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Late information for Scrutiny Board (Adult Social Services, Public Health, NHS) on 26 July 2016

Pages 1-26: Agenda item 10: Better Lives Strategy in Leeds (progress update) - draft response

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SCRUTINY BOARD (ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

DELIVERING THE BETTER LIVES STRATEGY IN LEEDS

DRAFT RESPONSE TO THE BETTER LIVES STRATEGY UPDATE

Introduction

1. In September 2015, the Executive Board considered the report '*Delivering the Better Lives Strategy in Leeds – Proposed Next Steps*'. This report followed an extensive viability review of Middlecross, Siegen Manor and The Green care homes and day centres, which was completed in July 2015. The review was carried out in conjunction with Trade Unions and staff and concluded that no other formal service reconfiguration could deliver a business case to financially justify the continued operation of the homes and day centres
2. As such, the Executive Board in September 2015 report advised members that, due to the availability of alternative provision within the independent sector at a lower cost, purchasing independent sector provision would offer the Council a revenue budget saving of £2.186m. The ongoing viability of the care homes and day centres was further questioned when reviewing the capital costs associated with maintaining the buildings to an acceptable standard in the coming years.
3. At its September 2015 meeting, Executive Board approved that consultation should commence on the proposed closure of Middlecross, Siegen Manor and The Green Care Homes and their attached Day Centres along with Radcliffe Lane and Springfield Day Centres. It also approved consultation to commence on the proposed decommissioning of Wykebeck Day Centre and recommissioning of the unit as a specialist day service for complex needs.
4. A 12-week public consultation took place from 1st October to 23rd December 2015, specifically aimed at service users and their families and staff across the Care Homes and Day Centres.
5. In January 2016, the Scrutiny Board (Adult Social Services, Public Health, NHS) received and accepted a request for scrutiny, asking the Scrutiny Board to specifically consider the proposed closure of The Green Care Home. In April 2016, the Scrutiny Board agreed its report in relation to The Green, alongside the following recommendation:

Recommendation

That any decision regarding the long-term future of The Green be deferred for a minimum of 2 years, in order to:

- a) Re-consider the comparative costs of provision as the impact of a national living wage and the requirements of the Care Act 2014 take effect locally.
- b) Assess the occupancy levels achieved through positive promotion of The Green to local residents and beyond.
- c) Re-assess the overall 'quality landscape' across the care sector in Leeds and specifically the quality of alternative nearby provision in the independent sector.

6. Two further requests for scrutiny were received in relation to (a) Siegen Manor (May 2016) and (b) All three care homes and attached day centres, with particular emphasis on Middlecross (June 2016). These requests were considered by the Scrutiny Board at its meeting in June 2016.
7. At the same meeting, the Scrutiny Board also considered the Director of Adult Social Services report – *Delivering the Better Lives Strategy in Leeds – Progress Report* – and was asked to:
 - (i) Note the work that has been undertaken in the consultation on future proposals for the Council's residential care homes and day centres; and,
 - (ii) Consider the consultation and its conclusion to ensure they are relevant, focused and purposeful.
8. In respect of the requests for scrutiny and the Director of Adult Social Services' report, the Scrutiny Board agreed to establish a sub-group to consider the information presented and discuss the issues raised in more detail. The relevant extract from the draft minutes of the Scrutiny Board (Adult Social Services, Public Health, NHS) meeting held on 28 June 2016 is attached at Appendix 1.
9. A sub-group meeting was held on 12 July 2016. The notes of that meeting are attached at Appendix 2.

Comments and observations from the Scrutiny Board

10. It is likely that the Executive Board will soon be presented with a range of recommendations and asked to make some final decisions on the future provision of residential care and day care services across the City. Specifically, this is likely to include the Council's future role in the delivery and direct provision of residential care and day care services – either directly or as an indirect consequence.
11. We recognise the complexity of these matters and difficult nature of the decisions facing the Executive Board – balancing the needs of current service users, while looking to develop and implement a strategic and sustainable plan for the future. Nonetheless, **we believe the health and well-being of current service users to be of paramount importance – be they residents within residential care homes, or users of day care services.**
12. Overall, from our discussions, it is clear the circumstances for each care home and day centre are very specific to each facility and its locality. The availability and location of alternative services; the quality of alternative services; opportunities to develop facilities for the future – are some examples of the specific matters that can be particular to individual facilities. As such, in formulating proposals for the Executive Board, **we believe the Director of Adult Social Services should be very clear about how individual circumstances have helped shape any proposals and what the proposals are likely to mean for the City and the individual localities affected.**
13. The comments set out in this statement aim to help inform the view of the Director of Adult Social Services and assisting the Executive Board in its decision-making processes. **We believe our input will increase the robustness of any future decisions on the future provision of residential care and day care services across the City.**

Consultation

14. We were specifically asked by the Director of Adult Social Services to consider the consultation and its conclusion to ensure they are relevant, focused and purposeful.
15. In this regard, we are satisfied that **the consultation process has been fair, focused and purposeful**. We are also satisfied that **the analysis of the consultation outcome provided and presented to us has been thorough, accurate and informative – overwhelmingly demonstrating that key stakeholders did not support the proposed closure of the residential care homes and day centres**.
16. In order to truly consider if the conclusion from the consultation is relevant, focused and purposeful, it is important to how the outcomes will be used to inform decision-making and shape any recommendations. Clearly, this information will form part of the report presented to the Executive Board later in the year; however the Scrutiny Board has not had the benefit of being presented with any initial thinking around how the consultation results are likely to influence any recommendations to the Executive Board. Therefore, **we feel unable to fully comment on the ‘conclusion’ of the consultation at this time**.

Quality

17. We welcome the ‘care guarantee’ set out by the Director of Adult Social Services – in that anyone affected by a future change would receive the same or better quality of care and would not be worse off financially. However, we have reservations whether or not such a guarantee could be practicably implemented.
18. We note the acknowledgement that some independent sector care homes require improvement and the Council is ‘looking to address this’. Nonetheless, **we believe more detail is needed to describe the Council’s proposed and how such actions will address the identified areas for improvement**.
19. In our previous statement on ‘The Green’, we highlighted our significant concerns regarding the availability of consistently high standards and quality care across alternative providers. We recognise there are some good independent care providers in Leeds; nonetheless, overall **we still believe the quality landscape across the independent care sector in Leeds remains varied and lacks consistency**. There are also variations across the independent care sector operating in surrounding areas to The Green, Siegen Manor and Middlecross.
20. It has been stated that the Council is reassured by the range of alternatives available in homes rated as ‘Good’ by the Care Quality Commission (CQC). However, we do not believe this is necessarily supported by the information presented to us. Table 1 (below) sets out an analysis of independent sector providers rated or projected to be rated as ‘good’ or ‘requires improvement’, within a 5 mile radius of each care home. The analysis is provided in terms of the number of providers and the number of care beds this represents – demonstrating that at least 54% and in some cases up to 72% of independent care beds ‘require improvement’. **We believe this supports our view that the quality landscape across the independent care sector in Leeds remains varied and that further work is needed to improve and sustain a good quality of care across the independent sector**.

21. We recognise this information does not represent the whole of the City and may therefore only provide a partial picture. As such, when presenting final proposals and recommendations to the Executive Board, **we believe it would be helpful to present a city-wide picture of the quality of residential and nursing care across the whole of Leeds.**

Table 1: Analysis of independent sector providers

		Middlecross		Siegen Manor		The Green	
		Nursing	Residential	Nursing	Residential	Nursing	Residential
Providers	Require Improve.	9 (64%)	13 (50%)	3 (50%)	3 (60%)	10 (59%)	10 (63%)
	Good	5 (36%)	13 (50%)	3 (50%)	2 (40%)	7 (41%)	5 (31%)
	Not rated	-	-	-	-	-	1 (6%)
	Total	14	26	6	5	17	16
Beds	Require Improve.	585 (68%)	682 (61%)	93 (54%)	287 (72%)	551 (66%)	414 (70%)
	Good	272 (32%)	440 (39%)	79 (46%)	114 (28%)	284 (34%)	122 (20%)
	Not rated	-	-	-	-	-	58 (10%)
	Total	857	1122	172	401	835	594

22. We recognise and welcome efforts to incentivise care quality in the independent sector through the introduction of the Quality Standards framework, with the core and enhanced fee structure. However, from the information provided we note there are occasions where the Council is paying an enhanced fee and the providers have been rated by the CQC as 'Requires Improvement'. Although such occurrences appear to be relatively low in number, **we believe receipt of an enhanced fee payment should be dependent on any provider maintaining a CQC rating of at least 'Good'.**
23. We recognise the current CQC assessment process and ratings do not make a formal judgement on the impact of any area requiring improvement – something the Director of Adult Social Services has repeatedly highlighted. As such, **we believe there should be a closer link between the Council's Quality Standards framework and the CQC assessment and rating of providers.** Our initial view is that any care provider assessed by the CQC as 'Requires Improvement' or 'Inadequate' should not be in receipt of an enhanced fee level until such time that the CQC reassess the provider as 'Good' or 'Outstanding'. There should also be a clear and understood approach where there is evidence of providers repeatedly failing to meet the CQC standards.
24. In the longer-term, **we also believe that any changes to the national processes for assessing the quality of care should be reflected in the Council's Quality Standards framework.** This will provide a closer link between the standard national processes for the assessment of quality and the Council's local framework.

25. Furthermore, to recognise and demonstrate the importance of ensuring high quality residential and nursing care is provided across the City, **we believe the Director of Adult Social Services, working in collaboration with the CQC, should routinely produce an annual statement on the quality of care across the City, and make this available to the Executive Board, Leeds Safeguarding Adults Board and the relevant Scrutiny Board.** The precise timing of such an annual report would need to be agreed; nonetheless, we believe this would further enhance the quality improvement work and efforts of the Council and, over time, could help to demonstrate (or otherwise) quality improvements across the independent care sector in Leeds. It would also serve to provide public assurance both on the standards of care across the City and the inspection, service monitoring and reporting arrangements in place.

Day care centres

26. The concerns we received about the proposed closure of facilities have tended to be more focused on the existing residential care homes – with a significant focus on these being people’s ‘homes’. By the very nature of people travelling to and from locations to access day services, there does not appear to be the same degree of attachment. In addition, with less people choosing to access services via day centres; the wide ranging work of neighbourhood networks; and the proposed retention of three specialist, city-wide complex needs care and support services, we are more willing to accept the closure proposals for day centres.
27. We also acknowledge and **welcome the commitment that those service users currently accessing day centre services will receive the same level of service they are currently in receipt of and any closures will not result in a loss of service.**

Future care provision – extra care housing

28. We heard that a significant part of the Council’s longer-term and future care strategy included ‘extra care housing’ – with around 700 units required across the City. We heard about the improved level of supported independence that extra care housing can offer – something we would both support and advocate. We also heard of the commitment from the Executive Board to prioritise the development of ‘specialist housing’ on appropriate sites across the City – although this will require a delicate balance between prioritising such developments and generating capital receipts from surplus assets.
29. We heard of the potential and general impact of planning permissions and processes in the development of extra care housing across the City; along with the different ownership models and the desire of Adult Social Services to maintain ‘nomination rights’ for the lifetime of future extra care housing schemes in Leeds, in order to help ensure people’s needs are met in the future. We also heard the development of extra care housing can be affected by the vagaries of the property market – with the economic downturn being cited as a reason for a relative lack of recent developments.
30. While additional extra care housing will not address the ‘here and now’ issues faced by current residents in residential care homes and their families, it is clear that extra care housing represents part of the Council’s longer-term strategy for meeting people’s future care needs. Over the coming years the City is also likely to experience significant numbers of new housing, for example the Northern Quadrant in East Leeds. To help develop our communities and provide a range of housing types, we believe it is important that extra care housing forms part of the City’s overall housing growth.

31. In terms of the Northern Quadrant in East Leeds we are aware that developers are keen to explore options to provide homes for the elderly through a third party. We believe opportunities for early, direct engagement need to be grasped in order for the Council to help influence the type, numbers and design of future housing units.
32. Given the current and projected expansion of housing and development opportunities across the City, **we believe it is vitally important for the Director of Adult Social Services to proactively work with and engage developers to help deliver the additional 700 extra care housing units needed across the City.**

Workforce

33. We acknowledge the Director's assessment of the changing nature of care needs that suggests an estimated over supply of 1000 traditional residential care beds and an under supply of 500/600 nursing care beds across the City. We are also aware of the significant workforce pressures across the health and social care economy in Leeds – including nursing. **We believe the Executive Board should be provided with suitable assurance about the current workforce and workforce projections across the health and social care sector, particularly focusing on how workforce planning will deliver a suitably trained and skilled workforce in order to support the need for an additional 500/600 nursing care beds across the City.**
34. During our deliberations, we have been reminded that built facilities should not be the sole consideration when considering 'assets' – with the services themselves and those delivering the services also representing 'assets'. We have also been struck by the high regard in which the Council's workforce working in residential care homes and day centres is held by residents, service users and their families: The workforce is regarded as an asset within the City – and rightly so in our opinion. As such, **we believe there should be some consideration by the Executive Board around how parts of the Council's current care workforce might be suitably developed to help address existing and future workforce pressures.**

Reuse or disposal of surplus buildings

35. At our meeting in June 2016, we requested details of any plans for the reuse or disposal of surplus buildings that may arise from future decisions. We asked for this to be presented to the sub-group meeting on 12 July 2016. The briefing note described how older people's overall housing and care needs had been considered within the Council and by the Executive Board over a number of years: It also described a number of sites where services had been decommissioned and set out the future use or proposed use of those sites.
36. Previously, when considering proposals from Leeds Community Healthcare NHS Trust (LCH) to change the locations for some of its services, we were critical of the Trust for failing to adequately plan for dealing with buildings once they were declared as 'surplus'. At that time (March 2016), we commented that:
'The community impact of the closure of physical assets, i.e. buildings, should not be underestimated. It is the view of the Scrutiny Board that, far too often, decisions are made to close facilities without a clear plan for the future of the asset. The decision to close Garforth Clinic without a proper plan for disposal or redevelopment has the potential to leave the community with a significant 'blot on the landscape' in terms of a boarded-up property that was once used to provide local NHS services. While in a boarded-up state, Garforth Clinic will not only serve to be a constant reminder of the

community asset lost, it will also have the potential to be the focus for anti-social behaviour in the area.'

37. During our consideration of LCH's proposals, we also noted a potential financial impact for both the Trust and other partners (such as the Police), i.e. costs associated with maintaining a safe and secure environment, while a decision is made on the long-term future of a surplus building. We believe the Council is likely to face similar challenges in its disposal of physical assets declared surplus, including any decommissioned residential care homes and day-centres.
38. Therefore, **we believe it is important for the Executive Board to provide an outline of future aspirations for communities at the time of decommissioning any services in the local area.**

Conclusion

39. We recognise the significance and difficulties associated with decisions around direct provision of the residential care and day centre services under consideration. We also recognise the significance of any future decision to all stakeholders.
40. To help draw some conclusions and contribute to a robust decision-making process, we have considered and tried to balance a range of information to help inform the Director of Adult Social Care and the Executive Board. We have highlighted some specific matters in some detail above, but would reiterate the following points:
- The health and well-being of current service users to be of paramount importance – be they residents within residential care homes, or users of day care services.
 - The analysis of stakeholder consultation overwhelmingly demonstrates the proposed closure of the residential care homes and day centres is not supported.
 - The quality landscape across the independent care sector in Leeds remains varied and that further work is needed to improve and sustain a good quality of care across the independent sector.
 - There should be a closer link between the Council's Quality Standards framework and the CQC assessment and rating of providers.
 - The Director of Adult Social Services, working in collaboration with the CQC, should routinely produce an annual statement on the quality of care across the City.
 - The commitment that those service users currently accessing day centre services will receive the same level of service they are currently in receipt of and any closures will not result in a loss of service.
 - It is vitally important for the Director of Adult Social Services to proactively work with and engage developers to help deliver the additional 700 extra care housing units needed across the City.
 - Suitable assurance should be given about the current workforce and workforce projections across the health and social care sector, particularly focusing on how workforce planning will deliver a suitably trained and skilled workforce in order to support the need for an additional 500/600 nursing care beds across the City.
 - There should be some consideration by the Executive Board around how parts of the Council's current care workforce might be suitably developed to help address existing and future workforce pressures.
 - It is important for the Executive Board to provide an outline of future aspirations for communities at the time of decommissioning any services in the local area.

41. As ever, we are grateful to all those who have contributed to our work and deliberations. We trust our conclusions will assist decision-makers across Leeds' health and social care sector.



Cllr Peter Gruen, Chair

On behalf of the Scrutiny Board (Adult Social Services, Public Health, NHS)

July 2016

DRAFT

SCRUTINY BOARD (ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

EXTRACT OF THE MINUTES HELD ON: TUESDAY, 28TH JUNE, 2016

PRESENT: Councillor P Gruen in the Chair

Councillors C Anderson, J Chapman,
B Flynn, M Harland, A Hussain, G Hussain,
J Pryor, A Smart, P Truswell and S Varley

Co-opted Member: Dr J Beal (Healthwatch Leeds)

9 The Better Lives Strategy in Leeds

The Head of Scrutiny submitted a report which presented two requests for scrutiny, alongside a report from the Director of Adult Social Services setting out the background and findings of recent consultation regarding proposals on the future provision of Council care home and daycentre services.

The following information was appended to the report:

- Better Lives for Older People – Day Centres for Older People – Consultation Report (June 2016)
- Better Lives for Older People – Residential Care for Older People (June 2016)
- Day Centre Service User Profiles (as at 15/06/16) and Alternatives
- Resident Profiles (as at 15/06/16) and Alternatives
- Better Lives Service Review – Potential Savings – Residential Care and Day Centres
- Summary of all centres – Post Consultation Contact 24 December to Date
- Request for scrutiny dated 19 May 2016 in relation to Siegen Manor Care Home, Morley.

The following were in attendance:

- Councillor Rebecca Charwood (Executive Member for Health, Wellbeing and Adults)
- Cath Roth (Director of Adult Social Services) – Leeds City Council
- Shona McFarlane (Chief Officer: Access and Care Delivery) – Adult Social Services, Leeds City Council
- Anna Clifford (Programme Manager) – Adult Social Services, Leeds City Council
- Mark Phillott (Head of Commissioning (Contracts and Business Development)), Adult Social Services, Leeds City Council
- Linda Newsome - presenting the request for scrutiny in relation to Siegen Manor Care Home
- Keith Spellman - presenting the request for scrutiny in relation to the proposed closure of all three care homes, with a particular emphasis on Middlecross Care Home.

The Board received the requests for scrutiny in relation to Siegen Manor Care Home and the proposed closure of all three care homes, with a particular emphasis on Middlecross Care Home.

The Board considered and discussed the report from the Director of Adult Social Services. Some of the key areas of discussion included:

- Historical practice in tender evaluations around the weighting of cost and quality.
- The need to ensure that effective commissioning of services and monitoring arrangements were in place.
- General concern about perceived poor standards of provision in the independent sector compared to Council provided care.
- The quality landscape specifically in the vicinity of the three care homes proposed for closure.
- The high level of response to the consultation and the overwhelming response not supporting the proposed closures.
- The quality of the public consultation process.
- Increased budget pressures on Adult Social Services.
- Assurances that residents who moved elsewhere would not be worse off financially, nor in terms of the quality of service provided.
- The Board was advised that while cost comparisons were based on revenue expenditure, capital expenditure was needed to refurbish Council Care homes to bring them in line with modern facilities.
- Making best use of provision, i.e. provision of dementia day care services.
- Concerns about how some CQC inspection outcomes were reported – specifically in terms of the lack of judgements around the ‘impact’ on services.
- Comparisons with other decisions made by the Council, with specific reference to the disposal of school buildings.
- Plans for the reuse or disposal of surplus buildings that may arise from future decisions.

Prior to the conclusion of the discussion, members of the Scrutiny Board agreed that in the main the Board had sufficient information to consider in making any statement on the proposals and consultation outcome: The exception being an outline of any plans for the reuse or disposal of surplus buildings that may arise from future decisions.

RESOLVED –

- (a) That the Board establishes a sub-group to consider the information presented and issues raised in more detail address some of the issues that had been raised.
- (b) That an outline of any plans for the reuse or disposal of surplus buildings that may arise from future decisions be made available and presented to the sub-group meeting of the Board.

(Councillor P Truswell left the meeting at 2.55pm during the consideration of this item.)

**Scrutiny Board (Adult Social Services, Public Health, NHS)
Care Homes – Working Group Meeting
12 July 2016**

NOTES OF THE MEETING

The Chair opened the meeting and thanked everyone for attending. Introductions were given and apologies were noted – as presented at Annex A.

The following written information had been made available to those attending the meeting:

- A copy of the Director of Adult Social Services report, '*Delivering the Better Lives Strategy in Leeds – Progress Report*', presented to the Scrutiny Board (Adult Social Services, Public health, NHS) on 28 June 2016.
- An extract from the draft minutes of the Scrutiny Board (Adult Social Services, Public health, NHS) meeting, held on 28 June 2016.
- A briefing note from Adult Social Services on 'Housing and Care Futures Programme' – 8 July 2016
- A letter from Mr K Spellman (received 6 July 2016).

Given the additional information now available to the Scrutiny Board and the change in its membership, the Chair outlined the purpose of the meeting was to provide an opportunity to comment on the future of the Council's remaining Adult Social Care Residential Care Homes and Day Centres, and identify any specific matters the Scrutiny Board wished to highlight to the Executive Board when making future decisions.

It was highlighted that the Scrutiny Board had specifically been asked to:

- Note the work that has been undertaken in the consultation on future proposals for the Council's residential care homes and day centres; and,
- Consider the consultation and its conclusion to ensure they are relevant, focused and purposeful.

It was noted that the Scrutiny Board had already made its views known regarding the proposed closure of The Green Care Home, via its April 2016 Statement.

The difficulties associated with any future decision were recognised, along with the depth of public feeling among communities that had become evident during the most recent public consultation (September 2015 – December 2015). The Chair also corresponded with Mr K Spellman, received since the Scrutiny Board's meeting on 28 June 2016.

The Chair also referenced the known and expected 'Good' Care Quality Commission (CQC) ratings in relation to The Green, Siegen Manor and Middlecross Care Homes.

The Chair also made the following observations and sought agreement from those members present that these represented a fair summary of the current position:

- The consultation process had been fair, focused and purposeful.

- The analysis of the consultation had been fair, focused and purposeful, with the overwhelming response from those who responded was to reject the proposed closure of the Council's Day Centres and Care Homes.
- Despite the thoroughness of the consultation analysis, the Scrutiny Board would be unable to comment on the ultimate conclusions of the process, as these had not been presented.
- From the information presented to date and representations made to the Scrutiny Board, there appeared to be a distinction between the proposed closure of Day Centres and the proposed closure of Care Homes.
- The Scrutiny Board had previously expressed its concern in relation to the varied 'quality landscape' of independent sector provision of residential care services in Leeds. This remained a concern at the current time.
- The view of the Director of Adult Social Services was there was sufficient, equal or better, quality bed space within the City to meet the needs of current residents in care homes run by Leeds City Council.

The following points were subsequently confirmed and clarified by Adult Social Services:

- An estimated over supply of 1000 traditional residential care beds across the City.
- An under supply of 500/600 nursing care beds across the City.
- A need for approximately 800 Extra Care housing units.

Discussion

Following the opening remarks, members of the working group highlighted a number of matters for discussion and sought a range of points of clarification, including:

- The health and well-being of current residents within residential homes being of paramount importance.
- Current arrangements at Dolphin Manor (Rothwell) and the potential development of Extra Care Housing.
- Potential of Extra Care Housing offering a real alternative future care option for older people.
- The role and implications of planning permissions in the development of Extra Care Housing across the City.
- The benefits of Extra Care Housing as an alternative accommodation type, compared to residential care homes.
- Timing around the development of any Extra Care Housing Schemes and the potential closure of care homes.
- The potential different ownership models within general Extra Care Housing developments.
- The desire for Adult Social Services to maintain 'nomination rights' for the lifetime of future Extra Care Housing Schemes in Leeds.
- Considering 'service provision' as a community asset not simply the 'built environment'.
- Balancing the needs of current vulnerable older people living in care homes, while developing and delivering a model of care to meet the needs of older people in the future.
- A commitment from the Executive Board to prioritise the development of 'specialist housing' on appropriate sites across the City.
- Development options in the Morley area of the City.
- Extra Care Housing Options likely to be unsuitable for current residential care residents.

- Concerns around the quality of some independent sector residential care provision – particularly in East Leeds.
- Implications and potential opportunities associated with the significant housing expansion plans in East Leeds, and the need for close working relationships between Planning, Adult Social Services and Public Health.
- The ‘care guarantee’ – meaning local authority care home residents affected by any closures would not be worse off financially, nor in terms of the quality of care provided.
- The need for any proposed closures to be considered on a case-by-case basis, reflecting the needs of current residents, the local circumstances and implications of any closure. In making any cases for closure, these should be accompanied by a clear exit strategy and reuse / development/ disposal plan, with demonstrable community benefit.
- Decisions in the near future aimed at helping the Council plan tactically over the next 40 years or so – therefore any programme of closure needed to be balanced with a programme of development.
- Recent discussions within the Older People’s Forum around the Older People’s Housing Strategy.

Conclusion

The Chair thanked everyone for their attendance and contribution to the discussion, and outlined the plan to provide a short report to help inform the Director of Adult Social Services during the production of a report for the Executive Board in September 2016.

The Chair confirmed a draft report setting out the comments and observation would be produced as soon as possible, for formal consideration and agreement by the Scrutiny Board (Adult Social Services, Public Health, NHS).

The meeting was closed at 12:50pm.

ATTENDANCE

Members of the Scrutiny Board

- Cllr Peter Gruen (Chair)
- Cllr Shirley Varley
- Cllr D Nagle (substitute member for Cllr A Hussain)
- Cllr C Dobson (substitute member for Cllr M Dobson)

Apologies were received as follows:

- Cllr J Chapman
- Cllr M Dobson
- Cllr B Flynn
- Cllr A Hussain
- Cllr J Pryor
- Cllr A Smart
- Cllr P Truswell
- Dr J Beal - Healthwatch Leeds (Co-opted member)

Adult Social Care

- Shona McFarlane – Chief Officer (Access and Care Delivery)
- Anna Clifford – Better Lives Programme Manager

Others

- Steven Courtney – Principal Scrutiny Adviser

This briefing paper provides a response to the key comments and observations from the Scrutiny Board as outlined in their July 2016 report 'Draft Response to the Better Lives Strategy Update'. Adult Social Care representatives attended the Sub-Group Working Group meeting on 12th July 2016.

Scrutiny Board commented that:

11. *'We believe the health and well-being of current service users to be of paramount importance – be they residents within residential care homes, or users of day care services'.*

In developing proposals for the future of Adult Social Care residential and day services, extensive analysis was carried out to understand the future needs of the people of Leeds. The analysis and resulting proposals had to balance meeting the needs of the current service users with the cost and demand for these services in the future. This has seen a dual focus on developing a service model which is efficient, in demand and meets future needs, but also minimises any negative impact on the current service users. To meet the latter requirement the current service users have been involved throughout the consultation process on the future of their services.

In addition, during the previous phases of the Better Lives Programme, where a decision on the future of a service has resulted in moving people to an alternative service the transfer of service users was carried out by a specialist Council team who follow an 'assessment and transfer policy'. This assessment and transfer process has been used successfully in previous phases and will be deployed in any future proposals impacting service users. The process is also monitored by a quality assurance group that offers support to the specialist team and ensures the correct protocols are followed.

Family members are also involved in the transfer process including supporting the service user to choose an alternative service and where a resident/ service user cannot make an informed choice or has no family an independent advocate is made available. The assessment takes account of the care needs of the person receiving the service and also includes additional non-care needs such as any transport requirements they may have. In addition, a separate carers assessment is also carried out to ensure carers' needs are taken into account in finding an alternative service. The social work assessment team also establish the resident and service user's eligibility for funding support in the future.

12. *'Overall, from our discussions, it is clear the circumstances for each care home and day centre are very specific to each facility and its locality. The availability and location of alternative services; the quality of alternative services; opportunities to develop facilities for the future – are some examples of the specific matters that can be particular to individual facilities. As such, in formulating proposals for the Executive Board, we believe the Director of Adult Social Services should be very clear about how individual circumstances have helped shape any proposals and what the proposals are likely to mean for the City and the individual localities affected.'*

Analysis has been carried out to demonstrate the available alternative services in relation to the area around each home and day centre and has also considered the impact on individual service users and their families. This has included carrying out extensive analysis into the potential distance the next of kin each relative would have to travel if their relative had to choose an alternative service (see appendix 1 for details).

Leeds City Council is working corporately and in partnership with other organisations to introduce services that meet the known needs of specific communities. The Council's Better Lives and

Housing and Care Futures programmes are using profiles of each ward in Leeds to inform the development of facilities for the future – including new models of community support and supported accommodation. In addition each stage of the Better Lives programme is subject to a “lessons learned report” to ensure that the implementation of service transformation follows a model of continuous improvement.

13. ***‘We believe our input will increase the robustness of any future decisions on the future provision of residential care and day care services across the City’.***
15. ***‘We are satisfied that the consultation process has been fair, focused and purposeful. We are also satisfied that the analysis of the consultation outcome provided and presented to us has been thorough, accurate and informative – overwhelmingly demonstrating that key stakeholders did not support the proposed closure of the residential care homes and day centres’.***
16. ***‘In order to truly consider if the conclusion from the consultation is relevant, focused and purposeful, it is important to how the outcomes will be used to inform decision making and shape any recommendations. Clearly, this information will from part of the report presented to the Executive Board later in the year; however the Scrutiny Board has not had the benefit of being presented with any initial thinking around how the consultation results are likely to influence any recommendations to the Executive Board. Therefore, we feel unable to fully comment on the ‘conclusion’ of the consultation at this time’.***

The input received from Scrutiny Board is appreciated and will help to further develop the proposals to be presented to Executive Board, as well as helping Executive Board in making their decision on the future of services.

The involvement of service users, their families, staff, trade unions and other key stakeholders is an essential part of the process relating to the decision on the future of the Adult Social Care residential homes and day centres.

The feedback from the consultation process will be considered in conjunction with the original review factors agreed by Scrutiny Board in 2010 and additional comments from Scrutiny Board before making a decision on the future of services.

17. ***‘We welcome the ‘care guarantee’ set out by the Director of Adult Social Services – in that anyone affected by a future change would receive the same or better quality of care and would not be worse off financially. However, we have reservations whether or not such a guarantee could be practicably implemented’.***
18. ***‘We note the acknowledgement that some independent sector care homes require improvement and the Council is ‘looking to address this’. Nonetheless, we believe more detail is needed to describe the Council’s proposed and how such actions will address the identified areas for improvement.’***

The Care Guarantee has been successfully employed in the previous two phases of the Better Lives Programme and will continue to be used in implementation of any further proposals (see appendices 2 and 3, Leeds City Council Care Guarantee). The issue relating to an alternative care home being of comparable quality has been and will continue to be guided by the Council’s Quality Standards in the Residential and Nursing Framework contract.

The current standards were developed in 2011 at a time when CQC had withdrawn their rating system for care homes. The intention of our approach was to continue to drive up quality, whilst providing a framework within which we could assign increased funding to higher quality – in effect the ‘enhanced rate’.

The Quality Standards were agreed by an Advisory Board, chaired by the Executive Lead Member, following a coproduction process which contained substantial and detailed consultation with service user representatives and independent sector providers. When the contract was let and the standards introduced in 2012, CQC had not yet released the standards or the rating system which is

currently in place, which were only implemented during 2014. However, the core standards are reflective of the elements of a service which commissioners, providers and service users identified during the co-production process as critical areas of good or very good service delivery, and therefore there is already significant read across between our contractual standards and the CQC ratings.

Any home that is on the Council's Quality Framework contract and has subsequently been rated by the CQC as "Requires Improvement" will be subject to Adult Social Care officers working with the home to help deliver that improvement and to closely monitor any actions recommended by the CQC. If a home is not able to demonstrate rapid improvement, the enhanced fee rate is withdrawn.

Work is about to commence to re-commission the current contract (again overseen by an advisory board chaired by the Executive Member for Health, Well-Being and Adults) and this will be the opportunity to seek to increase the links between the payment system and the ratings given by CQC. This is already the approach we have taken with the recently let community homecare contract where we have stated that all providers who are part of the contract must maintain a CQC rating of at least 'Good'.

We recognise that greater coordination between the CQC regulatory approach, the Council contract monitoring approach, and the outcomes of consultation with service users and providers, will always be an advantage to all involved, producing an approach to quality which is easier for providers to evidence and for service users to understand.

The recommissioning of the residential framework will be a positive opportunity to incorporate into the Council's Quality Standards, the valuable experience gained under the current standards, the new approach by CQC, the results of consultation with service users, their families, key partners and service providers, alongside the helpful input from Scrutiny Board.

21. We recognise this information does not represent the whole of the City and may therefore only provide a partial picture. As such, when presenting final proposals and recommendations to the Executive Board, we believe it would be helpful to present a city-wide picture of the quality of residential and nursing care across the whole of Leeds.

See below a city wide picture of the quality of residential and nursing care across the whole of Leeds.

Residential				
	Homes	%	Beds	%
Good	20	35%	689	30%
Not Rated	10	18%	376	17%
Inadequate	1	2%	32	1%
Requires Improvement	26	46%	1165	52%
Total	57	100%	2262	100%

Nursing				
	Homes	%	Beds	%
Good	11	31%	474	26%
Not Rated	6	17%	295	16%
Inadequate	0	0%	0	0%
Requires Improvement	19	53%	1089	59%
Total	36	100%	1858	100%

Residential and Nursing Combined				
	Homes	%	Beds	%
Good	31	33%	1163	28%
Not Rated	16	17%	671	16%
Inadequate	1	1%	32	1%
Requires Improvement	45	48%	2254	55%
Total	93	100%	4120	100%

22. We recognise and welcome efforts to incentivise care quality in the independent sector through the introduction of the Quality Standards framework, with the core and enhanced fee

structure. However, from the information provided we note there are occasions where the Council is paying an enhanced fee and the providers have been rated by the CQC as 'Requires Improvement'. Although such occurrences appear to be relatively low in number, we believe receipt of an enhanced fee payment should be dependent on any provider maintaining a CQC rating of at least 'Good'.

- 23. We recognise the current CQC assessment process and ratings do not make a formal judgement on the impact of any area requiring improvement – something the Director of Adult Social Services has repeatedly highlighted. As such, we believe there should be a closer link between the Council's Quality Standards framework and the CQC assessment and rating of providers. Our initial view is that any care provider assessed by the CQC as 'Requires Improvement' or 'Inadequate' should not be in receipt of an enhanced fee level until such time that the CQC reassess the provider as 'Good' or 'Outstanding'. There should also be a clear and understood approach where there is evidence of providers repeatedly failing to meet the CQC standards.***
- 24. In the longer-term, we also believe that any changes to the national processes for assessing the quality of care should be reflected in the Council's Quality Standards framework. This will provide a closer link between the standard national processes for the assessment of quality and the Council's local framework.***

The current Quality Standards in the Residential and Nursing Framework contract were developed in 2011 at a time when CQC had withdrawn their rating system for care homes. The intention of our approach was to continue to drive up quality, whilst providing a framework within which we could assign increased funding to higher quality – in effect the 'enhanced rate'.

The Quality Standards were agreed by the Advisory Board for this project, chaired by the Executive Lead Member, following a coproduction process which contained substantial and detailed consultation with service user representatives and independent sector providers. When the contract was let and the standards introduced in 2012, CQC had not yet released the standards or the rating system which is currently in place, which were only implemented during 2014.

As the contract was let prior to the introduction of the CQC standards and rating system, the Core and Enhanced Standards do not directly tie in with the rating system given by CQC. However, the core standards are reflective of the elements of a service which commissioners, providers and service users identified during the co-production process as critical areas of good or very good service delivery, and therefore there is already significant read across between our contractual standards and the CQC ratings, some areas though, such as encouraging additional support into a service through volunteering and strong engagement with the local community, have a stronger focus in our enhanced standard than the CQC ratings. We are, however, about to commence the work to re-commission the current contract (again overseen by an advisory board chaired by the Executive Member for Health, Well-Being and Adults) and this will be the opportunity to seek to increase the links between the payment system and the ratings given by CQC. This is already the approach we have taken with the recently let community homecare contract where we have stated that all providers who are part of the contract must maintain a CQC rating of at least Good.

Given that the current Quality Standards do not directly link with the current CQC ratings (which were developed after the contracts were established) we cannot automatically remove a providers Enhanced Status because they have been given a Requires Improvement Rating by CQC. However, ASC contract officers can reassess the provider against the contractual Quality Standards to ensure they were meeting the necessary thresholds embedded in the contract. Consideration is also given by ASC contract officers in any recommendations arising out of our monitoring regarding enhanced status to the seriousness, impact, and likely duration of any failures to maintain compliance with the enhanced contractual standards. It is worth noting that there is a wide range of compliance elements that are covered by a 'Requires Improvement' rating and also that it may take a considerable length of time for CQC to do a re-inspection of the home once they have given this rating. During this time ASC Officers will be working with the home to help deliver that improvement and to monitor any actions recommended by the CQC. The approach of the council to very closely monitor service improvement enables the ASC contract officers to record and report rectification of

any non-compliance, enabling the council to use its discretion in deciding whether or not an Enhanced Rating should be removed or re-instated.

The timescales which CQC apply to their revision and implementation of their regulation scheme however do not coincide with the procurement timeframes operated by either Health or Social Care commissioners. However, considerable effort is made to ensure that procurements reflect the current and anticipated CQC regulation approach, though noting the issues caused by the CQC's delays in the implementation of the rating system,

However, where we are aware that a home who is receiving an Enhanced payment is failing and it is unlikely that they will be able to rectify this situation within a reasonable period, then we will automatically remove the Enhanced payment from that home.

We recognise that greater coordination between the CQC regulatory approach, the Council contract monitoring approach, and the outcomes of consultation with service users and providers, will always be an advantage to all involved, producing an approach to quality which is easier for providers to evidence and for service users to understand.

The recommissioning of the residential framework will be a positive opportunity to incorporate into the Council's Quality Standards the valuable experience gained under the current standards, the new approach by CQC, the results of consultation with service users, their families, key partners and service providers, alongside the helpful input from Scrutiny Board.

- 25. Furthermore, to recognise and demonstrate the importance of ensuring high quality residential and nursing care is provided across the City, we believe the Director of Adult Social Services, working in collaboration with the CQC, should routinely produce an annual statement on the quality of care across the City, and make this available to the Executive Board, Leeds Safeguarding Adults Board and the relevant Scrutiny Board. The precise timing of such an annual report would need to be agreed; nonetheless, we believe this would further enhance the quality improvement work and efforts of the Council and, over time, could help to demonstrate (or otherwise) quality improvements across the independent care sector in Leeds. It would also serve to provide public assurance both on the standards of care across the City and the inspection, service monitoring and reporting arrangements in place.**

ASC produce regular updates on the state of registered care providers in the city for the benefit of elected members, alongside the 'live' information on the CQC website. It is a helpful suggestion to collate these into an annual report for the public. We can include this as part of the Local Account that ASC produces each year. The Local Account, published through co-production with service users via the Better Lives Board, sets out activities and progress made over the past 12 months by the council's adult social care directorate. It also describes priorities for improvement and further developments for the coming year, and would be the most appropriate place to publish this information

- 26. 'The concerns we received about the proposed closure of facilities have tended to be more focused on the existing residential care homes – with a significant focus on these being people's 'homes'. By the very nature of people travelling to and from locations to access day services, there does not appear to be the same degree of attachment. In addition, with less people choosing to access services via day centres; the wide ranging work of neighbourhood networks; and the proposed retention of three specialist, city-wide complex needs care and support services, we are more willing to accept the closure proposals for day centres'.**
- 27. 'We also acknowledge and welcome the commitment that those service users currently accessing day centre services will receive the same level of service they are currently in receipt of and any closures will not result in a loss of service.'**

The assessment and transfer team will support any day centre users and families impacted by proposals to choose an alternative day service to meet their needs. This includes ensuring the respite needs of family carers are met.

The staff working in the care homes and day centres, that are affected by the proposals, were involved at an earlier stage in workshops to identify alternative and cost effective models of care. This has led to the concept of a Council run “recovery” service being developed which would offer short term residential support for older people who don’t need to be in hospital or long term care but are not currently ready or able to live at home.

32. *‘Given the current and projected expansion of housing and development opportunities across the City, we believe it is vitally important for the Director of Adult Social Services to proactively work with and engage developers to help deliver the additional 700 extra care housing units needed across the City.’*

A key work stream of the Housing and Care Futures Programme is to meet and support prospective independent and third sector developers of extra care, residential care and nursing care. Adult Social care engages with external and internal partners to identify development opportunities and promote growth particularly in those areas where there is a deficit of specialist accommodation for older people.

There is a focus on the development of specialist housing with care as a real alternative to residential care. Through the Housing and Care Futures Programme, a small number of Council owned sites have been brought to the market for the development of specialist housing in areas where there is a shortfall of homes designed for older people. The Council is also leading the way in the construction of 45 new extra care apartments in Yeadon and 60 new extra care apartments in West Ardsley which will be available to rent and for shared ownership. A suitable site has been earmarked in Rothwell for the development of extra care and community based services for older people. The Council will continue to work proactively with developers to identify further opportunities for Extra Care Housing across the city.

34. *During our deliberations, we have been reminded that built facilities should not be the sole consideration when considering ‘assets’ – with the services themselves and those delivering the services also representing ‘assets’. We have also been struck by the high regard in which the Council’s workforce working in residential care homes and day centres is held by residents, service users and their families: The workforce is regarded as an asset within the City – and rightly so in our opinion. As such, we believe there should be some consideration by the Executive Board around how parts of the Council’s current care workforce might be suitably developed to help address existing and future workforce pressures.*

Ongoing engagement is taking place with staff and HR regarding potential opportunities for all staff, if they are affected by any of the proposals. A local Early Leaver Initiative (ELI) scheme is likely to be offered to staff currently employed in services at risk and in services where roles have similar skill sets to create further redeployment opportunities.

We are looking at the future workforce planning and development needs with representatives from key health partners, FE/HE providers and the independent sector

Already begun a Leeds – nursing recruitment campaign. Potential development for Personal Assistants

Internally co-ordinated by ASC Workforce Dev

- Looked at key skills gaps with other partners and
- Already begun to explore NVQ options to prepare our workforce for other roles in the sector
- Already run We Care Academy apprenticeships

And working with other internal services to seek out roles suitable for redeployment e.g. Housing, Customer Services, Transport and Presto etc.

38. *'We believe it is important for the Executive Board to provide an outline of future aspirations for communities at the time of decommissioning any services in the local area.'*

The Council is committed to ensuring equality of provision and access to services across the city. This includes developing community based services rather than building based services to help reach out to meet people's needs either in their own home or in community locations. Any proposal to decommission services will only be done on the basis that alternative provision is available within the local area and the Council will continue to work with partners and service providers to ensure services meet the needs and expectations of local communities.

Appendix 1- Next of Kin alternatives

Middlecross Analysis:

In brief, current Middlecross NOK live on average 13 miles from the home. If we remove any NOK living outside of Leeds, this average distance reduces to 4.3 miles (same distance as NOK from Siegen Manor – lowest average distance for Leeds NOK).

Middlecross NOK have on average 1,218 residential and nursing beds (highest out of three) within 5 miles of their address, 27% of which are rated good (333).

Average Residential Beds within 5 miles of NOK address				
Rating	Beds	%	Homes	%
Good	202	28%	6	35%
Inadequate	9	1%	0	2%
Not Rated	69	10%	2	11%
Requires Improvement	446	61%	9	52%
Total	727	100%	17	100%

Average Nursing Beds within 5 miles of NOK address				
	Beds	%	Homes	%
Good	130	27%	3	31%
Inadequate	0	0%	0	0%
Not Rated	41	8%	1	10%
Requires Improvement	320	65%	6	59%
Total	491	100%	10	100%

Average Residential and Nursing Beds within 5 miles of NOK address				
	Beds	%	Homes	%
Good	333	27%	9	34%
Inadequate	9	1%	0	1%
Not Rated	110	9%	3	11%
Requires Improvement	766	63%	15	55%
Total	1218	100%	27	100%

Distance currently travelled from NOK address to Middlecross Care Home	
All NOK	13.0
NOK in Leeds	4.3

Siegen Manor:

In brief, current Siegen Manor NOK live on average 14.1 miles from the home (highest overall distance between 3 homes). If we remove any NOK living outside of Leeds, this average distance reduces to 4.3 miles (same distance as NOK from Middlecross – lowest average distance for Leeds NOK).

Siegen Manor NOK have on average 1,097 residential and nursing beds within 5 miles of their address, 35% of which are rated good (387).

Average Residential Beds within 5 miles of NOK address				
Rating	Beds	%	Homes	%
Good	223	39%	6	41%
Inadequate	2	0%	0	0%
Not Rated	41	7%	1	8%
Requires Improvement	310	54%	7	50%
Total	577	100%	15	100%

Average Nursing Beds within 5 miles of NOK address				
	Beds	%	Homes	%
Good	164	32%	3	36%
Inadequate	5	1%	0	1%
Not Rated	37	7%	1	8%
Requires Improvement	315	61%	5	55%
Total	520	100%	9	100%

Average Residential and Nursing Beds within 5 miles of NOK address				
	Beds	%	Homes	%
Good	387	35%	9	39%
Inadequate	7	1%	0	1%

Distance currently travelled from NOK address to Siegen Manor Care Home	
All NOK	14.1
NOK in Leeds	4.3

Not Rated	78	7%	2	8%
Requires Improvement	625	57%	12	52%
Total	1097	100%	24	100%

The Green:

In brief, current The Green NOK live on average 7.9 miles from the home (lowest overall average distance). If we remove any NOK living outside of Leeds, this average distance reduces to 4.8 miles (highest distance for Leeds NOK).

The Green NOK have on average 1,013 residential and nursing beds within 5 miles of their address, 25% of which are rated good (250).

Average Residential Beds within 5 miles of NOK address				
Rating	Beds	%	Homes	%
Good	90	19%	3	27%
Inadequate	3	1%	0	1%
Not Rated	82	18%	2	18%
Requires Improvement	287	62%	7	55%
Total	462	100%	12	100%

Average Nursing Beds within 5 miles of NOK address				
	Beds	%	Homes	%
Good	160	29%	4	34%
Inadequate	0	0%	0	0%
Not Rated	45	8%	1	7%
Requires Improvement	345	63%	7	59%
Total	550	100%	11	100%

Average Residential and Nursing Beds within 5 miles of NOK address				
	Beds	%	Homes	%
Good	250	25%	7	30%
Inadequate	3	0%	0	0%
Not Rated	127	13%	3	13%
Requires Improvement	632	62%	13	57%
Total	1013	100%	23	100%

Distance currently travelled from NOK address to The Green Care Home	
All NOK	7.9
NOK in Leeds	4.8

Appendix 2 – Leeds City Council Care Guarantee - Better Lives for Older people: Future Options for Long Term Residential Care Home Service

Our Care Guarantee

It is recognized that decisions to close or re-commission any local authority care home is likely to cause anxiety for residents, their families, carers and staff.

To alleviate these anxieties, Leeds City Council Adult Social Care has developed the following Care Guarantee for people affected by the changes. This guarantee outlines our commitment to provide you with support and help throughout the whole process.

Our commitment to you:

- We have consulted fully and widely, and made sure people's views were considered before any final decisions were made by Leeds City Council, on the future of the Council's long term residential care homes.
- We will continue to consult fully and widely and secure ongoing engagement at every stage of the process.
- Older people and people acting on their behalf can contact Leeds City Council by telephoning one telephone number for information about services and we will get back to you within 1 working day (during the working week). This number is 0113 37 83821
- Information on decisions and timescales will be shared with residents and their families in a timely and accessible manner.
- When a home is closing people's dignity, choice and rights will be protected.
- People who don't have the capacity to understand what is happening will be provided with an independent advocate arranged by us.
- The health and wellbeing of residents is paramount and risk assessments will be carried out to ensure that clinical and therapeutic needs are responded to urgently and with sensitivity.
- The assessment of need, care planning and choice of alternative service will be focused on the individual, their carer/family and developed in partnership with their named social worker.
- Residents will not be asked to move until we are sure we have alternative options available; these may include housing with care schemes or residential homes in the private and independent sector - depending on the person's individual needs.
- Support will be given to residents and their carer/family in identifying and moving to an alternative home that meets the person's individually assessed need; a dedicated care manager will work with each resident throughout the whole process.
- Residents of the Council's residential care homes and their carer/family will have visits arranged to alternative home(s) of their choice where they will have the chance to meet other residents and speak with staff before any decision to move is made.
- Where the Council is currently contributing towards a resident's care home fee there will be no financial detriment to the resident or carer/family in choosing a new care home from the Council's quality framework list. Any proposed transfer to a care home not on the Council's quality framework list will be considered on an individual basis and may incur a top-up fee. The Council will not pay any supplement relating to enhancements that a care home may offer (such as a larger room).
- Staff in the current home will work closely with any new provider to ensure that they get to know each new resident, their likes and dislikes. Ongoing support will be available for new residents and their new care provider.
- The move of residents from their existing care home to another will be carried out by a dedicated team of social workers and the process will be overseen by a group which will include therapy, nursing and medical staff to assure its quality and effectiveness. The assurance group will also advise on complex or sensitive issues as they arise.
- The social work team will work closely with the health service during this period of change and involve nurses and GPs as required.
- A resident or anyone acting on their behalf who is concerned about the transition process can speak to their social worker or the team manager.

- When a resident has moved to their new care home their care plan will be reviewed by the social work team after approximately three months or as needed. Once the resident has settled in, the care plan will be reviewed on an annual basis. The resident's social worker will be available for support and to answer any queries throughout this period.

Appendix 3 – Leeds City Council Care Guarantee – Better Lives for Older people: Future Options for Day Care Support

Our Care Guarantee

It is recognized that decisions to close or re-commission residential and day care facilities will cause anxiety and uncertainty for day centre users their families and carers and staff.

To alleviate these anxieties, Leeds City Council Adult Social Care has developed the following Care Guarantee for people affected by the changes. This guarantee outlines our commitment to provide you with support and help throughout the whole process.

Our commitment to you:

- We have consulted fully and widely, and made sure people's views were considered before any final decisions were made by Leeds City Council, on the future of day care facilities.
- We will continue to consult fully and widely and secure ongoing engagement at every stage of the process.
- Older people and people acting on their behalf can contact Leeds City Council by telephoning one telephone number for information about services and we will get back to you within 1 working day (during the working week). This number is 0113 37 83821
- Information on decisions and timescales will be shared with you in a timely and accessible manner.
- When a day centre is closing people's dignity, choice and rights will be protected.
- People who don't have the capacity to understand what is happening will be provided with an independent advocate arranged by us.
- The health and wellbeing of service users is paramount and risk assessments will be carried out to ensure that clinical and therapeutic needs are responded to urgently and with sensitivity.
- The assessment of need, care planning and choice of alternative service will be focused on the individual, their carer/family and developed in partnership with their named social worker.
- You will not be asked to move until we are sure we have alternative options for you; these may include local community facilities or respite facilities depending on your individual needs.
- Service users of the Council's day centres and their carer/family will have visits arranged to alternative provision of their choice before any decision to move is made. You will have the chance to meet other service users, and speak with staff before you decide.
- There will be no financial detriment to you or your family in choosing a new placement – it will not cost you any more than it does now.
- Staff in the current day centre will work closely with any new provider to ensure that they get to know you, your likes and dislikes and will be available for support and reassurance to you in your new centre and for support they can give the new provider.
- The move of service users from one service to another will be carried out by a dedicated team of social workers and the process will be overseen by a group which will include therapy, nursing and medical staff to assure its quality and effectiveness.
- We will work closely with the health service during this period of change and involve nurses and your GP as required.
- A service user or anyone acting on their behalf who is concerned about the transition process can speak to their social worker or the team manager.
- The transition process will be overseen by an assurance group who will advise on complex or sensitive issues as they arise.
- Once you have moved to a new service your care plan will be reviewed within the first three months by your social worker and then on request as needed. Once you are settled, the care plan will be reviewed on an annual basis. Your social worker will be available for any queries or support during this time.