently asked questions give more detail about the work we are doing to meet rising demand, the increasingly complex needs of patients and to develop a clinically-skilled workforce.

It is extremely disappointing that these allegations continue to be made and that Trust resource, that should be focused on delivering quality patient care, is being diverted to respond to this negative campaign.

If you have any questions about the work of the Trust or the issues that have been raised by Unite, please do not hesitate to get in touch. I, or a member of my Executive Team, would be happy to set up a meeting. Please contact my PA Dawn Cronian, email dawn.cronian@yas.nhs.uk or phone 01924 584066.

Yours sincerely



Rod Barnes
Interim Chief Executive



10 December 2014

Frequently asked questions: Unite the Union

How is Yorkshire Ambulance Service managing increased levels of demand and related performance issues?

Ambulance trusts across the UK have been hit by increasing demand over the last few months. We, and other trusts, have analysed the data but there appears to be no single root cause. Overall demand for emergency ambulances is increasing year-on-year and this is reflected across the whole country. In Yorkshire and the Humber demand for the most seriously ill and injured patients ('Red' incidents) in the first six months of the year (April - September 2014) was up by 11.5% which equates to nearly 15,000 more 'Red' incidents in the year-to-date.

Yorkshire Ambulance Service (YAS) has tried to deal with this by putting more staff out over periods where we know demand is at its highest. The November 2014 figures for 'Red' response times have shown improvement with 72.15% of incidents responded to within the 8-minute target (the national target is 75%). We are working hard to continue this upward trend across the busy winter period.

Why is Unite raising concerns around patient safety?

YAS is committed to the highest possible standards of patient safety. The YAS frontline workforce comprises state registered paramedics, emergency medical technicians and Emergency Care Assistants (ECA). Unite's concerns stem from the introduction of the role of Band 3 ECA to work alongside Band 5 paramedics on ambulances. The ECA is a well-established role used by the majority of other ambulance trusts to deliver an appropriate level of clinical support to their paramedic colleagues. They have all received the required level of training to carry out this role, including emergency 'blue light' response driving. Currently ECAs do not work on their own or paired with another ECA even if they are the only staff free to respond to an incident.

By implementing our five-year A&E workforce plan YAS aims to have a paramedic on every frontline emergency vehicle. This requires substantial investment to significantly increase our numbers of qualified paramedics as well as fully funding training for 450 staff to become paramedics.

When we were inspected by the Care Quality Commission (CQC) in July 2013 there were no concerns raised about the level of ECA training.

Why did Yorkshire Ambulance Service derecognise Unite?

Unite the Union, which represents around 350 people or 8% of our workforce, was derecognised by YAS in February 2013. This action was due to an ongoing, unconstructive working relationship, particularly around difficult decisions that the Trust needed to make to ensure high quality care for patients going forward.

YAS continues to work with Unison and has continued to seek ongoing dialogue with Unite with assistance from ACAS.

What is the relationship between Unison and Unite?

Significant differences have existed between Unite and Unison for some time. We have been involved in trying to bring the two parties together on a number of occasions and in October 2014 Unite agreed to develop a concordat between themselves and Unison. YAS agreed that when this was in place we would consider officially recognising them again and bring them back into the collective bargaining process. They have so far not delivered on this commitment.

What other issues have Unite raised concern about?

Unite has stated that we have compromised patient safety by the introduction of changes to staff rotas and meal breaks. Changes to staff rotas and rest breaks were implemented after a period of consultation with staff and Unison, following a detailed and comprehensive review of our service which took place throughout 2013. They form part of changes we are making to improve our responsiveness for patients and increase operational efficiency.

The new rotas seek to improve the allocation of rest breaks and ensure the rest break period is a minimum of 30 minutes during a 10-hour shift and 45 minutes during a 12-hour shift. We are, and remain, disappointed with Unite's deliberate misinterpretation of this matter. Staff welfare is a key priority for the Trust and whilst we have to ensure our staff are available to respond to emergencies we balance this with adequate rest breaks for our staff.

Getting optimum rotas in place is a shared priority for YAS management and frontline staff and we have continued to amend them as issues have arisen with the full support of Unison. Unite has not been supportive of these changes or engaged in any constructive dialogue.

Why did Unite ballot for industrial action?

Unite balloted its members on industrial action on the basis of de-recognition, not patient safety. So far it has carried out strike action of up to 24 hours on 17 dates since April 2013 without any concessions for the most seriously ill and injured patients.



Leeds
CITY COUNCIL

Information Governance / Compliance

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Your Ref:

Our Ref: FOI / 12699

Date 8th September 2014

Dear

Thank you for your request for information, which was received by the Council on the 11th August 2014.

Please find below details of your request made under the Freedom of Information Act and our response on behalf of Leeds City Council.

Q1. How many staff are employed by Leeds City Council in the Community Support Service that continue to visit customers in their own homes? The figure should not include those staff in a supervisory or management role.

A1. The number of Community Support Assistants in the Community Support Service that continue to visit customers in their own homes employed by Leeds City Council Adult Social Care as at the 10th August 2014 is listed in the table below;

	Long Term Service	Skills Independent Living Service	Extra Care	Total
Community Support Assistants	200	201	45	446

Q2. How many staff are employed as supervisors or managers in the Community Support Service?

A2. The number of Area Managers, Managers and Supervisors in the Community Support Service employed by Leeds City Council Adult Social Care as at the 10th August 2014 is listed in the table below;

	Long Term Service	Skills Independent Living Service	Extra Care	Totals
Area Managers	1	2	1	4
Managers	3	5	0	8
Supervisors	10	14	3	27

Q3. How many of the current staff in answer to question 1 are classed as "walkers" and how many use their own car and claim essential car user allowance to visit customers?

A3. The number of Community Support Assistants in the Community Support Service that use their own car and claim either essential or casual car user allowance and the number of Community Support Assistants in the Community Support Service that are classed as "walkers" employed by Leeds City Council Adult Social Care is listed in the table below;

	Long Term Service	Skills Independent Living Service	Extra Care	Totals
Essential Car User	49	100	0	149
Casual Car User	30	37	0	67
Walkers	121	64	45	230

Q4. How many of those Community Support Staff classed as "walkers" are programmed to visit customers within a three mile radius of their own home.

A4. Leeds City Council does hold details of how many Community Support Staff classed as "walkers" are programmed to visit customers within a three mile radius of their own home. However, the information held is not recorded in a database format, but would be documented within our planning programmes. To establish the information requested would involve a case by case manual review of our planning programmes in order to how many Community Support Staff classed as "walkers" are programmed to visit customers within a three mile radius of their own home.

We estimate that this manual review would take longer than 18 hours and as such would exceed the appropriate cost limit of £450. This figure represents the estimated cost of one or more people spending 18 hours in total carrying out this work and under Section 12 (appropriate limit and fees) of the Freedom of Information Act 2000, the Council is therefore not obliged to provide this information.

Q5. In the most recent four weekly period that figures are available, how many hours were spent by Community Support Staff either "doubling-up" with a colleague, asked to work in a

Local Authority Care Home or Day Centre, or asked to take time off in lieu as a result of there being no work allocated?

A5. The number of hours, during the four week period 14.07.14 to the 10.08.2014, spent by staff either shadowing (“doubling up”) or working in a Local Authority Care Home or Day Centre in the Community Support Service employed by Leeds City Council Adult Social Care is listed in the table below;

	Long Term Service (Hours : Mins)	SkILs (Hours : Mins)	Extra Care (Hours : Mins)	Totals (Hours : Mins)
Shadowing (Doubling Up)	124.20	702.00	0.00	826.20
Residential / Day Care	145.55	727.30	0.00	872.85

Leeds City Council Adult Social Care cannot provide information on “how many staff were asked to take time off in lieu as a result of there being no work allocated” because Leeds City Council Adult Social Care does not hold this information.

Q6. Using the same four week period, how much overtime was paid to Community Support Staff.”

A6. The amount of overtime during the four week period 14.07.14 to the 10.08.2014 paid to staff in the Community Support Service employed by Leeds City Council Adult Social Care is listed in the table below;

	Long Term Service (Hours : Mins)	SkILs (Hours : Mins)	Extra Care (Hours : Mins)	Totals (Hours : Mins)
Overtime	21.50	0.00	126.55	148.05

We trust that you will be happy with the service you have received in relation to your request and hope that the content contained within this response has satisfactorily addressed your request.

If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you should write to: The Complaints Manager, Department of Social Services, Merrion House, 110 Merrion Centre, Leeds LS2 8QB.

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a decision. Generally, the ICO cannot make a decision unless you have exhausted the complaints procedure provided by Social Care. The Information Commissioner can be contacted at: The Information Commissioner’s Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.

Yours sincerely

Information Compliance Administrator
Leeds City Council



Report author: Steven Courtney
Tel: 247 4707

Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Wellbeing and Adult Social Care)

Date: 16 December 2014

Subject: Request for Scrutiny – supplementary request regarding the Better Lives Strategy in Leeds

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

1. At its meeting on 19 November 2014, the Executive Board considered a report on the proposed next steps for delivering the Better Lives Strategy in Leeds. The outcome from the Executive Board (via the extract from the draft minutes) is attached to this report.
2. Also attached is the Executive Board report and associated appendices.
3. Following the Executive Board, the Executive Member for Adult Social Care contacted the Chair of the Scrutiny Board to request the Scrutiny Board's input into aspects of this work going forward, in particular the service review agreed by Executive Board.
4. The Scrutiny Board is asked to consider the attached information and the request for scrutiny related to this area of work.

Recommendations

5. The Scrutiny Board is asked to:
 - (i) Consider the information presented;
 - (ii) Determine what, if any, further actions the Scrutiny Board wishes to undertake in this regard; and
 - (iii) Agree any next steps.

Background papers¹

6. None used

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

**Extract from the draft minutes of the Executive Board
meeting held on 19 November 2014**

Minute 104

The Interim Director of Adult Social Services submitted a report providing information on the progress which had been made in relation to the 'Better Lives' programme to date. Taking this into account, together with current opportunities and challenges in this area, the report also presented a series of recommendations for next steps, including the future direction of travel for those services currently provided by the Council.

An updated version of the covering report for this matter had been circulated to Board Members prior to the meeting for their consideration.

Responding to an enquiry, assurances were provided that approval of the recommendations detailed within the submitted report would signify the commencement of a robust and meaningful consultation exercise. It was noted that this exercise would take into consideration all relevant information already available, and would ensure engagement with staff, service users, trade unions and others, in order to consider alternative financial models which would seek significant savings in order to align with budget requirements.

In addition, Members received clarification from officers in respect of specific recommendations detailed within the submitted report and it was reiterated that following the conclusion of the consultation exercise, any related final decisions regarding future service provision would be submitted to the Executive Board for determination. Furthermore, it was emphasised that as a result of any such final decisions taken by the Board, no service users would be relocated until appropriate alternative provision had been identified.

Furthermore, emphasis was placed upon the need to ensure that dialogue continued with all affected staff, the need for a mixed economy of service provision throughout the city was highlighted, and the innovative approach which continued to be undertaken in order to develop appropriate provision across the city was noted.

RESOLVED –

- (a) That it be noted that during the consultation on the future of residential, day and community support services, confirmation will be sought (by means of a further review chaired by the Executive Board member for Adult Social Care or his deputy) that reviews already conducted are robust; and that work with staff and trades unions will be put under way to determine whether alternative service delivery models can be constructed which will deliver the required efficiencies. It also be noted that staff and trade unions in these areas of service are invited to bring forward workable proposals for alternative service delivery models, for consideration by Executive Board at a future meeting;

- (b) That the proposals contained within the submitted report for the Better Lives programme relating to the specific services, as detailed in section 5 of the submitted report, be approved;
- (c) That the four-year timetable, as set out in the submitted report and as summarised in Appendix 1, be approved;
- (d) That consultation be commenced immediately (January 2015) on the proposed decommissioning of the three remaining specialist residential care homes and associated day centres (Siegen Manor, Middlecross and The Green), with the consultation seeking views on the proposed decommissioning of these establishments when suitable alternative facilities become available in their vicinity, as detailed in sections 5.2-5.4 and 5.19-5.21 of the submitted report;
- (e) That when it is considered that suitable alternative provision is available for Knowle Manor and Spring Gardens, the Director of Adult Social Services, in consultation with the Executive Member for Adult Social Care, consider a decision to cease permanent admissions from an agreed date, as detailed in section 5.5 of the submitted report;
- (f) That agreement be given to continue to seek the creation of local alternative care provision for those residential care services which have been previously approved by Executive Board for closure. In the case of both Home Lea House and Dolphin Manor, a progress report setting out a clear and conclusive business case for a local social enterprise be submitted and considered by Executive Board in summer 2015, and if that is not possible, an alternative proposal be brought back to the Executive Board within that same timescale, with staff being fully engaged throughout this period, as detailed in section 5.7 of the submitted report;
- (g) That agreement be given to continue to pursue the development of a transitional and respite care facility at Suffolk Court, as previously approved by Executive Board, in partnership with health partners and others, subject to the outcome of options appraisals being undertaken by the Clinical Commissioning Groups (CCGs) and the Public Private Partnership Unit (PPPU), as detailed in sections 5.8-5.10 and 5.18 of the submitted report;
- (h) That in order to support the introduction of new city-wide contracts for the provision of homecare, which are planned to be introduced during 2016, approval be given to commence in January 2015, consultation on the proposal to cease the provision of the in house community support service (long term generic and mental health) with the intention of the service being fully withdrawn by the end of March 2016, and that during the consultation period, positive redeployment options be actively pursued, as detailed in sections 5.12-5.14 of the submitted report;
- (i) That approval be given to begin work to align the provision of care support in the three extra care schemes where Adult Social Care is the care provider to that contained in the new city-wide extra care model by the end of March

2016. After that date, a further review be undertaken in order to ascertain whether further efficiencies could be delivered through market testing these three schemes, as detailed in section 5.15 of the submitted report;

- (j) That support be given to work currently under way to identify a site for a new leisure / sport / wellbeing facility in East Leeds, as outlined in section 5.16 of the submitted report;
- (k) That approval be given to commence consultation immediately (January 2015) on the decommissioning of Springfield day centre (Beeston and Holbeck). The consultation will seek views on the proposed decommissioning of this establishment when suitable alternative facilities become available in the vicinity, as detailed in section 5.22 of the submitted report;
- (l) That sufficient alternative work placements and job opportunities within Council directorates be identified for all disabled staff currently working in the Roseville laundry. When this has been achieved and all staff accommodated, then a decision be made to cease trading as soon as practical. Furthermore, other staff attached to Roseville to be supported to find alternative options, as detailed in section 5.27 of the submitted report;
- (m) That in relation to all other direct care services provided in house and not specifically mentioned above, approval be given to identify appropriate and sustainable opportunities for those services to be either transferred to, or delivered in partnership with either the Council or with health or voluntary sector organisations, as detailed in section 5.28 of the submitted report;
- (n) That approval be given to undertake joint work with colleagues in the Leeds and York Partnership NHS Foundation Trust (LYPFT) in order to develop a business case for the further integration of services comprising all of the current council delivered mental health day, recovery and supported housing services, the physical impairment service and older people's dementia day support at Calverlands and Laurel Bank, through an updated and revised section 75 agreement (Health Act 2011), as detailed in sections 5.28 and 5.30 of the submitted report;
- (o) That approval be given to identify alternative and appropriate job opportunities for staff impacted by these proposals, within the Council and across the wider health and social care sector in the city and also to support staff to take up such opportunities through targeted training and development support, as detailed in sections 6.9-6.14 of the submitted report;
- (p) That approval be given the next key steps as follows:-
 - i. January 2015: commence consultation immediately on the proposed decommissioning of the three remaining specialist residential care homes and associated day centres (Siegen Manor, Middlecross and The

Green) and Springfield day centre. The consultation will seek views on the proposed decommissioning of these establishments when suitable alternative facilities become available in their vicinity using the proposed approach detailed in sections 6.1-6.5 of the submitted report;

- ii. January 2015: commence consultation on the proposal to cease the provision of the in house community support service (long term generic and mental health) with the intention of the service being fully withdrawn by the end of March 2016;
 - iii. Summer 2015: to provide an update report on progress made in relation to all of the above proposals with annual reports on progress thereafter.
- (q) To note that the Interim Director of Adult Social Services is lead officer for this work.

Report of Director of Adult Social Services

Report to Executive Board

Date: 19th November 2014

Subject: Delivering the Better Lives Strategy in Leeds – Proposed Next Steps

Are specific electoral Wards affected?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If relevant, name(s) of Ward(s):		
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, Access to Information Procedure Rule number:		
Appendix number:		

Summary of main issues

- 1 In recent years the health and social care world has been one of changing policies, vision and strategies to which Leeds has responded well. Our Better Lives agenda, has so far built on earlier measures to deliver personalised care services: the Fulfilling Lives service, which has modernised day services for people with learning disabilities; the move to a recovery model for people with mental health needs; the development of extra care housing for older people; the re-provision of a number of residential care homes and day services; the modernisation of services for people with physical disabilities; integration with health partners and the strong partnerships developing with the health, independent and voluntary sectors.
- 2 Major steps forward have been taken to move Adult Social Care services closer to people's homes and to shift the focus away from buildings and facilities. The first two stages of the Better Lives plan have been successfully implemented over the last three years. The measures outlined in this report represent a continuation, leading to the conclusion of this process. The demand for accommodation in residential care homes has fallen. In Leeds the length of time people spend in a care home has reduced, reflecting people's choice to remain independent and living at home for as long as possible. As more people aspire to live at home for longer, the increasing importance of maintaining independence and giving people more choice and control drives a need to change service provision to better suit individual needs. The Specialist Housing for Older People report which is being considered elsewhere on the agenda today, refers to the Council's approach in moving away from directly owned and operated long-stay care homes to support the development of extra care housing in those areas where there is currently an undersupply.
- 3 All parts of the Adult Social Care service have been impacted by wholesale change brought about by external drivers, coupled internally with severely challenging budgetary reductions. Nevertheless, through imaginative reconfiguration of services, Leeds has

succeeded in reducing costs at the same time as providing different, but better services for people across the various parts of the Adult Social Care portfolio. For example 152 residents of LCC care homes moved to independent homes and 219 day centre users moved to alternative day support. This has been done by inclusive management of change through consultation with people who use services, carers, partners and staff. Service transformation has been achieved through co-production and in an atmosphere where people are empowered to express their views and influence the shape of emerging new services. Past experience has shown that this involvement is greatly valued both by those who propose the changes and the people who are affected by them.

- 4 With deepening financial challenges, the time has now come to consider the remaining parts of the Adult Social Care portfolio, in order to ensure that we are both maximising value for money and delivering improved outcomes. This is seen as an opportunity for further consultation with the public, service users and carers, and deeper involvement of partners. It is proposed that stakeholders will, jointly with the Council, shape the remaining elements of the Adult Social Care service so that they move forward to provide high quality services that are improved by being delivered differently and not necessarily by the Council.
- 5 This report contains proposals for the future delivery of Adult Social Care's directly provided services.

Recommendations

1. To note that during the consultation on the future of residential, day and community support services, confirmation will be sought (by means of a further review chaired by the Executive Board member for Adult Social Care or his deputy) that reviews already conducted are robust; and that work with staff and trades unions will be put under way to determine whether alternative service delivery models can be constructed which will deliver the required efficiencies. To note further that staff and trade unions in these areas of service are invited to bring forward workable proposals for alternative service delivery models, for consideration by Executive Board at a future meeting.
2. To approve the proposals contained in this report for the Better Lives programme relating to the specific services detailed in section 5 of this report.
3. To approve the four-year timetable set out in the report and summarised in Appendix 1.
4. To commence consultation immediately (January 2015) on the proposed decommissioning of the three remaining specialist residential care homes and associated day centres (Siegen Manor, Middlecross and The Green). The consultation will seek views on the proposed decommissioning of these establishments when suitable alternative facilities become available in their vicinity as detailed in sections 5.2-5.4 and 5.19-5.21.
5. When it is considered that suitable alternative provision is available for Knowle Manor and Spring Gardens, the Director of Adult Social Services, in consultation with the Executive Member for Adult Social Care, will consider a decision to cease permanent admissions from an agreed date as detailed in section 5.5.
6. To continue to seek the creation of local alternative care provision for those residential care services which have been previously approved by Executive Board for closure. In the case of both Home Lea House and Dolphin Manor, it is proposed that a progress report setting out a clear and conclusive business case for a local social enterprise is submitted and considered by Executive Board in summer 2015. If that is not possible, an alternative proposal is to be brought back to the Executive Board within that same timescale. Staff are to be fully engaged throughout this period as detailed in section 5.7.

7. To continue to pursue the development of a transitional and respite care facility at Suffolk Court as previously approved by Executive board in partnership with the Leeds Community Healthcare Trust (LCHT), subject to commissioning / procurement of Community Intermediate Care (CIC) beds and the project being undertaken by the Clinical Commissioning Groups (CCGs) and the Public Private Partnership Unit (PPPU), as detailed in sections 5.8-5.10 and 5.18.
8. In order to support the introduction of new city-wide contracts for the provision of homecare, which are planned to be introduced during 2016, to commence in January 2015, consultation on the proposal to cease the provision of the in house community support service (long term generic and mental health) with the intention of the service being fully withdrawn by the end of March 2016. During the consultation period, positive redeployment options will be actively pursued as detailed in sections 5.12-5.14.
9. To begin work to align the provision of care support in the three extra care schemes where Adult Social Care is the care provider to that contained in the new city-wide extra care model by the end of March 2016. After that date, to undertake a further review to ascertain whether further efficiencies could be delivered through market testing these three schemes as detailed in section 5.15.
10. To support work currently under way to identify a site for a new leisure / sport / wellbeing facility in East Leeds as outlined in section 5.16-5.17.
11. To commence consultation immediately (January 2015) on the decommissioning of Springfield day centre (Beeston and Holbeck). The consultation will seek views on the proposed decommissioning of this establishment when suitable alternative facilities become available in the vicinity as detailed in section 5.22.
12. To identify sufficient alternative work placements and job opportunities within Council directorates for all disabled staff currently working in the Roseville laundry. When this has been achieved and all staff accommodated, then a decision be made to cease trading as soon as practical. Other staff attached to Roseville will be supported to find alternative options as detailed in section 5.27.
13. In relation to all other direct care services provided in house and not specifically mentioned above, to identify appropriate and sustainable opportunities for those services to be either transferred to or delivered in partnership with either the Council or with health or voluntary sector organisations as detailed in section 5.28.
14. To undertake joint work with colleagues in the Leeds and York Partnership NHS Foundation Trust (LYPFT) to develop a business case for the further integration of services comprising all of the current council delivered mental health day, recovery and supported housing services, the physical impairment service and older people's dementia day support at Calverlands and Laurel Bank, through an updated and revised section 75 agreement as detailed in sections 5.28 and 5.30.
15. To identify alternative and appropriate job opportunities for staff impacted by these proposals, within the Council and across the wider health and social care sector in the city and to support staff to take up such opportunities through targeted training and development support as detailed in sections 6.9-6.14.
16. To approve the next key steps as follows:
 - a. January 2015: commence consultation immediately on the proposed decommissioning of the three remaining specialist residential care homes and associated day centres (Siegen Manor, Middlecross and The Green) and Springfield

day centre. The consultation will seek views on the proposed decommissioning of these establishments when suitable alternative facilities become available in their vicinity using the proposed approach in sections 6.1-6.5.

- b. January 2015: commence consultation on the proposal to cease the provision of the in house community support service (long term generic and mental health) with the intention of the service being fully withdrawn by the end of March 2016.
- c. Summer 2015: to provide an update report on progress made in relation to all of the above proposals with annual reports on progress thereafter.

- 17. To note that the Interim Director of Adult Social Services is lead officer for this work.

1 Purpose of this report

- 1.1 The purpose of this report is to provide Members with information on the progress made in relation to the Better Lives programme to date. Taking this into account, together with current opportunities and challenges, the report will also make recommendations for next steps, including the future direction of travel for those services currently provided by the Council.
- 1.2 In relation to this, the report will recommend some areas for immediate service change and consultation, together with other areas where further review is required. A further report on progress made will be brought back to Members in summer 2015.
- 1.3 These recommendations are made in the context of the Council's "Better Lives" strategy that focuses on delivering improved and cost effective services through enterprise, housing and integration.
- 1.4 The report also acknowledges the way in which Adult Social Care commission's services to offer prevention, recovery and continued support to people and the future role of Adult Social Care in directly providing these services.
- 1.5 Based on the initial review of Adult Social Care's directly provided service the report identifies a future role for the service that would offer short term support and care to promote independence, support carers and aid recovery. Investing in preventative services and short term recovery services will benefit people in retaining or regaining their independence. It will also help Adult Social Care to manage increased demand in a climate of budget pressures as these services can reduce the demand on long-term residential care.
- 1.6 This report does not include proposals for the Learning Disability Service provided by Adult Social Care.

2 Background information

- 2.1 The background to the report lies in the success of the modernisation of Adult Social Care in the context of financial challenges faced by Adult Social Care and the wider context of the Care Act 2014, the gathering pace of Health and Social Care integration and the continuing demographic pressures being exerted on the social care system.
- 2.2 A particular challenge lies in the cost of directly-provided Adult Social Care services compared with similar services provided by the voluntary and independent sector.
- 2.3 This should be viewed in the context of a well-established and growing independent residential and extra care sector in the city; the well-respected work being done by Neighbourhood Networks in older people's support services; current work under way to review contractual arrangements for independently-provided home care; and the work of many third-sector organisations in mental health services.
- 2.4 The progress to date and the plans for the future will see Adult Social Care carry out its duties in a much more personalised way. This requires a continued move away from long term institutional models of care and offering instead the opportunity for people to live in their own homes, access mainstream services in their own community and have tailor made care packages that suit them and their carers.
- 2.5 This will entail the commissioning of services around three categories of care and support: Prevention, Recovery and Continued Support. Leeds already has a vibrant independent and voluntary sector which provides services for people directly or through

contracts that the Council has with them. The specification, cost and quality of these services is subject to set standards and regular monitoring.

- 2.6 Adult Social Care has an in-house care delivery service that has provided, over many years, high quality services to the people of Leeds. The service has reduced in size in recent years as many of these services have undergone change to make them more efficient and capable of meeting the needs and aspirations of future generations. However, there remain a number of services that require significant capital investment and / or have running costs that make them uncompetitive in the wider housing and care market.
- 2.7 The demand for residential care homes has fallen. In Leeds the length of time people spend in a care home has reduced, reflecting people's choice to remain independent and living at home for as long as possible. As more people aspire to live at home for longer, the increasing importance of maintaining independence and giving people more choice and control drives a need to change service provision to better suit individual needs. The Specialist Housing for Older People report which is being considered elsewhere on the agenda, refers to the Council's approach in moving away from directly owned and operated long-stay care homes to support the development of extra care housing in those areas where there is currently an undersupply.

Housing and Care

- 2.8 A Scrutiny Board Inquiry was established in June 2010 to review the older people's residential and day care services directly provided by Adult Social Care. The review concluded that to maintain and operate the Council's residential and day care facilities as they were then was unrealistic in terms of changing future demand and expectations; and unaffordable in terms of the resources needed to provide the quality required to make them viable for the future. The inquiry accepted that people's expectations around choice, quality and control over their residential accommodation had increased significantly and that a position of 'no change' in the provision of Council-run residential care was not an option.
- 2.9 Following the Scrutiny Board inquiry the Better Lives for Older People programme went on to review and reform the residential care directly provided by Adult Social Care. The review took into account the demand for services, the cost of services and the alternative services available in each area of Leeds.
- 2.10 Following the review and two phases of extensive consultation, the Executive Board meetings of September 2011 and September 2013 approved proposals to close a number of residential care homes:

Residential Care Home Closures approved	
2011 Dolphin Manor (Rothwell) Grange Court (Garforth & Swillington) Kirkland House (Guiseley & Rawdon) Knowle Manor (Morley South) Harry Booth House (Beeston & Holbeck) Richmond House (Calverley & Farsley) Spring Gardens (Otley & Yeadon) Westholme (Farnley & Wortley)	2013 Amberton Court (Gipton & Harehills) Burley Willows (Hyde Park and Woodhouse) Home Lea House (Rothwell) Fairview (Killingbeck & Seacroft) Manorfield House (Horsforth) Musgrave Court (Pudsey) Primrose Hill (Wetherby) Suffolk Court (Otley & Yeadon)
See sections 2.10 to 2.13 below	

- 2.11 After the implementation of the 2011 and 2013 Executive Board recommendations, the following homes remain open: Knowle Manor, Spring Gardens, Manorfield House and

Primrose Hill. These homes will close once alternative provision is available. New long stay admissions have stopped at Manorfield House and Primrose Hill (as alternatives are available) but they are still taking place at Knowle Manor and Spring Gardens. This position is subject to ongoing review. When it is considered that suitable alternative provision is available for the latter two establishments, the Director of Adult Social Services, in consultation with the Executive member for Adult Social Care, will consider a decision to cease permanent admissions from an agreed date as detailed in section 5.5.

- 2.12 Harry Booth House has ceased to be a residential care home and has since re-opened as a new Council / NHS intermediate care facility – the South Leeds Independence Centre. The provision of care is registered under Leeds Community Healthcare Trust and commissioned by the NHS Clinical Commissioning Groups (CCGs).
- 2.13 Suffolk Court is to operate as a short-stay intermediate care / reablement / respite centre with no further long-term admissions. Non-recurrent funding is received from the NHS CCGs to support 10 intermediate care beds. This income fluctuates according to need.
- 2.14 Alongside the programme looking at the future of the existing local authority older peoples residential homes, on 15th February 2013, Executive Board agreed an approach to investment in specialist housing for older people. This includes working with a range of partners across sectors including developers and providers, the use of Council assets through development, disposal or reinvestment, bids for external funding and direct investment in new build council housing.

Day Support

- 2.15 In parallel with the review and consultation for older people's residential care homes, a review of older people's day centres was carried out. This followed the same process and timescales as the residential programme, with Executive Board meetings of September 2011 and September 2013 approving proposals to close a number of day centres:

Day Centre Closures approved	
2011 Firthfields (Garforth and Swillington) Lincolnfields (Burmantofts & Richmond Hill) Rose Farm (Rothwell) Spring Gardens (Otley & Yeadon)	2013 Burley Willows (Hyde Park & Woodhouse) Doreen Hamilton (Burmantofts & Richmond Hill) Naburn Court (Crossgates & Whinmoor) Queenswood Drive (Kirkstall)

- 2.16 Decisions to close the day centres were made due to the availability of alternative day support services in the voluntary and independent sectors, including the Neighbourhood Networks, the declining demand for the day centre model and the cost of day centre provision. The city now has a much broader range of services available for older people.
- 2.17 Some of the sites of day centres decommissioned during phase 1 and 2 of the Better Lives programme have been used to provide alternative services for older people. This includes; Firthfields (Garforth and Swillington) which has been handed over to Garforth Neighbourhood Elders Team who are using the building as their operational base for delivering services to older people in the area; Naburn Court (Crossgates and Whinmoor) which is being used by ASC Learning Disability Service as their North Leeds Community Base and by Swarcliffe Neighbourhood Network and Queenswood Drive (Kirkstall) which is being handed over to STEP Neighbourhood Network in November 2014.
- 2.18 Alongside the closure of day centres, a new model of day activities has been developed at Holt Park Active, which offers an alternative approach to day centre care, with 70 people now benefiting from a wider choice of services in a community setting. Positive

outcomes continue to be recorded among this group of people with a wide variety of activities, flexibility of services and independence being key aspects of the Holt Park model.

Summary of the Better Lives Programme – Progress to Date

- 2.19 The changes that have been introduced under the Better Lives Programme are a result of demand analysis, consultation and partnership working. Where closures have taken place, this has been proposed with the knowledge that there is declining demand for the service and alternatives are available which will meet the needs of the current service users and future generations.
- 2.20 Major steps forward have been taken to move Adult Social Care services closer to people's homes and into communities, as articulated in the Better Lives vision. The first two stages of achieving this vision have been successfully implemented over the past three years. The proposals contained in this report represent a continuation of that strategy and will lead to its completion.
- 2.21 In order to achieve the residential care home and day centre closures, the Better Lives for Older People programme developed an approach that ensures that existing service users and their families are supported throughout the change process. This includes a dedicated social work team working to an Assessment and Transition Protocol, a Care Guarantee clearly stating the service user's and carer's rights and a quality assurance process to monitor the programme to ensure that the safety and best interests of service users is maintained during and after the transition.
- 2.22 The implementation of the recommendations approved by Executive Board in 2011 and 2013 has been successful in transferring 152 residential home residents and 219 day service users to alternative provision and has achieved financial savings of over £4 million relating to running costs and by avoiding the future costs of maintaining and bringing buildings up to the necessary standard. Some 261 staff were directly affected by these changes, with 170 being redeployed into other service areas and 91 choosing to leave through early leavers' initiatives or voluntary early retirement.
- 2.23 A formal review of alternative options for our directly provided services is under way to identify how they could be delivered more effectively and efficiently in the future, thus ensuring they meet the needs of the people of Leeds, while also representing value for money for the Council. Details of the initial stage of the review and proposed outcomes are contained in section 5 of this report. We are committed to ensuring that, during the proposed period of consultation, working alongside staff and trade union colleagues, the service reviews already conducted in relation to residential and day services as set out in this report are robust and through that process seek to determine whether alternative service delivery models can be constructed which deliver the efficiencies required.
- 2.24 This report is concerned with all Adult Social Care provider services except Learning Disability Services.

3 Main issues

The National and Local Social Care Landscape

- 3.1 Leeds City Council is faced with ongoing financial pressures. Adult Social Care has to play its part in responding to these pressures while improving services and dealing with increased demand within certain demographics. Demographic changes including an ageing society, increased life expectancy of people with long term conditions and the

increasing number of family carers are factors that will have to be taken into account when planning for the future.

- 3.2 Adult Social Care will also need to respond to the legislative changes with the introduction of the Care Act in April 2015. The Care Act (2014) represents a radical redesign of adult social care services. The Act will consolidate all existing legislation for adult social care into one statute. It places an individual's wellbeing at the heart of social care with the aim of preventing, reducing or delaying the need for care and support.
- 3.3 The Care Act also introduces new duties on Councils responsible for Adult Social Care. These include: the promotion of wellbeing, compliance with a national assessment and eligibility criteria, recognising and responding to individual carers' rights, focusing resources on prevention, integrating services with the NHS, offering a comprehensive advice and information service, widening access to personal budgets (to include carers), ensuring safeguarding procedures are in place and overseeing and shaping the care market.
- 3.4 The introduction of the Care Act (2014) will require changes to the way in which services are currently delivered. Assessments will be offered to a broader group of people including carers and people funding their own care and support from 2016 and achieving the desired outcomes will entail giving greater access to personal budgets.

Housing and Care

- 3.5 Work within Adult Social Care to develop a better understanding of current supply and future demand for residential / nursing care and specialist housing has confirmed the predicted fall in the numbers of residential care places required and has highlighted a significant shortfall in specialist housing with care such as extra care housing.
- 3.6 Extra care housing offers an alternative to residential care by providing the opportunity for older people with a range of support needs to live in their own home, with their own front door, in a safe and secure environment within a community setting. It allows people to maintain their independence and receive a flexible range of support and care services that meet their individual needs. Extra Care Housing can come in many built forms, including blocks of flats, bungalow estates and retirement villages. Regardless of the type of building and tenancy type, it is important that Extra Care Housing presents and functions as a domestic rather than an institutional environment. There are generally communal facilities within Extra Care, but these vary depending on what services are already available within the local community. Domestic support, personal care and activities are available and can be provided by on-site staff or through other providers.
- 3.7 Acknowledging this shift in the market, the Housing and Care Futures Programme has emerged from the Better Lives through Housing, Care and Support theme of the Better Lives programme with the aim of developing a corporate response to the specialist housing and care needs of an ageing population.
- 3.8 Progress has been made in increasing the delivery of specialist housing for older people through commercial provision, the use of council owned sites, the Council Housing Growth Programme and through successful application for external grant funding.
- 3.9 The Better Lives for People in Leeds – Housing and Care Futures Programme report (elsewhere on this Agenda) sets out recommendations relating to the further actions now required to accelerate the growth in specialist housing supply to meet the needs of increasing numbers of older people across the city.

- 3.10 This approach is indicative of the Council's revised role in providing specialist models of service, and working corporately to enable and facilitate the development of types of service fit for the 21st century.
- 3.11 The Community Support Service, which provides domiciliary care, underwent a significant change between 2010 and 2011. This involved creating the city wide reablement (SkILs – Skills for Independent Living Service), and separating the Long Term Generic, Extra Care and Long Term Mental Health services. Since this change in service the reablement (SkILs) teams have expanded in response to increased demand. There is a large independent sector market for the provision of home care in Leeds which has grown in size in recent years. This significant growth has resulted in a corresponding reduction in the share of the market provided by the Council's in-house service.

Day Support

- 3.12 The traditional building based model of day care has declined in popularity and impact. The attendance levels have continued to reduce and emphasis is increasingly put on day services that are community based and can cater for a larger number of people. The new model of day service supports people to engage with wider community based activities reflecting their interests and allowing them to choose rather than 'a one size fits all' day centre.
- 3.13 Despite extensive reconfiguration of day services in the past four years, attendance at the older people's day centres continues to decline. Reasons for this decline include the variety of opportunities within the voluntary sector and the changing aspirations of older people. This has seen the emergence of new models of support to better meet the needs of older people in a variety of community settings. Holt Park Active has been seen as a success in providing older people with access to activities in a community setting and there is potential to replicate this model across the city. In addition, the Neighbourhood Networks and others, including Age UK and the Alzheimer's Disease Society, continue to provide a range of day opportunities for older people.
- 3.14 The mental health transformation programme which has been strongly influenced by national policy drivers, most recently an updated Mental Health Strategy launched in 2011: No Health without Mental Health. The strategy outlines how an emphasis on early intervention and prevention will help tackle the underlying causes of mental ill-health; and where services are more personalised, more preventive and more focused on delivering the best outcomes for the people who use them. The resulting 'recovery' model has become embedded throughout the whole service. The primary aim is to deliver a model aimed at keeping people well and offering a varied choice of service provision. The service works with each person to understand what keeps him / her well. It strives to make sure that the service user is at the heart of developing his or her own support plan, working towards building a fulfilling life, wishes, aspirations and goals.
- 3.15 The physical impairment transformation programme has been driven by the changing aspirations of disabled people. The Equality Act 2010: carries forward the protection previously provided by the Disability Discrimination Act 1995 (DDA). This generally strengthens anti-discrimination legislation and a duty to make reasonable adjustments for disabled people. This fits with the social model approach which describes society as the disabling barrier and not the disabled person.
- 3.16 Holt Park Active opened in December 2013 and offers various opportunities for those people accessing Osmondthorpe and Mariners resource centres for people with physical disabilities. The success of the service has meant that the Mariners building was no longer required by the service and was declared surplus from a service perspective in May 2014. The Physical Impairment Service now consists of Osmondthorpe Hub and a

co-located base at Holt Park Active in addition to the community activities already on offer. Disabled people are one of the groups where there has been a big uptake of personal budgets and individuals have chosen to employ their own personal assistant (PA) and access community resources.

4 Delivering the Better Lives Strategy in Leeds: Proposed Next Steps

- 4.1 The main issues discussed in this report are concerned with Adult Social Care directly provided services. These are the remaining residential and day services, the community support service (long term care and mental health), the reablement service, respite services, dementia services and the Roseville Enterprises supported workshop. Learning Disability services are excluded from this review.
- 4.2 The list of remaining services (which in the vast majority of cases are provided to people with assessed, eligible social care needs) are laid out in the table below:

	Service Area	Establishment
Housing and Care	Older People's Residential Homes – Approved for closure / alternative provision / change of use (September 2011 & September 2013 Executive Board Reports)	Dolphin Manor
		Home Lea House
		Knowle Manor
		Manorfield House
		Primrose Hill
		Spring Gardens
		Suffolk Court
		Richmond House
		South Leeds Independence Centre
	Older People Residential Homes – Remaining	Middlecross
		Siegen Manor
		The Green
	Community Support including Long Term Generic Home Care and Long Term Mental Health Care	
	Skills for Independent Living (SkILS) Service	
	Older People Extra Care Housing	Woodview
		Bramley Rossefield Manor
		Cardinal Court
	Mental Health Transitional Housing Units	Bewerley Croft
		Cottingley Court
		Spenn Lane
	Mental Health Impact Service	North
		South
	Homeless Team	
	Shared Lives Service - Short breaks and Respite in the Community	
	Peer Support Network	
Day Support	Older People Services	APNA
		Calverlands
		Frederick Hurdle
		Holt Park Active
		Laurel Bank
		Middlecross
		Radcliffe Lane
		Siegen Manor
		Springfield
		The Green
		Wykebeck Valley
	Physical Impairment Services	Osmondthorpe Hub
		Holt Park Active

	Mental Health Day and Community Support Services & Community Alternatives Team	Lovell Park Centre Hub
		Stocks Hill Centre
		Vale Circles
	Roseville Laundry Service	

- 4.3 Although many of the in-house services have undergone reform there remain a number of services that rely on buildings which require significant capital investment and / or are uncompetitive within the wider care market. In order to “do better for less”, Adult Social Care will need to identify the most cost effective way of delivering the desired outcomes for people. It is proposed that Adult Social Care’s directly provided services will, in future, focus on short term care and support to aid recovery, support carers, and step in when other providers have difficulty in providing a service. In addition Adult Social Care will use every opportunity to ensure that an integrated approach (with the NHS or voluntary organisations) is adopted to promote a more holistic service and to achieve greater efficiencies.
- 4.4 The Council’s future role in regard to continued support will be to commission the majority of home care from the independent sector, enable the development of more specialist housing for older people including Extra Care Housing (which can be a viable and preferable alternative to residential care) and to support the independent sector in the strategic development of care homes. This will ensure that each area of Leeds has a range of accessible support and care options. Work will continue with NHS colleagues to establish a more viable and robust community bed base as an alternative to acute hospital care (as in the South Leeds Independence Centre).
- 4.5 Over the next four years, Adult Social Care proposes to withdraw from the direct provision of long term care services. This will entail reviewing existing services, identifying options for the future delivery of these services, agreeing on a preferred option, consulting on the proposals and implementing the change.
- 4.6 The Better Lives for Older People programme has already had an impact on the way that services can be reformed and efficiencies gained. Taking best practice from work carried out in the earlier stages of the programme, the remainder of the services directly provided by Adult Social Care are now proposed for further review. The range of options for the future of each of the services will incorporate the broader Better Lives strategy that identifies development opportunities through housing and care, integration and enterprise.
- 4.7 The retained Council services will, in future, complement rather than compete with services commissioned from the independent sector. Focusing the Council’s own services on specific areas of need offers a more efficient way of achieving better outcomes for people, given the severe financial constraints faced by the Council. The disposal of capital assets would also contribute towards the savings necessary in order to meet the Council’s overall budget strategy.
- 4.8 Disinvesting in the Council’s long term care services that are not sustainable in the current economic climate will also allow reinvestment into the services which the Care Act (2014) will place a duty on the Council to provide.
- 4.9 The cumulative effect on communities brought about by changes in the Council’s provision is recognised and the measures proposed in this report take account of the need to maintain some existing services until alternative provision is available.

5 Review of Services

- 5.1 The initial review stage of Adult Social Care's directly provided services has identified those services where the implementation of the proposed recommended option is seen as a priority taking into account the availability of alternative services and the impact on service users.

Housing and Care

Siegen Manor (Morley South ward), Middlecross (Armley ward) and The Green (Killingbeck & Seacroft ward)

- 5.2 The residential care homes at Siegen Manor, Middlecross and The Green were reviewed during phase 1 and 2 of the Better Lives programme and retained. This was due to the perceived need for direct council provision of specialist residential dementia services. This judgement was based on; the associated risks of moving people with dementia, concerns over the level of alternative services available and the level of demand for these homes. However, these risks have been reassessed after the successful implementation of changes made to date.
- 5.3 During phase 1 and 2, residents with dementia were successfully assessed and transferred to alternative local provision following closure of Musgrave Court and Fairview residential homes. This was achieved by using the Assessment and Transfer Protocol, Care Guarantee and quality assurance process for 16 Residents at Fairview and 25 Residents at Musgrave Court.
- 5.4 The demand for Siegen Manor, Middlecross and The Green has declined. This has resulted in continued provision of services which are declining in demand and increasing the unit cost per service user. Considering these factors and the availability of alternative provision as part of the review, it is recommended that formal consultation takes place immediately (January 2015) with service users, staff and key stakeholders. The consultation will seek views on the proposed decommissioning of Siegen Manor, Middlecross and The Green residential homes when suitable alternative facilities become available in their vicinity. Consultation will be carried out using the same approach used in phase 1 and 2 of the Better Lives programme and a further report will be provided to Executive Board with consultation outcomes and revised proposals in summer 2015.

Knowle Manor (Morley South) and Spring Gardens (Otley & Yeadon)

- 5.5 As a result of proposals made in the report to Executive Board in 2011, it was agreed that Knowle Manor and Spring Gardens would close once alternatives were developed in the area. Until such time, admissions would continue at both homes. At the present time, no change is recommended in this position, but when it is considered that suitable alternative provision is available, the Director of Adult Social Services, in consultation with the Executive member for Adult Social Care, will consider a decision to cease permanent admissions from an agreed date.

Manorfield House (Horsforth) and Primrose Hill (Wetherby)

- 5.6 As a result of proposals made in the report to Executive Board in 2013, it was agreed that Manorfield House and Primrose Hill would close once alternative placements were identified in the area. It was also agreed to stop long stay admissions due to the availability of independent alternatives in each area. Both homes are now operating under capacity and it will be necessary to review the position if the health and wellbeing of the remaining residents cannot be maintained

Dolphin Manor (Rothwell) and Home Lea House (Rothwell)

- 5.7 Interest has been shown in developing the services at Dolphin Manor and Home Lea House as a community resource outside the control of the Council. It is proposed that a progress report setting out a clear and conclusive business case for a local social enterprise is submitted and considered by Executive Board in summer 2015. If that is not possible, an alternative proposal is to be brought back to the Executive Board within that same timescale. Staff are to be fully engaged throughout this period.

The South Leeds Independence Centre (Beeston & Holbeck), Richmond House (Calverley and Farsley) and Suffolk Court (Otley & Yeadon)

- 5.8 The South Leeds Independence Centre (SLIC) is an integrated health and social care partnership providing intermediate care in a converted residential home. It was intended that this model could be replicated at further homes, subject to a viable business case and sites being agreed by both partners.
- 5.9 Richmond House and Suffolk Court were identified as possible sites for further joint-initiative Independence Centres. The NHS is currently considering a number of options for intermediate care beds as part of the Leeds Community Bed Strategy.
- 5.10 It is intended that Richmond House and Suffolk Court are retained to provide short stays including intermediate / recuperative/ respite care for older people, from across the City, who are borderline for placement in residential or high dependency residential care. The key objective of the service will be to assist people to improve their health and social functioning within an environment that affords service users privacy, dignity and promotes their independence. The provision of the two residential units will complement the existing Reablement Service (incorporating assistive technology) which is community based and works closely with the integrated (LA/NHS) neighbourhood teams. The proposed enhanced service will have an important role to play in delivering the Care Act (2014) objective to prevent people from entering a long term care home or being admitted inappropriately to an acute hospital and supporting carers in their task.

Older people's specialist housing: market position statement

- 5.11 Development of specialist housing within Leeds is slowly increasing and the pace may begin to accelerate as the housing market recovers. To capture this impetus within the market an Older Person's Specialist Housing Market Position Statement has been drafted. The aim of this document would be to provide encouragement to the market by setting out the Council's ambitions for older people in Leeds, by identifying those areas where a shortfall of specialist accommodation (including residential care with and without nursing, extra care, sheltered accommodation), exists and by indicating the tenure mix which is likely to be most successful in each ward where additional units are required. A companion report elsewhere on this agenda describes the planned service transformation in more detail.

The Community Support Service – Long term generic, mental health, extra care housing and SkILS

- 5.12 The long term Community Support Service is what remains following the local authority's decision to transfer staff and resources into the recovery model of provision (the SkILS team) and commission long term home care from the independent sector. Staffing levels within the Community Support Service are likely to be further reduced by a combination of take up of the Early Leaver Initiative and by staff taking up new opportunities in related activity within the Directorate and wider Council, including other Adult Social Care services, Civic Enterprise Leeds and the Health Service.

- 5.13 The review of the service has found that services of a similar nature are available from alternative providers, at a lower cost and continued delivery is not sustainable given the financial challenges to the Council. We are committed to ensuring that, during the proposed period of consultation, working alongside staff and trade union colleagues, the service reviews already conducted in relation to Community Support Services, as set out in this report, are robust and through that process to seek to determine whether alternative service delivery models can be constructed which deliver the efficiencies required. Positive opportunities are currently available for staff redeployment, e.g. in Housing Services, Learning and Leisure and the Health Service. It is recommended that consultation with individual service users and family carers takes place on the proposal to ultimately cease the service with service users transferring to alternative providers. Should the proposal be approved, transferring on an individual basis will minimise disruption for the service users.
- 5.14 Savings relating to the commissioning of services from the independent sector at a lower unit cost (e.g. using a benchmark of £16.80 as the independent sector cost and £25 as the local authority gross cost per hour) would lead to an annual saving of £2m (£8m over the 4 year plan period). This would be in addition to annual revenue cost savings of £360,000 - relating to premises supplies and transport. The intention is to support the introduction of the new city wide contracts for the provision of homecare from April 2016 (details in a separate Executive Board report elsewhere on the agenda) and to commence consultation on ceasing the provision of the in house long term community support service as soon as the direction of travel is agreed.
- 5.15 Where LCC has nomination rights to extra care with external extra care providers, the contract for the provision of care is currently being renegotiated with the aim of moving towards a core and add on model. This model provides 24 hour on site emergency care (the core) from which all residents benefit as required plus individual care packages (the add on) that are provided by visiting domiciliary staff. This model will be used for the provision of care at the new LCC extra care complex in Yeadon. In a separate arrangement, ASC staff currently provide static care teams in three extra care complexes where the landlord function is provided by either Housing Leeds or Registered Social Landlords. It is proposed that work begin to align the model of care with the core and add on model with the static staff teams changing to a more peripatetic approach.

Day support

- 5.16 Despite extensive reconfiguration of day services in the past four years, attendance at the older people's day centres continues to decline. Reasons for this decline include the variety of opportunities within the independent sector and the changing aspirations of older people. This has seen the emergence of new models of support to better meet the needs of older people in a variety of community settings. Holt Park Active has been seen as a success in providing older people with access to activities in a community setting and there is potential to replicate this model across the city. In addition, the Neighbourhood Networks continue to provide a range of day opportunities for older people.
- 5.17 People who do still use older peoples' day centres primarily do so to provide respite for their carer. Respite services provide carers with a break from caring and without support the task of caring can become too much for carers having an impact on their health and leading to the person they care for being admitted to a care home or hospital. The development of services such as Holt Park would capitalise on the Council's resources and partnership approach. It is proposed that Executive Board support is sought to identify a site for a new facility similar to Holt Park Active to be located in East Leeds.

- 5.18 There is also the potential to use Richmond House and Suffolk Court as dedicated short breaks / recuperative care facilities and develop closer working between the Shared Lives service and other partner organisations.

Siegen Manor (Morley South), Middlecross (Armley) and The Green (Killingbeck and Seacroft)

- 5.19 The day centres at Siegen Manor, Middlecross and The Green were reviewed during phase 1 and 2 of the Better Lives programme and retained. This was due to the perceived need for direct council provision of specialist dementia day services and their link to retained residential care homes. This judgement was based on; the associated risks of moving people with dementia and concerns over the level of alternative services available. However, these risks have been reassessed after the successful implementation of changes made to date.
- 5.20 During phase 1 and 2 day centre users with dementia were successfully assessed and transferred to alternative local provision. This was achieved by using the Assessment and Transfer Protocol, Care Guarantee and quality assurance process
- 5.21 The demand for Siegen Manor, Middlecross and The Green has declined, with attendance continuing to reduce. Attendance figures for May 2011 averaged 78% with this dropping to 62% by January 2014. Coupled with this are a range of alternative day support services such as Shared Lives, Alzheimer's Society services, Neighbourhood Networks and other third-sector resource centres. This has resulted in continued provision of services at these locations which are declining in demand and becoming less cost efficient to run. Considering these factors as part of the review, it is recommended that formal consultation takes place immediately (January 2015) with service users, staff and key stakeholders. The consultation will seek views on the proposed decommissioning of Siegen Manor, Middlecross and The Green day centres when suitable alternative facilities become available in their vicinity. Consultation will be carried out using the same approach used in phase 1 and 2 of the Better Lives programme and a further report will be provided to Executive Board with consultation outcomes and revised proposals in summer 2015.

Springfield Day Centre (Beeston and Holbeck)

- 5.22 Springfield day centre has been subject to an initial stage review and the falling attendance level and the availability of alternative day activities in the area are the two main factors that support the proposal to decommission the centre and offer service users an alternative day service in their locality. Attendance has fallen from 62% in May 2011 to 35% in January 2014. A range of third-sector alternatives are available, including Shared Lives and community based day support services. Considering these factors as part of the review, it is recommended that formal consultation takes place immediately (January 2015) with service users, staff and key stakeholders. The consultation will seek views on the proposed decommissioning of Springfield day centre when suitable alternative services become available in the vicinity. Consultation will be carried out using the same approach used in phase 1 and 2 of the Better Lives programme and a further report will be provided to Executive Board with consultation outcomes and revised proposals in summer 2015.

Wykebeck Day Centre (Gipton and Harehills)

- 5.23 Wykebeck Day Centre has also been subject to review and has falling attendance levels (54% in May 2011, 36% in January 2014). Although there are alternative day activities in the area, the building has been recently refurbished to a high standard and until an alternative use for the building can be identified it would seem appropriate to retain it at

this stage. In addition, 28 people transferred to the centre following previous day centre closures and there is a high level of service users with personal care needs (51% compared to 29% at Springfield) for whom it may be difficult to find short term alternative provision that meets their needs. There is also the potential for the development in the area of a model of service provision similar to the successful "Holt Park Active". It is therefore proposed that Wykebeck Day Centre is decommissioned when an alternative use for the building is identified and when a Holt Park style of day service is available in the locality.

Frederick Hurdle (Chapel Allerton) and Apna (Hyde Park and Woodhouse) Day Centres

- 5.24 Following review of these two specialist (BME) day centres it is unlikely that they have a long term future in their current form of provision as the attendance levels are low and declining. Frederick Hurdle has an attendance of 48% (January 2014) compared to 66% in May 2011. In the same period, APNA has seen a decline in attendance from 90% to 50%. However, rather than requesting that they are decommissioned, the opportunity to develop an alternative service model should be considered. Interest has been shown in developing Frederick Hurdle and APNA day centres as community resources. This may include the opportunity to develop the centres outside of Council control or re commission a third sector provider to run a revised service.

Radcliffe Lane (Pudsey)

- 5.25 Radcliffe Lane has been identified as a potential joint health and social care service, developed in partnership with the Robin Lane GP practice in Pudsey. A working group has been established to progress discussion around the proposal which will be developed subject to a service specification alongside a robust business case demonstrating that the new model of delivery is beneficial to the Council and to service users. It is intended that a business case will be developed for this service during 2015 with a further report on progress and revised proposals provided to Executive Board in summer 2015.

Calverlands (Horsforth) and Laurel Bank (Middleton Park)

- 5.26 Dementia services in the community offer personalised support to carers and service users. In response to the increasing levels of dementia, the national Dementia Strategy and the Leeds Dementia Strategy the potential for a specialist dementia service would be explored with the NHS. This would include the opportunity to use two existing day centres, Laurel Bank and Calverlands as joint resources for the Leeds and York Partnership Foundation Trust and LCC. A partnership of this nature would be in keeping with other mental health services in Leeds that are delivered jointly by the NHS and the local authority. It would also build on the existing staff skills and the Council's resources to offer short term support to people in their own home or a specialist centre. The next stage will entail joint work to develop a business case for the further integration of services.

Roseville (City & Hunslet)

- 5.27 The Roseville Business Plan Review Group was established in early 2014 and has made significant progress in developing plans for the future of Roseville. This work is overseen by the Roseville Advisory Board. Currently there are consultations taking place with staff to secure their future with the Council in alternative work placements. Civic Enterprise Leeds and Parks and Countryside have both offered alternative placements and these are being explored. It is anticipated that all of the staff in the supported business will be offered an alternative place within the Council. When this has been achieved and all staff accommodated, then a decision will be made to cease trading as soon as practical.

Further opportunities for partnership / integrated working

- 5.28 Over the planned four year period of service transformation the following services will be subject to review in relation to identifying appropriate opportunities for such services to be provided either in partnership with other voluntary or health organisations or by the independent sector:
- Older People's Day Support at APNA, Frederick Hurdle, Radcliffe Lane and Wykebeck
 - Shared Lives – including short breaks and respite in the community
 - Older Peoples Extra Care Housing Support Service – including Woodview, Rossefield Manor and Cardinal Court
 - Peer Support Network
 - SKILS
 - Physical Impairment Services – including Osmondthorpe Hub
 - Mental Health Day and Community Support Services & Community Alternatives Team – including Lovell Park Centre, Stocks Hill Centre and Vale Circles
 - Older People Dementia Day Support at Calverlands and Laurel Bank
 - Mental Health Transitional Housing Units – including Bewerley Croft, Cottingley Court and Spen Lane
 - Mental Health Impact Service – North and South
 - Homelessness Team
- 5.29 Recommendations in relation to the future delivery and management of these services will be reported to Executive Board during 2015. The current strategy for the SkILS team is to develop an integrated health and social care rehabilitation and rapid response service closely linked to the neighbourhood teams and intermediate care beds. The financial challenges of the Council may require a review of this strategy. Further reports will be submitted should this be the case.
- 5.30 In relation to mental health and physical impairment services, initial discussions have already commenced with the Leeds & York Partnership Foundation Trust, with a view to developing a business case for a fully integrated service, which would include all of the Council's directly provided mental health and physical impairment services.

Summary of Proposals

- 5.31 The proposals made in this report would allow services to be remodelled in a way that provides improvements in terms of; value for money, meeting the changing needs of the people of Leeds and working in an integrated way with partners and the independent sector.

6 Corporate Considerations

Consultation and Engagement

- 6.1 Consultation will form an essential part of progressing with the proposals, as the views of key stakeholders are essential to developing services to meet current and future needs. It is intended that the best practice used during consultation in phase 1 and 2 of the Better Lives for Older People programme will be used to shape the consultation on proposals made within this report. As a result of the previous consultation, stakeholder and service user input influenced the proposals which were revised following the consultation period before being presented back to Executive Board. This allowed proposals to be refined to ensure better outcomes and minimal disruption to services when implementing the changes. A comprehensive suite of information will explain the

review process to all key stakeholders, including how a proposed option has been reached for each service.

6.2 Consultation will take place with all relevant stakeholders, including: service users and their families and carers; the general public; Adult Social Care staff and service managers; elected Members; community groups; partnership organisations; HR/ Trade unions; Corporate Management and Leadership Teams; commissioners; independent sector / third sector providers; and health partners. For the consultation to be conducted effectively it will be phased as proposals for change are implemented.

6.3 The level of consultation and type of communication will vary depending on the stakeholder being consulted. The following methods were used during phase 1 and 2 and will be adapted and used for the proposals outlined in this document:

- One to one interviews with all service users, relatives and carers
- Ward Member briefings
- Attendance at Area Committees
- Providing questionnaires to all stakeholders, including online
- Producing fact sheets setting out options and how these have been arrived at
- Effective feedback arrangements
- Meetings and events with community groups with a particular interest in older people and the issues being consulted upon
- Meetings and events with trades unions, specifically in relation to the options being consulted on
- Group Q&A sessions for people who use services and all interested parties
- Documentation that gives background information about each service and options available
- Staff meetings
- Meetings with key partner organisations, particularly NHS partners
- Newsletters and web-based information
- A media campaign

6.4 Formal advocacy will be provided for service users during the consultation phase when required and as requested. All options will be subject to a formal equality impact assessment.

6.5 To coincide with the publication of this report, letters have been sent to:

- Residents, families and staff of residential care homes to be immediately and directly affected by the proposals in this report
- Service users, carers and staff of day centres to be immediately and directly affected
- Community support staff and people in receipt of the community support service
- All Adult Social Care staff, so that they can understand the breadth of the changes proposed in this report.
- Communications with staff and carers at the Roseville service are already well established and will continue.

Equality and Diversity / Cohesion and Integration

6.6 The Council has a duty as defined in the Equality Act 2010. The main requirements under the Act are as follows: A public authority must, in the exercise of its functions, have due regard to the need to:

- a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act
- b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- c) Foster good relations between persons who share a relevant protected characteristic and people who do not share it.

6.7 An initial Equality Screening Assessment (Appendix 2) has been undertaken on the proposed options and this has identified that there will be equality impacts relating to older and disabled people, their families and carers, whose care is currently provided by the in-house service. Staff will also be affected, particularly women, who make up 90% of the workforce. The findings of the Equality Screening have informed the proposals. If the proposals are agreed, a full Equality Impact Assessment will be undertaken.

Council Policies and City Priorities

6.8 The proposals made in this report are consistent with Council policies and priorities including:

Leeds City Priority Plan 2011 – 2015

- Support more people to live safely in their own homes
- Give people choice and control over their health and social care services
- Reduce the rate of emergency admissions to hospital
- Reduce the rate of admission to residential care homes
- Increase the proportion of people with long-term conditions feeling supported to be independent and manage their condition

Best Council Plan 2013-2017

Delivery of Better Lives programme – helping local people with care and support needs to enjoy better lives with a focus on:

- giving choice
- helping people to stay living at home
- joining up health and social care services
- creating the right housing, care and support
- achieve the savings and efficiencies required to continue to deliver frontline services

HR Implications

6.9 The Adult Social Care directorate has experienced significant challenge in reducing employee numbers over recent years; however, this has always been carefully planned with an inclusive communications and engagement process. The Directorate has a good track record for redeployment and those employees that have left the council have done so through voluntary means. Since November 2010, there has been a net loss of 570 full time equivalent staff (829 staff headcount) from the ASC provider services referred to within this report. Throughout these challenging times they have maintained high levels of participation in the appraisal process together with high employee engagement results.

6.10 The directorate in conjunction with the Council as a whole will continue workforce planning and development planning to inform the future resource requirements for the organisation. The workforce plans will outline what anticipated changes are likely to, or have a potential to happen as a result of internal and external influences, for example legislative changes, national and local policy, together with responding to the financial challenges. The workforce requirements are also being evaluated in order to meet the requirements of the Care Act and this should also provide some opportunities for

alternative work and career pathways for existing employees.

- 6.11 The directorate will continue to take a cautious approach in managing vacancies in all provider services and will continue to review all requests for voluntary severance and voluntary early retirement (under the Council's Early Leaver Initiative [ELI] scheme). Temporary short term resources will be considered where vacancies occur.
- 6.12 In order to avoid unnecessary job losses the directorate will be proactive in working across the Council to ensure a flexible and agile workforce that can be deployed to areas of priority. Development opportunities will be afforded to staff to retrain into complementary roles such as opportunities within Children's Services, Customer Service, Parks and Sheltered Housing. The directorate will continue to work collaboratively with Civic Enterprise Leeds to pool its catering and domestic roles. This will provide an improved career path for these staff groups going forward.
- 6.13 The directorate will build on its links with health and other sector partners to review career opportunities for care roles across the City. The directorate will work closely with Employment and Skills to advise on other job and career opportunities across the City. The directorate will also use the Council's 'Help Employee Assistance' programme to support staff through the change programme.

Resources and Value for Money

- 6.14 The Council's Budget for 2014/15 was approved at full council on 26 February 2014. The Council to date has been successful in responding to the challenging reductions to its funding since 2010 which has been in the region of £94m over the past three years. Based on the national spending totals announced in the 2013 Spending Review, and a subsequent technical consultation, the Council now anticipates that there will be a further reduction in funding from Government of around £81m for core services over the two years 2014/15 and 2015/16. This reduction in funding is in addition to the need to meet the cost of inflation and continuing spending demands across a range of services.
- 6.15 At a national level Adult Social Care services have made budget savings of more than a quarter over the last four years, according to the Association of Directors of Adult Social Services (ADASS Sept 2014). Although local authorities have on average increased the proportion of money spent on adult social care, from 30% to 35%, budgets are down in real terms due to significant cuts in the overall money allocated to local authorities by the government. Short term funding initiatives such as the Better Care Fund, introduced by the government to speed up the process of integration between the NHS and Social Care, and the subsequent shared funding arrangements, cannot be relied on in the longer term. Adult Social Care is faced with increased pressure on its budgets due to rising levels of demand created by demographic and legislative changes. To meet the increased level of demand and in the absence of additional long term funding, Adult Social Care will be required to gain greater efficiencies through major service reconfiguration.
- 6.16 Across the whole Council savings of £200m have been achieved over the past three years and the Council will continue to become a smaller organisation employing fewer staff over the next few years. There will be a need to further review many of the services we currently provide and consider how they will be provided in future. This will require many challenging decisions to be taken. The proposals for next year include significant reductions across a broad range of services totaling £48m and includes net reductions in staffing equating to 177 full time posts by the end of 2014/15 (Our Financial Plans 2014/15– Leeds City Council).
- 6.17 If the proposals contained within this report are supported following the consultation

process that will be undertaken, net council spend will be in the region of £4m lower by 2018/19. This does not include any reductions in overhead costs and takes into account the costs of providing alternative services for customers.

Legal Implications, Access to Information and Call In

- 6.18 Local Authorities responsible for Adult Social Care have a legal duty to assess and meet needs using resources to best effects. Additional requirements will come into effect as a result of the Care Act (2014). The proposals in this report are consistent with the future priorities of the local authority.
- 6.19 Legal advice has been provided on the process and timing of consultation.

This is a Key Decision and is subject to call-in.

Risk Management

- 6.20 Risks in implementing the proposals made in this report relate to timely and comprehensive consultation, effective communication, robust project management, clear governance arrangements and the capacity to deliver the changes.
- 6.21 Risks in not implementing the proposals made in this report relate to the Council's ability to meet its statutory requirements due to a lack of resources.

7 Conclusions

- 7.1 This is a time of unprecedented pressures on local authority budgets and Adult Social Care has been significantly impacted due to rising demand and expectation but reducing budgets. A national figure of some £3.65 billion reduced from local authority Adult Social Care budgets over the last three years and this trend is set to continue for the foreseeable future.
- 7.2 Within this context Adult Social Care in Leeds has already delivered £30 million in savings over the four year period from 2010/11 and has maintained service users without reducing care to individuals, but in order to maintain service levels, continued reorganisation and change is required. The Council's 'Better Lives' strategy has resulted in more choice through innovative new approaches to service delivery and will enable the Council to meet obligations under the Care Act. Adult Social Care has a proven track record in delivering significant re-design of service resulting in improved levels of satisfaction.
- 7.3 Subject to consultation, the successful implementation of the proposals in this report will result in reconfigured Adult Social Care services which meet the needs of the citizens of Leeds. This will include meeting the requirements of the Care Act and through co-production with service users will ensure a service is developed that is fit for the future.

8 Recommendations

- 8.1 To note that during the consultation on the future of residential, day and community support services, confirmation will be sought (by means of a further review chaired by the Executive Board member for Adult Social Care or his deputy) that reviews already conducted are robust; and that work with staff and trades unions will be put under way to determine whether alternative service delivery models can be constructed which will deliver the required efficiencies. To note further that staff and trade unions in these areas of service are invited to bring forward workable proposals for alternative service delivery models, for consideration by Executive Board at a future meeting.

- 8.2
- 8.3 To approve the proposals contained in this report for the Better Lives programme relating to the specific services detailed in section 5 of this report.
- 8.4 To approve the four-year timetable set out in the report and summarised in Appendix 1.
- 8.5 To commence consultation immediately (January 2015) on the proposed decommissioning of the three remaining specialist residential care homes and associated day centres (Siegen Manor, Middlecross and The Green). The consultation will seek views on the proposed decommissioning of these establishments when suitable alternative facilities become available in their vicinity as detailed in sections 5.2-5.4 and 5.19-5.21.
- 8.6 When it is considered that suitable alternative provision is available for Knowle Manor and Spring Gardens, the Director of Adult Social Services, in consultation with the Executive Member for Adult Social Care, will consider a decision to cease permanent admissions from an agreed date as detailed in section 5.5.
- 8.7 To continue to seek the creation of local alternative care provision for those residential care services which have been previously approved by Executive Board for closure. In the case of both Home Lea House and Dolphin Manor, it is proposed that a progress report setting out a clear and conclusive business case for a local social enterprise is submitted and considered by Executive Board in summer 2015. If that is not possible, an alternative proposal is to be brought back to the Executive Board within that same timescale. Staff are to be fully engaged throughout this period as detailed in section 5.7.
- 8.8 To continue to pursue the development of a transitional and respite care facility at Suffolk Court as previously approved by Executive board in partnership with health partners and others, subject to the outcome of options appraisals being undertaken by the Clinical Commissioning Groups (CCGs) and the Public Private Partnership Unit (PPPU), as detailed in sections 5.8-5.10 and 5.18.
- 8.9 In order to support the introduction of new city-wide contracts for the provision of homecare, which are planned to be introduced during 2016, to commence in January 2015, consultation on the proposal to cease the provision of the in house community support service (long term generic and mental health) with the intention of the service being fully withdrawn by the end of March 2016. During the consultation period, positive redeployment options will be actively pursued as detailed in sections 5.12-5.14.
- 8.10 To begin work to align the provision of care support in the three extra care schemes where Adult Social Care is the care provider to that contained in the new city-wide extra care model by the end of March 2016. After that date, to undertake a further review to ascertain whether further efficiencies could be delivered through market testing these three schemes as detailed in section 5.15.
- 8.11 To support work currently under way to identify a site for a new leisure / sport / wellbeing facility in East Leeds as outlined in section 5.16.
- 8.12 To commence consultation immediately (January 2015) on the decommissioning of Springfield day centre (Beeston and Holbeck). The consultation will seek views on the proposed decommissioning of this establishment when suitable alternative facilities become available in the vicinity as detailed in section 5.22.
- 8.13 To identify sufficient alternative work placements and job opportunities within Council directorates for all disabled staff currently working in the Roseville laundry. When this

has been achieved and all staff accommodated, then a decision be made to cease trading as soon as practical. Other staff attached to Roseville will be supported to find alternative options as detailed in section 5.27.

- 8.14 In relation to all other direct care services provided in house and not specifically mentioned above, to identify appropriate and sustainable opportunities for those services to be either transferred to or delivered in partnership with either the Council or with health or voluntary sector organisations as detailed in section 5.28.
- 8.15 To undertake joint work with colleagues in the Leeds and York Partnership NHS Foundation Trust (LYPFT) to develop a business case for the further integration of services comprising all of the current council delivered mental health day, recovery and supported housing services, the physical impairment service and older people's dementia day support at Calverlands and Laurel Bank, through an updated and revised section 75 agreement (Health Act 2011) as detailed in sections 5.28 and 5.30.
- 8.16 To identify alternative and appropriate job opportunities for staff impacted by these proposals, within the Council and across the wider health and social care sector in the city and to support staff to take up such opportunities through targeted training and development support as detailed in sections 6.9-6.14.
- 8.17 To approve the next key steps as follows:
 - a. January 2015: commence consultation immediately on the proposed decommissioning of the three remaining specialist residential care homes and associated day centres (Siegen Manor, Middlecross and The Green) and Springfield day centre. The consultation will seek views on the proposed decommissioning of these establishments when suitable alternative facilities become available in their vicinity using the proposed approach in sections 6.1-6.5.
 - b. January 2015: commence consultation on the proposal to cease the provision of the in house community support service (long term generic and mental health) with the intention of the service being fully withdrawn by the end of March 2016.
 - c. Summer 2015: to provide an update report on progress made in relation to all of the above proposals with annual reports on progress thereafter.
- 8.18 To note that the Interim Director of Adult Social Services is lead officer for this work.

9 Background documents¹

- 9.1 None.

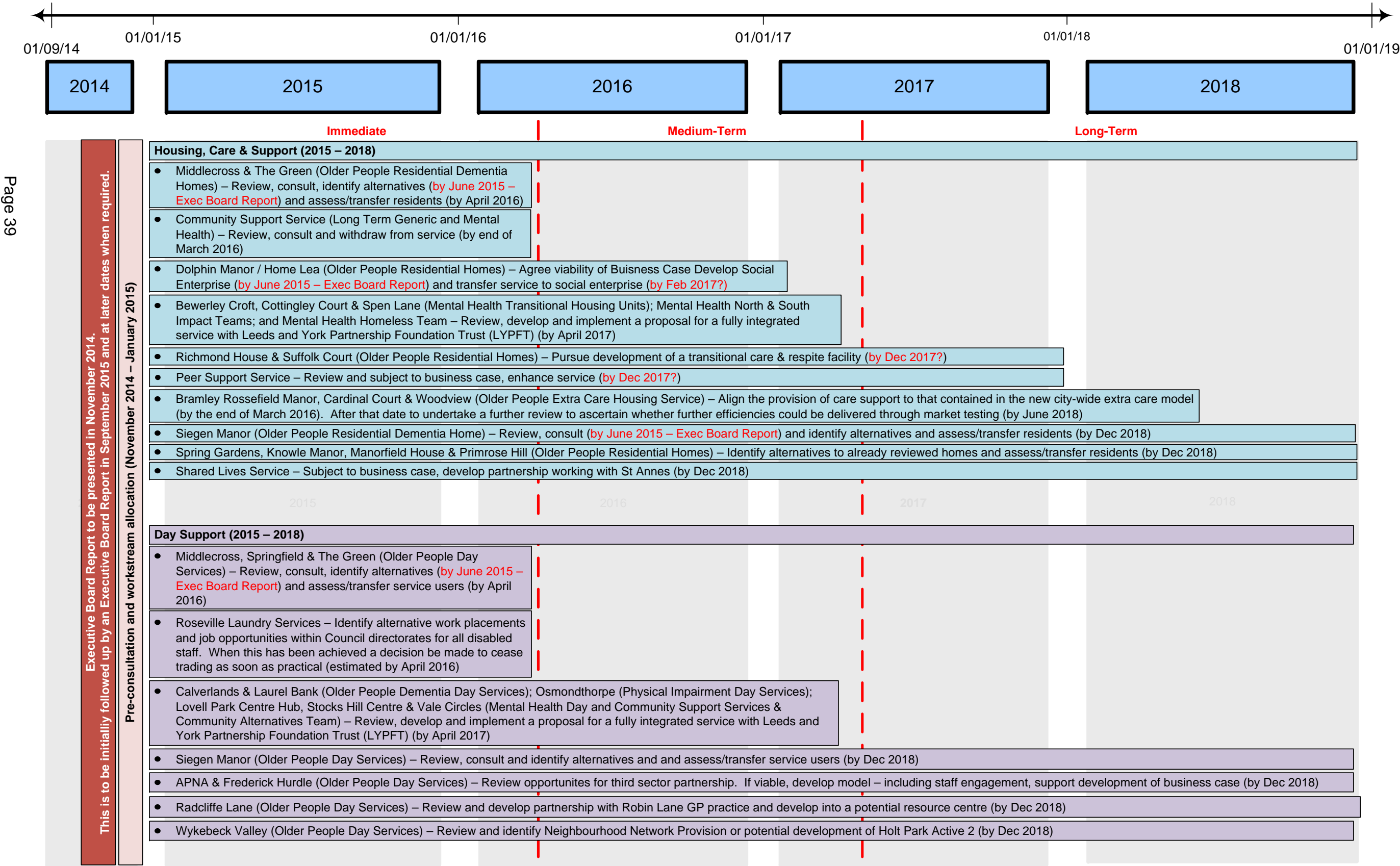
¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Better Lives for People in Leeds

Proposed Timeline

Appendix 1

4 Year Timeline – November 2014 Executive Board Report – ‘Delivering the Better Lives Strategy in Leeds – Proposed Next Steps’



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Equality, Diversity, Cohesion and Integration Screening

Directorate: Adult Social Care	Service area: Adult Social Care directly provided services	
Lead person:	Contact number	
1. Title: Delivering the Better Lives Strategy in Leeds		
Is this a:		
Strategy / Policy	Service / Function	Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If other, please specify		
2. Please provide a brief description of what you are screening		
<p>Following the establishment of the Better Lives for People in Leeds vision in 2011, Adult Social Care has been subject to a wide range of changes.</p> <p>An approved programme of older people's residential homes and day service closures, coupled with development of alternative approaches has remodelled service provision to better meet the needs of the people of Leeds in an efficient, effective manner.</p> <p>Building on the progress made in remodelling services so far within the Better Lives Programme, Adult Social Care is working towards a four year vision for the remaining directly provided services. This involves reviewing services currently provided by Adult Social Care and how the needs and demands of future generations can be best provided.</p> <p>Criteria for determining the future options for these services have already been assessed with due regard to equality. These criteria have been considered and agreed by the Executive Board.</p> <p>The review is now at a stage where we are able to put specific options to the Executive Board, who will be requested at its meeting on 19 November 2014 to begin a process of consultation on the proposed options identified for each of the services.</p>		
1. Relevance to equality, diversity, cohesion and integration		
Questions	Yes	No
Is there an existing or likely differential impact for the different equality characteristics?	X	
Have there been or likely to be any public concerns about the policy or proposal?	X	
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	X	
Could the proposal affect our workforce or employment practices?	X	
Does the proposal involve or will it have an impact on <ul style="list-style-type: none"> Eliminating unlawful discrimination, victimisation and harassment Advancing equality of opportunity Fostering good relations 	X	

4. Considering the impact on equality, diversity, cohesion and integration		
<p>The full impact on individuals directly affected by the proposals (including service users, carers and staff) for each service is not known and to this end an impact assessment will be completed for each option involving relevant and appropriate consultation and involvement through the Adult Social Care Programme Team. The impact on future users of the services will also be assessed.</p>		
5. If you are not already considering the impact on equality, diversity, cohesion and integration you will need to carry out an impact assessment.		
Date to scope and plan your impact assessment:	December 2014- July 2015	
Date to complete your impact assessment	August 2015	
Lead person for your impact assessment (Include name and job title)	Anna Clifford	
6. Governance, ownership and approval Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Dennis Holmes	Acting Director, Adult Social Care	
7. Publishing This screening document will act as evidence that due regard to equality and diversity has been given. If you are not carrying out an independent impact assessment the screening document will need to be published. Please send a copy to the Equality Team for publishing		
Date screening completed	15/10/2014	
If relates to a Key Decision send to Corporate Governance		
Any other decision please send to Equality Team (equalityteam@leeds.gov.uk)		