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## SCRUTINY BOARD (ADULT SOCIAL CARE)

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Special Meeting to be held in Civic Hall, Leeds on  
Thursday, 20th August, 2009 at 2.00 pm

*(A pre-meeting will take place for ALL Members of the Board at 1.45 p.m.)*

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### MEMBERSHIP

#### Councillors

J Chapman (Chair) - Weetwood;  
P Ewens - Hyde Park and Woodhouse;  
Mrs R Feldman - Alwoodley;  
C Fox - Adel and Wharfedale;  
A Gabriel - Beeston and Holbeck;  
T Hanley - Bramley and Stanningley;  
J McKenna - Armley;  
V Morgan - Killingbeck and Seacroft;  
F Robinson - Calverley and Farsley;  
A Taylor - Gipton and Harehills;  
E Taylor - Chapel Allerton;

#### CO-OPTEEES

Ms Joy Fisher – Alliance Service Users and Carers  
Sally Morgan – Equality Issues

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*Please note: Certain or all items on this agenda may be recorded on tape*

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**Agenda compiled by:**  
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**Principal Scrutiny Advisor:**  
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# A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p><b>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</b></p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded.)</p> <p>(* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Chief Democratic Services Officer at least 24 hours before the meeting.)</p>	
2			<p><b>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</b></p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p><b>RESOLVED –</b> That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-</p> <p><b>No exempt items or information have been identified on this agenda</b></p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p><b>LATE ITEMS</b></p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p><b>DECLARATIONS OF INTEREST</b></p> <p>To declare any personal / prejudicial interests for the purpose of Section 81 (3) of the Local Government Act 2000 and paragraphs 8 to 12 of the Members Code of Conduct.</p>	
5			<p><b>APOLOGIES FOR ABSENCE</b></p> <p>To receive any apologies for absence.</p>	
6			<p><b>OLDER PEOPLES DAY SERVICES AND DAY SERVICES FOR PEOPLE WITH LEARNING DISABILITIES</b></p> <p>To receive and consider a report from the Head of Scrutiny and Member Development which provides information presented to Executive Board about the future plans for Day services across the city.</p>	1 - 158
7			<p><b>DATE AND TIME OF NEXT MEETING</b></p> <p>To note that the next meeting of the Board will be held on Wednesday, 9<sup>th</sup> September 2009 at 10.00 a.m. with a pre-meeting for Board Members at 9.30 a.m.</p>	

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Originator: Sandra Newbould

Tel: 247 4792

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## Report of the Head of Scrutiny and Member Development

### Adult Social Care Scrutiny Board

Date: 20<sup>th</sup> August 2009

Subject: Older Peoples Day Services and Day Services for People with Learning Disabilities

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**Electoral Wards Affected:**

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

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## 1.0 INTRODUCTION

At the Adult Social Care Scrutiny Board meeting held on the 29<sup>th</sup> of July 2009 the board expressed concern about the planned closure of day centres, particularly as the closures may reduce the choices available to individuals. It was resolved that a special meeting would be held on Thursday 20th August 2009 to specifically look into this matter.

## 2.0 TRANSFORMATION OF DAY SERVICES

2.1) In 2005 the Green Paper "Independent Wellbeing and Choice" was published, closely followed in 2006 by the White Paper "Our Health, our Care, our Say : a new Direction for Community Services". These documents set out the need for a new direction for Community Services which responds to demographic changes in society and increasing expectations of convenience and customer service from the public. Significant recommendations were made to Local Authority and Health Services in respect of :

- Enabling health, independence and wellbeing for individuals and communities
- Better access to health services
- Better access to community services
- Support for people with longer-term needs
- Care " closer to home" ( in communities rather than hospital or institutional settings)
- Giving people choice and control of their care arrangements

2.2) Included in the range of measures is the extension to the scope of Direct Payments and the implementation of individual budgets. These budgets consist of cash payments for care

which would provide individuals with the ability to procure and control their own care from various sources which may or may not include the local authority.

**2.3)** A number of reports have been brought before the Executive Board which details how Adult Social Services plan to transform services to meet legislative requirements and deliver services in the future. Reference is made within these reports to the future of day services.

### **3.0 FORMAT AND SUPPORTING INFORMATION FOR THE MEETING**

Appended to this report are the reports presented to the Executive Board since January 2008. These reports contextualize and define the future of day services for older people and those with learning disabilities. This appended information will be supported at the Adult Social Care Scrutiny Board meeting of the 20<sup>th</sup> of August 2009 by a verbal and visual presentation by officers from the department of Adult Social Services.

The Executive Board reports are as follows:

#### **3.1) *Transformation of Adult Social Care***

Appendix 1: 23<sup>rd</sup> January 2008 - Putting People First- Vision and Commitment to the Transformation of Adult Social Care.

#### **3.2) *Day Services for People with Learning Disabilities***

Appendix 2: 8<sup>th</sup> February 2008 – Consultation Paper – Valuing People Now: From Progress to Transformation

Appendix 3: 14<sup>th</sup> January 2009 – Transforming day opportunities for people with Learning Disabilities

Appendix 4: Leeds Learning Disability Strategy 2009 -2012

#### **3.3) *Day Services for Older People***

Appendix 5: 16<sup>th</sup> July 2008 – Older People’s Day Services – Service Improvement Plan

Appendix 6: 5<sup>th</sup> November 2008 – Older People’s Day Services – Service Improvement Plan

Appendix 7: 22<sup>nd</sup> July 2009 – From Day Centres to Day Services: Responding to the needs and preferences of older people.

### **4.0 RECOMMENDATIONS**

The Adult Social Care Scrutiny Board is recommended to:

**4.1)** Consider the contents of the Executive Board reports appended and the supporting information presented.

**4.2)** Make comments and recommendations as appropriate.

### **5.0 BACKGROUND PAPERS**

Executive Board Report - 23<sup>rd</sup> January 2008 - Putting People First- Vision and Commitment to the Transformation of Adult Social Care.



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## Report of the Director Adult Social Services

### Executive Board

Date: 23<sup>rd</sup> January 2008

Subject: Putting People First- Vision and Commitment to the Transformation of Adult Social Care

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#### Electoral Wards Affected:

Ward Members consulted  
(referred to in report)

#### Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In

(Details contained in the report)

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## EXECUTIVE SUMMARY

The purpose of this report is to advise Executive Board of the publication of a recent document outlining the vision and direction for the development of Adult Social Care services in the future. It summarises the content of the report and highlights the regulatory framework through which the performance of local authorities will be judged in order to demonstrate a customer orientation to the delivery of Social Care services in the future. It highlights work being undertaken in Leeds to prepare for anticipated changes and seeks in principle endorsement for the direction of travel and Elected Member engagement in the change process.

This report outlines significant and fundamental reform to the adult social care system. The reforms have been developed in response to public concerns about existing systems after extensive consultation and engagement. Early implementer sites report widespread benefits to developing a more personalized system of care support for individuals. The pace and volume of change requirements will be challenging for an authority as large as Leeds. However, positive progress in respect of accelerated developments in Direct Payments can be used to engage and drive forward change.

This report recommends the endorsement of the principles and direction of the protocol "Putting People First" and that the Elected Members of the Council be engaged in developing the way forward through information, seminars and scrutiny under the leadership of the Executive Board and Lead Member for Adult Social Care.

## **1.0 Purpose Of This Report**

1.1 The purpose of this report is to advise Executive Board of the publication of a recent document outlining the vision and direction for the development of Adult Social Care services in the future. It summarises the content of the report and highlights the regulatory framework through which the performance of local authorities will be judged in order to demonstrate a customer orientation to the delivery of Social Care services in the future. It highlights work being undertaken in Leeds to prepare for anticipated changes and seeks in principle endorsement for the direction of travel and Elected Member engagement in the change process.

## **2.0 Background Information**

2.1 Local Authorities have a long tradition, bound by statute, of providing services to older and disabled people, people with learning disabilities and people with mental health needs. These services have been complemented by a range of services for carers.

2.2 For many years this was known as “welfare” provided under the National Assistance Act 1948. In the 1990s “welfare” took a step forwards becoming “community care” (The NHS and Community Care Act 1990 ). Most of the large institutions including specialist and geriatric hospitals closed and people went to live in smaller units dispersed throughout the community. This important legislation introduced the “duty” for Local Authorities to assess the needs of individuals and to ensure these needs were met. Support and care was to be provided by either Voluntary Independent or Local Authority Services.

2.3 Over the last few years government policy and legislation has started to respond to the call for people to have greater rights in respect of receiving social care. The “Community Care ( Direct Payments) Act 1996” was introduced to enable a financial payment to be made to an individual in need in preference to a direct service. A direct payment enables a person to have more direct control over their care arrangements for example through employing a carer directly. Further, in 2001, the government published a White Paper entitled “ Valuing People”. This gave Social Policy direction for Local Authorities in work with people with a learning disability. The importance of disabled people being recognized as citizens with access to the same opportunities as everyone else was emphasized. The role of Local Authorities in ensuring opportunities for learning disabled people to have access to housing, employment, leisure, education and health services was specified. This was to be achieved by working in partnership with individuals, their carers, other Statutory organizations, Local Authority, Voluntary and Independent Sector services.

2.4 In 2005 the Green Paper “ Independent Wellbeing and Choice” was published, closely followed in 2006 by the White Paper “ Our Health, our Care, our Say : a new Direction for Community Services”. These documents set out the need for a new direction for Community Services which responds to demographic changes in society and increasing expectations of convenience and customer service from the public. Significant recommendations were made to Local Authority and Health Services in respect of :

- Enabling health, independence and wellbeing for individuals and communities
- Better access to health services
- Better access to community services
- Support for people with longer-term needs
- Care “ closer to home” ( in communities rather than hospital or institutional settings)
- Giving people choice and control of their care arrangements



## Appendix

The implementation tasks included a range of measures to extend the scope of Direct Payments and to introduce “individual budgets”. These budgets consist of cash payments for care which would previously have come from a range of funding streams e.g Supporting People, Social Care, Disabled Facilities Grants and Independent Living Fund.

2.5 There have been 13 National Pilot sites developing the arrangements for Individual Budgets. Additionally, a number of Local Authorities have developed innovative ways of supporting people with learning disabilities under a Government initiative called “ In Control”. All Local Authorities have been modernizing Social Care Services to enable people to have more choice and control in care services and have been working in close partnership with Health Partners. These initiatives together represent the direction towards the delivery of a more personalised Adult Social Care System.

### **3.0 Putting People First – A shared Vision and Commitment to the Transformation of Adult Social Care**

3.1 On 10 December 2007 a landmark protocol was published which sets out the commitment to independent living for all adults and outlines the shared aims and values which will guide the transformation of Adult Social Care. “ Putting People First” has been launched by six Government Departments, Local Government (LGA), Social Care’s Professional Leadership Providers and the Regulator. The full text is attached at Appendix 1.

3.2 The Introduction highlights the demographic challenges and rising expectations of those depending on social care for their quality of life and capacity to have full and purposeful lives. The forthcoming Green Paper on longer-term reform of the funding system is acknowledged alongside joint commitment from the signatories of the protocol to public sector reform. Further comment is made concerning:

- Participation of users and carers
- Engagement of all stakeholders especially front line staff
- Funding support for system change
- Single community based support system focused on the Health and Wellbeing of the local population
- Arrangement of services around citizens
- Delivery of new statutory requirement to undertake Joint Strategic Needs Assessments
- Incentivisation through the local performance framework

3.3 The protocol outlines the values which influence the new direction for adult social care. Issues identified are as follows :

- Quality of life and the equality of independent living is fundamental to a socially just society
- A system focused on prevention, early intervention, enablement and high quality personally tailored services should be developed
- Maximum choice, control and power over support services
- Care and protection for those who genuinely need it
- Personal budgets to enable people to shape and commission their own services

3.4 The new personalised adult social care system will have key elements:

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- Partnership with all stakeholders
- Agreed and shared outcomes
- System wide transformation affirming and accelerating previous direction of travel regarding needs analysis; commissioning; information, advice and advocacy; self assessment, self directed support, personal budgets; role of carers, changes in community equipment delivery; transition from Children's Services; user-led influence; adult protection and dignity; workforce strategy.

The leadership and "Championing" role of Adult Social Care across public services and the community is set out.

- 3.5 The reform outlined is supported by a range of National and Regional improvement programmes and notification is given of the development of a new Skills Academy. The Comprehensive Spending Review published the availability of a Social Care Reform Grant for Local Authorities to deliver the reforms. At the time of writing, the conditions of the grant are not known. Further information will be sought to clarify the individual timescales and designated delivery responsibilities which will be expected before 2011.

### **4.0 Regulatory Change**

- 4.1 Inspection and regulation of Adult Social Care is subject to change as the Commission for Social Care Inspection is consolidated with the Health Care Commission to form the Quality care Commission. The joining of the two Regulatory Functions will take place at the end of March 2009.

- 4.2 The approach to the future Performance Assessment Framework for Adult Social Care will be influenced by the reforms in Public Sector Performance and revised Performance Agreements with Central Government. However, notification of the proposed new Service Inspection Regime has been given. The six themes that a service inspection might cover include evaluation of whether people:

- are safeguarded
- are well informed
- receive personalised services
- have access to preventative services
- are involved
- have equal access
- benefit from effective partnership working

The standards under each of the above themes are listed at Appendix 2. This is a new approach which has now been undertaken in eight Local Authorities. Early indications are that the standards provide for a harder test for Local Authorities.

- 4.3 Leeds has received early informal notification of the Commission for Social Care Inspection's intention to inspect Older People's Services in early summer 2008/09. It is understood that the service will be inspected against at least 3 themes, including safeguarding, personalisation and prevention. It is advised that a robust action plan is developed to implement "Putting People First" in order to deliver the change requirements.

### **5.0 Preparation and Progress**

- 5.1 The improvement in performance in delivery of Direct Payments as an alternative to care has presented some challenge to the service. Delivery of a comprehensive action plan will result in more than doubling of recipients during 2007/08. However, significant acceleration

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is required if the requirements of “ Putting People First” are to be achieved and Leeds performance is to be improved in relation to other Local Authorities.

- 5.2 Delivering the principles in the protocol can be summarized by describing features of the old and new Social Care Systems. It requires a shift in the service from support and care to independence and transformation.

### **Old Way**

Professional in control  
Assessment by professional  
Limited information  
Inflexible services  
Focus on disability/ dependency  
Lack of resource transparency  
Contracted services  
Service User

### **New Way**

Person in control  
Self-assessment supported by advocates  
Wide and accessible information  
Flexible, individually tailored services  
Focus on recovery/ re-enablement  
Clearly identified resources  
Direct Payments/ individual model  
Consumer/ customer

- 5.3 Information has been obtained from National Pilot Sites and learning networks in order to inform developments in Leeds. Analysis is taking place to fully understand the change management requirements, including:

- support systems for individuals
- resource allocation systems and infrastructure
- budget implications
- risk management and safeguarding
- commissioning appropriate services
- joint working with other Statutory, Voluntary and independent agencies
- role and function of provider services
- training and development of staff

- 5.4 The targets set by the central government in relation to direct payments have been revised such that to maintain our current performance rating we will be required to more than double the number of recipients (225) to 500 in this year and then to more than 625 in the next. To improve our performance to a rating of good would require us to more than double that figure. Clearly, even maintaining the current adequate level of performance requires the release of significant cash budgets from service areas where demand is expected to reduce as a consequence of people utilising their direct payments in different ways.

- 5.5 By the financial year 2009/10, the government has made known its intention to require all Authorities to ensure that significant numbers of people in receipt of statutory personal social care services purchase this using an individualised budget ( of which the social care direct payment might form one component). The target for Leeds in the first year of this new requirement could be as many as 5000 people ( 25 % of current numbers of service recipients). Such approaches are currently being piloted in a number of Authorities; officers are carefully monitoring the progress of this work and assessing the overall implications for Leeds.

- 5.6 Positive progress can be reported. A local conference was held on the 18<sup>th</sup> September to explore the issues in extending opportunities for direct payments. Wide stakeholder commitment is emerging with many examples of transformed lives as a result of the initiatives.

- 5.7 Analysis is being undertaken in respect of assessing the particular impact on services for all users of service. However, the government is also forming particular attention on those with

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a learning disability. This is in part because of serious national concerns about the current quality of some services. Additionally there is a considerable growth in numbers of this group which is challenging in relation to budget requirements. On 4<sup>th</sup> December 2007 the Department of Health published a report “Valuing People Now – from Progress to Transformation”. A further report will be prepared outlining the key issues in the report and the issues to be addressed in delivering change.

- 5.8 This report heralds a significant change to traditional delivery of care services. There will be policy options in relation to the development of the response which will require Political Direction and Engagement. Extending opportunities for personalised services is likely to be agreed as a key priority in the Strategic Plan. It is recommended that a short briefing note be sent to all Members supported by a cross party seminar in the New Year. It is recommended that the development of an action plan for change is overseen by the Executive Member for Health and Adult Social Care with cross party engagement and reported to the Health and Adult Social Care Scrutiny Board for information at regular intervals.

## 6.0 Summary and Conclusions

- 6.1 This report outlines significant and fundamental reform to the adult social care system. The reforms have been developed in response to public concerns about existing systems after extensive consultation and engagement. Early implementer sites report widespread benefits to developing a more personalized system of care support for individuals. The pace and volume of change requirements will be challenging for an authority as large as Leeds. However, positive progress in respect of accelerated developments in Direct Payments can be used to engage and drive forward change.

## 7.0 Recommendations

- 7.1 Members are requested to :
- Endorse the principles and direction contained in the protocol “Putting People First” – Vision and Commitment to the Transformation of Adult Social Care”
  - Agree the proposals to involve Elected Members through information, seminar, Executive Member leadership, cross party discussion and regular reporting to the Health and Adult Social Care Scrutiny Board
  - Note the themes and framework for the inspection of Social Care Services and informal notification of a Service inspection in 2008/09.
  - Note the allocation of a Social Care Reform Grant and that the Director of Adult Social Services in liaison with the Director of Resources will develop an action plan incorporating the conditions of the grant.
  - Note that following the Governments recently published documents, a further report will be prepared in respect of service implications for people with a learning disability.



# Putting People First

A shared vision and commitment to the transformation of Adult Social Care

# Putting People First

## A shared vision and commitment to the transformation of Adult Social Care

### I Introduction

**The Our health, our care, our say White Paper and statements in the 2007 budget report and Comprehensive Spending Review announcement outlined the key elements of a reformed adult social care system in England; a system able to respond to the demographic challenges presented by an ageing society and the rising expectations of those who depend on social care for their quality of life and capacity to have full and purposeful lives.**

Demography means an increasing number of people are living longer, but with more complex conditions such as dementia and chronic illnesses. By 2022, 20% of the English population will be over 65. By 2027, the number of over 85 year-olds will have increased by 60 %. People want, and have a right to expect, services with dignity and respect at their heart. Older people, disabled people and people with mental health problems demand equality of citizenship in every aspect of their lives, from housing to employment to leisure. The vast majority of people want to live in their own homes for as long as possible.

In the context of changing family structures, caring responsibilities will impact on an increasing number of citizens. Examples include an eighty-year-old woman having to cope with her husband's dementia, a young mum pursuing a career and bringing up a family while looking after her elderly parent, a business executive working overseas whose widowed mother is hospitalised overnight following a stroke and older parents seeking for the right support to ensure their adult son with a learning disability can live independently.

We agree that there is a need to explore options for the long term funding of the care and support system, to ensure that it is fair, sustainable and unambiguous about the respective responsibilities of the state, family and individual. As stated in the Comprehensive Spending Review (CSR) announcement 2007, the Government will produce a Green Paper following extensive public consultation setting out the key issues and options for reform. Notwithstanding the Green Paper on longer-term reform of the funding system and following the recent CSR settlement, there is now an urgent need to begin the development of a new adult care system. A personalised system which can meet the challenges described earlier and is on the side of the people needing services and their carers. While acknowledging the Community Care legislation of the 1990s was well intentioned, it has led to a system which can be over complex and too often fails to respond to people's needs and expectations.

This landmark protocol seeks to set out and support the Government's commitment to independent living for all adults. It also outlines the shared aims and values, which will guide the transformation of adult social care. It is unique in establishing a collaborative approach between central and local Government, the sector's professional leadership, providers and the regulator. It seeks to be the first public service reform programme which is co-produced, co-developed, co-evaluated and recognises that real change will only be achieved through the participation of users and carers at every stage. It recognises that sustainable and meaningful change depends significantly on our capacity to empower people who use services and to win the hearts and minds of all stakeholders', especially front line staff. Local government will need to spend some existing resources differently and the Government will provide specific funding to support system-wide transformation through the Social Care Reform Grant, in line with agreements on new burdens.

We do not seek to prescribe uniform systems and structures in every part of the country. However, access to high quality support should be universal and available in every community. Some of these reforms can be made within the parameters of the local adult social care policies. Others require adult social care to take a leadership role within local authorities, across public services and in local communities.

*Ultimately, every locality should seek to have a single community based support system focussed on the health and wellbeing of the local population. Binding together local Government, primary care, community based health provision, public health, social care and the wider issues of housing, employment, benefits advice and education/training.*

*This will not require structural changes, but organisations coming together to re-design local systems around the needs of citizens. The new local performance framework, which covers the delivery of all services by local government working alone or in partnership, will help to create an improved approach to local partnership, enabling local authorities and partners to work together to lead their area and better meet the public's needs. The transformation of adult social care will be delivered through the new performance framework, and will draw on new mechanisms within the framework, such as the new statutory requirement on local authorities and PCTs to undertake a Joint Strategic Needs Assessment, to ensure that the transformation process really delivers on the challenges for each local area.*

*In future organisations will be expected to put citizens at the heart of a reformed system. Incentives will include the new focus of the local performance framework, guidance on commissioning for health and wellbeing, Human Rights legislation, and any international obligations such as the new UN Convention on the Rights of Persons with Disabilities.*

## 2 Values

**Ensuring older people, people with chronic conditions, disabled people and people with mental health problems have the best possible quality of life and the equality of independent living is fundamental to a socially just society.**

For many, social care is the support which helps to make this a reality and may either be the only non-family intervention or one element of a wider support package.

The time has now come to build on best practice and replace paternalistic, reactive care of variable quality with a mainstream system focussed on prevention, early intervention, enablement, and high quality personally tailored services. In the future, we want people to have maximum choice, control and power over the support services they receive.

We will always fulfil our responsibility to provide care and protection for those who through their illness or disability are genuinely unable to express needs and wants or exercise control. However, the right to self-determination will be at the heart of a reformed system only constrained by the realities of finite resources and levels of protection, which should be responsible but not risk averse.

Over time, people who use social care services and their families will increasingly shape and commission their own services. Personal Budgets will ensure people receiving public funding use available resources to choose their own support services – a right previously available only to self-funders. The state and statutory agencies will have a different not lesser role – more active and enabling, less controlling.

## 3 A personalised Adult Social Care System

The key elements will be:

**3.1 Local authority leadership accompanied by authentic partnership working with the local NHS, other statutory agencies, third and private sector providers, users and carers and the wider local community to create a new, high quality care system which is fair, accessible and responsive to the individual needs of those who use services and their carers.**

The current Darzi review of the NHS has recognised the relationship between health, social care and wider community services will be integral to the creation of a truly personalised care system.

**3.2 Agreed and shared outcomes which should ensure people, irrespective of illness or disability, are supported to:**

- live independently;
- stay healthy and recover quickly from illness;
- exercise maximum control over their own life and where appropriate the lives of their family members;
- sustain a family unit which avoids children being required to take on inappropriate caring roles;
- participate as active and equal citizens, both economically and socially;

- have the best possible quality of life, irrespective of illness or disability;
- retain maximum dignity and respect.

### 3.3 System-wide transformation, developed and owned by local partners covering the following objectives:

- A joint strategic needs assessment undertaken by local authorities, relevant PCT and NHS providers. This should be undertaken in conjunction with other local needs assessments and plans (for example, local housing strategies). The joint strategic needs assessment and these other plans will inform the Sustainable Community Strategy. It will also be accompanied by an integrated approach with local NHS commissioners and providers to achieve specific outcomes on issues including:
  - relevant preventative public health policies, e.g. infection control and fall reduction strategies;
  - hospital discharge arrangements;
  - the provision of adequate intermediate care;
  - the management of long term conditions;
  - packages of support with a health and/or nursing care element;
  - co-located services, bringing together social care; primary care and other relevant professionals;
  - community equipment services;
  - universal information, advice and advocacy;
  - carer support and public/patient involvement;
  - complaints systems.

The full range of relevant local statutory, voluntary and private sector organisations need to be fully engaged. Where appropriate, Local Area Agreements will be the vehicle to bring together national policy with local priorities, informed by the vision developed by local partners. This will mean organisations being willing to allocate funding to others, if this will have greater impact on shared outcomes. The NHS Operating Framework will reflect a new shared responsibility for the health and wellbeing of citizens, families and communities.
- Commissioning which incentivises and stimulates quality provision offering high standards of care, dignity and maximum choice and control for service users.

Supports third/private sector innovation, including social enterprise and where appropriate is undertaken jointly with the NHS and other statutory agencies eg Learning and Skills Council, employment services, and Housing Authorities. This must be shaped by the Joint Strategic Needs Assessment.

- A locally agreed approach, which informs the Sustainable Community Strategy, utilising all relevant community resources especially the voluntary sector so that prevention, early intervention and enablement become the norm. Supporting people to remain in their own homes for as long as possible. The alleviation of loneliness and isolation to be a major priority. Citizens live independently but are not independent; they are interdependent on family members, work colleagues, friends and social networks.
- A universal information, advice and advocacy service for people needing services and their carers irrespective of their eligibility for public funding. A 'first shop stop', which could be accessed by phone, letter, e-mail, internet or at accessible community locations. Key strategic partners to be the Pensions Agency and relevant voluntary organisations. The LinkAge Plus pilots are providing strong evidence of the benefits for older people of this approach. Personal advocates to be available in the absence of a carer or in circumstances where people require support to articulate their needs and/or utilise the personal budget.
- A common assessment process of individual social care needs with a greater emphasis on self-assessment. Social workers spending less time on assessment and more on support, brokerage and advocacy.
- Person centred planning and self directed support to become mainstream and define individually tailored support packages. Tele-care to be viewed as integral not marginal.
- Personal budgets for everyone eligible for publicly funded adult social care support other than in circumstances where people require emergency access to provision. Lord Darzi's recent NHS next stage review interim report suggested that in the future personal budgets for people with long-term conditions could include NHS resources.



- Direct payments utilised by increasing numbers of people, as defined by locally set targets in LAAs.
- Family members and carers to be treated as experts and care partners other than in circumstances where their views and aspirations are at odds with the person using the service or they are seeking to deny a family member the chance to experience maximum choice and control over their own life. Programmes to be supported which enable carers to develop their skills and confidence.
- A transformed community equipment service, consistent with the retail market model.
- Systems which support integrated working with children's services, including transition planning and parent carers, and identifying and addressing concerns about children's welfare.
- Support for at least one local user led organisation and mainstream mechanisms to develop networks which ensure people using services and their families have a collective voice, influencing policy and provision.
- Systems which act on and minimise the risk of abuse and neglect of vulnerable adults, supported by a network of "champions", including volunteers and professionals, promoting dignity in local care services.
- Local workforce development strategies focussed on raising skill levels and providing career development opportunities across all sectors. Strategies to be co-produced, co-developed and co-evaluated with the private and voluntary sectors.

Adult social care will also take responsibility for championing the rights and needs of older people, disabled people, people with mental health needs and carers within the local authority, across public services and in the wider community. Early priorities will be intergenerational programmes involving older people as active citizens, integrated policy development which supports independent living (housing, access to work, education/training and leisure) including transition planning for young disabled people and local action to tackle the stigma faced by people with mental health problems.

## 4 Support for Reform

**The Department of Health will provide funding over the next three years to support system-wide transformation in every local authority. Local authorities and their partners will agree together how this funding will be spent to develop the personalised system described in Section 3.**

A detailed prospectus consistent with our core principles will be published in December.

In line with the soon to be published National Improvement and Efficiency Strategy (NIES), Department of Health (DH), will refocus the relevant activities of Care Services Efficiency Delivery Programme (CSED) and Care Services Improvement Partnership (CSIP) and seek partnerships with Regional Improvement and Efficiency Partnerships, local consortia, In Control and other 'change agents' to ensure every local authority has access to high quality support for the necessary change programme.

DH, and where appropriate, other Government Departments, will ensure new capital investment supports a more integrated approach to health and wellbeing in every community.

DH will lead a new cross-ministerial group including the Treasury, Department for Communities and Local Government (CLG), Department for Work and Pensions (DWP), Department for Innovation, Universities and Skills (DIUS) and Department for Children, Schools and Families to ensure a joined-up approach to adult social care transformation and the review of long-term funding. The need for legislative and regulatory changes will be considered in consultation with local Government, providers and other stakeholders.

A new skills academy is being developed with partners to support world class commissioning and leadership in social care. Skills for Care and the General Social Care Council (GSCC) will provide leadership to ensure entry level training, continued professional development and workforce registration to reflect the new skills required in a personalised system. In taking this forward, we will ensure that opportunities for co-ordination and joint capacity building are exploited with the World Class Commissioning programme for PCTs and those programmes in Children's services and the rest of local government. DH will also work with CLG and the Local Government Association (LGA) to consider how best to take this forward in the context of the NIES.

Social Care Institute for Excellence (SCIE) will be expected to promote, identify, and disseminate best practice and innovation, acting as a catalyst for system-wide transformation. Commission for Social Care Inspection (CSCI) and their successor regulator will align their approach to inspection and regulation with the reform agenda, in the context of the Comprehensive Area Assessment (CAA).

## 5 Timescale

**Every local transformation process will include clear benchmarks, timescales and designated delivery responsibilities.**

By the end of the CSR period in March 2011, we expect people who use services and their carers as well as front line staff and providers to experience significant progress in all local authority areas. Incremental progress should be evident over a shorter period of time.

## 6 Engagement/ Consultation

**If we are to win the hearts and minds of all stakeholders, especially frontline staff, it is essential that they are participants in the change programme from the design stage onwards.**

It is hoped that every local authority will create forums, networks and task groups which involve staff across all sectors, people who use services and carers as active participants in the change process.

## 7 Conclusion

**We recognise that organisations such as In Control, other voluntary organisations and some local authorities have been at the cutting edge of innovation in adult social care for some time. The Individual Budget, Partnerships for Older People and LinkAge Plus pilots have begun to demonstrate what works as well as identifying barriers to progress.**

However, national and local leadership is now essential if we are to achieve system-wide transformation. This is necessary because of demographic realities, but driven by a shared commitment to social justice.

This protocol seeks to be a catalyst – not a straightjacket – for innovation and is the first stage in a unique attempt to co-produce, co-develop and co-evaluate a major public service reform.

We will judge our success through the views and experiences of those who use the social care system, progress in supporting adults to live independently, objective measures of performance, and the job satisfaction of those working at all levels of the system.

In the future, adult social care will touch the lives of an increasing number of families.

By signing this historic protocol, we accept our shared responsibility to create a high quality, personalised system which offers people the highest standards of professional expertise, care, dignity, maximum control and self determination.

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**Secretary of State for Health**

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**Chief Executive, NHS Confederation**

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**Secretary of State for Work and Pensions**

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**Chair, Society of Local Authority  
Chief Executives**

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**Secretary of State for Communities  
and Local Government**

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**Chair, Commission for  
Social Care Inspection**

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**Secretary of State for Children,  
Schools and Families**

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**Chair, Social Care Institute  
for Excellence**

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**Chief Secretary to the Treasury**

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**Chair General Social Care Council**

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**Secretary of State for Innovation,  
Universities and Skills**

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**Chair Skills for Care**

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**Leader, Local Government Association**

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**English Community Care Association**

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**President, Association of Directors of  
Adult Social Services**

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**National Care Association**

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**Chief Executive, NHS**

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**UK Home Care Association**



### **What will an inspection look like?**

1. Councils' performance in safeguarding adults whose circumstances make them vulnerable will be a fundamental part in all local inspections. In addition local inspections will address up to two of the other themes.
2. Inspections will be undertaken by a team of two service inspectors, joined by an expert by experience for some of the time. The starting point will be the risk elements that you have already identified during your work on the council. The inspection will
  - review the existing evidence and gather any necessary further evidence
  - undertake fieldwork of up to 5 days:
  - provide feedback to you and the council on its performance; and
  - provide judgments and evidence for your assessment

### **What do we expect of councils (the burden)?**

3. We have significantly reduced the amount of preparation and other work that we expect from councils. Our basic expectation in this inspection is that councils should
  - provide a case-list to assist us in running our postal survey and another to help us to identify safeguarding issues
  - organise and facilitate up to five days of fieldwork activity,
  - 'host' the inspection team during fieldwork, and
  - provide comments on factual accuracy and rated judgements in draft reports, and
  - produce and implement an action plan
4. We have also eliminated the requirement for councils to complete a self-evaluation specifically for the inspection.

### **How will the evidence and findings be reported?**

5. Councils will be given brief 'headline' feedback both in writing and in person within five working days of the end of fieldwork.
6. This will be followed by a completed report within 4 weeks. Reports will be brief and focused. They will contain
  - key findings and judgements mapped to the inspection themes,
  - rated judgements on delivery and capacity to improve, and
  - outcome focused recommendations directed at improving delivery and/or capacity.
7. Councils will have two weeks to comment on matters of factual accuracy and the rated judgements.
8. Reports will be finalised within nine weeks of the completion of fieldwork. There will be a right to make written representations on the rated judgements and in these circumstances reports will be finalised within 12 weeks of the end of fieldwork.

9. Reports will be to a standard format. They will be stand-alone documents but will be an extension of a council's most recent APA letter.

## **INSPECTION THEMES**

<b>INSPECTION THEME 1 (Core Theme) - People Are Safeguarded</b>	
1.1	Adults who are vulnerable are safeguarded against abuse.
1.2	Workers are competent in identifying situations where adults who are at risk may be abused and know how to respond to any concerns. The council makes sure that all managers are aware of how to manage safeguarding issues.
1.3	Workers are aware of and routinely use a range of preventative support services and this has led to an increase in the reporting of incidents of abuse. There is satisfactory closure in all cases.
1.4	Robust quality assurance processes are in place and working effectively.
1.5	Adult Protection Committees, or similar arrangements, are in place; they work effectively and accord to POVA requirements.
1.6	People who use social care services are assured of privacy and confidentiality through the consistent application of appropriate policies and procedures.

<b>INSPECTION THEME 2 - People Are Well Informed</b>	
2.1	All people who need social care services and their carers are helped to understand how to stay healthy and maintain their emotional wellbeing. They are supported to do so through: <ul style="list-style-type: none"> <li>• a full range of accurate and accessible information regarding healthy lifestyles, and</li> <li>• individual advice and support being readily available and fully accessible.</li> </ul>
2.2	All people who need or who may need social care services have accessible and accurate information about services and service standards. Support in understanding this information is available on request.
2.3	All people who need or who may need social care services understand how to make a complaint/comment about social care services. Support in understanding and using the procedure is readily available.
2.4	Clear eligibility criteria for all services are published, accessible, and fair to all. The council has evidence of the impact of the application of the criteria on potential service users and is responding appropriately.
2.5	There is universal access to initial assessments of social care needs regardless of whether a person intends to self-fund, or whether they are eligible for council services.

<b>INSPECTION THEME 3 - People Receive Personalised Services</b>	
3.1	All referral, assessment, care planning and review processes are undertaken with respect for the person and in a timely manner.
3.2	People with urgent social care support needs outside normal working hours are appropriately supported.
3.3	All people who use services and their carers: <ul style="list-style-type: none"> <li>• need to 'tell their story' only once in having their social care needs assessed;</li> <li>• have care plans that include clear accounts of planned outcomes;</li> <li>• know how to access any records kept about them; and</li> <li>• have been offered advocacy services.</li> </ul>

3.4	The range of services is broad and is able to offer choices and meet preferences in all circumstances.
3.5	All people who use services are aware of the availability of self-directed services and are encouraged to take up these services; they are able to continue to live in the environment of their choice.
3.6	There is universal access to initial assessments of social care needs regardless of whether a person intends to self-fund, or whether they are eligible for council services.
3.7	All people are clearly assigned to a team or manager for assessment, care planning, and service delivery.
3.8	Care planning and service delivery are holistic and effectively identify and meet individual needs.

#### **INSPECTION THEME 4 - People Have Access to Preventative Services**

4.1	The independence of all people who use services and carers is promoted consistently within all services. Well targeted initiatives in a wide range of areas: <ul style="list-style-type: none"> <li>• meet people's care needs (appropriate to culture, religion, sexual orientation, gender and age);</li> <li>• minimise the impact of any disabilities; and</li> <li>• enable people to live their lives in the way they choose.</li> </ul>
4.2	There is a successful focus on early prevention, which can be demonstrated to be reducing need for higher-level support in almost all relevant instances.
4.3	Where the council commissions services which do not require a formal assessment all people have easy access to these services, which meet their cultural and other needs.
4.4	Where the council commissions services which do not require a formal assessment the council and all people who use these services are satisfied with the care and support on offer and the council can evidence good outcomes from these services.
4.5	Care managers refer on to relevant non-care managed services almost all people who need them.
4.6	There is universal access to initial assessments of social care needs regardless of whether a person intends to self-fund, or whether they are eligible for council services.

#### **INSPECTION THEME 5 - People are Involved**

5.1	All people who use services and their carers are supported in developing: <ul style="list-style-type: none"> <li>• confidence in their ability to communicate, enabling them to say what they truly think;</li> <li>• confidence in their own abilities;</li> <li>• skills and qualifications; and</li> <li>• their ability to contribute to the workings of the wider community in culturally valued ways.</li> </ul>
5.2	All people who use services and their carers have been actively involved in development work and planning and review of services. This work is well developed and embedded in council procedures and practice and the council can identify numerous changes which are directly attributable and have had significant positive consequences.
5.3	The council actively seeks ongoing feedback from people who use services and carers, as well as the wider community, using a range of media that enables most to participate. The council acts on this feedback and can demonstrate some quality changes, which have been welcomed.
5.4	All complaints, whether they are from the wider community or people supported through services, are handled promptly and courteously and action is taken where appropriate. The complainant is always kept informed.

<b>INSPECTION THEME 6 - People Have Equal Access</b>	
6.1	The council has fully implemented all five levels of the race equality standard for local government and consistently measures its performance against the standards.
6.2	The council has published a Disability Equality Scheme. The scheme was put together after consultation with people who use services and is part of a wider strategy of tackling equalities and diversity issues. The council can demonstrate positive outcomes from the implementation of the strategy.
6.3	There is systematic and routine implementation and monitoring of the Disability Discrimination Act requirements and the council can demonstrate that it is meeting its responsibility in this regard.

<b>INSPECTION THEME 7 - People Benefit From Effective Partnership Working</b>	
7.1	The Council has well-developed, and consistent joint working arrangements with health partners and other relevant agencies or departments.
7.2	Single assessment processes have been fully planned and implemented and show a positive impact for all people who use services.
7.3	Joint working arrangements ensure that needs are considered holistically and services are assigned in effective partnership.
7.4	There is a clear protocol between the council and the PCT(s) covering continuing care. This is effectively implemented. Disputes are rare and are dealt with effectively and do not adversely affect anyone who needs care.





**Report of the Director of Adult Social Services**

**Executive Board**

**Date: 8 February 2008**

**Subject: Consultation Paper - Valuing People Now : From Progress to Transformation**

**Electoral Wards Affected:**

Ward Members consulted  
(referred to in report)

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In  
(Details contained in the report)

**EXECUTIVE SUMMARY**

This report provides information for Executive Board regarding the publication of a recent document from the Department of Health entitled Valuing People Now – From Progress to Transformation. The document follows on from earlier Valuing People documents which sought to promote equal citizenship for people with learning disabilities. The latest document acknowledges that whilst much progress has been made since the first report in 2001, this progress has been inconsistent in some areas and perhaps not at the pace originally envisaged. The document contains a large number of proposals which will impact on a wide range of people and organisations including the Council itself. The government has allowed a period of consultation to take place and will issue a final report in the summer of 2008.

**1.0 Purpose Of This Report**

- 1.1 The purpose of this report is to advise Executive Board of the publication of a recent document which contains detailed proposals to improve the lives of those with learning disabilities and that of their families and carers over the next three years.
- 1.2 The white paper 'Valuing People' issued in 2001 set out the Government's vision for people with a learning disability, across a range of services based on four key principles of rights, independence, choice, and inclusion. The scope of the white paper covered a range of issues including health, housing and employment.
- 1.3 The latest document 'Valuing People Now', which was published on December 4<sup>th</sup> follows on from the earlier 2001 document and acknowledges that whilst things have

improved for some people, there are many who have not enjoyed the benefits intended.

- 1.4 This new document proposes a large number of actions which impact on a range of stakeholders, including the Council itself. Responses to the document have been requested by 28th March (extended from the original date of 11<sup>th</sup> March) with a final document due to be issued by the Department of Health in the summer of 2008.

## **2.0 Background Information**

- 2.1 In 2001 the Government published Valuing People : A new strategy for Learning Disability for the 21<sup>st</sup> century which was the first major policy document in relation to learning disabilities for 30 years. The document identified four key principles being :

- Legal & civil rights
- Independence
- Choice
- Inclusion

- 2.2 In 2005 a review of the progress in achieving the principles of valuing people was published, under the heading of Valuing People – the story so far. This document identified that progress had been made in a number of areas , e.g. that people were being listened to more , and that the supporting people programme had enabled more people to live independently. On the other hand the report also noted that progress in relation to securing paid work and good quality healthcare for people with learning disabilities was less evident and there were concerns that some people with high support needs and those from minority communities had not seen the same levels of progress.

- 2.3 This latest document ( described as a refresh) identifies the action which the Government feel is required in order to ensure that people have real choice and control over the services and support they need , and that mainstream public services become more inclusive for people with learning difficulties.

- 2.4 The documents proposals have implications for a wide range of stakeholders as follows :

- People with learning disabilities in the city , their families and carers
- Commissioners of services for people with learning difficulties i.e. the Council and the PCT
- Providers of services to people with learning difficulties i.e. The Council, Leeds Partnership Foundation Trust , various voluntary sector and independent sector organisations
- Organisations that represent and/or act as advocates for those with learning difficulties e.g. the Learning disability partnership board

- 2.5 In considering this new document it should be noted that there are number of factors which have contributed to an increase in expenditure at a national level on services to people with learning disabilities. One such factor is demographic as there has been a rise in the number of people with learning disabilities due to both medical advances and preventative care meaning that more children with complex and multiple needs are surviving to become adults. In addition more adults are living longer as mortality rates decline. A second important factor relates to changed expectations and societal conditions which mean that families and carers would like to secure arrangements for their children which are more in keeping with that experienced by the population at large. In addition as more people with learning disabilities live longer, this creates more pressure on elderly parents and carers.

2.6 It is also worth noting that in the same week that the Valuing People document was published a separate report was issued by the Healthcare Commission following their audit of specialist in patient healthcare services for people with learning disabilities. The report highlighted concerns about current practices and concluded that substantial changes are needed to services for people with learning difficulties if standards expected in the 21st century are to be met. Whilst the focus of this audit was on services commissioned by the NHS, its messages in relation to standards of care and protection of vulnerable citizens are more widely applicable.

### 3.0 Valuing People Now – what it contains

3.1 The latest document describes action to improve the life of people with learning disabilities for the period 2008 to 2011 in three main sections as follows:

*The big priorities*  
*The wider agenda*  
*Making it happen*

3.2 **The big priorities** : In relation to this section of the document four priority areas are identified :

- **Personalisation:** this is described as people having real choice and control over their lives and services . Thus the government would like to see a move away from traditional service provision by promoting individual budgets, a greater focus on person centered planning and a higher take up of direct payments.
- **What people do during the day:** this priority is about achieving greater inclusion for people with learning disabilities including paid employment, and in this respect the document argues for more joined up working between adult social services and the employment and education sectors. This priority reinforces the message about moving away from traditional day services and focusing on increasing the number of people with learning disabilities ( and particularly young people) who are in paid employment.
- **Better health:** the document states that whilst most people with learning disabilities have poorer health than the rest of the population , access to NHS for them can be poor and often problematic. As a result the report is seeking the NHS to provide full and equal access for people with learning disabilities.
- **Access to housing:** the document points out that most people with a learning disability do not have their own home and that over half of adults continue to live with their families into middle age and beyond. In response to this , Councils are expected to concentrate on promoting access to and increasing the numbers of people who live in their own homes or have assured tenancies in rented accommodation. A new PSA indicator is to be introduced to measure progress on this issue.

3.3 **The wider agenda:** The second major section of the report considers what is described as the wider agenda and makes detailed recommendations in relation to strengthening the infrastructure around people with learning difficulties by way of six themes as described below :

- **Advocacy & Rights:** the original Valuing People document stressed the importance of inclusion for people with learning disabilities in all aspects of their lives . This latest document seeks to build on this by placing emphasis on ensuring that individuals voices are heard and that their rights are respected . A number of actions are proposed to achieve this including introducing a new learning disability advocacy development programme incorporating leadership development for national and regional self-advocate leaders

- **Partnership with families:** whilst the important role played by families has been recognised in previous reports , this document acknowledges that life for many family carers remains difficult ( and can be even more so for families from minority ethnic communities) . Further actions to support families are proposed including the establishment of a standing commission on carers and local training to support the expert carer programme.
  - **Including everyone:** the document identifies that despite lives improving for many people with learning disabilities , some groups of people are missing out . The particular groups identified as disadvantaged in this context are those with the most complex needs , people from minority ethnic communities , people on the autistic spectrum and people in prison. It is proposed that , amongst other things, that local planning of Valuing People Now should start with people with the most complex support needs.
  - **People as Citizens:** four themes are highlighted under this heading being taking action to prevent hate crime against people with learning disabilities , improving the accessibility of transport , promoting personal relationships and supporting parents with a learning disability.
  - **Making the transition to adulthood a positive experience:** the transition from childrens to adults services is reported by people themselves as being a time of significant concern and one in which those directly involved can feel excluded from decisions that are being made about them. This can lead to segregation rather than integration. The document thus confirms that a focus on young people moving into adulthood is an important part of valuing people .
  - **Improving the workforce:** the personalisation agenda brings with it a different requirement in terms of service delivery and thus in the job content and skill needs of the whole social care workforce. Training and development of the workforce will be needed, including emphasis on appropriate qualifications if the aims of valuing people are to be realized.
- 3.4 **Making it happen:** The third section of the report deals with what is described as the biggest challenge which is about ensuring that the people who the actions have been designed to help actually benefit from such changes , in other words bringing the whole agenda alive. The actions expected in this section are detailed under three themes being :
- **Providing the right national & local leadership and support:** the document restates the support mechanisms that have been put in place at a national level and confirms that whilst continued support is essential ( and will continue for a further 3 years ) , it is also appropriate to consider changes to the support framework. At a local level the important contribution of Learning Disability Partnership Boards is acknowledged . It is however argued that these boards can become more effective by reviewing their membership , through more formal consultation and reporting arrangements and by being more closely involved in certain spending decisions.
  - **Better Commissioning:** the document highlights the important role of commissioning in terms of ensuring the best outcomes for people and proposes three areas which need attention . Firstly in terms of responsibility for commissioning , the report proposes that the budgets and commissioning responsibility currently with the PCT in relation to learning disabilities will transfer to the Council if possible from 2009/10. In relation to resources , the document identifies increased spending on people with learning disabilities ( mainly due to demographic factors but also because of rising expectations ) and suggests that

commissioners should make the best use of existing resources which includes obtaining better information on needs and a much greater emphasis on individualised services. The third area described as local services for local people seeks to ensure that people are not routinely placed away from home when a more local solution could be found.

- **Getting better at checking what we are doing:** the document describes current mechanisms for providing appropriate information on learning disabilities including reference to audit and inspection regimes. Concerns are raised that there are weaknesses in current arrangements (referring to poor performance and abuse in some areas) and thus a number of actions are proposed to improve the situation including an enhanced role for learning disability partnership boards in measuring and reporting on performance.

#### **4 Implications for the Council**

- 4.1 This section of the report looks at the impact key aspects of the proposals will have on the Council's responsibilities in relation to people with learning disabilities. As far as Council priorities are concerned many of the issues raised can be seen to contribute to the Strategic outcome of Improving Health and Well being. In relation to the 2007/08 financial year, the Council will spend around £38.5m on learning disability services of which £13.8m will relate to staffing. Joint Commissioning arrangements exist for adults with learning difficulties and thus in addition to the funding provided through the Council, the PCT will contribute an estimated £14.8m to service provision.

The Council provides day centre activities to around 880 service users from 8 bases across the city, which involves a significant transport operation on a daily basis. The Council also provides residential and respite services in 3 registered Care homes to 117 service users, and enables 324 people to live independently through supported living arrangements. In addition to in-house service provision, arrangements are in place for services to be provided to over 900 service users by a range of voluntary and independent organisations including services to 133 users by way of specialist units outside of the city.

- 4.2 **Commissioning and Contracting responsibilities :** Section 16 of the document is devoted to commissioning, and as described above contains some important proposals including a major organisational change in relation to the transfer of the PCT's commissioning responsibilities to the Council from a date to be confirmed but which could be as early as 2009/10. The document requires Councils and PCT's to agree an appropriate funding transfer to reflect this change in responsibility which it suggests should be based on 2007/08 spend. This proposal whilst offering new commissioning opportunities for the Council also brings with it a significant transfer of financial risk especially in the light of continuing demographic pressures in this area. The document also requires the Council to achieve what might be described as smarter commissioning through a combination of utilising better information and tools to inform commissioning decisions, and to release funding by obtaining better value for money from the arrangements it puts in place which will include reduced usage of block contracts.

Finally the Council will be expected to change the focus of commissioning from that which supports a traditional service model to one which provides more opportunities to suit the needs of the individual, including those with more challenging and complex needs. Emphasis will need to be placed on providing sufficient support for individuals to make their own purchasing decisions and to build in more flexible monitoring of

service arrangements which are put in place. This change in focus could have significant implications for all providers of services to people with learning disabilities not least the Council itself.

- 4.3 **Access to Services** : the document emphasises the importance of person centred approaches to support and care planning which will require the Council to ensure that people with learning disabilities receive appropriate support and advocacy so that their needs can be fully understood. This will be particularly important for those with the most challenging needs , as well as those whose cultural , religious or other beliefs may lead them to feel reluctance in approaching the Council for support . In addition the document demands a shift in focus from what is currently available to support an individual, to what can be made available to support the individual . This will have implications for the future content of individual care and support plans. In addition it will necessitate imaginative thinking, new models of service delivery and strong partnership working in order to deliver.

Thus instead of offering services based around traveling to and attendance at a Council day centre , a person could instead be encouraged to determine their own support plan from their home and be given a budget to achieve it. This could in turn lead to a combination of : the employment of their own personal assistant/s, the purchasing of services from a number of voluntary / independent organisations , the use of mainstream activities at community leisure centres , attendance at a college or education establishment with a view to securing an appropriate qualification , access to paid or voluntary employment all of which combined would aim to achieve a more normal daily life as part of and from within the community in which the individual lives.

- 4.4 **Purchasing services** : There is an expectation that the use of direct payments and individual budgets will not only be encouraged but will be actively taken up by a significant proportion of those who are eligible to do so. This expectation has the potential to significantly change the balance of purchasing decisions towards the individual . This means that the individual will need to be seen and supported as a consumer of services they have chosen to buy , as opposed to a recipient of services that the Council or other organisations have decided to provide for them.
- 4.5 **Provision of services** : As indicated above in this report the Council is itself a significant provider of services to people with learning disabilities through the provision of both residential & respite accommodation, supported living services and day activities. In relation to accommodation the document would like to see people with learning disabilities living independently, having the same housing choices and living in the same types of accommodation as the rest of the population. The Councils independent living project is a major step forward in providing a range of purpose built accommodation to replace the more traditional hostel type model. In addition to rented accommodation the document also wishes to see more opportunities for people with learning disabilities to have an equity stake in their own properties. Opportunities for shared ownership are being explored as part of the independent living project.

In relation to day opportunities , the document suggests that Councils need to develop new service models which support people having more integrated and better lives in the community . Person centred planning is cited as being instrumental in achieving this goal as is a change away from organising activities during the day, to a greater emphasis on providing training opportunities and meaningful employment for people with learning disabilities. The document clearly sees a shift away from segregated, provision during the day to more tailored services which the individual ( and their

family & carers) will have greater control of. These proposals have the potential to radically change the demand for and the look and feel of day service activity although it is recognized that there will still be a residual requirement for some element of day respite services .

The requirement for new approaches to person centred planning , housing , training, transport and employment for people with learning disabilities can only be achieved through close working with both colleagues in other Council directorates and also partners in the Health , voluntary and independent sectors. These proposals will in some cases require new markets / suppliers becoming available to respond to different types of need. In addition because the proposals are demanding there will be a need to ensure that the Council makes best use of the resources that are available, including maximising external funding opportunities such as the independent living fund. From an in-house provider perspective there will be a need to review staffing requirements in the light of potentially very different service models, and also to assist staff to adapt to the changes by providing appropriate learning and development support.

4.6 **Response to the proposals** : Learning Disability Partnership Boards were introduced in the 2001 Valuing People White Paper in every English local authority and are responsible for providing effective local co-ordination of strategic planning and development of learning disability services. The Partnership Boards include representation from a range of stakeholders including people with a learning disability, family members and carers , and representatives from public, private, community and voluntary sector organisations. Council officers provide support to the board and are represented on it. The Leeds Learning Disability Partnership Board is considered the most appropriate body to provide a response to these new proposals in Leeds and it is recommended that input to their response is prepared on behalf of the Council by the Director of Adult Social Care in consultation with the Executive Member for Adult Social Care.

4.7 **Other Issues** : achievement of the expectations detailed in the document will be demanding and require that the Council has a fully coordinated approach to the provision of services for people with learning disabilities. With this in mind additional leadership capacity has been created in the Adult Social Services directorate through the secondment of a Chief Officer from the Resources Directorate to undertake the role of interim Chief Learning Disabilities Officer. In view of the significance of the potential changes identified in the document it is recommended that members are regularly updated by this Chief Officer on progress made in relation to this agenda through further reports and by holding briefing sessions as appropriate.

## 5.0 Implications For Council Policy And Governance

5.1 The issues raised in this report have significant implications for the Councils Health and Wellbeing strategic outcomes. The proposed actions are designed to ensure there is a significant improvement in the lives of people with learning disabilities in the city. Many of the outcomes referred to in the report cannot be delivered in isolation by the Director of Adult Social Services and thus will require close working with other Council directorates e.g. in relation to Housing issues, and for a variety of issues with other partner organisations across the City.

## 6.0 Legal and Resource Implications

6.1 The consultation document proposes a significant change in the transfer of some commissioning responsibilities in relation to people with learning disabilities which currently rest with the PCT to the Council. There will be the need to agree the transfer

of resources to match this transfer of responsibility which it is suggested will be based on 2007/08 expenditure. In relation to legal issues the consultation document proposes a number of actions which it is felt will enable public sector organisations (including the Council), to better meet their duties under the Disability Discrimination Act and the Race Relations Act .

## **7.0 Conclusions**

- 7.1 Valuing People Now – From Progress to Transformation builds on the vision set out in the 2001 white paper, Valuing People. The document outlines the government’s priorities for people with learning difficulties over the next three years and responds to the concern that progress in achieving the aims of the 2001 report have not been fast enough or comprehensive enough.
- 7.2 The new document emphasises the requirement for services to be designed around the individual thus enabling adults with learning disabilities to have “choice and control” over their lives, with maximum use of personalised budgets and direct payments.
- 7.3 The proposals set a challenging agenda for the Council to respond to. The two areas which are likely to have the greatest impact on the Council are firstly the transfer of commissioning responsibilities from the PCT to the Council which provides a major opportunity in terms of the Council’s ability to determine service design and delivery but also introduces significant risks in terms of financial liability for the commissioning those services. Secondly the need to rethink the commissioning and provision of day activities including a greater emphasis on supporting individuals to determine and secure their own specific needs which could include paid employment and / or access to mainstream community based activities with help from personal assistants. These latter changes will in turn impact on the skills required by and the job roles of , employees involved in providing services to people with learning disabilities.
- 7.4 The changes proposed in the document are demanding and from the Councils perspective will be lead by the recently seconded Chief Learning Disabilities Officer who will have a responsibility for ensuring that members are appropriately engaged and updated on progress made. Consultation on the proposal ends on the 28 March and a final report is to be produced by the Department of Health in the summer.

## **8.0 Recommendations**

8.1 Members are requested to note :

- a) the publication of the Valuing People Now document and the wide ranging proposals its makes in relation to improving the lives of people with learning disabilities
- b) the implications for the Council as detailed in section 4 of this report , particularly in relation to the transfer of commissioning responsibilities from the PCT and in relation to the provision of more individualised and community based service provision for people with learning disabilities
- c) that a consultation response will be prepared by the Leeds Learning Disability Partnership Board
- d) that a final report is planned to be issued by the Department of Health in the summer





**Report of : The Director of Adult Social Services**

**Meeting : Executive Board**

**Date: 14<sup>th</sup> January 2009**

**Subject: Transforming day opportunities for people with Learning Disabilities**

**Electoral Wards Affected:**

All

Ward Members consulted  
(referred to in report)

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In  
(Details contained in the report)

## EXECUTIVE SUMMARY

1. Members of Executive Board will be aware that the Valuing People Now consultation document issued in December 2007 contained strong messages in respect of the need to radically re-think the approach to day support for people with learning disabilities. These messages required a review of the work which was already underway to transform day services in response to the detailed consultation which had taken place .
2. This report sets out how Council provided learning disability day services need to be transformed in the years ahead , building on both the earlier detailed stakeholder consultation which has taken place and the clear direction set by national policy, notably Valuing People Now and Putting People First. The outcomes being sought fully complement the three Adult Social Care priorities in relation to:
  - personalisation,
  - enabling people to live healthy and fulfilling lives,
  - efficiency, effectiveness and quality.
3. The report recognises that the personalisation agenda presents considerable opportunities for improving the lives of people with learning disabilities. Adult Social Care must make its own day service more flexible, personalised and attractive. It must also take a lead in developing with partners a new approach to day support. Person Centred Planning, Direct Payments and Individual Budgets, underpinned by strong advocacy and family carer support, will be key mechanisms for bringing about change

and enabling people with a learning disability to choose the life they want to live including what they want to do during the day.

4. The report highlights that currently the Council invests significant resources in a traditional model of service delivery, largely based on segregated buildings, some of which are in poor condition and others do not support convenient access to local services. It is proposed that a new generation of small, modern building bases is required. The bases will have more central community locations which will facilitate access to local amenities. The report acknowledges that many other Councils have already moved away from services delivered from traditional segregated day centres .
5. The report argues that people with learning disabilities should be able to access mainstream and community facilities in the first instance and therefore only require specialist buildings where there is a specific benefit from doing so. Given that there are significant issues with the suitability and condition of the existing portfolio of day centre buildings the priority will be to develop more personalised support from community / mainstream locations so that resources tied into segregated buildings and services can be made available for re-investment.
6. The actions proposed in the report are not designed to achieve cost savings , but rather to re-invest current resources to offer greater choice and control for people with learning disabilities across the city In the longer term it is envisaged that only 3 of the existing centres will be retained and that there will be a greater mix of service providers offering day opportunities. The latter will require elements of both new and existing services being subject to market testing.
7. The report recognises that whilst a number of positive developments either have already taken place or are being developed, the extent of change achieved so far does not match the aspirations of Valuing People Now, nor that of many stakeholders, including the Leeds learning disability partnership board, who have expressed their views on future support requirements.
8. The report sets out the programme of work which will be undertaken by Adult Social Care to transform its existing day service (now renamed the 'Fulfilling Lives' service) to make it more socially inclusive and personalised, better able to support customers in accessing universal services and taking full advantage of new self directed support arrangements, including Individual Budgets. A service model with five elements is envisaged which will be more flexible and able to provide different types of support in the light of varying levels of need and customer choices. This will include the capacity to support those customers with more complex needs.
9. Change will be delivered through three area plans which will set out how the new service model will be delivered, plans for the new building base in that area and how customers and carers will be fully engaged in the change process. The first of the area plans will focus on the south east of the City. The plan will have as an initial priority making the existing Moorend day centre surplus in 2010 because of particular concerns about the condition of that building.

## **1.0 Purpose Of This Report**

- 1.1 This report describes the national and local expectations in relation to the provision of day support for people with learning disabilities making reference to key national policy drivers such as the personalisation agenda.
- 1.2 The report makes proposals for improving the lives of people with a learning disability through both the transformation of current day services provided by Adult Social Care (now called the Fulfilling Lives service), and increasing the range of support provided by other partners in the City. In addition it explains how the change programme which is needed will be implemented and , what future day support activities will be offered to people with learning disabilities .
- 1.3 The report seeks Executive Board approval for this vision and the proposed way forward.

## **2.0 Background Information**

- 2.1 In December 2007 the government published the 'Putting People First' concordat, (see Appendix A) with its shared vision for the transformation of Adult Social Care for all groups. It emphasised the core value that people with social care needs should have the best possible quality of life and set out key outcomes which need to be achieved to realise this:
  - Living independently and staying healthy.
  - Exercising choice and control.
  - Dignity and participation as equal citizens.
- 2.2 In the same month the 'Valuing People Now' consultation paper was published. This aimed to reinvigorate the agenda set out in the 2002 White Paper 'Valuing People' which was concerned with services for people with a learning disability. The 'Valuing People Now' consultation paper highlighted the limited progress made nationally with the modernisation of services for people with a learning disability in the intervening period. It called for more radical approaches and more rapid change.
- 2.3 Taken together these papers put a significant emphasis on the personalisation of services and the need to move further away from traditional models of social care in favour of an emphasis on people with a learning disability being able to make their own choices about how they live their lives and receiving flexible support, tailored to their specific requirements, to enable them to do this.
- 2.4 Previously, in July 2006 Executive Board agreed a report which set out a Commissioning Strategy for Learning Disability Day Services in Leeds . This report presented principles and an approach which emphasised more flexible service delivery, with an emphasis on supporting day service customers to access mainstream services. On the recommendation of the Board a city wide consultation exercise was undertaken between October 2006 and August 2007 which produced local proposals on how people would like to see the strategy implemented. The information gathered from this exercise was crucial in understanding how customers and carers wished services to change.
- 2.5 Among the findings from the consultation were that customers wanted the opportunity to do more activities in their community rather than just spending time in a centre environment. In addition the high value placed on maintaining friendship groups was also stressed.

- 2.6 During the course of 2008 the anticipated pace of change and the full extent of the Government's ambitions in relation to personalisation became very clear. In addition, messages from early implementer sites for the new Self Directed Support arrangements in different parts of the country started to clarify the extent to which demand for support would change.
- 2.7 In October 2008 Executive Board considered and agreed a report relating to personalisation which highlighted the transformational nature of the changes envisaged for Adult Social Care and its provider services and made a commitment that Leeds through the national 'In Control' arrangements will be at the forefront of these developments.
- 2.8 Individual Budgets (which are a key part of the new Self Directed Support arrangements) will make it possible for customers to have far more choice in how their support is determined and provided. The evidence from the early implementers is that given this increased freedom customers make less use of existing statutory services. They may decide to leave them altogether, or be less dependent upon them by using them in combination with other alternatives.
- 2.9 As a key player in learning disability services in the city and as a large provider of a traditional building based day service for people with a learning disability, Adult Social Care faces considerable challenges. It must:
- play a leading role with partners in ensuring there is a wider choice of day support for people with a learning disability in their communities;
  - make more rapid progress to change its own service so that it is more flexible and personalised and therefore of benefit to a wider range of potential customers;
  - in the context of personalisation, ensure that its service is of an appropriate size and has a clear role, fitting well with services provided by others;
  - play an active role in enabling customers to make the best use of the opportunities presented by Self Directed Support arrangements;
  - ensure its day service forms part of an employment pathway for those customers who want to work.
- 2.10. Since the consultation exercise there have been significant developments in Adult Social Care's learning disability day services. Leadership in the service has been strengthened. The service has been renamed the Fulfilling Lives service in order to indicate clearly its aspirations for the future. Managers in the service have been actively engaged in training and service development programmes, including change management and in developing the detail of the new service model. There are a variety of current initiatives in different parts of the city to make the service more flexible and less building based, for example:
- More use of community based activities.
  - Provision of outreach activity so that customers can be supported in other settings.
  - Supporting customers to be as independent as possible in relation to travelling arrangements
  - Considering alternatives to day centre attendance for young adults at the transitions stage as they move on from educational provision.

- 2.11. Despite the above initiatives, the impact of 'Valuing People Now' and the wider personalisation agenda has made it necessary to review the current approach to day service modernisation in learning disability services. The challenges are such that a different approach is needed, which is more ambitious in relation to the pace and extent of change. This will include addressing concerns which have been raised in relation to the existing building base.
- 2.12. In the summer of 2008 Adult Social Care was subject to an Independence, Wellbeing and Choice inspection carried out by CSCI. The feedback from that inspection included the concern that in Leeds the move away from traditional building based service provision was still at an early stage and was thereby limiting choice and flexibility.
- 2.13. Stakeholders also reinforce this concern. In Leeds stakeholder views in relation to learning disability services are well represented through the Learning Disability Partnership Board which has repeatedly indicated its strong support for the development of more personalised services. The same aspirations are reflected in the emerging Learning Disability Strategy for Leeds.

### **3.0 Commissioning Outcomes**

- 3.1. From a commissioning perspective, the provision of day support activities should seek to achieve a number of things:-
- (1) People with a learning disability being able to live safe and independent lives in their own communities
  - (2) In line with the philosophy of personalisation, people with a learning disability exercising as much choice and control over their lives as possible (including what they do during the day).
  - (3) People with learning disabilities being able to pursue activities including employment , which promote health, wellbeing and safety, in non segregated settings.
  - (4) A strong network of partnership working including health and the third sector which gives people with learning disabilities a choice of support providers.
  - (5) Ensuring that the key role of family carers is recognised , through the availability of flexible and effective support ( including information, advice, practical assistance and respite).

### **4.0 Adult Social Care day services: current position**

- 4.1. The 2008/09 budget for the directly provided service is £10.9m , which includes £5.4m on employees and £1.9m on transport. The service is mainly delivered from eight large day centres, formerly known as Adult Training Centres. These buildings are large, in variable condition and mostly located away from the local community, in some cases on industrial estates.
- 4.2. This essentially segregated model of provision is now seen as both outdated and a potential barrier to independence and social inclusion. Whilst it offers no single blueprint for day support , Valuing People Now stresses the need to move away from this traditional building based model of care.

- 4.3. The current buildings provide a service for a total of 884 customers and have an average daily attendance of 656, which based on the 2008/09 budget equates to an average cost per attendee of £16.6k . Most customers attend for several days each week. In many cases, attendance at a Council day centre will be the main support activity that people receive, often being valued by carers as a day respite activity.
- 4.4. In relation to people using the service , just over half of customers (455) live in staffed accommodation, whilst 429 live with family or carers. Customers have widely varying levels of need. Currently 67 customers have very complex physical or behavioural health needs. A further 166 have other high physical or behavioural support needs. The wide range of support needs of people attending these day centres is something which differentiates learning disability day service provision from other client groups.

## **5.0 A community based approach to day opportunities**

- 5.1. To fully achieve the outcomes set out in Section 3, a different approach to day opportunities for people with learning disabilities is required which gives the potential for all people with learning disabilities in Leeds to benefit and not just those who use services provided by Adult Social Care. The same approach is equally applicable for other groups with social care needs. This is underpinned by the recognition that people with disabilities and older people are citizens first and full members of their communities. (This is described as 'Social Capital' in 'Putting People First'.) An active approach will be pursued as summarised in this section.
- 5.2. The most fundamental element of transforming day support for people with learning disabilities is access to universal services. These are the services which are available to everyone locally and include things like transport, leisure and education. This requires a positive approach from both statutory and independent sector organisations. Access for people with learning disabilities will cover three key elements, being physical access, communication and advice & support.
- 5.3. One Council approach
- 5.3.1 The Council is a major provider of day opportunities to the people of Leeds through its provision of universal services such as leisure centres and libraries, through cultural events and its provision of parks and other amenities. The shift away from providing segregated services for people with social care needs, to ensuring that universal services are accessible is clearly a challenge for the whole of the Council.
- 5.3.2 In the above service areas there is both the commitment and ongoing work to make what the Council has to offer accessible to people with disabilities and other difficulties. Adult Social Care will continue to work with its partners in the Council to ensure that there is a collaborative approach to tackling these issues at both the strategic level and at the point of service delivery, including maximising opportunities for sharing the use of existing buildings.
- 5.3.3 The Director of Adult Social Services has a leadership role in relation to the health and well being of the population and the changes recommended in this report will contribute to the delivery of corporate priorities in that area.

#### 5.4. Third Sector

- 5.4.1 The third sector (the voluntary and independent sector) currently offers a diverse range of opportunities to people with learning disabilities from well established schemes to innovative, new pilot projects. Third sector providers will be encouraged to play an important role in delivering day support thus providing a wider choice to customers and their carers. Adult Social Care's intention is to increase the range of support provided through the third sector.
- 5.4.2 The plan set out in this report places significant emphasis on person centred planning for individuals and on the development of services and support networks within a person's local community. People from B.M.E. communities should be able to access services that reflect their cultural and religious backgrounds as well as their care needs. Successful voluntary sector projects for young black people with a learning disability have demonstrated that small scale local community projects can provide a more culturally specific service than larger, traditional day care provision.
- 5.4.3 The third sector in Leeds is already involved in a range of activities and initiatives for people with learning disabilities such as:
- Grassroots local community groups
  - Supporting access to community sports and leisure facilities
  - Arts projects
  - Friendship groups
  - Supported employment
  - Environmental & horticultural projects

The proposals contained in this report would seek to encourage and extend the range of such initiatives through re-investment .

#### 5.5. Developing local networks

- 5.5.1 An important future role for the day support service will be to hold detailed local knowledge of what is going on in its own area and to be outward looking in exploring opportunities and developing networks .
- 5.5.2 This should include links with local businesses in relation to work experience and mentoring or links with local community groups in relation to volunteering, thus enabling people with learning disabilities to have full lives in the community. One feature of the new approach therefore will be to commit resources to this community capacity building at the local level.

#### 5.6. New Leaf PFI development

- 5.6.1 Adult Social Care has been closely involved in work being undertaken with partners in Sport and Active Recreation and other parts of the Council to develop a new generation of leisure facilities which will be designed and equipped to a high standard to ensure convenient access and suitable amenities for people with disabilities. Developments are already progressing in Morley and Armley following successful application for PFI credits.
- 5.6.2 The latest proposed development (subject to a further application for PFI credits being successful) is a Wellbeing Centre at Holt Park which will have a particular emphasis on addressing the wider health and wellbeing agenda. A key aim will be to ensure

accessibility for people with complex needs in an environment which has the feel of a mainstream facility, but also the welcoming and supportive atmosphere necessary to build confidence and independence in people with complex needs.

## 5.7. Changing Places

- 5.7.1. Changing Places is a national campaign to establish toilet and changing facilities, well equipped and of an adequate size, which carers can use to assist adults who are not independent in relation to toileting. This has the potential to reduce greatly the difficulties which customers and carers experience while on outings.
- 5.7.2. The fulfilling lives service is leading work on behalf of Adult Social Care in exploring the feasibility of establishing a number of these facilities in Leeds, and of encouraging greater involvement across the Council in reviewing the need for such services.

## 6. **Day support : a future model for the city**

- 6.1. In addition to the range of initiatives described in Section 5 it is recognised that some people with a learning disability will need significant support to exercise real choice and control and be able to pursue a rewarding programme of day activities in line with their own preferences. This will include the need for skilled support from a range of staff who have experience of working with people with learning disabilities and who have an approach which enables customers to make the most of their abilities.
- 6.2. Work on the future service model which is needed to deliver improved outcomes in line with these principles has identified a number of key elements which will combine to provide a range of personalised support:
  - Signposting
  - Enablement
  - Outreach
  - Respite
  - Specialist
- 6.3. There are not rigid divisions between these elements. They can be combined to provide flexible, tiered support, enabling different options in the light of individual requirements.
- 6.4. It is not assumed that Adult Social Care will be the provider of all elements of the new service model. Partners in Health, independent and voluntary sectors will be key in helping Adult Social Care transform current services. For example in Leeds there are well established arrangements between Adult Social Care and Health and maintaining and developing these is essential in ensuring that the needs of those with the most complex difficulties are fully met.
- 6.5. Building community capacity will be an important element of the future approach as will new service relationships with partners. Option appraisals will be required to determine the extent to which both current and new services will be subject to market testing in order to provide the necessary mix of services so as to give people with learning disabilities greater choice of day opportunities.
- 6.6. The vision described in this report is proposed in order to improve the range of services available to people with learning disabilities , to promote greater involvement



in mainstream activities, to achieve active citizenship for such people, to increase choice for customers and improve the quality of support available to carers. It is not about saving money or reducing the Council's ability to provide support.

## **7 Transforming the Fulfilling Lives service.**

- 7.1 Adult Social Care is committed to transforming its traditional building based day service in the light of the model set out in Section 6. The Fulfilling Lives service will work in partnership with customers, carers and partners to develop personalised day support arrangements. Many other Councils have already moved away from a traditional buildings based approach to day support for people with learning disabilities.
- 7.2 This will require raising expectations and broadening horizons so as to encourage customers to consider a wider range of options including the move from a segregated day service into more community based activities.
- 7.3 Key features of the work programme which is needed to take this change process forward in Adult Social Care are set out in Appendix B. In most of these areas some work is already underway or there are previous developments on which to build. All of the actions described can be progressed independently of the building base and can be moved forward at a faster pace. 'Pump-priming' funding of up to £500k per annum will be used (e.g. for carer support programmes, equipment and outreach activities) to facilitate the new service developments and ways of working which are needed.
- 7.4 It is proposed that by carefully developing the above workstreams alongside customers and carers, it will be possible to offer more varied and fulfilling activity programmes which will fit more closely with customer needs and preferences, and thus offer more personalised options.
- 7.5. Appendix C contains
- stories which show real examples of how service users with a learning disability are already pursuing their day opportunities in different ways,
  - scenarios which illustrate how the different elements of the Fulfilling Lives service will support customers in the future.

## **8 Developing an appropriate building base which supports personalisation**

- 8.1. The significant problems and limitations of the existing group of day centres has already been noted. It has also been made clear that much of the existing building base does not support the required personalised approach to day support. All of the day centres have recently been subject to a survey which resulted in a percentage score of suitability for each building. Six of the eight buildings had a score of less than 50% with Moor End receiving the lowest score of 27%. It is proposed that one immediate priority should be to target capacity development and transformational activity in that area to enable this building to become surplus and released as soon as is practical.
- 8.2. In the major consultation exercise in Leeds already referred to, family carers valued the respite service that day service buildings provide but felt that most centres were in poor condition and segregated locations. All areas proposed that either their local centre be refurbished or replaced with a smaller more modern building closer to community facilities.

- 8.3. In planning for the future and responding to the consultation, there will be a need to provide smaller community bases which support and facilitate participation in local activities, but not replace large day centres with small day centres. Potential opportunities for these smaller community bases could be within currently underutilised Council and partner community facilities, together with opportunities within or linked to the newly emerging supported living schemes. Where appropriate new build, fit for purpose facilities may be required which could be linked into regeneration projects, integrated PFI schemes or partner-led schemes.
- 8.4. Some specialist facilities will still be needed and will have an important role in providing the appropriate environment and amenities for the support of customers with complex needs which will include close working with health professionals.
- 8.5. On the basis of anticipated demand it is envisaged that a network of twelve community bases for the City will be required, with at least one specialist facility in each area.
- 8.6. Such building bases will ideally be in settings closely alongside mainstream services such as educational and leisure facilities, shops, community centres and libraries, so that it will be as convenient as possible to support service users in joining in the life of their community.
- 8.7. In terms of implementation, it is proposed to initiate a rolling change programme which will undertake the re-provision of the existing day centres, working round the three Council areas in turn, making significant progress in one before moving onto the next. This will be closely linked to the work set out in Appendix B to achieve a more personalised service.
- 8.8. Given the limitations of the existing day centre buildings it is envisaged that through a sustained programme of transformation that significant progress can be made in reducing the number of current buildings that will be needed within a five year period. In the longer term it is proposed that only the following existing bases will be considered suitable :
- Rothwell
  - Potternewton
  - Bramley

This overall approach to buildings is consistent with the findings and views from the consultation exercise. The length of time taken to achieve this proposed position will be dependent on a number of factors not least the willingness of existing customers (and their parents and carers) to choose and take up alternative models of day support.

## **9 Implementing the change programme**

### **9.1. Area based plans**

9.1.1 Plans will be developed for each of the three Council areas which will set out:

- How a personalised service will be developed.
- How a modern building base for the service will be created.
- How customers, carers and other stakeholders will be effectively engaged in the change process.

- 9.1.2 The area plans will detail the targets which will need to be achieved year by year in order to implement the changes successfully and set out the range of co-ordinated action which will need to be taken to maintain this progress.
- 9.1.3 The scope and complexity of the programme must not be underestimated and realistic phasing and co-ordination of the changes will be essential. This is also the message from other councils which have had experience of managing large scale change in this service area. It must be recognised that some groups of customers (for example, those on the autistic spectrum) find change challenging. Planning timescales will have to allow for existing day service provision remaining in place until alternative arrangements are implemented and settled to ensure continuity of service to customers.
- 9.1.4 In order to deliver the proposed plans resource requirements have been identified in the following key areas:
- Care Managers to undertake person centred planning and implement new support plans.
  - Project staff to co-ordinate and oversee the work programme and to undertake specific pieces of work, together with appropriate administrative support.
  - Business change capacity to drive forward and embed change through the implementation of the three area plans.
  - Specialist contributions particularly from Human Resources, Asset Management, Property, Finance and Commissioning.

Temporary funding will be sought (e.g. by way of the Social Care Reform Grant) to fund part of the resources identified above.

- 9.1.5 In view of the scale and complexity of this service transformation, options will be explored with a view to engaging an external change partner with the relevant expertise and experience to support the development and implementation of the work programme.
- 9.1.6 Reference has already been made to development work being undertaken with the staff in the service and this will continue to be a key area as these changes will call for different approaches, attitudes and ways of working.
- 9.1.7 This ambitious whole system change will require highly effective stakeholder engagement. The intention is to work closely with the Leeds Learning Disability Partnership Board so that it can play a lead role in supporting and guiding the change process. Customers will be active participants in the management of the changes. Customer reference groups will be established in the areas as part of the implementation arrangements.

## 9.2. **A South East Leeds Outline Implementation Plan**

- 9.2.1 In Adult Social Care it is proposed that South East is the first area where a comprehensive approach will be taken both to introducing a more personalised service and to redesigning the building base. Concerns about the quality of the accommodation at Moor End have already been highlighted.
- 9.2.2 The Fulfilling Lives service provision in South East comprises Moor End, West Ardsley and Rothwell centres. These centres provide a service to 326 service users,

(see appendix D for more details). However, it should be noted that because existing attendance patterns cut across areas the number of people with a learning disability who use the Fulfilling Lives service and live in South East is actually smaller than this being 259. One of the aims of the plan will be to reduce the number of customers who travel long distances across Leeds to their service. Although on paper the centres together have a total of 326 places available per day, actual occupancy levels are significantly below that and on average 225 customers attend each day.

- 9.2.3 There will be a co-ordinated approach to implementing the change process set out in Section 7 which will begin with all customers having up to date Person Centred plans and developing an appropriate range of support capacity to respond to such plans.
- 9.2.4 An early task is to begin planning for the building base to support future needs. This has to take account both of previous consultation and the rapid progress of the personalisation agenda. On the basis of projected customer demand there will need to be four community bases providing a total of one hundred places per day. The initial indicative base capital building cost at today's prices for this redevelopment of the service's building base in South East is in the order of £2.1m.
- 9.2.5 The capacity of the new building base has been estimated taking account of projections which include the move to more personalised ways of supporting day opportunities and the anticipated numbers of customers with complex needs. In practice the actual demand for such facilities will also be influenced by the availability of other support providers in the area .
- 9.2.6 Taking into account future service requirements, it is not envisaged that either the buildings or sites at Moor End and West Ardsley will be required in the long term. Quite apart from concerns about their condition (particularly Moor End) , the nature of the buildings and their locations does not foster the integration of service users in their local communities. In view of the positive features of the location of the Rothwell site, it is proposed to continue with a community base on that site.
- 9.2.7 In line with the approach already indicated, an Outline Implementation Plan is being developed. Based on future service demands it is proposed that:
- Moor End will become surplus during 2010
  - West Ardsley will become surplus by 2012.
  - Reprovision of the Rothwell site is completed by 2013.
- 9.2.8 It should be noted that The South Leeds Alternative Trading Enterprise (SLATE) is a well established social firm on the Moor End site. Discussions will take place with SLATE as to the impact of the proposed changes outlined in this report and how Adult Social Care can continue to support the ongoing development of the organization.
- 9.2.9 This plan is completely consistent with the findings of the area based consultation exercise in this part of the city ( see Appendix E for more details). It is therefore proposed that this outline plan for South East is adopted. It will form the basis for more work on detailed action plans with customers , carers and other stakeholders across the City.

## 10. Equality and Diversity

- 10.1. The many cultures within the city of Leeds are reflected within the learning disability population. The outcomes they seek as individuals are equally influenced by their community, culture and religion.
- 10.2. Individualised services and person centred planning has and will continue to help the move towards meeting people's needs in an appropriate way. The Ethnicity sub-group of the Leeds Learning Disability Partnership Board has however identified a number of areas which need to be taken into account in implementing the changes in this report:
- Helping people from ethnic minorities' access information about services and the options for how identified needs can be met.
  - Working with service providers, including assessment and care management, to ensure cultural and religious needs are identified and appropriately met.
  - Working with ethnic and faith communities to help them support inclusive approaches to people with learning disabilities and their carers from those communities.

## 11. Implications For Council Policy And Governance

- 11.1 The overall approach and proposals for change in this report are consistent with two previous reports agreed by Executive Board: the July 2006 report concerning Learning Disability day services and the October 2008 report which set out the wider personalisation agenda and the implications for Adult Social Care. In addition , the proposals outlined in this report support national policy agendas around improving the lives of people with learning disabilities and addressing human rights issues .

## 12. Resource Implications

### 12.1. Financial

- 12.1.1 In Learning Disability services and across Adult Social Care, financial modeling is being undertaken to map out the likely impact of personalisation. The financial impact of the increased take up of Direct Payments and Individual Budgets by people with learning disabilities who use existing day centres in 2009/10 is estimated to be around £312k .
- 12.1.2 As stated earlier the net cost for current Adult Social Care day service provision is almost £10.9 million per annum. The service developments envisaged by the new service model, such as outreach capacity, will be funded primarily through the reconfiguration of the existing service and using available resources differently. However, additional investment of up to £500k per year will be required for 'pump-priming' new service developments e.g. carer support , developing new signposting services and outreach support , provision of equipment .
- 12.1.3 The actions detailed in this report are designed to achieve improved outcomes from existing resources rather than achieve cost savings. Existing resources need to be reinvested in the wider range of developments which are needed to deliver the broadly based community approach to day opportunities already described, such as

investment in the third sector. They can also contribute to expenditure on Direct Payments and Individual Budgets if this exceeds the funding already allocated.

## **12.2. Asset Management**

- 12.2.1 The latest valuations of the eight large buildings used for day services would indicate an asset portfolio of around 10.6M. although the value of individual centres varies significantly from £400k to £3m. Condition surveys on these centres have previously estimated that at least £1.6 M would need to be spent on essential backlog maintenance to keep these centres open. It is recognised that as long as existing buildings are utilised there will be a need to ensure that they are maintained and that essential health and safety requirements are met. There will also be a need to ensure sufficient funds are allocated to cover appropriate planned maintenance of any new facility in the future.
- 12.2.2 It has already been proposed that in the fullness of time all but three of the existing day centre sites will become surplus which will offer the potential to generate capital receipts for the Council.
- 12.2.3 As has already been made clear the main emphasis in developing the new building bases will be on integration with sites and developments central to community facilities and therefore refurbishment and adaptation of existing premises is likely to be the preferred and less costly solution rather than new buildings which continue a segregated service delivery model. The indicative base cost at today's prices of re-providing the buildings in the South East will be £2.1million , and for the whole of the City £5.7m, see appendix F for example specification of a community base.

## **13. Conclusions**

- 13.1. The need to transform day services in Leeds is an urgent imperative if the wishes and expectations of adults with learning disabilities and their carers as expressed through consultation are to be fulfilled. Valuing People Now, Departmental and Partnership Board objectives for the service also require this action to take place.
- 13.2. Plans are now well developed to provide appropriate, high quality accommodation for people with a learning disability in Leeds through the Independent Living Project and the progress which has been made and the success to date of this work is well recognised. Delivering transformed day opportunities for people with a learning disability represents a challenge which is just as important. The transformation of both accommodation and day services is needed so as to deliver improvements in the lives of people with a learning disability in Leeds.
- 13.3. This report sets out the essential features of the work programme which is needed to create personalised day support for people with a learning disability. This will substantially reduce dependence on the more traditional day centre building based service.
- 13.4. This change process will create new and more personalised support opportunities which encourage independence. The changes will deliver opportunities for accessing a range of locally based universal and specialist support services and opportunities as alternatives to large outdated centres. This increase in choice and control will support greater social inclusion and increasing participation in people's local communities. The needs of family carers are also recognised as are those of the most vulnerable service users who will continue to require appropriate care and support.

- 13.5. It is recognised that much of the existing building base of Adult Social Care's day service is not fit for purpose when considered in the light of the requirements of the new approach and service model. Smaller, modern community bases will be needed which will be in settings which will make it as easy as possible for customers to access the same range of local services used by other members of the public.
- 13.6. It is proposed that there will be a rolling change programme starting in the South East area of the city. An Outline Implementation Plan has been developed, an early objective of which will be to declare Moor End surplus, as customers choose alternative support options, in 2010.

## **14. Recommendations**

Members of Executive Board are asked to:

- 14.1. Note the requirement to deliver a more personalised approach to day opportunities for people with a learning disability to meet the aspirations of customers, carers and other stakeholders.
- 14.2. Approve the vision for a more personalised approach to delivering day opportunities for people with learning disabilities in Leeds as outlined in this report and note the range of work being planned and taken forward in order to achieve this.
- 14.3. Approve the proposal to undertake a comprehensive transformation of the service including a move away from large segregated buildings to the utilisation of community based locations and the increased involvement of external providers. In respect of the latter there will be a need to undertake market testing as appropriate for a range of services.
- 14.4. Agree that the South East is the first area selected for a comprehensive change programme which will comprise:
- Working in partnership with customers and their carers to introduce a personalised day service.
  - Adoption of the outline requirements for community buildings as a basis for more detailed work and planning.
  - Full engagement of customers, carers and in particular the Learning Disability Partnership Board.
- 14.5. To receive a further report in six months which will provide an update on progress made in delivering the day opportunities vision detailed in this report.
- 14.6. Approve the sharing of this report with stakeholders including the Leeds Learning Disability Partnership Board and the Leeds Learning Disability Partnership Executive.

## **Background documents referred to in this report:**

Putting People First

Valuing People Now

Executive Board reports:

1. Commissioning Strategy for Learning Disability Day Services July 2006
2. Personalisation October 2008

## **Appendices**

- A Putting People First Condordat**
- B Transforming the Fulfilling Lives Service**
- C Day opportunities stories and scenarios.**
- D ASC Day Services in South East Leeds**
- E Consultation in South Leeds**
- F Specification for a new community base**



# Putting People First

## Transforming Adult Social Care

Putting People First sets the direction for adult social care over the next 10 years and more. This document describes the sort of society Putting People First envisages, where people can have choice and control in their lives, whether they need support from others now or in the future.

To do this there needs to be a big change in the way communities, organisations and individuals work to support people. The Government has provided money specifically to help councils to make these changes. People want better quality services that are personal to them and more control over decisions that affect them. They want the right support, at the right time, in the right place. They also want to be treated with dignity and respect, regardless of who is paying. Councils and their partners need to be asking themselves 'What does it feel to be an older or disabled person living here?'

There are four areas on which councils and their partners should focus to help make sure services become more personalised and to get the right results for people. *Putting People First* is clear that these areas link together. To make sure change is successful all of them have to be in place to ensure people can have the right quality of life.



First are the general support and services available to everyone locally (universal services) including things like transport, leisure, education, health, housing, community safety and access to information and advice.

These services are important in everyone's lives, not just those people with care and support needs. Universal services work best when everyone can get the information, advice and support they need readily and easily to be able to use them effectively. They can then maintain their health and wellbeing, exercise choice and control over their everyday lives and participate fully in their communities.

Success would mean people in wheelchairs are able to live independently. Not only managing in their own homes but also at work and participating in their communities' activities because the physical barriers both inside and outside their homes have been removed. Another indication would be that the local public transport system is set up to enable older and disabled people to attend hospital appointments and social/education activities easily and with confidence.

The second area is the support available to assist people who need a little more help, at an early stage to stay independent for as long as possible (early intervention & prevention services). These include things like support to recover from the effects of illness and help to manage a long-term condition from someone with experience of a similar condition. These services also include help to safely maintain home and garden, training to get a job or return to work after a break, or support to start taking some exercise.

Not only do these early interventions make sure people can stay in their own homes for as long as they want, but are also the best way of keeping the costs down in the future.

Success would mean people were supported to get the right exercise and equipment following a fall so they would not have to go into hospital, and could stay at home without significant risk of falling again. Alternatively, through effective use of telecare people with dementia are routinely able to stay at home with their families, who are able to continue their everyday lives.

The third part of *Putting People First* is about self-directed support. This means having services available to meet people's needs rather than people having to fit in with the things on offer. People who need support should be able to choose who provides that support, and control when and where the services are provided. The right information and advice needs to be available to help people decide. Some people will need extra help to negotiate their support and may need advocates to help them. It is important to be safe, and guaranteeing this will be an important role for the local council and local community. However, it is also important that people can take responsibility for themselves and that councils and other advisers are not limiting in their advice about what is possible. There is a guide for local councils to use which make sure this can be done safely and that people can be supported to make decisions (*Independence, choice and risk: a guide to best practice in supported decision making*).

Systems should be easy to follow and everyone involved should work together with the person at the centre of the plan. This is true whether the council is providing the support or people are buying the services themselves. To do this planning, people (or their advocates and supporters) need to understand what money is available to spend on their support. If it is their own money, they need to know what support there is locally, and that it is of a high quality and safe for them to choose. The same is true if some or all of this money comes from the council, people have a choice to spend part or all of the money in a way that they choose.

For example, they can make their own plans for services with the money from the council. They can also get together with friends to make the plans together, or they can ask an agent or the council to arrange things for them. They must show that the money they have been given is making the difference it was supposed to make (the agreed outcomes).

Success would mean people in the community who need support and their families and carers feeling empowered to come up with flexible solutions to meet their needs, individually or collectively. They would understand what is available and be confident the services available to buy were suitable, safe and reliable. People feel they have a life rather than a set of services.

The fourth part of *Putting People First* is about how society works to make sure everyone has the opportunity to be part of a community and experience the friendships and care that can come from families, friends and neighbours. This should be done without putting an unreasonable burden on friends and family who want to help. Carers need to be recognised and supported in their role. They need a life of their own outside caring.

The effect of the local community on the quality of people's lives is significant for everyone, but can be even more important in the life of a person who has care and/or support needs. Positive interaction may be seen in many ways, including through church groups and other faith communities, where people are encouraged to be interdependent, supporting each other in different ways. It is also about older and disabled people being full members of the community. This is sometimes described as social capital, and can be built in communities by engaging with people and showing them how they can influence the decisions that affect their lives. People who have support needs, their carers and others who find support difficult to access need to be encouraged to be part of those discussions about community life. Society should support them to influence decisions and build wider relationships through opportunities like volunteering.

Evidence of success would be community groups working with the council to put good ideas into practice to make the area a better place for older and disabled people.

## **Appendix B : Transforming the Fulfilling Lives Service**

This appendix provides more detail on the proposed approach to transforming the fulfilling lives service

**Person Centred Planning** The needs, interests and preferences of customers will be reviewed on an individual basis. There will be discussion with customers and their carers about the outcomes which they want to achieve, and the different ways in which they can be achieved. This could include further education or training, access to mainstream services, employment services or volunteering. This discussion will form the basis of the customer's day support plan which will aim to maximize the extent of the customer's choice and control in relation to what they do during the day.

**Making best use of Direct Payments** Customers with significant support needs arising from their learning disability may well require direct assistance to enable them to pursue their chosen plan of activities. A Direct Payment made in lieu of traditional service provision makes it possible for the individual to purchase the service of their choice. This could be a personal assistant to support them in pursuing a chosen activity they are particularly interested in. This makes it possible for the support to follow the customer into the setting where they need it. Mixed activity programmes might comprise a customer continuing to attend a centre one day per week and receiving support via a Direct Payment to undertake other activities on other days. Arrangements for accessing Direct Payments will be reviewed in order to ensure that they are as straightforward as possible.

**Early involvement with new developments in Self Directed Support** As part of the Government's concerted drive towards personalisation in Adult Social Care, Individual Budgets have already been introduced in some parts of the country and it is intended that they will form a cornerstone of new Self Directed Support arrangements. Following a process of self assessment and a financial allocation based on this, the customer will have considerable choice in how they spend their Individual Budget to fund a Support Plan customised in line with their particular interests and wishes. In Leeds customers of learning disability day services will be one of the groups involved in early implementer work, putting them at the front of these important changes.

**An enablement service** It is recognised that some customers have attended the existing day centres for many years. The new approaches outlined in this report may represent a considerable change for them, and thus staff in the Fulfilling Lives service will offer a supportive and enabling approach. Customers may well need direct support to develop their new day opportunities plan. For example, this might involve staff accompanying customers to support them in trying out new activities. Customers might need help to gain the skills and confidence they require to pursue their day opportunities plan as independently as possible, for example being confident in using public transport or finding their way around a strange environment.

**Respecting the fact that needs and preferences change with age** Because of the enduring nature of their difficulties some people with a learning disability will need support in relation to their programme of day activities throughout their adult lives. It is important that day opportunities plans are kept under review and amended in response to changing needs and preferences. An example of this is when customers become elderly. The plans for this group of customers will be reviewed to ensure that the arrangements made in relation to their day opportunities plans are appropriate for their stage of life.

**More appropriate arrangements for customers in staffed accommodation** For many customers who live in staffed accommodation it has been expected that they will attend a day centre several days per week as a matter of course. However, given the move towards more varied day opportunities plans this set routine is restrictive and unhelpful. Customers will be supported in pursuing their day opportunities directly from their own home as far as possible.

**Local services** As has already been indicated some customers currently travel a long way to their day service. Through the person centred planning process there will be the opportunity to consider how it might be possible to find suitable options for the customer closer to their own home, thus avoiding unnecessary travel.

**Recognising significant friendship groups** The importance of friendships built up over time must be recognised and these will be respected. As part of the Person Centred Planning process friendship groups will be identified and day opportunities plans will work out the best way of maintaining these in the context of the move towards more personalised arrangements. A friendship group could be supported in pursuing an activity of their choice together in their local community.

**Flexible support for family carers** Reference has already been made to the respite function which the day service provides. It is essential to recognise the respite needs of families which provide the day to day care for a service user with a learning disability. This can be a demanding and stressful task. The respite needs of family carers will be reviewed in order to determine the level and pattern of respite which is needed. It is well known that the fixed pattern of respite provided by the existing day service does not always fit well with the different circumstances of individual families. The customer's day opportunities plan will need to take account of this and ensure that it provides appropriate respite to family carers.

**Employment** The aspiration of many people with a learning disability is to have access to employment. This is an area where the third sector has made significant contribution in Leeds. Adult Social Care is in the process of developing improved employment pathways for people with a learning disability who use its services. As an example the development of the Roseville Skills Building will provide a stage in this pathway for day service customers. It will offer training and preparation to enable customers to move on to other options such as vocational training or sheltered employment. Current employment related activity in the Fulfilling Lives service is being reviewed in the light of the above.

**Workforce** A major workforce review has been recently undertaken across learning disability services within Adult Social Care. It is envisaged that the implementation of this in 2009 will provide the flexible staffing structure and skill mix needed to support the wide range of activity and the delivery of the more personalised approaches set out in this section.

## Appendix C : Day Opportunities Stories and Scenarios

There are almost 2,500 adults with moderate to severe learning disabilities known to adult social care, health or voluntary services living in Leeds at the present time. Only 885 of these people spend any time at an adult social care day service building. To do so is therefore becoming the exception rather than the rule. The two stories below illustrate how many people with learning disabilities are leading fulfilling lives without reference to traditional day services.

### Paul's Story : An active social life in his local community

Paul used to live with his mum and attended an adult social care day centre five days a week. He now lives in a voluntary sector supported living home. With the support of staff there he has developed a varied timetable of activities in his local community and no longer attends the day centre.

Paul's Week :

**Monday** : Horse Riding, walking his dog & food shopping

**Tuesday** : Volunteers at Dog's Trust , gardening & other jobs around his house.

**Wednesday** : Sensory session at Phylward House, swimming at Tadcaster leisure centre

**Thursday** : Cycling with friend, Bowling at Castleford Xscape

**Friday** : Music class at Swarthmore & walking at local park



### Jane's Story : Paid employment and volunteering opportunities



Jane used to attend Wetherby Day Services five days each week. She has however always wanted to work and has built up work experience by doing voluntary work at Leeds Mencap and in the visitors shop at Tropical World. With the support of Mencap Pathway she has been trained to use public transport and now works 2 days a week at Lincolnfields Day Centre in the kitchen. She has chosen to no longer to attend the day centre and is looking forward to moving into her own flat in the near future. In addition to her paid employment, she works as a volunteer at Meanwood Urban Valley Farm. She has an active social life and is involved in disability sports. She won two medals at the 2005 Special Olympics in Glasgow, an achievement of which she is rightly proud !

## Scenarios which illustrate how different elements of a fulfilling lives service could support customers at a level appropriate to their level of individual need.

### Scenario A

Jason is a 22 year old man with a moderate to severe learning disability who has recently left full time education having completed a life skills course at College. His parents are not keen on Jason spending his days at a day centre, so with the help of a care manager have gained an **individual budget** to fund the choices Jason has made through his person centred plan. The care manager referred Jason and his parents to a **signposting service** run by a voluntary organisation and based in a local library. They were able to provide Jason and his family with information about mainstream and specialist activities available in Leeds which might be suitable and arranged initial visits and taster sessions. As Jason is unable to travel to or participate in most activities without support, his family have used the individual budget to pay for an individual support worker from an approved care agency. This provides Jason with an **outreach service** which supports him in these activities. This support is totally flexible so it allows Jason to attend activities and gives his carers a break at the times they want, not just during traditional day service hours. Jason chooses new activities to try on a regular basis with the help of his support worker and the signposting service.

### Scenario B

Debbie is a 30 year old woman with a severe learning disability and complex health needs and is a wheelchair user. Her parents both work and need a service that allows them to continue working and gives them a break from their caring duties. Debbie attends a local adult social care community base which is based in part of her local community centre. This service ensures her parents receive a comprehensive day **respite service**. The base is equipped to meet Debbie's physical and health care needs and she receives regular **specialist** interventions from the community nursing team and physiotherapist. The ethos of the service is to increase social inclusion and Debbie has lunch most days in the community café which runs at the centre and attends regular social events there in the evening. Adult Social Care staff support Debbie to access a number of activities in the community including hydrotherapy at the local Health & Wellbeing Centre and bowling in the city centre. Her parents have obtained a **direct payment** to pay for horse riding lessons for Debbie at the specialist equestrian centre each weekend.

### Scenario C

Paula is a 45 year old woman with a mild learning disability who lives in her own tenancy, supported by workers from a voluntary organisation. She is keen to work and with the help of a **signposting and enablement service** has been found a voluntary work placement in the kitchen at a local nursery. The enablement service taught her the bus route and offered initial support to Paula in the placement. This support was gradually withdrawn as Paula's confidence grew. They also enrolled Paula on a Food Hygiene course at the local college. If the placement is successful Paula will be signposted on to a specialist employment agency for people with learning disability with the aim of finding her paid work.

## Appendix D : Current Adult Social Care Day Services in South East Leeds

### Moor End Fulfilling Lives Service

Built in 1972 and formally known as Moor End Adult Training Centre, this day centre is situated on a light industrial estate in Hunslet and is a factory type unit. The aim of modern day services is to promote independence and social inclusion rather than keeping people with learning disabilities separate from the rest of the community in large segregated institutions. The building itself is now deemed to be unsuitable as a modern social care facility in terms of its size, location, condition and facilities, scoring just 27% in a recent suitability survey. It has no special care facilities which means people with more complex needs in this part of Leeds have to be transported to other parts of the city to receive a day service. The Centre is also currently home to the SLATE furniture project run by a local voluntary organisation which runs separately to the day service.

- The centre has 119 people on its register and an average daily attendance of 84.
- 83 of its customers live with family carers
- 63 of its customers travel to Moor End from other areas of the city



### West Ardsley Fulfilling Lives Service

Another large early 1970's building of similar design to Moor End. It is a segregated environment with a number of large workshop type rooms. It houses a special care unit and has a hydrotherapy pool. These specialist environments and the equipment in them are now becoming increasingly outdated. The building scored 47% in a recent suitability survey. The location of the centre is also an issue in that it is sited on a residential housing estate with few community amenities in the local area. Apart from the residents of the adjacent Healy Croft hostel, which is due to close, very few of the current service users live nearby. Its location is therefore seen as a barrier to social inclusion.

- This centre has 110 customers and a daily attendance of 70
- 41 live with family carers
- 14 have special care needs
- 72 live in South East Leeds



## Rothwell Fulfilling Lives Service

This service is provided in two adjacent buildings in Woodlesford dating back to the 1960's. These buildings are also of a design and condition making them unsuitable for long term use as a social care facility.

The centre is home to a special care unit but its design and equipment are seen as being considerably outdated. The centre scored 48% in a recent suitability survey. The current service is a segregated one but the centre does have close links with the local community and is close to the local amenities. The site should be considered as having potential to be retained for a specialist unit because of its location. This option would also allow for the service to continue in one of the buildings whilst a new building was built on the site of the other.

- The centre has 97 customers and a current daily attendance of 71
- 50 live with family carers and 47 in staffed accommodation
- 11 have special care needs
- 80 live in South East Leeds





## **Appendix E : Outcome of Consultation in South Leeds**

Currently day services are provided in this area at **Moor End Day Services, Rothwell Day Services and at West Ardsley Day Services.**

Between October 2006 and August 2007, 30 consultation meetings were held with service users, staff, carers and Elected Members. The consultation was split between the Inner and Outer South Leeds areas with each area having its own Consultation Board of stakeholders. Each Board had an Independent Chairperson and produced its own proposal on how they would like to see day service modernisation implemented in relation to their local day centre. The Board looked carefully at all the available information on the needs of people with learning disabilities who live in this area. They also considered the feedback from all the individual and group consultations with users, carers, staff and other stakeholders which have been held in this area. Below is an amalgamated summary of the two proposals.

### **Proposals from South Leeds Consultation Boards**

- It is proposed that the main Moor End Day Services centre be replaced with two new smaller day service buildings. Due to the location, poor physical condition and design of the existing centre, it was felt that refurbishment of this building was not an option.
- It is proposed that one building should be in Holbeck, Hunslet or Beeston and the second new day service base should ideally be located in either Belle Isle or Middleton. It was suggested that South Leeds Sports Stadium would be a good venue for a base.
- Each of these buildings would provide a day time service for service users living with family carers.
- These new day service bases may be new buildings or created by refurbishing existing council owned premises. They should all be capable of meeting the physical care needs of all service users.
- Buildings should be close to community facilities and offer opportunities for integration with other groups. It is proposed that those service users currently attending Moor End who live in North Leeds will attend new day services in their local area.
- It is proposed that one half of the current Rothwell Day Services site (West Building) be retained with a number of major adaptations to make it fit for purpose in a modernised service. These adaptations would involve a comprehensive upgrade of the special care facilities and general refurbishment to a high standard. It is also proposed that parts of this building may be used by appropriate non learning disabled groups and existing links with local community groups are further developed.
- It is also proposed that one or two new, smaller buildings are created to offer a local service in other parts of South Leeds. The most appropriate locations for these buildings, based on where people live and good community facilities would be Middleton and Morley.
- Once the new provision is operational the Day Centre at West Ardsley and the East Building at Rothwell Day Services would be returned to the Council's Asset Management Department for disposal.
- The service should be flexible to offer people support when they need it including times outside traditional day service opening hours. Person Centered Planning should be used to ascertain when, how and how much support people need.
- Service users who live in staffed accommodation will be supported to use community facilities directly from their own homes where possible.
- All service users and their carers will be offered the option of using direct payments as an alternative to local authority services.
- Each day service building should have its own transport directly controlled by the manager.
- People carriers would be preferred to minibuses but specialised forms of transport and escorts will continue to be provided if needed.
- Local services should offer the chance for more able service users to travel to and from the bases more independently, walking or using public transport with support if necessary.
- There needs to be a plan put in place to ensure people are supported to maintain friendships and other valued relationships which may be lost as a result of these changes.
- The main focus of day time support should be to allow people with learning disabilities to use mainstream community provision rather than segregated activities wherever possible.

At the end of the Consultation process these proposals were sent out to all known family carers with a reply slip asking for their comments on whether or not they supported their local proposal. Leeds Advocacy also held meetings for service users at each of the three centres to talk people through the proposal for their centre and to gain feedback. The replies showed:

Number of letters sent out to carers in South East Leeds	177
Total number of replies	108 (61%)
Number who supported proposal without reservation	65 (60.2%)
Supported proposal with some reservation or comment	38 (35.2%)
Number who opposed the proposals	5 (4.6%)

Of 38 people who replied to say they supported the proposals qualified their approval by recording any reservations or additional comments on the reply slip. The most common themes were :

Concern over loss of routine or friendships, new service will need better staffing levels than we have now, happy as long as they continue to get same level of service as they have now, worried proposals may mean they will lose transport provision or will have to use public transport, made additional comments supporting the plan e.g. delighted with idea of new buildings etc. ,happy as long as changes handled sensitively, wanted more details about where new buildings will be, worried about sharing buildings with other groups or happy as long as new services in place before old centres are closed

Five people objected to the proposal on the grounds of :

The person I care for will be upset by the change (2 people), friendships will be lost (1), think it will mean they will lose their transport (1), rather money spent on refurbishing old centre (1),

## **Appendix F: Specifications for Community Bases**

A range of stakeholders have been consulted on the specification for community bases. Their comments have been used to develop the two types of specification detailed below :

### **1. Generic Community Base**

This would be the usual design for a base to meet the needs of most customers requiring access to buildings based activities in any particular locality.

It will contain a number of activity rooms, including a computer suite. A selection of disabled and non disabled toilets and fully accessible changing area with ceiling hoist and sluice. Reception area, office, domestic kitchen and social space would be required and some enclosed outside space is essential. Building should be part of larger shared space . It would accommodate up to 30 customers plus staff.

Size would be in the region of 250 square metres plus outside space if available. Approximate sizes:

Reception 15 SqM

Staff Office 20 SqM

Small meeting/carer contact room 15 SqM

Domestic Kitchen 30 SqM

Male & female standard toilets & disabled toilet 2 X 20 SqM

Wheelchair accessible shower/ wet room 15 SqM

Changing Room area with tracking hoist and sluice plus washer & dryer 15 SqM

Activity Room 30 SqM Computer suite 30 SqM

Social area 30 SqM

Store Rooms 2 X 10 SqM

Patio/Courtyard Garden 50-100 SqM (optional)

### **2. Specialist Buildings Base : Complex Health Needs**

In addition to the generic base specification, for people with complex physical needs two additional Changing Place areas (2 x 15 SqM) would be required. An additional area for storage of wheelchairs (30 SqM) and other bulky equipment would be needed . All the doors and corridors would have to be wider and activity rooms larger (40-50 SqM) to accommodate large moulded wheelchairs and therapeutic activities. Automatic doors would be a desirable option .These additional features may therefore require a larger building e.g. 450 SqM

Whilst not ruling out being part of a shared building more consideration may be needed about location and who the building is shared with. Ideally would accommodate up to 30 customers plus staff.

### **Other Issues which relate to both types of base**

#### Ideal Location

Close to community amenities such as shops, cafes, leisure centres, libraries etc..

Ideally walking distance from many amenities

Good transport links, access to bus network

Near commercial, community centre rather than in residential estates

Not on an industrial estate

Discreet base which is part of shared building or does not stand out from surrounding buildings.

#### Building Design

Users, carers and staff to be consulted on final design of buildings

Should have dedicated parking next to the building for users and visitors

At least two disabled parking spaces creating safe drop off /pick up area

Full disabled access with ramps etc.

Enclosed,private garden area with wheelchair accessible picnic tables would be desirable.

Shared buildings preferable to stand alone.  
Toilets and changing areas to be sited on outside walls for light & ventilation  
Tracking hoists in changing areas  
Plenty of natural light , air conditioning for summer.  
Separate discreet entrance in shared buildings

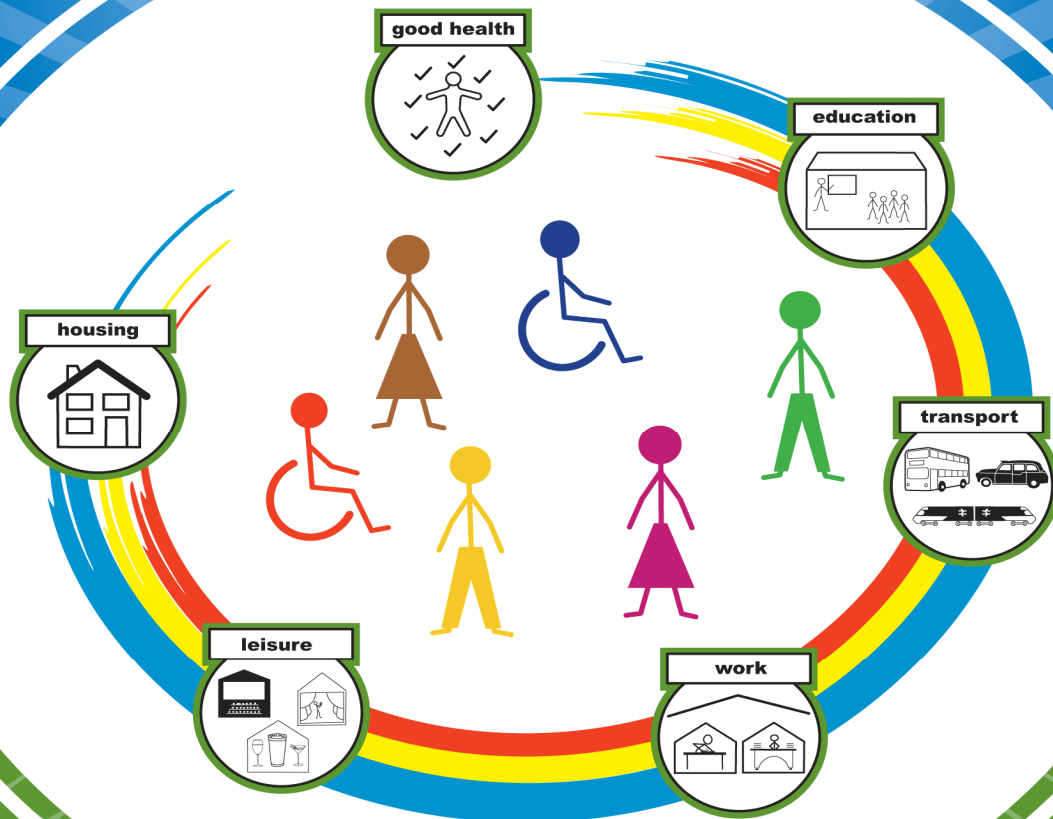
### **Costs**

Each Generic Community base, added to or part of existing community base is estimated at £370K x 3 in South East Leeds proposal = £1,110K  
Suggested locations are 3 from LS10, LS11, LS15 or LS27

Estimated cost to create 450SqM specialist base, potential new build on existing Rothwell site = £1,000K

Total estimated cost of capital needs in South East Leeds area = £2,110K  
This cost excludes external works, furniture and IT.

# Leeds Learning Disability Strategy



Putting people at  
the centre

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# Foreword

The Partnership Executive welcomes the production of this three year strategy which provides a clear framework for the commissioning and delivery of support and services to people with learning disabilities who are citizens of Leeds. The strategy sits within the context of the transformation agendas for health and social care and acts as a response to Valuing People Now (the Government's strategy for people with learning disabilities, January 2009).

The strategy creates challenges not only for the health and social care statutory partners but also for 'universal services'. Ensuring that the needs and wishes of people with learning disabilities are incorporated into the plans of organisations providing opportunities such as education, employment and leisure will be a necessity and a key activity in the years ahead.

## Section 1: Introduction and context

### 1.1 The purpose of the strategy

The Partnership Executive of the Leeds Learning Disability Partnership Board commissioned this three-year overarching strategy for adults with learning disabilities (Appendix 2). It has been drawn up following consultation with a range of stakeholders. This document will provide a clear strategic direction for the support and services for people with learning disabilities in Leeds. It identifies clear objectives and actions for the next three years for how to make this strategy a reality. The strategy reflects local needs within a national framework. It is based on a clear vision and guiding principles:

#### Vision

We will seek to ensure that people with learning disabilities are supported to:

- live, learn and participate as equal members of the community
- determine for themselves what support they receive and how they spend their day
- have a lifestyle which offers the same opportunities as any other adult in the local community

#### Guiding principles

The vision is underpinned by the following principles that people with learning disabilities will:

- Be treated as individuals
- Use mainstream services wherever possible
- Be offered more choice and greater control and influence

- Play an active role in their community
- Be involved in planning and purchasing their care and support service
- Not be forgotten, lost or stuck in the system
- Receive services which offer value for money
- Be helped to develop and progress in life
- Have the right to feel safe and be free from abuse

These values and principles are further underpinned by the Human Rights Act 1998 particularly article 2: The right to life; article 3: Freedom from torture or inhumane or degrading treatment; article 8: Private life and family; and article 14: Freedom from discrimination. The report of the Joint Committee on Human Rights 'A Life Like Any Other' highlighted concerns that adults with learning disabilities are particularly vulnerable to breaches of their human rights.

For the vision of the strategy to be achieved there will need to be a joined up approach from all council departments and health bodies. It will be a working document and a tool to assist making change happen. New information will be incorporated into the strategy as it arises, for example any newly published relevant national policy. As our framework develops and we have more accurate information on local need this will also be reflected in additions to this document. The strategy builds on existing positive and innovative work within learning disability services in Leeds across all sectors.

## **1.2 Involvement and information**

In all of the work relating to this strategy it is crucial that the views of people with learning disabilities and their carers are listened to. There are some examples of best practice, for example the Learning Disabilities Reference Group, which supports the work of the Partnership Board; we will build on this so that there are opportunities for real involvement for all.

We are committed to improving information so that it is accessible by making documents as clear as possible, providing different formats where needed, and making them widely available. This strategy, for example, will be available in hard copy, easy read, audio CD, and on the internet.

## **1.3 Advocacy and person centred approaches**

Central to this strategy is the need for good advocacy services to support people to speak up and have their say. It is also essential that everybody works in a person centred way, so that support and services address the needs of individuals. It should be assumed that advocacy and person centred approaches are integral to the success of all of the ten outcomes, even where they are not mentioned explicitly.



## **1.4 Monitoring**

The Partnership Board and Partnership Executive will have a key role in monitoring the progress of the strategy through the actions identified. The Partnership Executive are ultimately responsible for the implementation of this strategy. Both boards will receive regular updates on progress and annual reports will be produced. Valuing People Now (January 2009) lists a number of initiatives to support the monitoring of local and regional performance. These include the development of a national self assessment tool (June 2009) and the establishment of Regional Learning Disability Programme Boards (April 2009) to whom local Learning Disability Partnership Boards will regularly report on performance.

## **1.5 Objectives**

The strategy is organised into ten key overarching objectives. These objectives are based on national and local priorities and what people have told us is important to them. While we have structured the document in this way we recognize that many of the objectives are intrinsically linked. The objectives cover the following areas: Choice and Control; What People Do During the Day, Evenings and Weekends; Better Health and Wellbeing; Safeguarding; Access to Housing; Transition to Adult Services; Support for Carers; Needs of seldom heard groups; Workforce Development; Information.

## **1.6 Funding the strategy.**

A considerable investment is already made in funding activities designed to support this strategy, in particular the statutory agencies, Leeds City Council and NHS Leeds, separately commission more than £20M worth of care and support services for people with a learning disability and their carers. Jointly they commission more than £43M via the pooled budget which has been in existence for several years now. Add to this further significant funding provided through the 'Supporting People' programme to address housing support needs and it is clear that the scale of investment is significant. The resources required to support the implementation of this strategy will come from the alignment of current resources as services are modernized and from new investment.

The Social Care Reform Grant has been accessed to strengthen the assessment and care management process and transform adult social care in-house provider services.

NHS Leeds has identified resources in its five year operational plan to improve the health and well being of people with learning disabilities and implement the actions detailed in this strategy.

## **Section 2: Objectives**

### **Objective 1: People with learning disabilities will have more choice and control in their lives**

#### **Overview**

People with learning disabilities often do not get the opportunity to make important decisions about their lives. In order to meet the needs of individuals based on the principles of personalisation there will need to be significant change. In social care this means every person across the spectrum of need having choice and control over the shape of his or her support. To achieve this sort of transformation will mean working beyond the traditional boundaries of social care such as housing, benefits, leisure and transport, and health, and moving the emphasis from services to support. It will be necessary to work across the sector with partners from private voluntary, community and faith organisations to ensure a strategic balance of investment in local services. It will also mean ensuring that individuals have adequate support to be able to take control of their lives and feel confident and able to make decisions that affect them. This will include having access to advocacy and person centred planning if they want it.

Parents with learning disabilities are particularly vulnerable to discrimination. It is often assumed that they are unable to care for their own children, instead of recognising the need to provide financial, practical and social support. The parenting responsibilities and role of learning disabled parents is recognised through Good Practice Guidance on Working with Parents with a Learning Disability (2007) Defra / Department of Health. However, services locally need to be shaped so that families are supported to stay together in their own homes.

New ways of providing support and services will need to be developed in order that people with learning disabilities can benefit from new opportunities. There are examples of innovative work taking place in the voluntary and statutory sectors. Organisations will work in a person centred way using person centred approaches (such as person centred planning and support planning).

#### **Self-directed support (SDS)**

Self directed support means that people should be able to choose how they get support, who it is provided by and what it looks like. They can only do this if they know how much money they are entitled to spend on their support. For personalisation to become a reality in Leeds we will need to move away from traditional service provision and commissioning practices.

“Improving the Life Chances of Disabled People” emphasises the importance of self directed support and recommends that by 2010 each locality should have a

user-led organisation modeled on existing Centres for Independent Living – local organisations run and controlled by disabled people.

The Government is making Social Care Reform Grant available to local authorities to support them in the transformation to self directed support. The grant is specifically to fund the change processes and the capacity and capability building activities necessary to design the new system. This includes work to:

- Change the social care system away from the traditional service provision, towards a more flexible approach that delivers the outcomes people want and need and promotes their independence
- Create a strategic shift in resources and culture
- Ensure people are much more involved in the design, commissioning and evaluation of services
- Re-model systems and processes
- Join up services
- Raise the skills of the workforce
- Develop leadership

### **Self-directed support in Leeds**

The City Council has established a Project Board to prepare for and introduce self directed support. The Board has set up 10 work streams to take this work forward covering communications, finance, care management, support planning, brokerage, assistive technology, commissioning and contracts, Electronic Social Care Record, workforce development and transition. Leeds City Council is a member of In Control, an independent national organisation that have developed their own model of self directed support, and has signed up to become a total transformation site.

### **What we are going to do**

**People will have much more choice and control in the services and supports that they use and the lives that they lead. They will be enabled to do this by directing their own support and having access to individual budgets and Direct Payments.**

- Commissioners and providers to agree a strategic approach to ensure that all staff use person centred approaches and that all people with a learning disability who want one, have a person centred plan which is reviewed on a regular basis as agreed with the person with a learning disability
- People with learning disabilities have access to advocacy support when they need and want it
- People with learning disabilities and their carers will have equal priority within the transformation of Social Care
- There will be a joined up approach to achieving real choice and control for people with learning disabilities with a greater focus on universal services and the use of community resources
- Inter-agency parenting support initiatives should be inclusive of parents with a learning disability

## **Objective 2: People with learning disabilities will have choice about what they do during the day, evenings and weekends**

### **Overview**

#### **Day Services**

The traditional approach to “what people do during the day” has been to provide large day centres and for people often to attend these five days a week. Adult Social Care currently provides 8 larger centres and 3 other connected buildings in Leeds.

- There are 880 service users on the books and on average around 670 people attend daily
- 200 staff are employed in the day centres
- The day centres are running at about 80% of capacity currently
- Special Care Units in day centres are oversubscribed because of a lack of alternatives

Leeds Partnerships Foundation Trust provides some support on a sessional basis for people with severe and profound learning disabilities. There are also a number of specialist day services provided by the independent sector.

#### **Employment**

There are a number of employment related services in Leeds for people with learning disabilities including: supported employment, job clubs, volunteering schemes, and social enterprise. Despite these support measures, unemployment for people with learning disabilities remain double that of people without learning disabilities. There is no comprehensive mapping of employment services for people with learning disabilities and no up to date directory of employment services.

#### **Education and training**

There are five area-based **Specialist Inclusive Learning Centres (SILCs)** in Leeds who provide education post-16. Those with severe or profound and multiple learning disabilities almost always stay at school until they are 19. The four F.E. colleges in Leeds (Park Lane, Thomas Danby, Leeds College of Technology and Joseph Priestley) also provide education and training opportunities for people with learning disabilities. There is limited provision for people with profound needs. Concerns have been expressed recently about there being more limited opportunities to access the colleges because of the need for colleges to link their courses to vocational outcomes. Learning and Skills Council currently fund further education provision but will no longer do this from 2010. When the funding of further education will be transferred back to the local authority.

### **Evenings and weekends**

There are a range of initiatives to support people with social activities, predominantly provided by the voluntary sector, these include: walking groups, evening clubs, friendship agencies, and art projects. But people with learning disabilities still remain socially excluded and this can lead to poor mental and physical health. As yet, we have no clear overview of all the support available.

### **What we are going to do**

**People are supported to spend more time doing the things they choose, including working, training, education and leisure rather than receiving traditional day services. To help people to be socially included in their local communities.**

- Day services in Leeds for people with learning disabilities will be transformed to offer meaningful activities based on individual choice
- People with learning disabilities will have access to person centred planning and advocacy to support them to make meaningful choices about their lives
- People with learning disabilities have increased opportunities to access employment and meaningful education
- People with learning disabilities will have increased opportunities to enjoy a range of social activities and networks
- People with learning disabilities will have more choices as new capacity is developed through a range of providers

## **Objective 3: People with learning disabilities will have better health and wellbeing**

### **Overview**

#### **Health issues for people with learning disabilities**

Most people with learning disabilities have poorer health than the rest of the population and are more likely to die at a younger age. They are also more likely to have certain cancers, have heart problems, have respiratory diseases, be deaf or blind, have dementia, have mental health issues, be overweight, have epilepsy. People with learning disability are less likely to: have a health check, be screened for cancer, use hospital services, have their sight or hearing tested, get appropriate health promotion advice.

#### **Primary care services**

People with learning disabilities are registered with GPs and receive care and treatment, however, it is not clear that all people with learning disabilities are recognized as being registered. Individuals' experiences have not always been positive when visiting primary care services. National guidance has been produced with an expectation that every person with a learning disability will receive a health check. Having received a health check individuals are entitled to

a health action plan if they want one. Currently there is no specific information on how many people in Leeds have a health action plan. As mentioned earlier, it is recognized nationally that there is a low uptake rate of health screening, particularly breast and cervical, by people with learning disabilities.

### **Acute hospitals**

Training in learning disabilities issues has been provided by the Leeds Partnerships Foundation Trust for staff of the Leeds Teaching Hospitals Trust over a number of years. However, difficulties are posed by the numbers of staff who need to be included in such training. There are particular issues to address in relation to the experiences of people with learning disabilities whilst they are in acute care. This includes issues relating to admission, assessment, discharge and the availability of information in appropriate formats.

### **Specialist learning disability healthcare services**

Specialist health services for people with learning disabilities are commissioned by NHS Leeds predominantly from Leeds NHS Partnership Foundation Trust but also includes some very specialist services for a small number of people outside of Leeds. Leeds NHS Partnership Foundation Trust, in partnership with other agencies, provides direct care treatment and support on an individual needs basis. In addition there are in-patient services including: assessment and treatment, continuing treatment and respite.

## **What we are going to do**

**Mainstream NHS will provide people with learning disabilities with full and equal access to good quality healthcare and that specialist healthcare services provide specialist health interventions that reflect the needs identified by person centred planning.**

- Develop capacity in primary and secondary care to ensure learning disabled people receive person centred health services, including health checks and treatment
- Develop inclusive mechanisms, including advocacy, to influence the provision and delivery of health services
- To provide local specialist health services that meet the complex health needs of learning disabled people

## **Objective 4: People with learning disabilities are safe and free from abuse**

### **Overview**

Empowering people with learning disabilities to keep safe is as important a part of the strategy for Leeds as promoting independence, choice and personalised services. The term used to describe this is Adult Safeguarding. Adult Social Care

services is the lead organisation, but clearly safeguarding is everyone's responsibility. As we move towards people taking more control of their own services and who delivers them, there are new challenges as to how we support people with learning disabilities in protecting themselves from becoming victims of abuse.

Nationally, it is recognized that people with learning disabilities are victims of hate crime. A disability hate crime is any criminal offence motivated by a person's disability. In Leeds we work to ensure that people with a learning disability and their carers are supported to report hate crime.

## **What we are going to do**

**We will make sure that people with a learning disability in Leeds are supported to have a life that is safe and free from abuse.**

- Leeds will have an integrated and coordinated approach to reporting and responding to safeguarding issues
- Each organisation will ensure that staff have ongoing awareness raising and training in all aspects of safeguarding
- Information is available to carers and learning disabled people about keeping safe and how to access support when necessary

## **Objective 5: People with learning disabilities will have better access to good quality housing of their choice**

### **Overview**

There are approximately 700 people with moderate to severe learning disabilities in Leeds supported to live in their own tenancies. A further 390 people live in residential accommodation. A significant number of these people live in specialist provision outside the Leeds area. There remains a significant number of people who continue to live in the family home. Of these, approximately 280 people live with carers who are over 65.

### **Independent Living Project**

Leeds City Council has established The Independent Living Project (ILP). This is a comprehensive modernisation programme, which aims to significantly improve the accommodation, housing related support and care services for adults with a learning disability in Leeds. The ILP aims to remodel existing local authority provision to provide the maximum opportunity for people to live as independently as possible with increased choice and control over the way they live. The project

is working with 250 people with learning disabilities who have been identified as having priority housing and support needs.

### **Support to move into mainstream housing**

There are a range of opportunities for people to access mainstream housing and Keyring have several housing support networks around Leeds. However, people with learning disabilities are not adequately represented in mainstream housing. The availability of appropriate housing support is a crucial part of improving access to accommodation. Housing support is available and is funded by Supporting People, which is managed locally by Leeds City Council's Environment and Neighbourhoods Department. There is a lack of information about the housing needs of people with learning disabilities in Leeds.

### **What we are going to do**

**Accurate information about the housing need of people with learning disabilities will be gathered and there will be improved access to a range of good quality housing and support that promotes people's independence; including supported living, private tenancies and home ownership.**

- More people with learning disabilities will live in good quality housing
- People with learning disabilities can choose the type of accommodation they live in including supported living, private rental and home ownership
- People with learning disabilities are supported to make decisions about where they live through access to clear and relevant advice and personal support

## **Objective 6: The transition from children's to adult services is smooth and effective**

### **Overview**

Transition from children's to adult services is often a difficult time in people's lives. In 2005 there were 35 young people with moderate to severe learning disabilities who left school and required support and this figure is estimated to rise to 89 by 2009. In Leeds the Transitions team is located in the Children's Disabilities Team and there are liaison arrangements with adult services. The transitions service ends at the age of 18 when young people have to move to adult services and change workers. This has not led to a smooth and effective transition. A project to create a joint transitions team between Adult Social Care and Children and Young People Social Care is being developed.

### **What we are going to do**

**Arrangements and joint working are improved to make sure that young people can lead the lives they choose as adults**



- Each person with a learning disability leaving children's services will have a person centred transition plan and access to advocacy support
- Commissioning of future services and supports will be informed by the outcomes of individual's person centred transition plans
- Children and Adult Services develop a joint approach to ensure a smooth transition

## **Objective 7: There is appropriate support available for carers**

### **Overview**

We recognize the vital role that carers play in the lives of people with learning disabilities. We also realize that increasingly people with learning disabilities are also carers for their parents and family members as they get older. A range of services are available to people with learning disabilities that provide support for their family carers, however the contribution made by carers is underestimated. Most carers services are commissioned by Adult Social Care. The Leeds Carers Service is jointly commissioned by Adult Social Care and NHS Leeds, NHS Leeds also commissions the Carers Health Project. There is an Older Carers Support Service which is funded through the Learning Disability Development Fund and carers grants.

A "New Deal for Carers" came into force in April 2008. This updates and extends the 1999 strategy for carers and includes:

- Establishing an information service / helpline for carers
- Establishing support to carers in crisis or emergency situations by providing short term, home based breaks
- Creating an expert carers programme which will provide training for carers to develop their skills

There are a range of short break/respite services available to people with learning disabilities and their carers. These include a family placement scheme and accommodation based services provided by Leeds Partnership NHS Foundation Trust, Adult Social Care and independent sector providers.

### **What we are going to do**

#### **Support for carers is improved and their voice is heard**

- Carers of people with a learning disability will have their own needs acknowledged
- Carers have clear and accessible information about the range of support and services possible
- Carers are actively engaged in the development of support and services
- People with learning disabilities will have their role as carers and parents recognised

## **Objective 8: Support and services are appropriate and meet the needs of individuals, including seldom heard groups**

### **Overview**

Despite lives improving for many people, national information suggests that some groups of people are still at great risk of exclusion. These include: people with complex support needs; people from minority ethnic communities; people on the autistic spectrum; people in prison.

We need to support the national work in these areas by feeding into consultations and ensuring that the right people and agencies are responding to any outcomes of this work.

We recognize the potential double discrimination faced by many people with a learning disability from minority ethnic communities. Nationally there is recognition that people from these communities are less likely to access public services and this picture is reflected locally. We need to develop initiatives to introduce more person centred and culturally appropriate services and support in Leeds.

### **What we are going to do**

We will ensure that the needs of seldom heard groups are understood and met in a way that achieves greater equality of opportunity.

- People with learning disabilities and their carers will have access to culturally appropriate services and support
- People with learning disabilities and their carers from seldom heard groups will be more involved in the development of services and support
- Support the national work of the Department of Health on improving health and social care services for people with learning disabilities subject to the criminal justice system
- Develop local clarity about responsibilities for services and supports to people on the autistic spectrum so people are not falling between services
- People with complex needs will be involved in the development of personalised services and not left behind in traditional services

## **Objective 9: People who are paid to provide support to people with learning disabilities are supported to work in a more flexible way to better meet the needs of individuals**

## **Overview**

The workforce as it is now is changing with the introduction of more personalised services and individuals being able to shape their own support. In future the workforce will extend beyond traditional services as individuals employ their own staff and access more mainstream community activities. There will be a change of culture as the support is built around the individual instead of individuals fitting into a service. The demands of more flexible ways of working will also need to be balanced with rights of the employee and their work/life balance.

## **What we are going to do**

**People working in learning disability services and support will have the necessary skills, support and training to be able to carry out their roles confidently using person centred approaches and that these people will feel valued and motivated in the work that they do.**

- A strategic workforce plan will be developed to ensure effective planning and co-ordination of change
- Training programmes will be developed which focus on person-centred approaches, new ways of working and the needs of service users
- These programmes will be open to all working across the learning disabilities sector
- People with learning disabilities and family carers will have the opportunity to be part of the delivery of training

## **Objective 10: Information about people's needs is accurate, up to date and accessible**

### **Overview**

The planning and commissioning of services should be based on the identification of individuals' needs, currently there is insufficient information to support this work. There is a balance to be struck between having reliable relevant and up-to-date information and individuals' concerns about how the information will be used.

### **Joint Strategic Needs Assessment (JSNA)**

The Local Government and Public Involvement in Health Act places a duty on upper-tier local authorities and NHS Leeds to undertake Joint Strategic Needs Assessment (JSNA). This is a process that will identify the current and future health and wellbeing needs of a local population, informing the priorities and targets set by Local Area Agreements and leading to agreed commissioning priorities that will improve outcomes and reduce health inequalities. In Leeds the

JSNA process will be led by the Directors of Public Health, Adult Social Care and Children's Services working in collaboration with Directors of Commissioning.

## **What we are going to do**

**To develop a comprehensive system for establishing and updating information about needs.**

- Key learning disability issues will be identified as part of the JSNA
- Issues identified through the JSNA will be used to plan and commission services more effectively
- Consider what information we need to be collecting and how that information will be used and managed

## Section 3: Appendix

### Appendix 1: Key demographics

There is no clear database of the number of individuals with learning disabilities either nationally or locally. The information in this appendix relies heavily on CeDR Research report 2008:1 (Emerson and Hatton) which takes information from a variety of sources to derive the best possible estimates. Figures for Leeds have been derived from these on a population basis unless otherwise stated.

The most recent robust estimate is that 2% of the general population (children and adults) have some sort of learning disability, ranging from mild to profound. For Leeds, this would indicate about 14,000 people. Nationally about 0.47% of the population is in receipt of learning disability services; this would imply that they have moderate to severe learning disabilities. For Leeds, this would suggest over 3,300 adults with this level of need.

Demographic change is difficult to predict as we have no clear figures about current levels of learning disability. However, there are a number of known sources of information which can be used to predict change.

- Overall population change. This is predicted to rise nationally by approximately 5 million by 2027; this is a 10% rise weighted towards older age groups and may lead to a similar rise in numbers of people with learning disabilities
- More young people with severe and complex disabilities survive into adulthood with a lifelong need for care and support. In Leeds in 2005 35 people left school (at 19) with moderate to severe learning disabilities, 89 are predicted to leave in 2009. This rise appears to be part of a trend
- There is some evidence that there may be a 2 to 3 fold increase in the prevalence of severe and complex learning disabilities in young people from South Asian communities relative to the majority population. 4.5 % of the Leeds population is of a South Asian background (2001 Census)
- In the over 50 age group there is likely to be a marked increase in the number of people with learning disabilities as health care for this group has improved significantly. The estimate is for a 48% increase in the numbers in this age group over the two decades 2001-2021. Absolute numbers in this group are relatively small but levels of support needs may well be high

In addition to this information, there are a further group of people, at present unknown to services, who may at some stage require support, often at a time of crisis.

Using this general information to predict changes in demand for services is difficult as the information we have about present use is unclear but all the above trends are in the direction of increased need and many in the direction of increased need for more complex and expensive services.

Ref: "People with Learning disabilities in England" Eric Emerson and Chris Hatton CeDR Research report 2008:1 May 2008

## Appendix 2: Leeds Learning Disability Partnership Board and Partnership Executive

- “Valuing People” said that Partnership Boards are “to take responsibility for local delivery of the White Paper, led by the local Council and with the active involvement of all key stakeholders.” “Partnership Boards are there to provide leadership so that change happens.” (Valuing People Support Team, “So What is a Partnership Board for?” Nov 2003)
- The Leeds Learning Disability **Partnership Board** was established as required by the “Valuing People White Paper”, through the Section 31 Agreement in 2001. It is an independent body with an independent chair and a co-chair who has a learning disability. The Board has a wide membership drawn from commissioners and providers and from people with learning disabilities and carers
- The Leeds Learning Disability **Partnership Executive** has formal responsibility for decision making with regard to learning disability services. Leeds is unusual in having a Partnership Executive. It was set up following recommendations from an external audit report about the need to improve governance, formalise relationships between organisations and improve performance. Its role and functions are detailed in a Section 31 Agreement (Section 75 Health Act Flexibilities Agreement) and it is a formal joint committee of Leeds City Council. The Executive is led by the Commissioners (NHS Leeds and Adult Social Care) and has a specific focus on commissioning issues. Service providers who attend the Executive provide information and guidance. The Partnership Board chair is a member of the Executive
- The Partnership Board and Partnership Executive have key roles in relation to making sure change happens. This includes monitoring progress in key areas of implementation of the strategy

### **Appendix 3: Expenditure on learning disability services**

- In Leeds services and support for adults with learning disabilities are funded by Adult Social Care, NHS Leeds and Supporting People
- Adult Social Care directly provide some services, (predominantly day care, care management and accommodation) at a cost of £18 million.
- NHS Leeds directly contract with Leeds Partnership Foundation Trust for specialist health services for adults with learning disabilities at a cost of £11 million. (This contract has also been for the specialist supported living scheme, the commissioning responsibility for which will transfer from 1<sup>st</sup> April 2009 to the local authority)
- Supporting People in 2008/09 spent £9,666 million on housing related support for adults with learning disabilities
- The Learning Disability Pooled Budget is made up on contributions by Leeds City Council and NHS Leeds. In 2008/09 these contributions totaled £43million. Payments from the Pooled fund are made to Providers in the independent sector who deliver a wide range of services and support to adults with learning disabilities



## **Appendix 4: People and groups consulted about the strategy**

### **Leeds City Council - Adult Social Care**

Dennis Holmes - Chief Officer Commissioning  
Paul Broughton – Chief Officer Learning Disability Services  
Janet Wright – Manager, Joint Commissioning Service  
Louise Mills – Support Service Officer, Joint Commissioning Service  
Khalid Arian – Finance Manager, Joint Commissioning Service  
Ivan Barnett – Project Manager  
Les France – Independent Living Project  
Steve Bardsley – Service Delivery Manager, Joint Care Management Team  
Dave Rosser – Head of Service, Learning Disability  
Jemima Sparks – Programme Manager, Adult Social Care  
Pete Vickers – Manager, Vine  
Bridget Maguire – Services for Carers

### **Leeds City Council – Neighbourhoods and Environment**

Rob McCartney – Housing Strategy and Commissioning Manager

### **Leeds Primary Care Trust**

Carol Cochrane – Director of Development and Commissioning for Priority Groups  
Norman Campbell – Improvement Manager Learning Disabilities  
Tracy Grey – Health Improvement Specialist Advanced (Severe Mental Health, Learning Disabilities and Physical Disabilities)

### **Leeds Partnerships NHS Foundation Trust**

Sheila Dunham – Associate Director, Learning Disability Services  
Sheena Kelly – Clinical Services Manager (Community Teams)  
James Houlton – Clinical Services Manager  
John Burley – Service User Involvement

### **Leeds Learning Disabilities Service User Reference Group**

Consultation meeting with the Group

### **Carers Voice in Action**

Consultation meeting with the Group

### **Leeds Learning Disabilities Partnership Board**

Discussion at several meetings  
Ray Wilk – Chair  
Michael Cass – Co Chair  
Cllr Peter Harrand, Executive Board Member for Adult Health and Social Care  
Andrew Walsh – Roots Project

Gina Gage, Learning Disability Reference Group  
Susan Hanley, People First  
Claire Reed, Learning Disability Reference Group  
Christine Barker, Learning Disability Reference Group  
Harold Wilson, Carer  
Naseem Akram, Carer  
Rebecca Rooke, Age Concern  
Jackie Bolland, Age Concern  
Jane Flaherty, Department of Work and Pensions  
Gordon Kerr, Connexions  
Kashif Ahmed – Diversity Director (based at People in Action)

**Leeds Partnerships Board – Interim Executive**

Discussion at Executive meetings  
John England - Deputy Director Adult Social Care  
Ian Cameron – Director of Public Health

**Leeds Advocacy**

Sue Lindsay – Manager, Asking You! Project

**Mencap**

Frank Plumbridge – General Manager

**Mencap Pathways**

Fran Jeffries – Manager

**St Anne's Community Services**

Sharon Allen – Chief Executive  
Mark Fennelly – Area Manager

**People in Action**

Bill Walton – Inclusion Manager

**HFT**

David Hanson - Manager

**Connect in the North**

Cathy Wintersgill - Manager

**Valuing People Support Team**

Jenny Anderton – Yorkshire and Humberside Regional Adviser

**Leeds Learning Disabilities Forum**

Scott Cunningham – (Co-ordinator up to April 08)  
Lisa Keenan – (Co-ordinator from May 08)

**Through the Maze**

Amanda Dagnall – Manager

**Pyramid Arts**

Julia Piggott – Creative Director

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**Leeds Learning Disability Strategy  
Overview Action Plan 2009-2012**

The ten objectives in this strategy have been identified as priorities for people with learning disabilities in Leeds following extensive consultation (see appendix 4) which preceded the publication of Valuing People Now: a new three year strategy for people with learning disabilities (Dept. of Health 19 January 2009)

These ten objectives are incorporated into Valuing People Now under the headings of:

- Including everyone
- Personalisation – starting with the individual and their family
- Having a life
- People as Citizens

The action plan will be adapted and updated as local, regional and national guidance is published. Detailed action plans will be developed to support the delivery of each of the key actions

<b>Including Everyone</b>							
Overall objective (Valuing People Now): "All people with learning disabilities and their families will benefit from Valuing People Now".							
	<b>Key Action</b>	<b>Action</b>	<b>Planned Start</b>	<b>Indicative Finish</b>	<b>Lead Agency</b>	<b>Additional Resources N/Y</b>	<b>Related Documents</b>
1.1	People with learning disabilities and their carers from seldom heard groups will be more involved in the development of services and support	<ul style="list-style-type: none"> <li>• People with learning disabilities and complex needs (including those who have been placed out of area) will be supported to make their needs known and included in the development of local services that meet those needs</li> </ul>	April 2009	Ongoing	NHS Leeds Adult Social Care	N	Valuing People Now 2009 Mansell Report 2007 Race Relations Act 2005
		<ul style="list-style-type: none"> <li>• Equality of access to services and support for people from black and minority ethnic communities will be measured through the development of equality</li> </ul>	October 2009	Ongoing	NHS Leeds Adult Social Care	Y	Better Service or People with an Autistic

		schemes	April 2009	April 2010	Adult Social Care	Y	Spectrum Disorder. DH
	<ul style="list-style-type: none"> <li>We will work with partners to support the development of local clarity on responsibilities for services and support for people on the autistic spectrum</li> </ul>		April 2009	April 2010	Adult Social Care	Y	Spectrum Disorder. DH
1.2	Children with learning disabilities and their families will be informed of the range of options available to them in adulthood	<ul style="list-style-type: none"> <li>Professionals involved in supporting children in transition will be provided with information on options post 16 outside 'traditional' services and support (e.g. employment, having a tenancy etc)</li> </ul>	May 2009	Ongoing	Children and Young Peoples Social Care Education Leeds Adult Social Care	N	Valuing People Now Aiming High for Disabled Children
1.3	The importance of family carers will be recognised and valued	<ul style="list-style-type: none"> <li>Carers of people with learning disabilities who are being supported by their family will have a carers assessment when there are planned changes to that support</li> </ul>	Ongoing	Ongoing	Adult Social Care	N	Leeds Carers Strategy 2009 - 2012(draft)
		<ul style="list-style-type: none"> <li>Family carers will be involved in the development of new services and support</li> </ul>	Ongoing	Ongoing			Valuing People Now
		<ul style="list-style-type: none"> <li>We will continue to support family carers to become leaders through for example, courses such as Partners in Policymaking</li> </ul>	Ongoing	Ongoing			Leeds Learning Disability Carers Reference Group

**Personalisation – starting with the individual and their family**

Overall objective (Valuing People Now): 'All people with learning disabilities and their families will have greater choice and control over their lives and have support to develop person centred plans'

Key Actions	Action	Planned Start	Indicative Finish	Lead Agency	Additional Resources	Related Document
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						N/Y	S
2.1	Commissioners and providers of learning disability services and support, to agree a strategic approach to ensure that all adults with a learning disability who want one have a person centred plan	<ul style="list-style-type: none"> <li>Person Centred Planning Strategy to be updated</li> </ul>	(Following publication of new guidance)	September 2010	Adult Social Care	Y	Valuing People Now  Putting People First: Health and Social Care Act 2008
		<ul style="list-style-type: none"> <li>Commissioners and providers have access to Person Centred Planning training</li> </ul>	April 2009	Ongoing	Adult Social Care	Y	
2.2	Services to have person centred plans for everyone they support. Plans to be reviewed to ensure that agreed outcomes continue to be met and are used to inform the commissioning of support and service	<ul style="list-style-type: none"> <li>Contracts to include specific statements on Person Centred Planning</li> </ul>	April 2009	Ongoing	Adult Social Care	N	New guidance to be produced by DH Spring 2009  World Class Commissioning DH
		<ul style="list-style-type: none"> <li>Mechanisms are developed to capture outcomes of Person Centred Plans</li> </ul>	April 2009	April 2010		N	
2.3	People with learning disabilities and their carers will have equal priority within the transformation of Social Care	<ul style="list-style-type: none"> <li>The Self Directed Support Project Board provides regular reports on progress to the Partnership Board</li> </ul>	April 2009	Ongoing	Adult Social Care	N	
		<ul style="list-style-type: none"> <li>Take up of Direct Payments and Individual Budgets by people with learning disabilities will be monitored</li> </ul>	April 2009	Ongoing		N	

				in line with agreed targets	April 2009	September 2009	Adult Social Care	Y			
			<ul style="list-style-type: none"> <li>Information about choice and control and Self Directed Support will be accessible to people with learning disabilities</li> </ul>				Adult Social Care	N			Valuing People Now
2.4	There will be a joined up approach to achieving real choice and control for people with learning disabilities with a greater focus on universal services and the use of community resources		<ul style="list-style-type: none"> <li>Membership of the Partnership Board will be reviewed to ensure that there is broad representation and collective responsibility</li> </ul>	April 2009	July 2009	Adult Social Care	Adult Social Care	N			Disability Discrimination Act 2005
			<ul style="list-style-type: none"> <li>All stakeholders will be reminded of their responsibilities under the Disability Discrimination Act</li> </ul>	April 2009	Ongoing	Adult Social Care	Adult Social Care NHS Leeds	N			
			<ul style="list-style-type: none"> <li>A mapping exercise will be undertaken of all current organisations and activities supporting people with learning disabilities and gaps for development identified</li> </ul>	April 2009	April 2010	Adult Social Care	Adult Social Care	Y			
2.5	People paid to provide care and / or support to people with learning disabilities (the workforce) will be given the appropriate support and training to equip them with the values, skills and knowledge that enable them to deliver the changing		<ul style="list-style-type: none"> <li>Statutory organisations will work with all providers to agree local training needs</li> </ul>	April 2009	June 2009	Adult Social Care	Adult Social Care	Y			Adult Social Care Workforce Strategy DH (to be published)



	agenda in health and social care		April 2009	Ongoing	Adult Social Care	N		Valuing People Now
	<ul style="list-style-type: none"> <li>People with learning disabilities and family carers will be involved in the developing and delivery of training</li> <li>The needs of the workforce supporting people with learning disabilities will be given equal priority in the overarching strategic workforce plan</li> </ul>		April 2009 (Already commenced)	Ongoing to reflect developing need	Adult Social Care	N		

### Having a Life

Overall objective: People with learning disabilities in Leeds will be supported to live, learn and participate as equal members of the community								
Key Action	Action	Planned Start	Indicative Finish	Lead Agency	Additional Resources N/Y	Related Documents		
3.1	Develop capacity in primary and secondary care to ensure learning disabled people receive person centred health services, including health checks and treatment	April 2009	March 2012	NHS Leeds	Y	Health Care for All (2008) Valuing People Now		
	<ul style="list-style-type: none"> <li>Training and awareness raising for primary and secondary care staff</li> </ul>	April 2009	March 2012	NHS Leeds	Y	A Life Like Any Other (2008)		
	<ul style="list-style-type: none"> <li>The implementation of a model of support for primary care to facilitate health checks, health screening and health action plans</li> </ul>	April 2009	March 2012	NHS Leeds	Y	Treat Me Right (2004)		
	<ul style="list-style-type: none"> <li>A scoping exercise to</li> </ul>	April 2009	March 2012	NHS Leeds	Y	Death by Indiffer-		

									ence (2007)
		identify supports to improve patient experience, care and treatment in acute hospital	April 2009	March 2012	NHS Leeds				
		<ul style="list-style-type: none"> <li>A systematic approach to data collection and information sharing between primary care, local authority and NHS Leeds</li> <li>There will be a collaborative and multi agency approach to ensure the health needs of learning disabled people are identified and assessed to facilitate health improvement programmes and initiatives</li> </ul>	April 2009	March 2012	NHS Leeds				
	Develop inclusive mechanisms to influence the provision and delivery of health services								
	Develop local specialist health services that meet the complex health needs of learning disabled people	<ul style="list-style-type: none"> <li>Undertake scoping exercise to identify service model for learning disabled people with complex health needs</li> <li>Develop strategic and operational approach to deliver effective locally based services</li> <li>Joint Strategic Needs Assessments to identify the housing need of people with learning disabilities to inform planning. To include those people living with older carers and people with complex needs</li> <li>Overarching Housing Strategy for Leeds will be</li> </ul>	April 2009	March 2012	NHS Leeds				Mansell Report (2007) Better Services for People with Autism (2006) The Housing Time Bomb Mencap 2008 Valuing People Now
3.2	Information about the housing need of people with learning disabilities will be gathered		April 2009	April 2010	Local Authority Environments and Neighbourhoods				

		inclusive of the needs of people with learning disabilities								Independent Living Strategy 2008
	People with learning disabilities will be supported to access the housing of their choice	<ul style="list-style-type: none"> <li>Increase number of people receiving personal budgets and Direct Payments to give people increased choice and control over where they live</li> <li>Care Managers to consider wider housing options when planning with individuals, such as home ownership and assured tenancies</li> </ul>	April 2009	Ongoing	Local Authority Adult Social Care	Y				
		<ul style="list-style-type: none"> <li>Care Managers to consider wider housing options when planning with individuals, such as home ownership and assured tenancies</li> </ul>	April 2009	Ongoing	Adult Social Care	N				
		<ul style="list-style-type: none"> <li>Commissioners to develop relationships with housing providers such as ALMOs, housing associations, accredited landlords etc to facilitate increased choice</li> </ul>	April 2009	Ongoing	Environments and Neighbourhoods Adult Social Care	N				
3.3	People with learning disabilities will have increased opportunities to access employment	<ul style="list-style-type: none"> <li>Multi agency employment strategy will be developed</li> </ul>	Spring 2009 (following publication of the cross government strategy) May 2009	October 2010	Leeds City Council	Y				Valuing People Now Cross government strategy to be published
		<ul style="list-style-type: none"> <li>Engagement with local employers to get their support for the employment of people with learning disabilities</li> </ul>	May 2009	Ongoing	Leeds City Council	Y				DWP consultation on disability employ-
		<ul style="list-style-type: none"> <li>A mapping exercise of current and potential employment opportunities is undertaken</li> </ul>	May 2009	October 2010	Leeds City Council	Y				

3.4	People with learning disabilities will have the opportunity to access further education which is meaningful and provides positive outcomes	<ul style="list-style-type: none"> <li>The post 16 educational needs of people with learning disabilities will be included in the strategy for delivery when responsibility transfers to local authorities in 2010</li> </ul>	April 2010 following guidance from DH and DCSF	Ongoing	Leeds City Council	N	Valuing People Now Progression through Partnership (DH & DWP)	ment services 2008
3.5	The transition from children's to adults services is smooth and effective and young people with learning disabilities are supported to lead the lives they choose as adults	<ul style="list-style-type: none"> <li>Children with a learning disability will have a person centred transition plan</li> </ul>	April 2009	April 2012 (ongoing)	Children and Young Peoples Social Care Adult Social Care	N		
3.6	Parents with learning disabilities will have equal access to mainstream initiatives aimed at providing support to vulnerable parents	<ul style="list-style-type: none"> <li>Children and Adult services will develop a joint approach to ensure a smooth transition</li> <li>Statutory agencies to ensure that information is accessible to parents with a learning disability</li> <li>Identify local support needed by reviewing outcomes of Parenting Groups facilitated by specialist staff in Leeds</li> </ul>	April 2009 (following publication of good practice guidance)	Ongoing	Children and Young Peoples Social Care Adult Social Care	N	Transition: moving on well (DH and DCSF)	Think Family: Cabinet Office 2008
			May 2009	October 2009	Local Authority NHS Leeds	Y		
				October 2010	Adult Social Care NHS Leeds	N		

3.7	People with learning disabilities will be supported to form and maintain friendships and relationships	<ul style="list-style-type: none"> <li>The importance of an individuals personal relationships will be considered in individual planning and care management processes</li> <li>Changes to service delivery must acknowledge friendship patterns and existing relationships</li> </ul>	April 2009	Ongoing	Adult Social Care	N	Valuing People Now
		<ul style="list-style-type: none"> <li>Changes to service delivery must acknowledge friendship patterns and existing relationships</li> </ul>	Ongoing		Adult Social Care	N	

### People as Citizens

Overall objective: People with learning disabilities will be treated as equal citizens in society and supported to enact their rights and fulfil their responsibilities (Valuing People Now)							
Key Action	Actions	Planned Start	Indicative Finish	Lead Agency	Additional Resources N/Y	Related Documents	
4.1	People with learning disabilities will be supported to speak up and be heard about what they want from their lives	April 2009	April 2011	Adult Social Care	Y	Valuing People Now Putting People First 2008	
	<ul style="list-style-type: none"> <li>Commissioners will ensure that an appropriate range of advocacy services and support are commissioned</li> </ul>						
4.2	People with learning disabilities will have increased opportunities to enjoy a range of community leisure and recreational facilities	April 2010	October 2010	Adult Social Care	Y	Valuing People Now Disability Discrimination Act Executive Board Report –	
	<ul style="list-style-type: none"> <li>Information on the types of and access to advocacy will be published in accessible formats</li> <li>The Council will seek to provide appropriate Changing Places in the city centre and in any major new developments</li> <li>Local transport plans will be inclusive of the needs of people with learning</li> </ul>	Ongoing		Leeds City Council	Y		
		Ongoing		Leeds City Council	Y		

		disabilities	Ongoing		Leeds City Council	Y	transforming day opportunities 2009
	<ul style="list-style-type: none"> <li>Public services such as leisure centres, sports facilities, libraries etc need to be proactive in providing accessible information about their services and ensuring that there is equal access to using these services</li> </ul>						
	<ul style="list-style-type: none"> <li>Through a mapping process information will be available on community resources available to inform a signposting service</li> </ul>		April 2009	April 2010	Leeds City Council	Y	
	<ul style="list-style-type: none"> <li>Leeds City Councils in house services will be transformed to provide more independence and citizenship</li> </ul>		April 2009	Ongoing	Leeds City Council Adult Social Care	Y	
4.3	People with learning disabilities will be supported to have a life that is safe and free from abuse	<ul style="list-style-type: none"> <li>Information on keeping safe will be accessible and available to all people with a learning disability, including how to report hate crime</li> </ul>	Ongoing		Adult Social Care	Y	Valuing People Now
		<ul style="list-style-type: none"> <li>We will respond to the outcomes of the review of 'No Secrets' in a way that is meaningful to people with learning disabilities</li> </ul>	Following publication		Adult Social Care	Y	Safeguarding Adults: Review of No Secrets guidance 2008
		<ul style="list-style-type: none"> <li>Commissioners will ensure</li> </ul>	Ongoing		Adult Social Care	Y	Government Hate Crime Strategy (to be published)
			April 2009	April 2010	Adult Social	N	



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**Report of: Director of Adult Social Services**

**Executive Board**

**Date: 16<sup>th</sup> July 2008**

**Subject: Older People's Day Services – Service Improvement Plan**

**Electoral Wards Affected:**

Ward Members consulted (referred to in report)

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In (Details contained in the report)

## EXECUTIVE SUMMARY

1. In February 2007 the Executive Board received a report setting out the position with regard to the day service provided to older people by Adult Social Care Services through its city-wide network of day centres. That report set out key issues relating to the need for the modernisation of the service, outlined features of a new service model and explained how this work was going to be taken forward.
2. Members resolved: That the programme to develop further and introduce the new service model outlined in the report be agreed and that further reports outlining progress be submitted to Executive Board.
3. The work on the modernisation of the day service is placed in the wider strategic context. Older people with care needs should be supported in pursuing day opportunities in line with their preferences and needs and in ways which are socially inclusive. This overall approach will require a continuum of provision to ensure an appropriate range of options are available to service users. A day service for older people with significant care needs has a key role to play. The future service model must be able to respond positively, assisting service users when recovering from periods of difficulty and supporting those with complex, long term needs.
4. This **vision** for the service means that a modern day service will enable older people to remain as active citizens, provide the specialist support they need and support their carers effectively. The overriding principle is that physical, mental or sensory

impairment should not be a barrier to social inclusion and services should be focused on enabling people to remain active within their families and communities. This will mean developing high quality resource centres in each area where information and support is easily accessible for older people and their carers, high quality local and accessible dementia and other specialist provision and a pro-active and well supported voluntary sector.

5. The report emphasises the need for investment plans in Adult Social Care to be aligned with these aims. It also explains that Leeds is well placed to take this agenda forward because of its investment in preventative services, the progress it is making with new service developments and initiatives and the work it is doing to make the other services provided by the Council more accessible.
6. This report updates Members about progress in respect of the development of day services. It highlights the fact that work has already started in three areas of the city – East, West and South – and presents implementation proposals for the city. These proposals include initial steps to begin the reshaping of the service and the reduction of the building base.
7. With regard to the future of individual units, the position of Richmond Hill is highlighted where there is low occupancy and surplus capacity in that area of the city. The position with regard to the Peripatetic Unit is also set out and proposals are made with regard to its future. The Peripatetic Unit is the one service which operates across different venues during the week. Proposals are being brought forward about this service at an early stage because of concerns about low occupancy levels and the venues not being fit for purpose in the context of developing a modern day service. The report seeks authority to commence consultation regarding the reprovision of current services at Richmond Hill and the Peripatetic Service (not including Otley) into other day services in the City. It should also be noted that day centres are likely to be subject to inspection and regulation by the Commission for Social Care Inspectorate in the future.
8. The report explains how this work will be progressed through the development of further locality based plans for the other parts of the city. This process will continue to include consultation and work with older people themselves and other stakeholders.
9. The proposals outlined in this report will enable reinvestment in the service to provide enhanced day opportunities and to contribute to the development of a day service better able to meet the changing needs and aspirations of the older people of Leeds.

## **1. Purpose of the Report**

The purpose of this report is to:

- 1.0. Highlight the excellent progress in developing popular and high quality alternatives to day service attendance.
- 1.1. Update Members with regard to work which is being undertaken in Adult Social Care to modernise the day service provided by the Day Centres for Older People and how this fits with the changing strategic context for Adult Social Care.
- 1.2. Confirm for members that this work is consistent with the wider strategic context, the February 2007 Executive Board Report and the findings from consultation with service users and other stakeholders. The work is also in line with that of best practice authorities.
- 1.3. Seek endorsement for the city wide phased implementation of the model for modernised day service described in this report.
- 1.4. Take forward recommendations relating to specific day centres and in doing so release resources to support the development of a redesigned personalised service of better quality and value.

## **2. Background Information**

### **2.1 Strategic Context**

- 2.1.1 The report to Members in February 2007 laid out the strategic direction for Adult Social Care as set by the ambitions laid out in the White Paper "Our health, our care, our say: a new direction for community services". This envisages social care services which are flexible enough to be closely tailored to individual needs and preferences. Service users should be seen as full members of their communities and services should support them in remaining as independent as possible and able to benefit from the same opportunities as other people.
- 2.1.2 Day centres for older people have traditionally provided a safe environment in which service users can form friendships and participate in social activities. This helps to avoid isolation when social outlets become restricted because of increasing care needs. Appropriate assistance with personal care and other practical support is provided. Attendance at a day centre can be used to complement other services being provided as part of an extensive package of care or to provide respite for a carer.
- 2.1.3 Local consultation, along with analysis of trends in usage of day care, confirm that older people want more choice about day time support in order to remain independent and living in their own homes. Assistance to access social opportunities is a priority along with more specialist support to maintain physical functioning and to provide dementia care.
- 2.1.4 Leeds is well placed to respond to these challenges in relation to older people's services generally and to day services in particular. Previous investment and the work which is being done to keep up to date with new service developments means that there is a wide range of provision to meet different levels of needs. More detail is provided about this in Section 2.2.

- 2.1.5 An important feature of the strategic context with regard to older people's services is the aging population and the implications of there being significantly larger numbers of older people – particularly in the over 75 age band. The 25 year projection for Leeds for the 2003 – 2028 period is that the number of people aged over 75 years of age will grow from 52,300 to 69,200, an increase of approximately 32% . ('Baseline Needs Analysis for Older People in Support of Health and Wellbeing Strategies for Leeds City Council' - Moore and Jones 2006)
- 2.1.6 This in turn is linked to a concern about the extent to which older people experience poor health and loss of independence in their later years resulting both in reduced quality of life for the individual and in greater demand for social care services. The available figures indicate that among those over 75 in Leeds over twenty one thousand women and about 11,600 men report that they have a limiting long term illness. This equates to several hundred older people in each ward in the city.
- 2.1.7 It has therefore also been projected that the number of people in this age band in Leeds experiencing the day to day difficulties associated with ill health and disability, for example with self care or domestic tasks, will also increase. It is envisaged that the number of older people over 75 unable to manage at least one self care activity on their own will rise from the current figure of 23,628 to over 30,000 in 2025, with an increase of the same order for those unable to manage at least one domestic task on their own.
- 2.1.8 It must also be anticipated that demands on services for older people with dementia will increase. On the basis of the findings from the Dementia UK Survey the number of people with dementia in Leeds will increase from approximately 9,500 to 11,500 over the next fourteen years, an increase of over 20%.
- 2.1.9 Another aspect which must be considered is the extent of health inequalities and the way in which older people in more deprived areas of the city experience poorer health. Older people who live in those areas are more likely to experience such factors as low income and environmental stresses – for example, poor housing conditions or a higher incidence of crime. This highlights the position of older people coping with ill health and increasing frailty living in circumstances which have the potential to exacerbate their difficulties.
- 2.1.10 Appendix 1 provides an overview of the older people's population of Leeds. This is broken down by ward (including the indicator of deprivation for each ward) and shows the incidence of long term limiting illness for all older people.
- 2.1.11 In planning the future of the day service this combination of the impact of ill-health and disability and the uneven effects of social deprivation have been considered.

## 2.2 New service opportunities for Older People

In Leeds over recent years there has been considerable investment by Adult Social Care in the voluntary sector, together with other service developments, resulting in a wider range of options being available for older people now compared with the period when the network of day centres was originally developed.

### 2.2.1 Neighbourhood Networks (See Appendices 2 and 3)

- This well established tradition of creative investment in new services for older people is particularly reflected in the continuing development of the Neighbourhood Network schemes. Many older people who might in the past have begun attending a day centre are now actively involved with Neighbourhood Networks or other appropriate local provision. Projected expenditure for the current financial year on Neighbourhood Networks is over £1.4m. This level of investment supports 38 organisations which together are in contact with over 18,000 older people.
- The Neighbourhood Networks undertake a wide range of activity which contributes to local day opportunities. They are also closely in touch with the wider range of activity going on in their patch, run by churches or held in community centres, for example, which also have much to offer and they are well placed to ensure that older people take full advantage of these.
- These developments in Leeds have resulted in the city's preventative services for older people attracting national attention and prompting visits from other local authorities. It is an example of excellence and is widely supported by partners across the city.

### 2.2.2 Preventative Services

- At the same time there is investment in other initiatives aimed to address the needs of older people in Leeds. 'Older Better' is the strategy to promote healthy and active life for older people and sets out a joined up approach which aims to ensure that all older people in Leeds have access to healthy living opportunities. Link-Age Plus forms part of the 'Older Better' strategy and aims to tackle exclusion faced by some older people. It brings with it additional resources to develop further the network of provision and preventative services for older people.
- Link-Age Plus is working on a number of key priorities:
  - Developing and strengthening partnership structures.
  - Creating better sources of information.
  - Developing and testing the effectiveness of Neighbourhood Networks as local access points for older people.
  - Capacity building in the voluntary sector.
- There are significant developments in the area of mental health. The Partnerships for Older People Project (POPPS) is a set of initiatives focused on improving services for older people with dementia and other mental health needs. The work to modernise day services has taken account of these developments.

### 2.2.3 Assistive Technology

- Government has also provided a grant to develop assistive technology – known as ‘Telecare’. This grant is being used to help older people live more independently and enables some remote monitoring as part of an overall care package. For example a fall can trigger an alert and summon assistance. This provides an additional way of maintaining people safely in their own homes and is proving to have particular benefits for older people with dementia. Over 1250 additional older people were supported with telecare equipment over the last year.

### 2.2.4 Direct Payments

- The Direct Payments scheme makes it possible for the Council to make a payment to an older person in place of a directly provided service. The older person can then buy a service which fits with their particular requirements, thereby enhancing their ability to exercise control over their care arrangements. In 2002 there were 20 older people utilising direct payments, there are now over 300 older people accessing their support through the use of direct payments and we are expecting this to increase over the next 12 months by at least another 100 (25% year on year growth)

### 2.2.5 Keeping House

- Keeping House is finding new ways of developing local organisations which can provide domestic services to help older people in their own homes. These services are run as social enterprises, charging for work done, but putting any profit back into the business for the benefit of the community. Over 2,300 households have benefited from these developments.
- Keeping House is also responsible for an information resource which brings together details of domestic service providers across Leeds. This has been extensively disseminated in both electronic and paper form and continues to be developed. Collating figures from different sources and survey results, it is estimated that last year over 3,700 people made use of this resource to look for a service of their choice.

### 2.2.6 Family Placement

- The Family Placement Scheme recruits and approves carers who traditionally have provided short breaks (periods including overnight stays), in their own homes, for older people. More recently the scheme has developed a day service. This offers a flexible and personalised way of providing older people with care and support during the day. Arrangements are made which match the older person with a carer who is able to meet their individual requirements. These day arrangements have proved popular and additional flexibility is offered by the older person having choice as to where they receive the service: in the last financial year 322 older people received the service in their own home. Funding has been committed to expand the service further.

### 2.2.7 Universal access to all Council Services

- Day opportunities for older people have to be seen in the wider context of what is available in local communities, provided by the voluntary sector and by different parts of the Council. Services such as Sport, Parks and Countryside and Libraries are all developing their services to make them more accessible to people with social care needs. There will be an increasing expectation that leisure and social activity opportunities are accessible to everyone.

### 2.3. **Current Day Care provision**

- 2.3.1. The Adult Social Care day service for older people is currently provided by the Day Centres for Older People (these are listed in Appendix 4a). There are eighteen mainstream centres. These centres vary in size having between twenty and thirty-five places available. This represents a total capacity of some 570 places. However, the number of places available day to day fluctuates because opening patterns also vary. One service, the Peripatetic Unit, provides a service from different sites across the week (more details about the Peripatetic Unit are included in Appendix 4b).
- 2.3.2. There are four specialist centres for older people with dementia. In view of the needs of the older people they support these centres are smaller having fifteen or twenty places and three of the four open seven days per week. The four centres are:
- The Green, Bailey's Lane, Seacroft, Leeds 14.
  - Middlecross, Simpson Grove, Armley, Leeds 12
  - Siegen Manor, Wesley Street, Morley, Leeds 27.
  - Woodhouse, Pennington Street, Leeds 6.
- 2.3.3. Since the previous February 2007 Executive Board report a number of new service developments have taken place in this part of the service. POPPS has enabled service improvements at Middlecross, Siegen Manor and The Green increasing the range of services available on these sites. Outreach services have been developed using the in-house community support service to support older people and their carers both at home and in the local community.
- 2.3.4. Two of the mainstream centres have a dual role, providing a service for people with dementia on two days per week. These are Calverlands in Horsforth and Firthfields in Garforth.
- 2.3.5. Expenditure on the Day Centres for Older People in the last financial year was over £8.9m. Over fifteen hundred older people receive the service. The traditional focus of day centre programmes has been on social activities. They are also able to assist with personal care. The centres provide a building-based service with the majority of staff time devoted to providing support within the building in group settings. There is little opportunity to enjoy a broadly based activity programme.
- 2.3.6. In line with other social care services, since 2005 admission to day centres has been subject to 'Fair Access to Care Services' eligibility criteria - established through an individual assessment of need. This has focused the service on service users with more significant care needs.

- 2.3.7. This combination of factors, including the availability of other options and signposting to other services, has resulted in an overall reduction in the number of older people commencing attendance. The changing expectations of older people themselves are believed to be a factor. This is in turn reflected in the current overall occupancy figure for all the mainstream centres of 63% - with wide variations between centres. This represents a reduction of 15% over the last three years.
- 2.3.8. The occupancy level in the specialist service for people with dementia is significantly higher – an overall average of 95%. This confirms the importance of developing more opportunities for specialist care provision.
- 2.3.9. With regard to day services for older people in Leeds provided by external organisations, it is important to highlight Methodist Homes' dementia service at Bay Tree Resource Centre in Leeds 17 and the Leeds Jewish Welfare Board provision at 'The Hub', also in Leeds 17, which is a good example of services for older people well integrated with other community provision.

### **3. Case for Change**

- 3.1 There is ongoing consultation with older people and carers in addition to specific consultation events that took place in February 2006, June 2007 and November 2007. Throughout people have expressed a desire for more local and flexible services better tailored to meet their needs.

“Older people have changing interests, changing needs, are not an homogenous group so please individualise”

“Need help to know where to go, it is an information nightmare”

“I need more support to care for my husband who has dementia, I need a centre to look after him for a while so I can do other things and have a rest.”

“I cannot push the wheelchair to take her out, but it would be good if someone could come to help us so we can do things together – like going to the shops – like we did before. Now the visit to the day centre is the only time she gets out of the house.”

- 3.2 The concern about the ill health and loss of independence which older people experience argues for a day service which, working closely in conjunction with other services, is more proactive in assisting older people at those times in their lives when they most need it, for example:

- to support recovery after a period of difficulty;
- to enable older people to make the best of their abilities as their care needs increase;
- to assist them with managing a long term health condition.

It must have an overall approach of helping service users to remain as independent as possible.

- 3.3 In this context Adult Social Care should provide extended support to those older people whose health and social care needs and personal circumstances warrant a day service which offers a professional and co-ordinated approach to their support and is able to make a significant contribution to maintaining them in their own home



and community. In this way the best use will be made of Adult Social Care's skilled and experienced workforce and its ability to work effectively with partners, particularly health.

- 3.4 It has already been noted that needs which have in the past been met by a service user attending a day centre are going to be met in a wider variety of ways – through accessing local community provision or through more individualised arrangements. The greater flexibility of individual budgets will accelerate this trend. It is therefore anticipated that the overall level of occupancy will tend to fall further.
- 3.5 The increased uptake of Direct Payments illustrates this trend. The number of older people receiving a Direct Payment which enables them to purchase a service of their choice has quadrupled from 77 to 309 in the year from March 2007 to March 2008. New investment of £2m is going into Direct Payments in financial year '08 – '09 to support further development in this area.
- 3.6 Adult Social Care in Leeds is well placed to respond to these changes because of its investment in preventative services and the progress it is making with new service developments and initiatives. Work which is being done by other parts of the council such as Sport and Libraries to make their mainstream services more attractive and accessible to people with care needs including older people is also an essential part of the overall approach.
- 3.7 New service developments tested out through the preventative programmes such as Telecare and the Partnership for Older People's Projects ('POPPS', which is undertaking the redesign of services for older people with mental health problems) are grant funded initiatives. Their future will depend on them being successfully incorporated into the mainstream Adult Social Care budget setting process which will require adjustment of existing service and investment patterns.
- 3.8 There is concern that the existing pattern of specialist dementia provision does not provide sufficient capacity nor does it provide adequate geographical spread across the city. This results in long journeys for older people. This is unhelpful for this user group and has the potential for delays in being allocated a specialist place.
- 3.9 As part of the work on the future day service model three early implementers have been developed in the East, South and West areas of the city. The experience so far is that older people and their carers are very aware of issues relating to health and care needs and welcome efforts to develop a more flexible day service which will be proactive in addressing these in a personalised way. They also want to see agencies working more closely together at a local level.
- 3.10 Considered in this wider context the overall size and cost of the current network of Day Centres for Older People there is the need to review this service. Comparative data shows that Leeds is spending nearly seven per cent of its total older people's services budget on its day centres. The average figure for the top performing authorities is just over four per cent. A rebalancing of investment over time will ensure that Leeds responds positively with the further development of a broader base of services offering more choice.
- 3.11 Spare capacity in the day centre sector presents an opportunity to unlock resources which can be used to address investment to develop services more in accord with older people's wishes. This would enable for example:

- Further enhancement of capacity in the voluntary sector to meet the needs of older people with more straightforward needs.
- The promotion of self directed support. In order to meet the minimum performance standard laid down by the Department of Health, Leeds must at least double the number of people utilising direct payments to access services they require to meet their assessed needs.
- Investment to develop centres of excellence capable of delivering high quality and innovative day services with partners.
- Investment in telecare and other preventative services.

#### **4. The Vision**

- 4.1. It is clear that a modern day service will enable older people to remain as active citizens, provide the specialist support they need and support their carers effectively. The overriding principle is that physical, mental or sensory impairment should not be a barrier to social inclusion and services should be focused on enabling people to remain active within their families and communities.
- 4.2. This will mean developing high quality resource centres in each area where a range of agencies and a pro-active and well supported voluntary sector will provide information and support that is easily accessible for older people and their carers. Such centres will also provide or enable easy access to effective recovery and enablement services, high quality local and accessible dementia and other specialist provision.

#### **5. The future model of service**

- 5.1. **A continuum of provision for older people.** Adult Social Care, working with other parts of the Council and external partners, needs to ensure that there is a continuum of provision which makes available a broader range of day time opportunities for older people. Within this overall approach a day service will have an essential role. After extensive consultation it is clear that the new model of service should have the following key elements. For reasons already given Adult Social Care as a service provider will have a particular focus on those elements numbered 3, 4 and 5 in the table.

## 5.2.

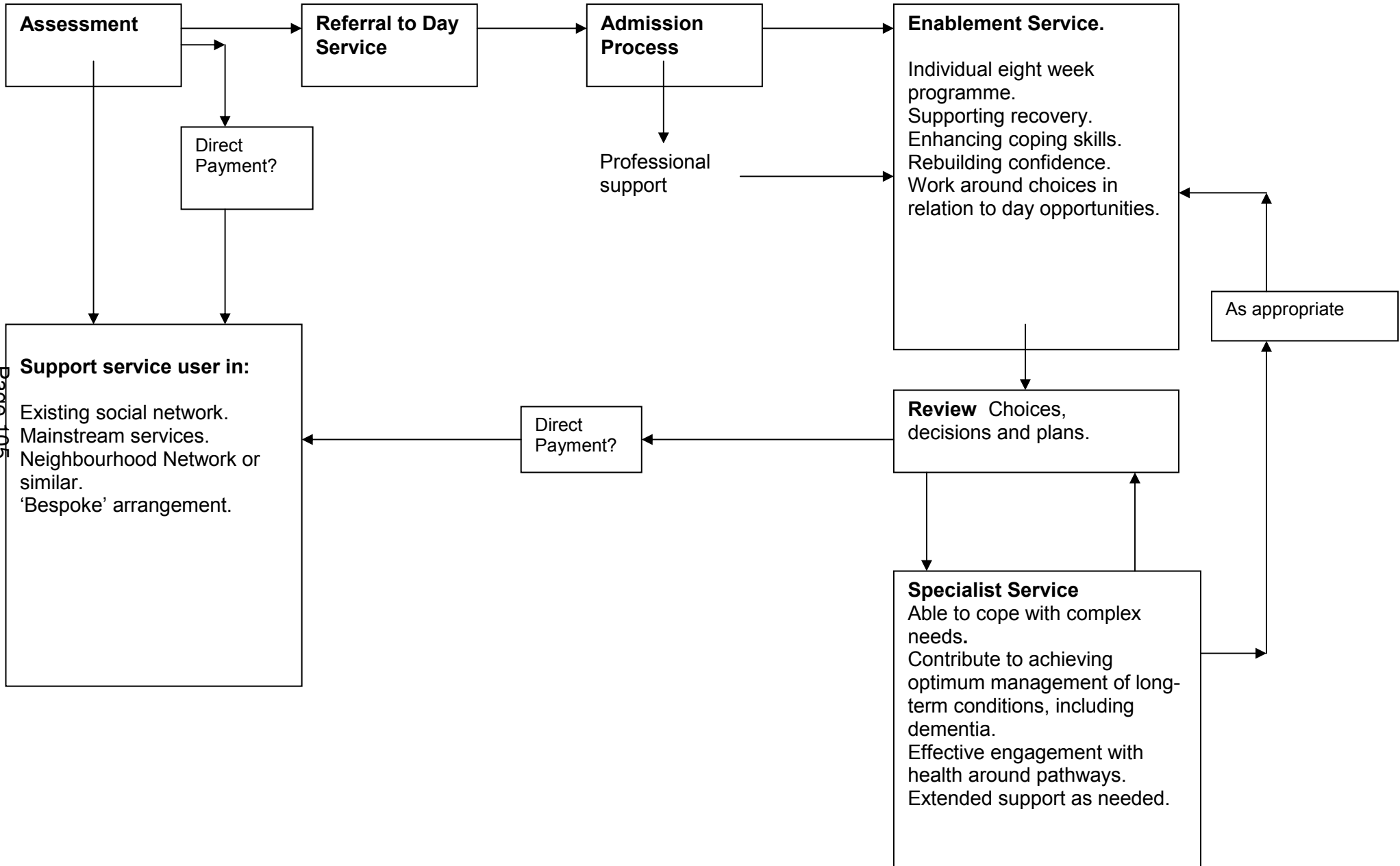
<b>Service</b>	<b>Type of activity</b>	<b>Aims / Outcomes</b>	<b>Potential Partnerships</b>
1. Individual choice	Supporting service users in using mainstream services such as libraries and leisure centres. Enable users to remain part of their own friendship groups and keep up with their interests. Use of Direct Payments and Personal Budgets/ volunteers to support this.	Access to the same opportunities as other members of the community. Enhancing choice and flexibility.	Voluntary Sector. Other Council services.
2. Community based	Involvement of service users in local opportunities, particularly Neighbourhood Networks. Provides companionship but also contributes to health and well being. For example, through gentle exercise and dance. Opportunities to learn new skills for example using a computer.	Engagement in activities catering for needs and interests of older people. Stimulating mix of activities.	Voluntary Sector. Environment and Neighbourhoods.
3. Day Service: Resource Centre and Recovery and Enablement Service	Collaboration with partners to provide a variety of information and preventative services under one roof.  Use of centre base for work with service user and for going out into different situations. Individual, time limited programme to support recovery and enable the older person to be as independent as possible. Rebuild confidence after a difficult time. Help user to develop skills so that they cope as well as possible with their care needs, for example in relation to mobility or personal care. Support carers.	Achieving optimum degree of independence. Support to access satisfying day opportunities.	Voluntary Sector. PCT Leeds Partnership Foundation Trust Council services
4. Day Service: Specialist – physical frailty and long term conditions	More intensive personal support. Use of centre base and outreach. With input from health professionals assist service user in managing their health problems for example in relation medication, diet, exercise. Respite and Carer support.	Achieve optimum management of long term conditions. Support to access satisfying day opportunities.	PCT Hospitals
5. Day Service: Specialist – dementia	Dedicated specialist provision for older people with dementia Respite and Carer support .	Achieve optimum management of dementia. Support to access satisfying day opportunities.	Leeds Partnership Foundation Trust

### 5.3. A service model for Adult Social Care's day service.

A service model, which reflects modern social care principles, is required to deliver the Adult Social Care day service components of this continuum of provision. This will be a service for older people with eligible social care needs and this will include the most vulnerable older people. This service will:

- Offer a purposeful, outcome focused and flexible service. This means working out individual programmes with service users and agreeing the changes in the user's life which the service will promote. It also means the service having the capacity to support service users in different settings. In this way support follows the user into the situations where they need it.
- Actively support service users in relation to day opportunities. This is more than providing a service on a particular day. It is about helping users to work out arrangements in relation to day opportunities across their week, in line with their needs and preferences.
- Support recovery and independence. This will be a key feature of the service's overall approach. But it also means being able to provide a structured, time limited recovery and enablement service with an individual programme, goals and Care Manager and / or Therapist oversight. This will be the service normally offered first to older people, unless this is not appropriate because of individual needs.
- Engage with partners It is important to take advantage of opportunities for collaboration in relation to the care pathways which service users follow, more integrated service delivery, better use of buildings and improved access to services.
- Provide support to carers. As well as respite, this might be informal, ad hoc support, for example around day to day issues relating to the service user's care or through planned information sessions and groups.
- Provide specialist services. This is support for older people who are likely to have complex needs arising from long term conditions, including dementia. The day service may well provide one element in a more extensive Care Plan and / or meet needs relating to carer respite. As necessary long-term support can be provided.
- Depend less on building based routines. In order to achieve the flexibility to support service users in a wider range of settings staff will have to be deployed differently. This will mean moving away from the current fixed routine of that day's group of service users all coming in to the centre in the morning and going home together in the afternoon.
- Fit well with the development of Self Directed Support. The day service itself must be personalised and offer real choice, but it must also provide a supportive bridge to other Self Directed Support arrangements. In this context the potential role of an enablement service is being recognised in national guidance.

**Older People's Day Service Pathway**



## 6. Phased Implementation

- 6.1 A phased approach is clearly needed to manage these changes.
- **Phase 1:** Establish a city wide, locality approach to service provision with the centres assuming more differentiated roles to deliver the different aspects of the service model. Create capacity through the re-alignment of some existing resources in ways which closely reflects existing and future demand. Develop a more detailed project plan to take forward these changes.
  - **Phase 2:** As personalisation rolls out, continue this organic process by re-focusing remaining resources thereafter. Fully develop opportunities for working collaboratively with partners. Undertake regular review to ensure resources are appropriately targeted. Develop a capital and workforce development programme to ensure we develop the highest quality service. (A key responsibility for the Chief Officer – Support and Enablement.)
- 6.2 Phase 1 will enable local authority run centres to start to move into their new functions as outlined in Appendix 4b. In doing so it will be possible reduce spare capacity and release resources for investment to support continued modernisation of the service.
- 6.3 In the context of this overall approach it is proposed that day services will no longer be provided by Richmond Hill and the Peripatetic Unit - with the exception of the Peripatetic Unit's provision in Otley where continued local service is needed until a more appropriate way of providing a local service can be achieved. The release of resources will support service development. Appendix 5 provides detail on how continuity of service will be provided to those service users affected.
- 6.4 Fully realising the aspirations of this new city wide approach to day service provision will require a wide ranging programme of work which will take several years to complete. It will also require successful engagement with partners. For example, this will be the case in developing modern, innovative, high quality Resource Centres.
- 6.5 In the new service model the centres will have differentiated roles, providing the key components of the new service model. A centre may have more than one function and be a venue for a different service on different days of the week. There will be more emphasis on the staff teams in neighbouring centres collaborating to provide the service to a locality. Because of the change in the service model Adult Social Care will provide more outreach to service users and where this happens the added benefits of enabling closer collaboration through sharing buildings with partners will be explored. For example, Neighbourhood Networks sometimes struggle to find good quality venues for their activities.
- 6.6 Work is well under way to develop first phase locality plans. This work identifies how different centres will play more differentiated roles to achieve a number of key organisational changes:
- Re-alignment of resources in line with the identified needs of communities.
  - Allocation of the dedicated capacity to provide an enablement service.

- Achievement of the appropriate balance between provision for service users with dementia and those whose needs relate to other long term conditions and / or physical frailty.
- Identification of the centres best placed to begin providing outreach.

- 6.7 It is clearly important in managing these changes to have regard for the position of current users of the service and their carers. If changes affect existing care arrangements then service users will be offered a comparable service within the same centre or in another centre in the same part of Leeds, as appropriate. The importance of significant friendship groups is well recognised. Information about other service options will be provided and explored with service users, thus maximising personal choice.
- 6.8 There is experience in the service of successfully managing changes by working them through carefully with staff, service users and carers, for example the change of function at Siegen Manor which now provides a dedicated dementia service.
- 6.9 The plans currently being developed will set out how in each locality these key building blocks of the future service model will be put in place and the contribution which the different day service staff teams will make to this and how different centres will be used.
- 6.10 POPPs has already made it possible to establish outreach capacity in the specialist dementia service and developing this more widely in other parts of the service will build on that experience.
- 6.11 The emphasis in the planning process at this stage is on working within the available resource base (both staff and buildings), taking account of financial plans which, as already indicated, envisage some realignment of resources in order to release investment for other priority areas.

## **7 Implications For Council Policy And Governance**

- 7.1 The overall approach being taken to promoting day opportunities for older people with care needs is consistent with the principles laid out in the White Paper, “Our health, our care, our say” and “The Vision for Leeds”. It is socially inclusive and seeks to ensure that the benefits of the city are extended to people who might otherwise easily be marginalised.
- 7.2 It is also important to emphasise that this requires a one Council approach. Other parts of the Council such as Libraries, Sport, Parks and Countryside are working to improve the access to their services for socially excluded groups. It is important that a socially inclusive approach to day opportunities is promoted and that there is effective collaboration at a strategic level in the Council and between frontline staff and managers across the different service areas.
- 7.3 Progress with day services modernisation has implications for performance in Adult Social Care, specifically the key performance indicators relating to supporting people at home, Direct Payments and choice.
- 7.4 The approach outlined in this report is also intended to ensure service improvement is in line with Best Value.

## **8 Legal and Resource Implications**

- 8.1 The specific proposals detailed in Appendix 4b of this report are completely consistent with the overall approach being taken in Adult Social Care to realign investment plans to support a new configuration of services in line with the drivers which have been detailed.
- 8.2 The proposals set out in this report will reduce expenditure on the Day Centres for Older People by £300k which will contribute towards the plans to invest further in the voluntary sector, Direct Payments and the development of specialist day service provision, with the emphasis on equitable provision for all parts of the City.
- 8.3 The proposals will also require a realignment of transport arrangements as the service becomes more bespoke and focused on enabling active involvement.
- 8.4 The proposals in this report will have an impact on the staff in the individual centres. This process will be managed in the appropriate way in line with Council's Workforce Change policy.
- 8.5 A key aim of rationalising the building base will be to ensure that all those centres which continue in use are attractive and well equipped and have internal layouts which are suitable for delivering the new service model. Asset management plans will need to be developed as appropriate. There will be close collaboration with the Council's asset management section in relation to both current work and longer term implications.
- 8.6 The approach set out in this report is intended to ensure the best use of Council resources in this service area in line with the needs of the people of Leeds and strategic priorities in Adult Social Care.
- 8.7 Consultation with those affected will continue within the statutory framework. The outcome of consultation will be reported to members where required.

## **9 Specific implications for Ethnic Minorities and Disability Groups.**

- 9.1 The development of the day service will take full account of the needs of black and minority ethnic communities. The proposed service model places an emphasis on a more individualised service and on the development of close working relationships with local community provision. Older people from minority ethnic groups should be able to access services that reflect their cultural and religious backgrounds as well as their care needs.
- 9.2 Leeds already has a range of specialist provision for black and minority ethnic communities, both in-house and commissioned. These will be included in the modernisation process as the other centres. These centres have good links with representatives of the particular communities which they serve. It will be important to use these partnership arrangements to ensure effective engagement of stakeholders in the change process.

## **10. Summary and Conclusions**

- 10.1 The vision is to enable older people with care needs to be supported in pursuing day opportunities in line with their preferences and interests and in ways which are socially inclusive. This overall approach will require much greater emphasis on



working out individualised arrangements with service users. (see examples at Appendix 6)

- 10.2 The proposals outlined in this report will enable reinvestment in the service to provide enhanced day opportunities and to contribute to the development of a day service better able to meet the changing needs and aspirations of the older people of Leeds.
- 10.3 In order to secure for older people in Leeds an appropriate range of both care and day opportunities, in line with differing preferences and needs, a continuum of provision is required. This will include care and support for the most vulnerable older people.
- 10.4 Leeds is well placed to deliver this because of its investment in preventative services, the progress it is making with new service developments and initiatives and the work it is doing to make its mainstream services more accessible. There is an excellent opportunity to build on this good work.
- 10.5 This approach to day opportunities for older people with care needs will have to be reflected in reshaping services and investing in arrangements such as Direct Payments which enhance flexibility and service user choice.
- 10.6 In this context a day service for older people with eligible needs has a key role to play in providing a service which is flexible and which enables service users to be as independent as possible.
- 10.7 In the Day Centres for Older People occupancy in the mainstream part of the service is already below two thirds and is expected to fall further as more individualised ways of meeting needs are used more extensively. Adult Social Care therefore recognises that there is an immediate need to divert investment into a model of day service and into other services that give users greater choice and control.
- 10.8 It is therefore necessary in the light of both the strategic direction and financial plans in Adult Social Care to begin reshaping the service and manage some reduction in the building base. This report makes specific proposals to begin this process in a way which is intended to maximise the opportunity to improve the service overall and work with partners.
- 10.9 At the same time work to modernise the day service provided by the Day Centres for Older People will continue and this will include ongoing work with service users and other stakeholders in the different areas of the city.

## **11 Recommendations**

- 11.1 Members are asked to endorse the model of a flexible, individualised and socially inclusive approach to the provision of day opportunities for older people with care needs and note the work now underway to modernise the day service for older people in Adult Social Care.
- 11.2 Members are asked to agree the phased approach which forms the basis of further work with stakeholders in relation to planning and implementation for each area of the city.
- 11.3 Members are asked to agree that the programme is developed with the involvement of Local Members and their Area Committees thus ensuring effective and efficient local implementation.

- 11.4 Members are asked to agree that the Phase 1 proposals set out in this report are adopted as a basis for consultation and ongoing work. This includes the specific proposed re-provision detailed in respect of Richmond Hill, and the Peripatetic Unit in para 6.3. Members are asked to receive a report on the outcome of the consultation relating to the future of those units by November 2008.
- 11.5 Members are asked to receive further reports in 2009 on the outcome of the wider consultation about locality plans and the results of the ongoing work as the modernisation of older people's day services progresses.

## **APPENDICES**

- 1.Older People’s population by ward showing incidence of limiting long term illness.**
- 2.Neighbourhood Network coverage.**
- 3.Examples of the work of the Neighbourhood Networks.**
- 4a. Adult Social Care Day Centres: Summary map and table showing the existing day centres.**
- 4b. Adult Social Care Day Centres: Options for Future Configuration.**
- 5.Day Centres with the capacity to offer alternative places to service users affected by the proposals.**
- 6.Different ways of meeting older people’s needs in relation to day opportunities.**

**Appendix 1 Older People's population by ward (including indicator of degree of deprivation) showing incidence of limiting long term illness.**

Ward	Total number of SOAs	IMD 2007 Number of SOAs ranked in most deprived 10% nationally	All persons aged 65-84 years		All persons aged 85 years and over	
			All people	Number with LLTI	All people	Number with LLTI
Adel & Wharfedale	12	0	3104	1219	298	205
Alwoodley	14	2	3577	1619	406	296
Ardsley & Robin Hood	12	0	2048	1075	209	150
Armley	16	5	2800	1450	369	275
Beeston & Holbeck	14	6	2887	1457	408	296
Bramley & Stanningley	16	4	2835	1445	295	232
Burmantofts & Richmond Hill	16	13	3013	1699	363	261
Calverley & Farsley	14	0	3043	1431	337	244
Chapel Allerton	13	6	2391	1317	209	164
City & Hunslet	12	9	1781	1083	238	181
Cross Gates & Whinmoor	15	1	3854	1949	351	251
Farnley & Wortley	16	5	3263	1619	340	251
Garforth & Swillington	13	0	2931	1520	342	250
Gipton & Harehills	16	14	2592	1478	337	240
Guiseley & Rawdon	16	0	3221	1428	409	297
Harewood	13	0	3174	1270	389	282
Headingley	14	0	906	454	161	127
Horsforth	14	0	3159	1364	406	275
Hyde Park & Woodhouse	13	2	1293	790	213	167
Killingbeck & Seacroft	17	10	3509	2005	407	274
Kippax & Methley	14	0	2477	1353	276	210
Kirkstall	14	1	2729	1508	388	300
Middleton Park	17	11	3316	1916	317	249
Moortown	14	1	3248	1554	503	373
Morley North	14	0	2560	1264	257	205
Morley South	14	0	2581	1308	357	270
Otley & Yeadon	13	0	3048	1439	405	283
Pudsey	15	0	3181	1571	405	313
Rothwell	15	0	3055	1527	344	260
Roundhay	17	1	3206	1415	515	341
Temple Newsam	13	4	2726	1298	302	229
Weetwood	16	0	3386	1592	485	355
Wetherby	14	0	3241	1319	375	246
<b>Leeds</b>	<b>476</b>	<b>95</b>	<b>94135</b>	<b>46736</b>	<b>11416</b>	<b>8352</b>

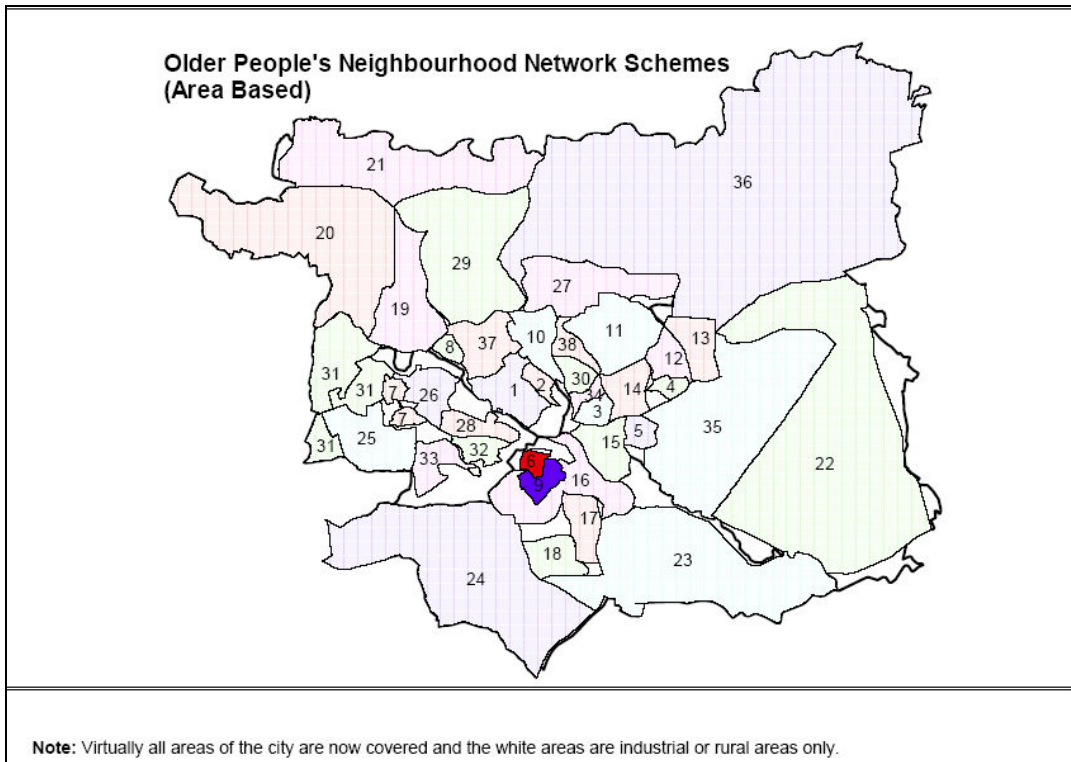
**Key to abbreviations:**

**SOA .....Super Output Area**

**IMD.....Index of Multiple Deprivation**

**LLTI.....Limiting Long Term Illness**

## Appendix 2. Neighbourhood Network coverage.



### Older Peoples Neighbourhood Network Schemes

#### Key to Map References

- 1 Older Active People
- 2 Caring Together in Woodhouse & Little London
- 3 Burmantofts Senior Action
- 4 South Seacroft/Brooklands Good Neighbours Scheme
- 5 The HOPE Project - Halton Moor & Osmondthorpe
- 6 Holbeck Elderly Aid
- 7 Stanningley & Swinnow Live at Home
- 8 Hawksworth Wood Elderly Care Project
- 9 Hamara
- 10 Meanwood Elders Neighbourhood Action Team
- 11 Community Action for Roundhay Elderly
- 12 North Seacroft Good Neighbours Scheme
- 13 Swardcliffe Good Neighbours Scheme
- 14 Action for Gipton Elderly (AGE)
- 15 Richmond Hill Elderly Aid
- 16 South Leeds Live at Home Scheme
- 17 Belle Isle Elderly Winter Aid
- 18 Middleton Elderly Aid
- 19 Horsforth Live at Home Scheme
- 20 Aireborough Voluntary Services (AVSED)
- 21 Otley Action for Older People
- 22 Neighbourhood Elders Team
- 23 Rothwell Live at Home Scheme
- 24 Morley Elderly Action
- 25 Pudsey Live at Home Scheme
- 26 Bramley Elderly Action
- 27 Moor Allerton Elderly Care
- 28 Armley Helping Hands
- 29 Older People Active in their Locality (OPAL)
- 30 Leeds Black Elders Association\* & West Indian Family Counselling Service
- 31 North Pudsey/Farsley Live at Home
- 32 Wortley Services (through Armley Helping Hands)
- 33 Neighbourhood Action in Farnley, New Farnley & Moor Top
- 34 Montague Burton Resource Centre
- 35 Crossgates Good Neighbours Scheme
- 36 WISE (Wetherby & Surrounding Area)
- 37 Supporting The Elderly People
- 38 Chapel Allerton Scheme (under development December '06)\*

\* area services for black and minority ethnic (BME) elders, which also provide services beyond area boundaries.  
There are other schemes operating across wider areas or city-wide.  
Further information on all above and on the services for BME communities is available in the Older People's Neighbourhood Network Scheme Booklets.

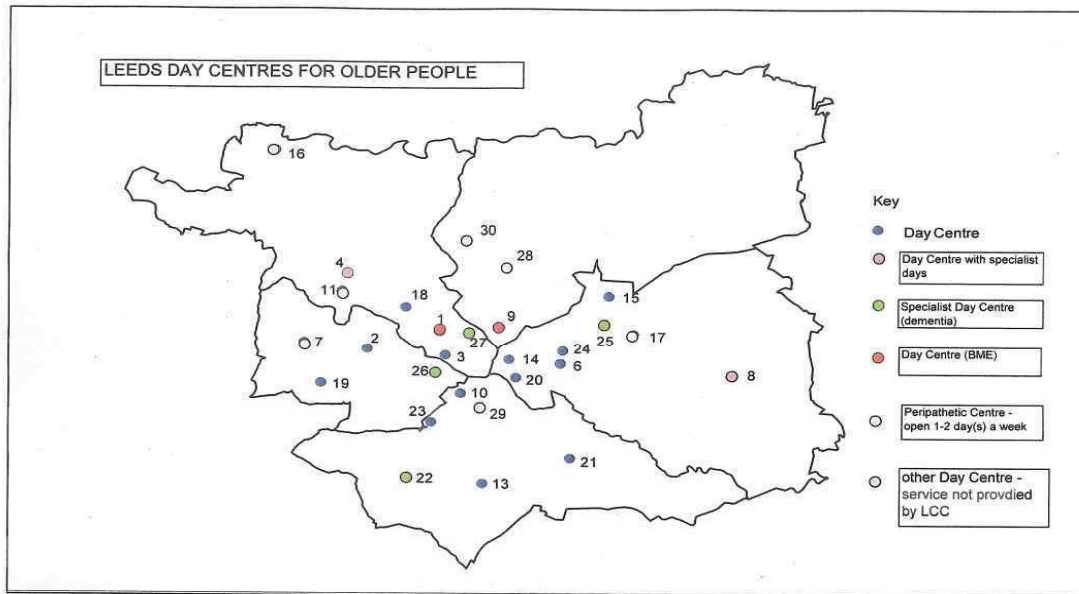
### **Appendix 3. Examples of the work of the Neighbourhood Networks.**

These are some of the ways in which Neighbourhood Networks are helping with day opportunities for older people in their areas.

Basic computer lessons	Arts and crafts
Book and talking tape lending library	Befriending service
Coffee mornings	Coffee morning
Craft group	Day trips
Friendship group	Education project
Men's group	Shopping bus
Shopping trips	Social group
Singing group	Exercise group
Loan of wheelchair	Dancing and gentle exercise
Friendship group	Stroke club
Gentle exercise	Swimming
Lunch club	Coffee mornings
Trips and outings	Library service
Theatre group	Reminiscence
Bereavement support	Singing
Stroke club	Bereavement support
Support for carers and carers' group	Tai Chi and therapeutic massage Mental health support group
Shopping trips	

## Appendix 4a. Adult Social Care Day Centres: Summary map and table showing the existing day centres.

(Some services not provided by LCC also included: see no's 28-30)



Leeds Day Centres for Older People

Map Ref	Establishment	Postcode	Service
1	Apna	LS6 3BJ	Elderly
2	Bramley Lawn	LS13 3RG	Elderly W/E
3	Burley Willows	LS4 2HE	Elderly W/E
4	Calverlands	LS18 5LA	Eld Spec
6	Doreen Hamilton	LS9 0NH	Elderly W/E
7	Farfield (Wed, Fri)	LS28 5HL	Elderly
8	Firthfields	LS25 2LP	Eld Spec
9	Frederick Hurdle	LS7 3EZ	Elderly W/E
10	Holbeck	LS11 9LQ	Elderly W/E
11	The Willows (Mon)	LS18 5DY	Elderly
13	Laurel Bank	LS10 4HY	Elderly W/E
14	Lincoln Fields	LS9 7SG	Elderly
15	Naburn Court	LS14 2DF	Elderly W/E
16	Otley (Thur)	LS21 3AG	Elderly
17	Pendas Way (Tues)	LS15 8LE	Elderly
18	Queenswood Drive	LS6 3ND	Elderly
19	Radcliffe Lane	LS28 8AB	Elderly W/E
20	Richmond Hill	LS9 8RZ	Elderly
21	Rose Farm	LS26 0RA	Elderly
22	Siegen Manor	LS27 9EE	Elderly
23	Springfield	LS11 0JP	Elderly W/E
24	Wykebeck Valley	LS9 6PB	Elderly
25	Green	LS14 6JL	Eld Spec
26	Middlecross	LS12 1QG	Eld Spec
27	Woodhouse	LS6 2JP	Eld Spec
28	Jewish Welfare Community Centre	LS17 6AZ	faith
29	Potterdale Resource Centre	LS11 6ER	Mental Health OP
30	Bay Tree Resource Centre	LS17 5NJ	Dementia

## Appendix 4b. Adult Social Care Day Centres: Options for Future Configuration

Centre	Time limited Recovery and Enablement Service .	Specialist – Physical frailty and long term conditions	Specialist Dementia	Capacity Release	Comment
<b>North East</b>					
Frederick Hurdle (LS7)		○	○		BME provision – see note
<b>East</b>					
Lincoln Fields (LS9)		○	○		
Firthfields (LS25)		○	○		Already provides 2 days dementia service.
Naburn Court (LS14)	○	○			
Wykebeck (LS9)	○				Resource Centre early implementer.
Doreen Hamilton (LS9)		○			
The Green (LS14)			○		Already full time dementia service.
Richmond Hill (LS9)				○	See note
Pendas Way (Tuesday) (LS15)				○	Peripatetic unit – see note
<b>South</b>					
Rose Farm (LS26)	○	○			
Laurel Bank (LS10)		○	○		
Springfield (LS11)		○			
Holbeck LS11)	○	○			
Siegen Manor (LS27)			○		Already full time dementia service.
<b>North West</b>					
Calverlands (LS18)		○	○		See note. Already provides 2 days dementia service.
Burley Willows (LS4)	○	○			
Queenswood Drive (LS6)	○	○			
Apna (LS6)		○			BME provision
Woodhouse (LS6)			○		See note. Already full time dementia service.
Willows (Monday) (LS18)				○	Peripatetic unit – see note
Otley (Thursday) (LS21)					Peripatetic unit – see note
<b>West</b>					
Radcliffe Lane (LS28)	○	○			Already providing recovery and enablement
Bramley Lawn (LS13)		○			
Middlecross (LS12)			○		Already full time dementia service.
Farfield (Wednesday and Friday) (LS28)				○	Peripatetic unit – see note



## Appendix 4b (cont.)

### Notes on the table:

- **North East.** It should be noted that specialist dementia provision in North East is augmented by the commissioned service at Bay Tree (provided by Methodist Homes) and there is also the new fully functioning inter-generational resource centre provided by Leeds Jewish Welfare Association.  
However, work will still be needed over time to manage a shift of staffing resources in favour of North East to achieve an appropriate level of service. As already happens, some centres in adjoining areas will also provide coverage of North East.
- **Woodhouse, Calverlands and plans for North West.** Woodhouse which is a specialist dementia day centre is regarded as being geographically not well placed, necessitating too much travelling for service users. The preferred plan is to transfer the specialist dementia function to Calverlands in Horsforth. Given current occupancy levels there and elsewhere in North West and the implications of the Willows being made surplus, fully achieving this change of function will require careful management over a significant period of time. However, once this has been achieved, then Woodhouse could be wound down as a building based provision and the staffing capacity transferred to North East.
- **The contribution of other day service providers.** It is important to note that this table is focused on Adult Social Care day centres and does not attempt to capture the services of other providers. There is a range of day service provision for older people in Leeds, particularly with a focus on the needs of the black and minority ethnic and faith communities. Some of this provision is commissioned by Adult Social Care. The valuable contribution made by this sector is well recognised. The need for effective links and good co-ordination with these providers around the delivery of the service model is one of the things which will be addressed as the locality plans are developed in more detail.
- **Richmond Hill**  
The surplus day centre capacity in Leeds 9 provides an opportunity to improve the range of services in the East through increased collaboration with the voluntary sector. The building is over thirty years old and its basic, open plan interior does not lend itself to the provision of a quality service. Occupancy at Richmond Hill is the lowest at 45% with attendance ranging between 17 and 6 across the week against a capacity of 25 and a lack of new referrals. 30 older people receive a service. Five of the service users at Richmond Hill already attend other day centres in the area.

The Richmond Hill site adjoins the Butterfield Manor site which is already surplus. The advice from the Development Agency is that the marketability of the Butterfield Manor site would be significantly enhanced if the Richmond Hill site was added to it.

- **The Peripatetic Unit**  
The Peripatetic Unit is the only part of the day service which does not have a single base. The staff team rotates around a number of venues in different parts of Leeds in the course of the week as follows:

Farfield, Farsley, Leeds 28 on Wednesday and Friday.  
The Willows, Horsforth, Leeds 18 on Monday  
Penda's Way, Crossgates, Leeds 15 on Tuesday.  
Civic Hall, Otley on Thursday.

This service is provided in halls or community rooms. There are concerns about the limitations of the facilities at these venues which comprise a single large room. This lack of private space does not lend itself to providing an individualised service. The quality of the environment provided does raise issues of service user dignity. There are no bathing or laundry facilities. All venues lack additional adaptations such as hoists and so these venues are not suitable for providing day services to older people with more significant care needs. As a consequence it is not possible to see a future for them in the context of the plans being made for Adult Social Care day services.

Referrals to this service are declining and service users can all be offered alternative places at nearby purpose built centres.

There is no day centre in or near to Otley and the existing arrangement will need to be maintained, pending a more detailed review in North-West Leeds. The aim will be to find a voluntary sector partner and decide on the most appropriate option for the future of this arrangement. There will also be discussions with the NHS to explore the potential for a joint approach to local provision for older people with more complex needs.

## Appendix 5.

### Day Centres which can offer alternative places to service users affected by the proposals.

Day Centres affected by the proposals		Alternative Day Centres		
Name and location	Average no. of service users attending each day + total on register.	Name and location	Current occupancy level.	Total no. of places .
<b>Richmond Hill, (LS9)</b>	<b>Mon</b> 16	Doreen Hamilton, Leeds 9.	58%	30
	<b>Tues</b> 12	Lincoln Fields Leeds 9.	58%	25
	<b>Wed</b> 6	Wykebeck Valley, Leeds 9.	51%	30
	<b>Fri</b> 17			
<b>Total on register</b> 30				
<b>The Peripatetic Unit.</b>				
<b>Farfield, Farsley, (LS28)</b>	<b>Wed</b> 16	Radcliffe Lane, Pudsey, Leeds 28	51%	35
	<b>Fri</b> 12	Bramley Lawn, Bramley, Leeds 13.	40%	30
	<b>Total on register:</b> 17			
<b>The Willows, Horsforth, (LS18)</b>	<b>Mon</b> 23	Calverlands, Horsforth, Leeds 18	65%	35
	<b>Total on register:</b> 26		Queenswood Drive, Leeds 6	80%
<b>Penda's Way, (LS15)</b>	<b>Tues</b> 7	Naburn Court, Leeds 14	48%	35
		Firthfields, Garforth, Leeds 25	64%	30
		Doreen Hamilton, Leeds 9	58%	30
	<b>Total on register:</b> 10		Wykebeck Valley, Leeds 9.	51%

## Appendix 6. Different ways of meeting older people's day service needs.

**Social workers are now addressing the needs of older people in relation to day opportunities in ways which fit closely with individual needs and preferences. These two examples both relate to older people with dementia.**

Mrs A has a diagnosis of Alzheimer's disease and has lived alone since her partner was admitted to residential care approximately one year ago. She has one son who visits as often as he can. She receives a package of community support to assist with personal care and meals. To enable her son to go on holiday, Mrs A has respite care within a residential setting.

Mrs A is a very sociable woman but as her dementia has progressed she often uses bad language and that can offend other people. It was not felt that Mrs A required specialist EMI day services. The social worker explored the possibility of a Family Placement Scheme carer offering a day care service and Mrs A now visits the carer once a week in her home. The carer is able to spend time pursuing activities that Mrs A enjoys, e.g. baking and walking. Mrs A and her son are very happy with this arrangement and feel that it meets her needs very well.

Mrs B lives with her daughter, who has a young family. Mrs B has severe dementia but is physically very active. Day care in a specialist setting was provided for Mrs B to enable her daughter to pursue a university course. However, although Mrs B's daughter has been happy with the service provided, she feels that her mother requires one to one stimulation.

The use of direct payments has been explored with Mrs B's daughter to employ a personal assistant. It is envisaged that Mrs B will be supported to pursue and enjoy the activities that she could when she was independent, such as dancing and visiting museums. It will also provide respite for her daughter so she can spend time with her family.



**Report of the Director of Adult Social Services**

**Executive Board**

**Date: 5<sup>th</sup> November 2008**

**Subject: Older People's Day Services: Service Improvement Plan**

**Electoral Wards Affected:**

Burmantofts and Richmond Hill  
Calverley and Farsley  
Crossgates and Whinmoor  
Horsforth

Ward Members consulted  
(referred to in report)

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In  
(Details contained in the report)

**EXECUTIVE SUMMARY**

1. In July 2008 Executive Board agreed a report about the future of day services for older people and this set out a vision which is to enable older people to pursue day opportunities in line with their preferences and to be able to make the same choices as other people in the community. The care needs of older people should not be a barrier to this.
2. The report also explained how Adult Social Care will contribute to this vision, working with partners to ensure a wide range of day activities and the provision of support services able to cater for the changing needs of older people. A future service model for Adult Social Care's own day service was presented, as was development work already being undertaken and initial proposals for how the service could be delivered across the city.
3. In presenting a full picture of the current position with regard to Adult Social Care's current network of day centres the July '08 report indicated concern about the situation at Richmond Hill and about Farfield, Penda's Way and the Willows (parts of the Peripatetic Unit) because of low occupancy and the quality of the premises. It was proposed that day services should no longer be provided at those sites. It was recommended that there should be consultation with service users and their carers to seek their views and explore whether satisfactory alternative day service arrangements could be worked out and agreed. This report provides information

about the outcome of that consultation and recommends that the original proposal not to provide day services on those sites should be confirmed.

4. This report also provides a brief overview of pilot work being undertaken in the West, South and inner East which is developing the service model in more operational detail. There is also an update about the process of developing locality plans which will set how the new service model will be delivered. Consultation on these locality proposals will take place in January-February 2009. Once finalised these plans will form the basis of the roll-out of the new service model in 2009.

## **1.0 Purpose Of This Report**

- 1.1 Executive Board agreed a report relating to day services for older people in July this year. The purpose of this report is to provide an update on work which has been undertaken to implement the recommendations contained in the earlier report. The recommendations related to the proposal that day services should no longer be provided at Richmond Hill Day Centre or at the Willows, Farfield and Penda's Way which form part of the Peripatetic Unit. The report asked for permission to consult with service users and their carers about this proposal.
- 1.2 This report also provides an update on other work which is ongoing in relation to the pilots and developing locality plans which will set out how the service model will be delivered city wide.

## **2.0 Background Information**

- 2.1 In July 2008 Executive Board agreed a report about the future of day services for older people which set out a vision which is to enable older people to be supported in pursuing day opportunities in line with their choices and preferences and in ways which are socially inclusive and promote independence. This overall approach will require much greater emphasis on working out more personalised arrangements with service users than is the case currently.
- 2.2 The report set out proposals for delivering this vision. It highlighted the need for a continuum of provision to ensure a wide range of appropriate day opportunities for older people able to cater for changing care needs. It highlighted service developments already taking place. It also presented a service model for Adult Social Care's day service which needs to be more personalised and flexible and to support service users in making the best of their abilities and in developing a rewarding plan around their day activities (See Appendices 1 and 2). The report indicated that in developing this approach there will be less emphasis on traditional building based service delivery.
- 2.3 Reference was made to pilot work being undertaken in the West, South and inner East which is developing the service model in more operational detail. An outline of how the new service model could be delivered across the city was also set out, giving the proposed roles of different centres. It was indicated that consultation on these locality proposals will take place in January – February 2009. This timing takes account of other planned consultation being undertaken by Adult Social Care. Once finalised these plans will form the basis of the roll-out of the new service model in 2009.
- 2.4 With regard to the future of individual centres the report also highlighted the position with regard to Richmond Hill Day Centre and parts of the Peripatetic Unit which are all affected by a combination of low occupancy and limited facilities.
- 2.5 The Peripatetic Unit provides service at
- Farfield, Farsley, Leeds 28 on Wednesday and Friday.  
The Willows, Horsforth, Leeds 18 on Monday  
Penda's Way, Crossgates, Leeds 15 on Tuesday.  
Civic Hall, Otley on Thursday.

- 2.6 The report proposed that day services at Richmond Hill, Farfield, Penda's Way and the Willows should be re provided . It was recommended that there should be consultation with service users and their carers to seek their views and explore whether satisfactory alternative day service arrangements could be worked out, taking account of individual circumstances, preferences and friendship groups.
- 2.7 The earlier report set out an overview of the building base of the service which showed that there will be twenty centres after the proposed changes have been implemented.
- 2.8 A phased approach to change was described in which the main aim of Phase 1 is planning and undertaking the full implementation of the new service model city wide. In Phase 2 ongoing work will be required to keep pace with the personalisation agenda which is likely to have further significant implications for the overall size and shape of the service.
- 2.9 Prior to the July '08 Executive Board report being submitted there was consultation with elected members for the wards where Richmond Hill, the Willows, Farfield and Pendas Way are located. Those members have also received an update about the outcome of the consultation.
- 3.0 Outcome of consultation relating to Richmond Hill and the Peripatetic Unit. (See Appendix 3.)**
- 3.1. In line with the approach indicated in the earlier report, consultation with service users and carers affected by the proposed changes began once the report had been agreed.
- 3.2. There have been group and individual meetings with the service users directly affected. Carers have also been contacted and involved in the process as appropriate. Overall service users understand why change is needed and are accepting of the proposals.
- 3.3. Service users have been engaged in the process of working out what the preferred alternative to their current day service arrangement would be if the changes go ahead. There have been discussions with service users about their interests in relation to day activities and about different ways in which these could be supported. Service users have chosen to continue to receive a comparable service in another Adult Social Care centre. This represents minimum disruption and the option which readily fits with their existing care arrangements and routines. However, this does not prevent service users from making different choices in the future about how they receive their day time support.
- 3.4. Remaining with existing friendship groups is a priority for most service users and working out how these can be kept together has been a key part of the process. Service users have also been assisted to make visits other centres to help them settle on a preferred alternative.
- 3.5. Appendix 3 which summarises the preferred alternative arrangements which have been worked out with service users. Plans for the transfer of service users are within the capacity of the receiving centres and have been discussed and agreed with the managers of those centres.



#### **4.0 Reinvestment to improve day opportunities for older people.**

- 4.1. The July '08 Executive Board report made it clear that spare capacity in the day centre sector should be seen as an opportunity to unlock resources which can be used to develop services more in accord with older people's wishes. The July '08 Executive Board report identified relevant priority areas:
- Further enhancement of capacity in the voluntary sector to meet the needs of older people with more straightforward needs. For example, Adult Social Care's support for the development of the Neighbourhood Networks is widely recognised and this approach has attracted national attention.
  - The promotion of self directed support. One feature of this is the increasing take up of Direct Payments by older people. In the seventeen months from the end of March '07 to August this year, the number of older people in Leeds receiving a Direct Payment has more than quadrupled from 77 to 359. It is envisaged that this trend will continue as the pace of personalisation increases.
  - Investment in Adult Social Care's day service where this will contribute to providing a higher quality service and help to deliver key features of the future model.
- 4.2. It is projected that ceasing to provide traditional day services at Richmond Hill and the three parts of the Peripatetic Unit affected by these changes will release £300k for reinvestment in the next financial year. This funding will therefore be reinvested in line with the priorities set out in paragraph 4.1 in ways which will further enhance choice and flexibility in relation to day opportunities for older people.
- 4.3. A key feature of this will be investment in the geographical areas which have previously received a service from Richmond Hill Day Centre and those parts of the Peripatetic Unit affected by the changes. This will be an opportunity to address local identified needs.
- 4.4. The purpose of the reinvestment plan is to achieve positive outcomes for older people, for example:
- Improved sense of self esteem resulting from positive social contact with peers.
  - Better physical functioning from gentle exercise.
  - Benefits from making healthy life choices e.g. making it easier for older people to have a healthy diet.
  - Enhanced sense of well being from a varied and satisfying range of activities.
  - Improved alertness and orientation from appropriate stimulation and group activity.
- 4.9 With particular regard to the building at Richmond Hill this will be declared surplus to requirements and handed to City Development to allow negotiations to be undertaken regarding the future use of the site, during which process there will be further consultation with local ward members.

#### **5.0 Progress with pilots**

- 5.1. The different elements of the new day service model are summarised in Appendices 1 and 2. The pilots, which are at different stages of development, are working to

develop the possibilities and operational detail of the service model. The main features of their work programmes are briefly summarised below.

5.2. South pilot:

- Development of enablement service in this area. This service started in September this year.
- Service developments at other South centres so that the enablement approach is maintained for people who use the day centres as a longer term support.

5.3. West North West pilot:

- Development of enablement service at Radcliffe Lane. This service is now well established and over seventy service users have benefited from it. The pattern which is emerging is that approximately two thirds of service users respond to the approach, making significant progress in relation to the outcomes which have been agreed with them as the focus of their individual programme. Typically improvements are in areas such as mobility, management of personal care, confidence and social alertness and interaction.
- Work to foster closer links with key PCT staff around the management of long term conditions.
- With the benefit of service user feedback from pilot work, development of an appropriate model for independent reviews as part of new service arrangements.
- Provision of outreach service at in the West North West alongside building based services.

5.4. East 'whole system' pilot:

The initiative in inner East will introduce all elements of the service model in a coordinated way. There has been thorough planning for this and close working with partners. This will go live early in 2009, once the changes at Richmond Hill and Pendas Way have been completed.

- Introduction of the enablement service for this area.
- Creation of dedicated days for a dementia service.
- Development of the specialist service (physical frailty and long term conditions).
- Use of an existing centre as a site where initial work can be done to test out aspects of the resource centre function while exploring longer term options with partners.

## **6.0 Locality planning**

- 6.1. Building on the work of the pilots, the July '08 Executive Board report set out how existing groups of centres could work together to deliver the new service model in the different parts of Leeds.
- 6.2. These proposals will be the subject of a city wide consultation process over January - February 2009.
- 6.3. Area Steering Groups aligned with the three Council areas and led by key managers in the service will have a role in developing the detail of the locality plans and coordinating implementation in the light of local factors, opportunities and findings from the consultation.

6.4. In line with the July '08 Executive Board report, locality plans will set out arrangements for delivering:

- The enablement service.
- An appropriate balance between the two parts of the specialist service – dementia and physical frailty / long term conditions.
- First stage development of an outreach service. Social Care Reform Grant funding has been earmarked for this development.
- Assessment of options in relation to the development of the Resource Centre function with partners.

## **7.0 Main issues**

7.1 Adult Social Care faces a considerable challenge in relation to the modernisation of its older people's day service because it must manage the change from a traditional building based service to one which provides a more flexible, personalised service and is better able to deliver positive outcomes for service users. It is doing this by implementing a new service model which has key features such as an enablement service and staff providing outreach support to service users in different settings.

7.2 At the same time it is essential to maintain continuity of service to current users who value the service and rely on it as part of their care and support arrangements.

7.3 Adult Social Care is committed to an overall approach to day opportunities which emphasises older people being able to pursue activities in line with their preferences and receiving the flexible support they need to be able to do this. In order to achieve this Adult Social Care will continue to develop this approach with partners both in the Council and in other sectors.

7.4 Self Directed Support arrangements, which include Direct Payments now and Individual Budgets in the near future, offer an opportunity to make more rapid progress and to make it possible for increasing numbers of older people to have more personalised arrangements in relation to their day activities. The work to develop and reshape Adult Social Care's day service will need to continue to keep in step with these major changes and key issues such as the capacity needed to deliver the different aspects of the service model will have to be kept under review. There has been a downward trend in occupancy in the day service over a period of years and it is envisaged that this will continue or accelerate. National evidence shows that as personalisation progresses fewer people remain within statutory services once they are given greater choice.

## **8.0 Implications For Council Policy And Governance**

8.1 In previous reports in February '07 and July '08 Members have agreed the overall approach to day opportunities for older people, the future service model for Adult Social Care's day service and recommendations relating to individual day centres. All the work currently being undertaken in relation to modernising Adult Social Care's day service is consistent with the approvals already given.

8.2 The overall approach being taken fits well with the current Leeds Strategic Plan. For example the change process aims to:

- enable older people to be involved in physical exercise and cultural events;

- improve older people's access to services and their level of involvement in their communities;
- create opportunities which maximise the potential of older people and their overall well being.

This will support the achievement of Strategic Outcomes in the Strategic Plan, particularly: Culture, Health and Wellbeing, Thriving Places and Harmonious Communities.

## **9.0 Legal and Resource Implications**

- 9.1 The proposal that day services will no longer be provided at Richmond Hill, Farfield, the Willows and Pendas Way releases revenue resources of £300k (whole year effect). Reinvestment will be used to improve day opportunities for older people in other ways.
- 9.2 The Richmond Hill Day Centre building will become surplus to requirements and the site will be disposed of together with the adjoining Butterfield Manor site (which is already vacant) through normal Corporate asset management arrangements. It is anticipated that this could be as early as November 2008.
- 9.3 The asset management related aspirations of the wider day services project is to develop modern, attractive, multi-purpose Resource Centres and this will be progressed in the near future via Corporate arrangements with an emphasis on identifying settings which are well integrated with relevant mainstream services and which will facilitate close working with partners.
- 9.4 There could potentially be opportunities to invest in existing community assets where capacity exists, if it is in the right location and it would complement existing usage. This would have the advantage of improving the utilisation of existing assets and investing in better facilities for the community as a whole. In some cases new provision may need to be considered as part of the options appraisal process: this may be alongside planned regeneration projects, PFI schemes or partner developments .

## **10.0 Conclusions**

- 10.1 There has been consultation and discussion about alternative service options with service users at Richmond Hill, the Willows, Farfield and Pendas Way. It has been possible to work out satisfactory alternative arrangements with all service users which ensure the continuity of their day service, taking particular account of wishes in relation to friendship groups.
- 10.2 It is therefore recommended that the proposal made in the previous Executive Board report that day services are no longer provided on these sites is confirmed.
- 10.3 Reinvestment of the £300k released by this reshaping of the service will be used to promote day opportunities for older people both city wide and in the areas directly affected by the changes.
- 10.4 Pilots in West, South and inner East are continuing to develop the service model in more operational detail and to provide valuable service user feedback. Maintaining momentum with this work is a key priority.

10.5 Plans are being made for consultation to take place across the city in January and February 2009 about outline proposals which set out how the new service model will be delivered in different localities.

10.6 Subject to local consultation and more detailed work on implementation plans the new service model will be rolled out city wide in 2009, when further progress reports will be submitted to Members.

## **11.0 Recommendations**

Members are asked to:

11.1 Note the work which has been done to implement the recommendations of the July'08 Executive Board report relating to Richmond Hill Day Centre, Farfield, the Willows and Pendas Way and agree the proposal with regard to day services no longer being provided on those sites.

11.2 Note the related commitment to reinvest in older people's services.

11.3 Note the progress being made to develop locality plans to deliver the new service model through pilots, consultation and other detailed work.

11.4 Receive further reports in 2009 as the change process progresses.

## **Background documents referred to in this report:**

### **Appendices**

1. Older People's Day Opportunities: the overall approach
2. Older People's Day Service Pathway
3. Outcome of consultation with service users and carers at Richmond Hill, Farfield, the Willows and Pendas Way: summary of preferred alternative day service arrangements.

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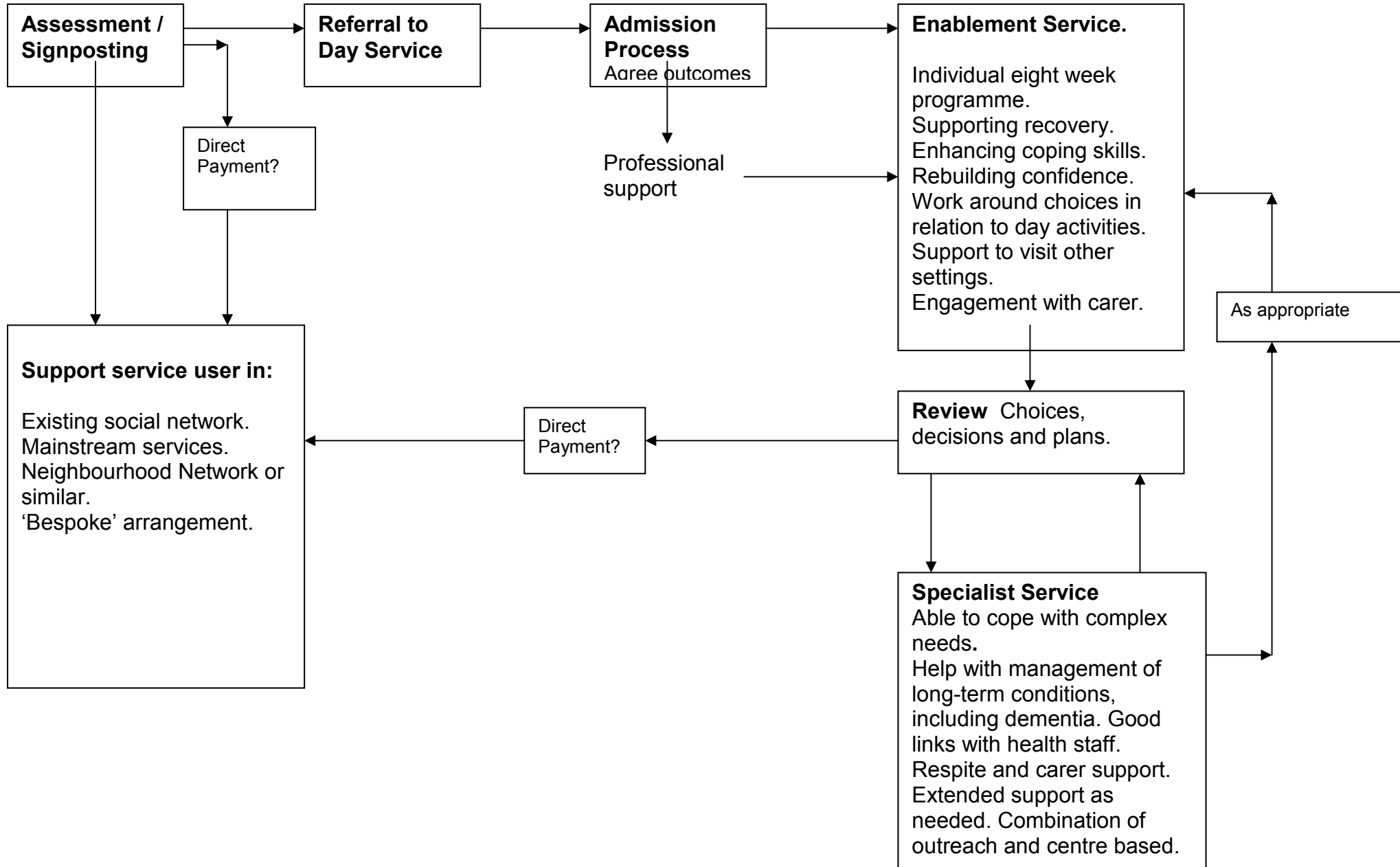
## Appendix 1. Older People's Day Opportunities: the overall approach

Service	Type of activity	Aims / Outcomes	Potential Partnerships
1. Individual choice	Supporting service users in using mainstream services such as libraries and leisure centres. Enable users to remain part of their own friendship groups and keep up with their interests. Use of Direct Payments and Personal Budgets/ volunteers to support this.	Access to the same opportunities as other members of the community. Enhancing choice and flexibility.	Voluntary Sector. Other Council services.
2. Community based	Involvement of service users in local opportunities, particularly Neighbourhood Networks. Provides companionship but also contributes to health and well being. For example, through gentle exercise and dance. Opportunities to learn new skills for example using a computer.	Engagement in activities catering for needs and interests of older people. Stimulating mix of activities.	Voluntary Sector. Environment and Neighbourhoods.
3. Day Service: Resource Centre and Recovery and Enablement Service	Collaboration with partners to provide a variety of information and preventative services under one roof. Use of centre base for work with service user and for going out into different situations. Individual, time limited programme to support recovery and enable the older person to be as independent as possible. Rebuild confidence after a difficult time. Help user to develop skills and maximise coping ability. Support carers.	Achieving optimum degree of independence. Support to access satisfying day opportunities.	Voluntary Sector. PCT Leeds Partnership Foundation Trust Council services
4. Day Service: Specialist – physical frailty and long term conditions	More intensive personal support. Use of centre base and outreach. With input from health professionals assist service user in managing their health problems. Respite and Carer support.	Achieve optimum management of long term conditions. Support to access satisfying day opportunities.	PCT Hospitals
5. Day Service: Specialist – dementia	Dedicated specialist provision for older people with dementia Respite and Carer support	Achieve optimum management of dementia. Support to access satisfying day opportunities.	Leeds Partnership Foundation Trust





**Appendix 2 Older People's Day Service Pathway**



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APPENDIX 3 - outcomes of consultation re: alternative provision

CURRENT PROVISION	
Richmond Hill	no of service users
Total number of service users	29
number attending on Monday	15
number attending on Tuesday	12
number attending on Wednesday	9
number attending on Friday	20

ALTERNATIVE PROVISION PROPOSED & AGREED WITH SERVICE USER				
Wykebeck	Lincolnfield	Doreen Hamilton	Naburn Court	
5	8	1	1	
6	5	1		
0	9	0		
4	11	4	1	

CURRENT PROVISION	
FARFIELD	no of service users
Total number of service users	18
number attending on Wednesday	18
number attending on Friday	13

ALTERNATIVE PROVISION PROPOSED & AGREED WITH SERVICE USER				
Queenswood drive	Calverland	Radcliffe lane	Bramley lawn	
2	1	12	3	
2	0	0	11	

CURRENT PROVISION	
The Willows	no of service users
Total number of service users	23

ALTERNATIVE PROVISION PROPOSED & AGREED WITH SERVICE USER				
Queenswood drive	Calverland			
13	10			

CURRENT PROVISION	
Pendas Way	no of service users
Total number of service users	10

ALTERNATIVE PROVISION PROPOSED & AGREED WITH SERVICE USER				
Wykebeck				
10				

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## Report of the Director of Adult Social Care Services

### Executive Board

Date: 22<sup>nd</sup> July 2009

**Subject: From Day Centres to Day Services: Responding to the needs and preferences of older people.**

**Electoral Wards Affected:**

ALL Ward Members consulted (referred to in report)

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In (Details contained in the report)

### 1.0 Executive Summary

- 1.1 Building on the reports to the Executive Board in July and November 2008, this report describes how the strategy for day services for older people is developing and sets out proposals for the implementation of the final phase of the strategy.
- 1.2 Whilst previous reports have set out in some detail the policy context and vision which underpin the strategy, there have been further developments since November which further strengthen the direction of travel already endorsed by the Executive Board. In particular the Executive Board received a report in December 2008 describing the conclusions of the Independence, Well-Being and Choice Inspection and approved the action plan in response to the recommendations made by CSCI. The Inspector concluded that there was an immediate need to modernize and transform traditional social care services in Leeds.
- 1.3 This report must be read together with the following report on the agenda in respect of the future vision and way forward for Neighbourhood Network schemes in the city. The proposals in this report make way for a strengthened position of Neighbourhood Networks to be the primary response to engage older citizens in social, community and well-being initiatives and identifies a more specialized role for Local Authority provision.
- 1.4 The proposals set out in this report provide the detail for the Councils response to that recommendation and describe a service strategy which builds on the specialist strengths and expertise within the current service, which are valued by people who use those services, carers and partner agencies.

- 1.5 The proposals provide an equivalent level of specialist service in each of the three Area Management areas, and complement the universal provision provided in the main by the voluntary, community and faith sector. The strategy for day services consist of:
- Universal Services
  - Specialist Dementia Care
  - Specialist Reablement
  - Day Respite Care
  - Minority Ethnic Elders Services
- 1.6 The report describes how these proposals have built on recent consultation, notably with carers whilst developing the Leeds Carers Strategy and through the evaluation of the successful Partnerships for Older People (POPPS) pilot, which demonstrated the effectiveness of new models of dementia care. Finally, the report describes how partnership working with City Development will provide the opportunity for both universal and reablement services to be delivered from a network of well-being / leisure centres, which opens the opportunity for further innovation in the future.
- 1.7 The report asks the Executive Board to endorse the strategy and proceed to implementation through an established process of group and individual consultation with current service users.

## **2.0 Background information**

- 2.1 In July 2008 Executive Board agreed a strategy for reshaping older people's day services to provide greater opportunities for older people to receive more personalised services with an enhanced range and quality of community based activities.
- 2.2 In November 2008 Executive Board received a progress report, and agreed the re provision of day centres at Farfield, Leeds 28; The Willows at Horsforth; Pendas Way at Crossgates; and Richmond Hill Day Centre.
- 2.3 The report in November 2008 noted that savings made from re provision were to be re-invested within older people's services, and locality plans were to be drawn up for delivering newly shaped day services. The report specified that progress updates would be given to members, as the changes progressed.
- 2.4 This report provides the next stage of these updates, focusing on the outcomes from the reprovision of the 4 Day Centres and the vision and next steps for the future rollout of this strategy. The report shows linkages between strategies, and supports the development of expanding the provision of direct payments and universal services including neighbourhood networks.

## **3.0 Reprovision of Farfield, Pendas Way, Willows, Richmond Hill November 2008**

- 3.1 Extensive consultation was undertaken with those attending the four day centres, both prior to and subsequent to the submission of the Executive Board report in November 2008. Alternative plans were made with each person attending, considering carefully what activities they enjoyed, where they lived, their travel arrangements, and their friendship groups. Each person was offered an alternative Day Care service.
- 3.2 In November / December 2008 service users were transferred from the four day centres

to their preferred alternative venue. Because of the generally low occupancy at other day centres, all people were able to be offered their place of preference, and moved with their friends.

- 3.3 Staff from care management teams and the day services centres worked closely to ensure the transfer was well planned and incorporated each individuals care and support needs.
- 3.4 Staff were transferred with service users, thus ensuring there was continuity of Care. Day centres receiving new attendees provided a range of opportunities for people to socialize and integrate into the activity programme. As a result of this highly personalised process, service users concerns and disruption were kept to an absolute minimum.

#### **4.0 Reinvestment in Services for Older People**

- 4.1 In line with the proposals in the Executive Board report of November 2008, savings of £300,000 from the re provision of day services have been invested in other services for older people.
- 4.2 Particularly important has been the investment in personal budgets and direct payments. Re-providing the 4 day centres has released funding for people to access direct payments. Consequently over the last year, instead of being allocated a specific number of days attendance at a particular day centre; older people are able to access a cash budget from which they choose how, when and where their assessed care needs and leisure time will be spent.
- 4.3 This is what people have told us about how their choice to have a personal budget has affected their lives:

**Laura's Story** - *Laura's was finding it very lonely on her own. She hadn't really many friends or a particular social activity that she enjoyed. Laura felt that a day centre wasn't for her and that she would rather look at social groups near to where she lived. After a talk with the nearby Over 55 club, she felt she would like to join some of the social groups they had to offer. She also joined the local Methodist Church Luncheon club and later went on to consider a Direct Payment to fund a personal assistant to enable her to have support to go out at the weekends..*

- 4.4 Further funding has been reinvested in developing a new model of service. A reablement service has been set up in 3 day services centres. Reablement consists of an intensive assessment and programme of support for 8 weeks aiming at improving level of motivation and independence, including Occupational Therapy advice. As a result of reablement services, people have been able to regain independent living skills, and aspire to and achieve better quality lives. Satisfaction surveys from service users evidence strong support for this service.

**Cecil's Story** - *Cecil was becoming isolated and confused. Whilst attending the day centre, he was assessed and spent the eight-week programme exercising and improving his mobility with help and support from the OT. Cecil had neglected his personal care but regained motivation to shave and care for himself. Staff discovered Cecil was a great fisherman and missed fishing trips with his friend. The increased confidence in himself and his mobility means he can arrange fishing trips and no longer feels isolated.*

**Julie's Story** – Instead of attending day services, Julie uses her direct payment for day trips or saves up and goes to the theatre in London or trips to Chester zoo etc.

**John's Story** – John used to attend a day centre, but now has direct payments and has employed a personal assistant. He gets help with trips to the shop including help to choose and buy computers and gadgets – his passion! As he was an engineer previously, his personal assistant helps him to attend air shows and bike shows and assists him with his gardening.

4.5 A further investment in day services has seen the creation of 9 new outreach worker posts – three in each of the Area Management Team areas. These new members of staff were appointed in May 2009 and work alongside people attending Day Centres for reablement sessions; advising and supporting people to identify and take up alternative activities within their local communities once their 8 week reablement period has been completed.

## 5.0 Current Day Services

5.1 Leeds City Council provides 21 day centres for older people. The centres have functions as follows:

- 1 Peripatetic Centre (1 day per week)
- 4 Specialist Dementia Care
- 12 Generic Day Care (including 3 reablement units)
- 2 Dual Generic / Dementia Care
- 2 Specialist BME Centres

There are a variety of opening times for centres with some operating an 'extended day' (7am – 7pm) and some open at weekends

5.2 All of the centres operating specialist dementia services have at least 75% occupancy, with two thirds having more than 87% occupancy, and one centre overcommitted at almost 105% occupancy.

5.3 These attendance figures contrast with those for "generic" day centres. In these centres, occupancy and attendance figures have fallen, month on month over a three year period. Occupancy has fallen in some centres to as low as 37.2% of capacity. Only one centre has an occupancy of more than 80%.

5.4 Nine centres (i.e. almost 50% of the total number of centres) have an average of less than 60% occupancy, with about half of the 9 centres being used at less than 50% of total capacity. These figures are from the period January to March 2009, and include actions taken to reduce by 4 centres last year.

5.5 When considering weekend attendances, no generic centre is operating at more than 75% occupancy, with the average attendance over the 9 centres, at less than 50% capacity. This reducing attendance must be set against significant increases in direct payments. This information is summarised in Appendix 1. Full information is available for each centre.

5.6 The 21 day centres for older people in Leeds were built predominantly during the 1970's and 1980's. The buildings have variable standards and some have had no significant refurbishment since they were built. One day care service operates from a municipal building rather than a dedicated centre (Otley). Day centres in Leeds have usually one or two meeting rooms, leading to limitations with activity options. Programmed activities tend to take place in the larger room, with a smaller room set



aside for quieter activities. Centres provide varied and to a certain extent uncoordinated provision, and not currently in response to any planned demand / profile of the needs of the city.

- 5.7 Some people travel a considerable distance for a day centre placement and some attend up to three centres on different days.
- 5.8 In recent years there has been an increasing utilisation of alternative day opportunities assisted by the continued development of thriving third sector organisations which include neighbourhood networks. This has created significant expansion of community facilities, groups and activities which have grown up or expanded in response to this increase in demand.. These have become increasingly the first choice for people who might otherwise in the past have asked to attend a Local Authority centre. This now provides impetus for a further phase of change for day services, strongly supported by the Independence , Well-Being and Choice Inspection final report, recommended that “The Council should extend the range and choice of services by reconfiguring and modernizing traditional buildings based services”.

## **6.0 Strategy for day services**

- 6.1 The Executive Board Reports of July and November 2008 and the action plan in relation to the Independence wellbeing and Choice Inspection, endorsed by Executive Board in December 2008 all highlighted the need for the Local Authority to develop and focus on specialist day services. These are:

- Universal Services
- Specialist Dementia Care (reablement and long-term support for people with moderate and severe dementia or functional mental health problems)
- Specialist Reablement (including well-being and day respite)
- Day respite care (providing support for carers)
- Minority Ethnic Elders Services (Apna in Headingley, Frederick Hurdle in Chapeltown)

The Executive Board reports noted the further work required to develop the longer term strategy to ensure the correct balance of supply for specialist centres.

- 6.2 Each Area Management Area should have a Centre for Dementia Services and Centre for Well-Being Services (Reablement). Each of these centres should offer a common range of services and activities, supported by satellite centres to ensure sufficient coverage for the population. These services are further set out on the maps in Appendices 2, 3 and 5.
- 6.3 In arriving at the proposed model, a review of existing day services provision was undertaken. This included a review of the location, structural condition, size, facilities and usage of each of the day centres, and the proximity of other centres within easy accessible and traveling distance.

### **Day Services – The Universal Offer**

- 6.4 Older people and their carers do not need to have eligible social care needs to gain support. There is now a significant range of widely available supportive social care services to meet their needs, which are available without an assessment. These were detailed in the July 2008 Executive Board report listing such resources as

dementia cafes, peer support networks, neighbourhood networks and local community groups and clubs.

- 6.5 Over the last 10 years, Neighbourhood Networks in particular have become a significant complementary service to that provided by local authority day services. Many networks have thriving community activities which are locally based and, in the main, accessible to large numbers of older people. A survey of over 1000 older people who use these services shows the significant part that the successful networks play in the positive well-being of these older people. An accompanying report on this agenda indicates how more equitably distributed and additional investment could further enhance these opportunities.
- 6.6 The publication of the National Strategy “Putting People First” (10<sup>th</sup> December 2007) heralded the transformation of the Social Care System. Local Authorities are challenged to ensure that “universal services”(leisure, sport, libraries, parks, learning etc) are accessible to everyone and that separate, segregated social care services are therefore minimized.
- 6.7 The development of the innovative Holt Park Well-being centre in partnership with City Development and the Health Service will see new day time opportunities particularly in respect of reablement, and will in due course become a significant venue for delivery of further innovative services.
- 6.8 The “Partnership for Older People Prevention Services” (POPPS) pilot in Leeds evidenced excellent outcomes for older people with dementia. Services have been planned and delivered in partnership with older people and their carers. Health and Social Care have united with Voluntary Sector partners to develop a whole system response to need. Key elements of the service have included:
- Resource Centres (the development of traditional residential care to include early intervention, respite, day service and outreach in partnership with the Health Service).
  - Specialist Day Respite Centres (fulfilling a vital function for carer respite, stimulating environment and socialisation)
  - Voluntary Sector Networks (including for dementia, a network of dementia cafes)
- 6.9 The developments listed above have been combined with a review of National Policy and evidence of successful outcomes for Older People. This review recommends that statutory social care provision should consist of a smaller number of specialist day care services; with the voluntary and community sector providing ‘universal’ services including a wide variety of social activities designed to improve physical and emotional well being. The services listed above show that Leeds is well positioned to respond positively to this agenda.

### **Day Services: A Core Offer for those with Eligible Social Care Needs**

- 6.10 People with eligible social care needs are provided with advice, support and guidance in relation to the exercise of their right to a direct payment. We anticipate that in future, many more people will wish to exercise this option at least in part. Other people, particularly those with specialist needs in relation for example to dementia or reablement, will choose to have their care provided in venues capable of offering such specialist care.
- 6.11 The models below allow the service to be developed on sites where current occupancy is greatest, reflecting service users choices and preferences; and where buildings are

most modern and well-suited to their purpose.

- 6.12 Where changes to centres are proposed the model has carefully considered how these can be minimized and phased in, to avoid unnecessary disruption for service users and staff.

### **Dementia Services**

- 6.13 Appendix 2 shows the proposed sites of the Dementia Resource Centres and Day Respite Centres. The resource centres at The Green, Middlecross and Siegen Manor build on the POPPS model of integrated care. The centres are well placed to respond to the challenge of the national and local dementia care strategy, delivering improved outcomes for service users. It is proposed, however, that their role is extended, and they become more intrinsically networked and linked to the other day centres in their area.
- 6.14 It is recommended that Day Respite Services are initially identified to support the resource centres by Laurel Bank (South) and Calverlands (West & North West). There is currently no day respite dementia facility in the East but in due course Wykebeck is considered an appropriate resource to fulfill this function.

### **Reablement / Well-being Services**

- 6.15 The final position on the siting of well-being / reablement services will depend on the final outcomes of joint working with City Development through the potential locating of well-being centres across the city. However, proposals are made which will ensure one major centre (hub) per area management area with appropriate satellite supporting centres.
- 6.16 The agreement by the Department of Health to proceed to outline business case to develop and build a £32 million Well-Being Centre creates a significant opportunity for a new reablement centre in the West & North West area. When built this will accommodate services currently provided from Queenswood Drive and Radcliffe Lane Day Centres. Prior to the development of this, the main centre for this area is proposed to be Burley Willows.
- 6.17 Appendix 3 identifies the potential development of specialist reablement services across the city. As can be seen in the South Area, Firthfield Day Service is identified as the 'hub' supported by Rose Farm and Springfield Day Services. These services will be developed pending the opportunity to establish a well-being centre in the South of the city. Arrangements for the East Area will include Lincoln Fields and Wykebeck as the identified reablement day services, and both Directorates are working together to review the option for a well-being service for the East Area. These developments will be the subject of a further Executive Board Report in due course.
- 6.18 All of the identified reablement centres will need to develop and change their services, to meet customers individual needs and requirements. This will need flexibility over attendance times, transport arrangements, menus of options for care, opportunities for volunteering, learning, and greater participation in the life of the local community.

### **Specialist BME Services**

- 6.19 The specialist services for BME communities, although providing day services are Apna and Frederick Hurdle. These centres are restricted by both their remits and their current governance arrangements. Each has the potential to

become a more flexible resource for particular cultural groups, but management and opening arrangements may need to be further developed or expanded.

- 6.20 Previous negotiations with community groups suggest that centres that are open for longer periods, and which allow not just older people, but people of all ages to use the centres would be welcomed. These options will be explored as part of the consultation process recommended in this report.

## **Carers**

- 6.21 People who have informal caring responsibilities for older people (i.e. people who are “carers” ) may themselves need support and services. A high proportion of people who are currently attending day services, in particular dementia care services, attend so that carers may have time to themselves. The Carers Strategy emphasizes the need for carers to be able to access such services – and this review provides for day services to further develop this facility for carers. In both Well-Being / reablement and in dementia services – carer respite will be a high priority service.

## **7.0 Achieving the Change**

- 7.1 Achieving the model of provision outlined in Section 7 will have implications for most day centres, principally a redefinition of their existing roles and purpose.
- 7.2 The review of existing day service centres has identified appropriate options on the basis of careful evaluation of location, attendance and available alternative options for service users. In addition, it has been recognized that increased investment in universal service provision, particularly that provided by Neighbourhood network schemes will better reflect the patterns of actual choice people are now making.
- 7.3 Some of the day centre buildings will no longer be required within the new model, and the indicative planning assumptions suggest that the centres listed in Table 1 will be those for which a role is not identified. Some of these centres could be used for other purposes including community asset transfer. Options for each centre will be reviewed during the consultation phase. Day Service provision will continue to be offered to all current users of these services, as the capacity within the existing service is sufficient.

Table 1

<b>Day Centre</b>	<b>Ward</b>
Bramley Lawn	Bramley & Stanningley
Doreen Hamilton	Burmantofts & Richmond Hill
Holbeck	Beeston & Holbeck
Otley	Otley
Woodhouse	Hyde Park & Woodhouse
Naburn Court	Crossgates & Whinmoor

- 7.4 As part of the ongoing service review and consultation further consideration will be given to opening times and weekend opening. The priority will be to match the needs and wishes of people who use services, and carers with the most efficient use of the resource. This is demonstrated in Appendix 4.

## **8.0 Communication and Consultation**

- 8.1 The proposals attached in this respect require consultation with existing service users. The Directorate has a successful record in managing change through the activities undertaken last year and will reuse this format for the proposed changes.
- 8.2 It is recognised that there may be anxiety with existing day service users through the period of uncertainty and change. This will be managed in partnership with carers and relatives, and with the support of outreach workers to participate in taster sessions to try alternative services or to put together an individually tailored package of stimulating and varied day activities and to maintain existing friendship groups. The tailoring of day activity packages for each individual is designed to lead to better health and social outcomes for everyone with assessed day care needs, including existing day centre users.
- 8.3 The consultation plan is attached at Appendix 6. It is proposed that this could commence following members decisions and be completed within 3 months. Subject to this timescale being achieved, the outcome of the consultation and final recommendations flowing from that will be reported to the Executive Board in November 2009.
- 8.4 In addition to the focus on service user needs, consultation will also take place with staff and trade unions. It is likely that a review of staff roles and responsibilities will be required which may lead to amendments in staff structure in the future. Any changes resulting from this will be managed through the 'Managing Workforce Change' Procedures.

## **9.0 Equalities Impact Assessment**

- 9.1 An Equality Impact Assessment has been undertaken. As a result, individual assessments have been identified as essential to ensure care, support and equalities issues can be fully addressed. Advocates will be appointed if a service user has no one to act in their best interests, and translators are available for those whose first language is not English.
- 9.2 Human Resources will oversee the restructuring of staff structure to ensure a fair and equitable process and that arrangements take account of equality needs of staff.
- 9.3 The overall impacts of the proposals are positive in that they implement the objectives of the personalization strategy by tailoring services to those with needs which are insufficiently met within a day centre.

## **10.0 Implications For Council Policy and Governance**

- 10.1 The content of the report is consistent with the policy direction of the Council agreed by the Executive Board in November 2008 and contained in the Independence, Well Being and Choice Action Plan presented in December 2008. These proposals are also consistent with improvement priorities and the Local Area Agreement / Leeds Strategic Plan, notably the priority to offer greater choice and control to people who use services and increase the number of people utilizing direct payments and individual budgets. Secondly these proposals make a significant contribution to the priority to increase the number of people supported to live at home, through increased investment in reablement services.

- 10.2 The need to specifically modernize buildings based services was a stated outcome of the “Independence, Well-Being and Choice” Inspection of Social Care Services in 2008. The proposals contained within this report and the action plan agreed by Members in December 2008 are consistent with the action plan produced as a response to the inspection. Successful delivery of the proposal will be a positive contribution to improving performance assessment, and the achievement of an Inspection Action Plan objective. Our program of reform will be kept under review in the light of anticipated national policy developments and the changing expectations of older people in Leeds.
- 10.3 The proposals in this report impact on service user need across all wards in the Council.

## **11.0 Legal and Resource Implications**

- 11.1 Benchmarking data which compares the City with a group of 25+ local authorities indicates that Leeds spends a disproportionately high level of resource on day services for Older People. The figures for occupancy raise questions about the extent of value for money currently being achieved and strongly indicates the potential for change to deliver greater effectiveness and value.
- 11.2 The full year effect of these proposals will allow for further investment in Direct Payments, assist with any affordability gap in relation to the development of Holt Park Wellbeing Centre together with the provision of additional investment in universal services, especially Neighbourhood Networks.

## **12.0 Summary and Conclusion**

- 12.1 This report has provided an update on the first stage of the reprovision of day services for older people. The report has detailed how resources have been released from the first phase of reprovision have been used to augment remaining provision, provide more choice and control via direct payments and provide some additional investment into targeted universal provision.
- 12.2. This report sets out the continually falling average occupancy levels in all but one day centre (Wykebeck) and outlines proposals for addressing this issue which are also compatible with the Councils’ implementation of Putting People First; wider government policy and local priorities in the Leeds Strategic Plan
- 12.3 These proposals include consolidation of the future remit, function and opening times of existing day centres. The proposals develop a model for day services which will harmonise the reprovision rollout with proposals for the development of equitable Neighbourhood Network provision and with the emergence and building of “Well-Being” Centres within the 3 areas of Leeds. The report further considers the Leisure and Active Recreation Service Review, and promotes an approach that enables the Council to support and develop a more extensive, more flexible model for varied and personalize day services in the future.
- 12.4 Specifically the report outlines proposals for developing a core offer of Dementia, Resource Centre and day respite services in each of the 3 Area Management Areas.
- 12.5 The proposals also includes additionally establishing a reablement and well-being service in each of the Area Management areas, using existing resources at present, but transforming these services alongside the development of WellBeing Centres as this becomes possible. Opportunity is being developed at Holt Park. Six Buildings are

identified as not being required for this delivery programme. The report details how the Council could disinvest in these buildings and utilize the equivalent cash sum to reinvest in more resources for self directed support and for investment in targeted universal services..

12.6 The model proposed would therefore provide, at no extra cost to the Council, greater and more varied opportunities and activities for older people; a plan to allow the city council to progress on two major national strategies; would harmonise with other Council plans and strategies; and perhaps most importantly to allow the day services to have a clear focus and future direction to allow the service to proceed in developing individualized, high quality services that people utilising individual budgets will increasingly wish to purchase and enjoy.

### **13.0 Recommendations**

Members are requested to:

13.1 Note the positive implementation of actions agreed in 2008 to reprovide 4 centres.

13.2 Note the positive opportunities to develop future services alongside officers in City Development and partners in the Voluntary Sector.

13.3 Agree the strategy for the development of specialist dementia and reablement services as set out in Section 7

13.4 Agree the proposed consultation concerning recommendations for change to the day services base in the city, including changed weekend opening.

13.5 Agree to receive a future report on the outcome of the consultation and containing final recommendations for the delivery of the strategy which will be provided in November 2009.

### **Background Documents Referred to in this report**

1. Older People Day Services: Service Improvement Plan – 16<sup>th</sup> July 2008

[http://democracy.leeds.gov.uk/Published/C00000102/M00003682/AI00013022/\\$OlderPeoplesReport070708.docA.ps.pdf](http://democracy.leeds.gov.uk/Published/C00000102/M00003682/AI00013022/$OlderPeoplesReport070708.docA.ps.pdf)

2. Older People Day Services: Service Improvement Plan – 5<sup>th</sup> November 2008

[http://democracy.leeds.gov.uk/Published/C00000102/M00003378/AI00015581/\\$OPDayServicesReport271008.docA.ps.pdf](http://democracy.leeds.gov.uk/Published/C00000102/M00003378/AI00015581/$OPDayServicesReport271008.docA.ps.pdf)

3. Putting People First – A Shared Vision and Commitment to the Transformation of Adult Social Care

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_081118](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118)

4. Independence, Wellbeing and Choice Inspection of Adult Social Care

[http://democracy.leeds.gov.uk/Published/C00000102/M00003379/AI00016147/\\$InspectionofAdultSocialServsOPEN241108.docA.ps.pdf](http://democracy.leeds.gov.uk/Published/C00000102/M00003379/AI00016147/$InspectionofAdultSocialServsOPEN241108.docA.ps.pdf)

5. Living Well with Dementia – A National Dementia Strategy

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_094058](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058)

6. Every Carer Counts – Carer's Strategy for Leeds 2009 – 2012

<http://www.leedsinitiative.org/lsp/>

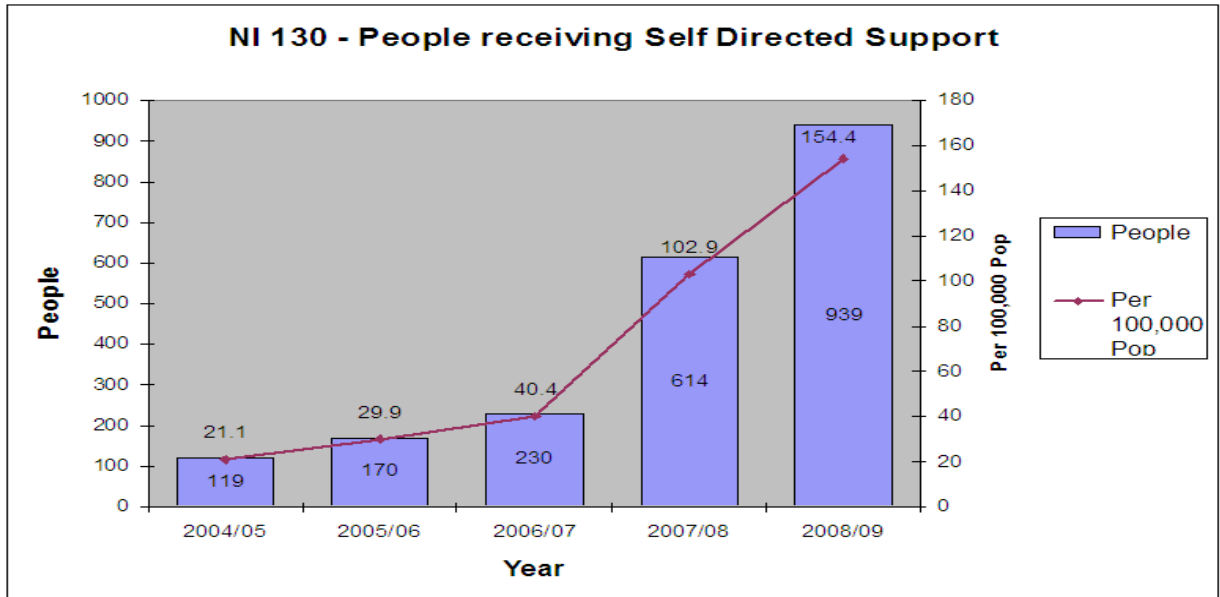
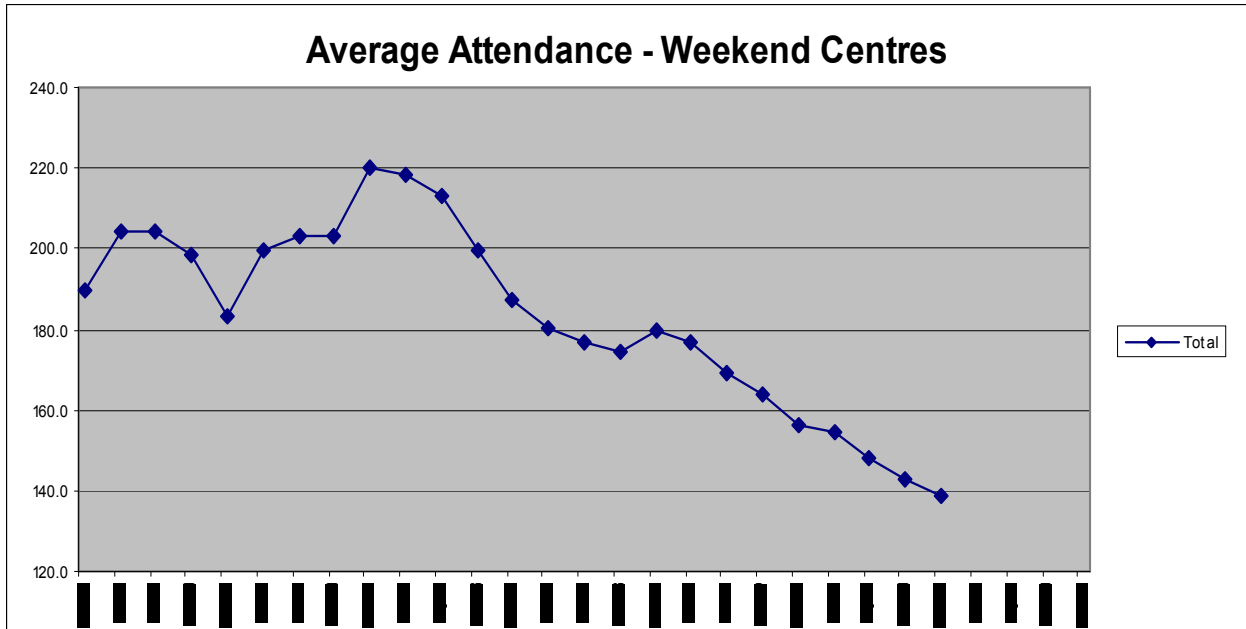
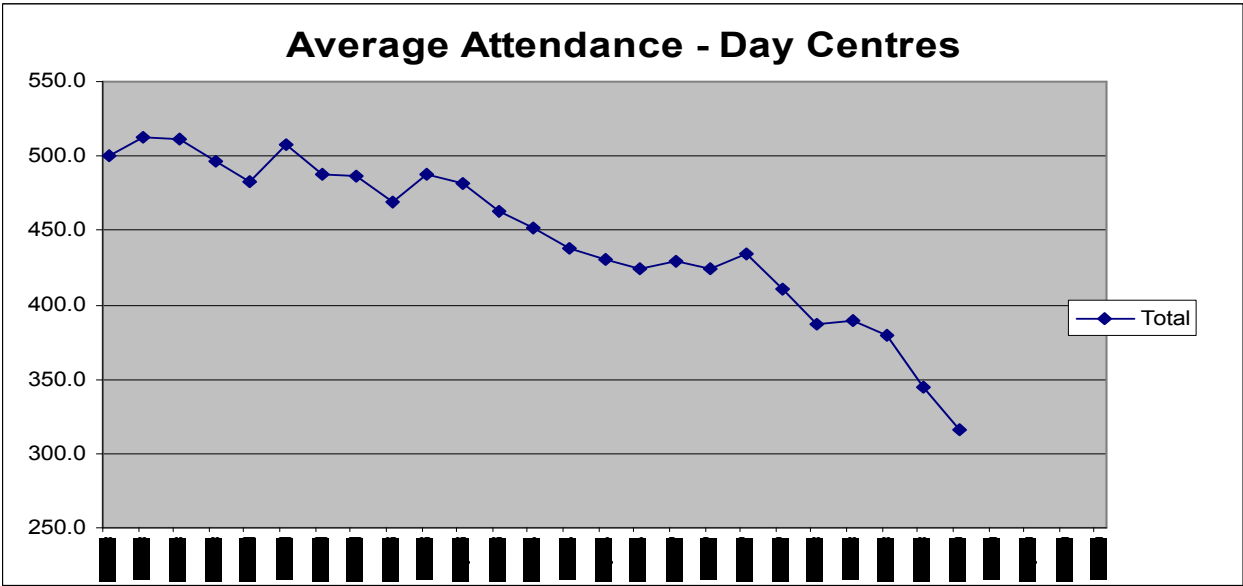
7. Fair Access to Care Services Framework

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4009653](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009653)

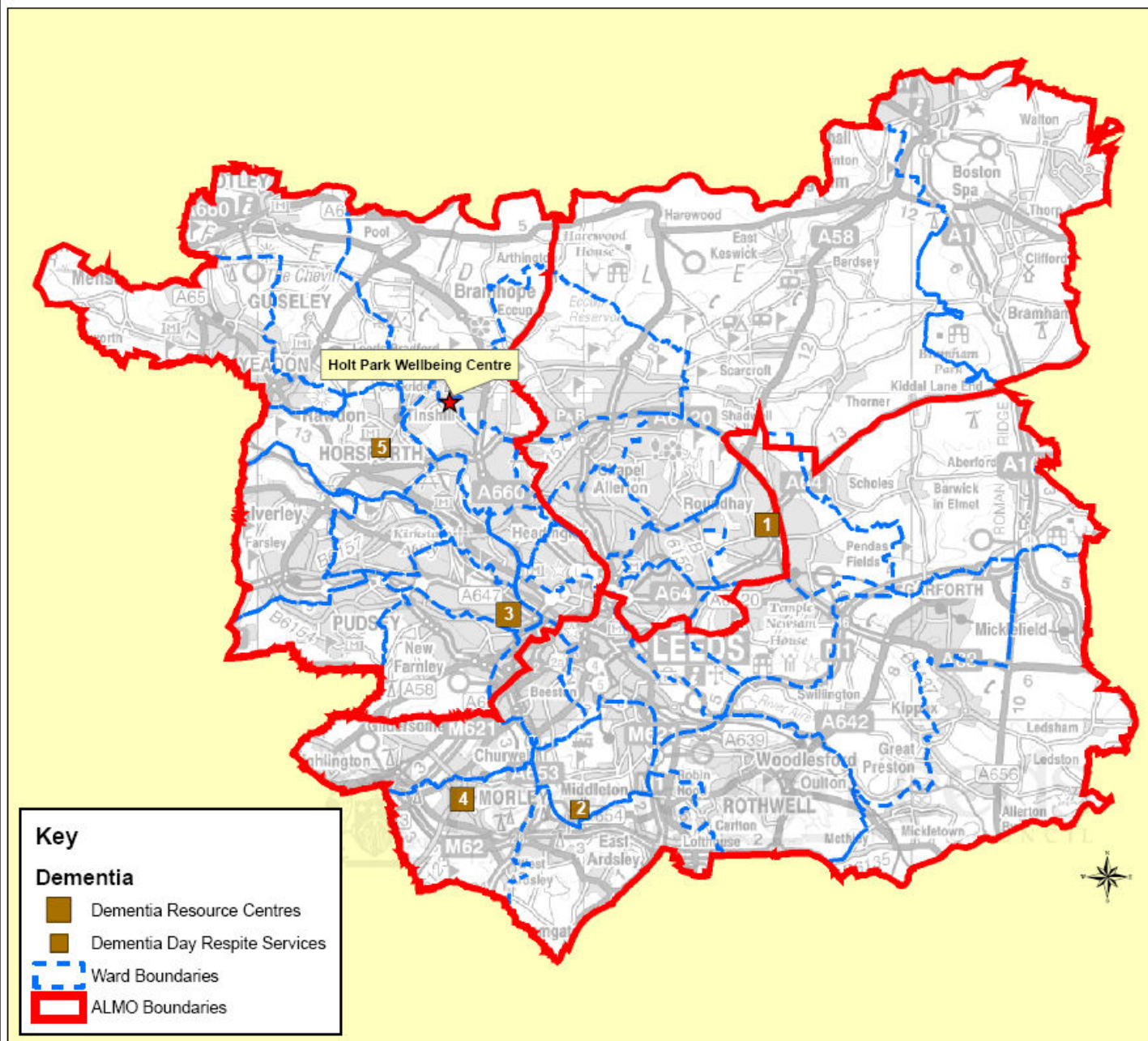
8. 2008 Survey of Views of Older People who are Neighbourhood Network Scheme Members

<http://www.opforum.webeden.co.uk/cgi-bin/download.cgi>





## DEMENTIA RESOURCE CENTRES AND DEMENTIA DAY RESPITE SERVICES



Key	Address	Ward
1	The Green Day Centre Seacroft Green Seacroft Leeds LS14 6JL	Killingbeck & Seacroft
2	Laurel Bank Day Centre 100 Middleton Park Avenue Middleton Leeds LS10 4HY	Middleton Park
3	Middlecross Day Centre Simpson Grove Armley Leeds LS12 10G	Armley
4	Siegen Manor Day Centre Wesley Street Morley Leeds LS27 9EE	Morley South
5	Calverlands Day Centre Church Lane Horsforth LS18 5LA	Horsforth

# REABLEMENT / WELLBEING SERVICES



Key	Address	Ward
1	Rosefarm Day Centre Cornwall Crescent Rothwell Leeds LS26 0RA	Rothwell
2	Burley Willows Day Centre 19 Willow Garth Burley Leeds LS4 2HE	Hyde Park & Woodhouse
3	Firthfields Day Centre Conisborough Lane Garforth Leeds LS25 2LR	Garforth & Swillington
4	Queenswood Day Centre 244 Queenswood Drive Headingley LS6 3ND	Kirkstall
5	Springfield Day Centre Cottingley Drive Beeston Leeds LS11 0JP	Beeston & Holbeck
6	Wykebeck Valley Day Centre Wykebeck Valley Road Osmondthorpe Leeds LS9 6PB	Gipton & Harehills
7	Radcliffe Lane Day Centre Radcliffe Lane Pudsey Leeds LS28 8AB	Pudsey
8	Lincoln Fields Day Centre Cromwell Street Eurmantofts Leeds LS9 7SG	Burmantofts & Richmond Hill



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## Appendix 4 - Day services capacity in alternative centres.

### MONDAY TO FRIDAY SERVICE

Centre	Address and Ward	No. of days service affected	Centre's daily capacity	Average daily attendance	No. of service user sessions needed for reprovision of service in full	Possible alternative centre(s)	Service user sessions available in alternative centre(s)	Comments
<b>Bramley Lawn</b>	Rossefield Approach, Bramley Leeds 13  Bramley & Stanningley Ward	4	30	14	56	Radcliffe Lane, Pudsey, Leeds 28	76	In the light of local needs and geography it should be considered whether there is a need for some smaller scale reprovision to serve the Bramley-Armley area. A Neighbourhood Networks partnership might be a potential provider. In 2008 Bramley Lawn took service users from Farfield.
<b>Doreen Hamilton</b>	Rookwood Road Leeds 9  Burmantofts & Richmond Hill Ward	5	30	16	80	Lincolnfields Cromwell St, Leeds 9  Rose Farm, Rothwell, Leeds 26	93	In 2008 Doreen Hamilton took a small number of service users from Richmond Hill.
<b>Holbeck</b>	Holbeck Moor Road Holbeck Leeds 11 Beeston & Holbeck Ward	4	35	13	52	Springfield, Cottingley Drive, Leeds 11	58	

<b>Holbeck Enablement service</b>	Holbeck Moor Road Holbeck Leeds 11  Beeston & Holbeck Ward	1	12	10	10	Springfield, Cottingley Drive, Leeds 11	12	Enablement service will be relocated to Springfield by creating an enablement day there. This does not cause significant impact on service users as this is a short term service.
<b>Naburn Court</b>	Naburn Approach Whinmoor Leeds 14  Cross Gates & Whinmoor Ward	5	35	16	80	Wykebeck Valley, Gipton, Leeds 9  Firthfields, Conisborough Lane, Garforth, Leeds 25	85	Naburn Court covers a large area in outer N East and there is no other mainstream centre in that area. The possibility of limited reprovision could be explored, for example in the context of the Seacroft integrated services work.
<b>Calverlands</b>	Church Lane, Horsforth Leeds 18  Horsforth Ward	3	35	19	57	Queenswood Drive, West Park, Leeds 6  Burley Willows, Willow Approach, Leeds 4	75	The mainstream service at Calverlands will be consolidated to make way for relocation of the specialist dementia service from Woodhouse which currently does not provide an appropriate geographical location. Calverlands already provides 2 days dementia service. In 2008 Calverlands took service users from the Willows.

<b>Woodhouse and Calverlands dementia services</b>	Woodhouse Moor Leeds 6 Hyde Park & Woodhouse Ward	9	15	14	126	Calverlands	140	The Woodhouse dementia service will transfer to Calverlands which will become a full time 7 day, 20 place dementia service.
<b>Otley</b>	Otley Civic Centre, Otley, Leeds 21  Otley and Yeadon Ward	1	35	16				This is the one remaining part of what was the Peripatetic Unit. This arrangement does not cater for older people with complex needs because of the limited facilities. It is proposed that alternative arrangements will be worked out with service users making use of Self Directed Support arrangements on an individual or group basis.
<b>Totals</b>					461		539	

### Notes

1. This schedule shows how the available capacity in alternative centres can be matched to the level of service currently provided in the centres identified as surplus. In reality the way the capacity will be used may not follow this pattern. The emphasis will be on making the most appropriate arrangement for the individual service user.
2. Figures are from Adult Day Care Resources Report – January - March '09 Quarter
3. Mainstream services (i.e. not dementia or enablement services) are the focus of the consolidation and services listed are mainstream unless otherwise stated.
4. 'Service user sessions': the figure is calculated by multiplying 'No. of days service affected' by 'Average daily attendance'.

# OLDER PEOPLE'S DAY SERVICES



Key	Address	Ward	Category
1	Firthfields Day Centre Conisborough Lane Garforth Leeds LS25 2LR	Garforth & Swillington	Reablement Resource Centre
2	Day Centre Otley Civic Centre 4 Cross Green Cross Green LS21 1HD	Otley & Yeadon	Unallocated usage
3	Apna Grove Villas 80/82 Cardigan Road Headingley LS6 3BJ	Headingley	Specialist BME Provision
4	Burley Willows Day Centre 19 Willow Garth Burley Leeds LS4 2HE	Hyde Park & Woodhouse	Reablement Resource Centre
5	Calverlands Day Centre Church Lane Horsforth LS18 5LA	Horsforth	Dementia Day Respite Service
6	Doreen Hamilton Day Centre 129 Rookwood Road Osmondthorpe Leeds LS9 0LX	Burmantofts & Richmond Hill	Unallocated usage
7	Fredrick Hurdle Day Centre Reginald Terrace Chapelallerton Leeds LS7 3EZ	Chapel Allerton	Specialist BME Provision
8	Holbeck Day Centre Holbeck Moor Road Holbeck LS11 90L	Beeston & Holbeck	Unallocated usage
9	Laurel Bank Day Centre 100 Middleton Park Avenue Middleton Leeds LS10 4HY	Middleton Park	Dementia Day Respite Service
10	Queenswood Day Centre 244 Queenswood Drive Headingley LS6 3ND	Kirkstall	Reablement Service
11	Rosefarm Day Centre Cornwall Crescent Rothwell Leeds LS26 0RA	Rothwell	Reablement Service
12	Siegen Manor Day Centre Wesley Street Morley Leeds LS27 9EE	Morley South	Dementia Resource Centre
13	The Green Day Centre Seacroft Green Seacroft Leeds LS14 6JL	Killingbeck & Seacroft	Dementia Resource Centre
14	Wykebeck Valley Day Centre Wykebeck Valley Road Osmondthorpe Leeds LS9 6PB	Gipton & Harehills	Reablement Resource Centre
15	Middlecross Day Centre Simpson Grove Armlay Leeds LS12 10G	Armlay	Dementia Resource Centre
16	Woodhouse Day Centre Pennington Place Woodhouse Leeds LS6 2JP	Hyde Park & Woodhouse	Unallocated usage
17	Naburn Court Day Centre Naburn Approach Whinmoor Leeds LS14 2DF	Cross Gates & Whinmoor	Unallocated usage
18	Bramley Lawn Day Centre Rossefield Approach Bramley Leeds LS13 3RG	Bramley & Stanningly	Unallocated usage
19	Lincoln Fields Day Centre Cromwell Street Burmantofts Leeds LS9 7SG	Burmantofts & Richmond Hill	Reablement Service
20	Springfield Day Centre Cottingley Drive Beeston Leeds LS11 0JP	Beeston & Holbeck	Reablement Service
21	Radcliffe Lane Day Centre Radcliffe Lane Pudsey Leeds LS28 8AB	Pudsey	Reablement Service



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## Appendix 6 – Consultation Plan

To ensure a positive approach and outcome for changing day services, the following plan will be followed when consulting key groups of people and ensuring that their views are heard and responded to.

### Elected Members (July onwards)

Elected members across the city will be involved in the proposed consultations. It is important to recognize that consultations do not only include Councillors on whose ward the day centre is based. People travel some distance to attend a day centre and Councillors in neighbouring wards may be equally interested in proposed changes, for example:

- A centre in their ward is likely to receive a number of people transferred from another centre.
- People living in their ward are travelling to a day centre in another ward that is affected by the changes.

### Proposed method of consultation

- Members Workshop
- Day Services “hotline” telephone number.
- Briefing note for all members on the aims and objectives and outcomes of the changes at each centre.

### Service Users

Service users may have attended a day services centre for a considerable length of time. Some may have moved already after a previous centre closure. Service users may have strong friendship and be fearful of the impact of the proposed changes on their lives. Some may not be able to make their own decisions, or may need 1:1 help in understanding the proposed changes.

### Proposed consultation methods:

- Each service user attending a day centre and who, under the proposed changes will need to move will have a named outreach worker in the care management team.
- Each service user will have 1:1 meetings to establish their preferred choices and options for change.
- Service users who are not under Mental Capacity Act, able to make their own decisions, will have an advocate offered to assist and support them in their decision making.
- Service users or their advocates will discuss key people in their lives (family / friends / personal assistants) when they would wish to be included in helping them to their change plans.
- Service Users will be encouraged to make change plans with their friends.
- Service users and their carers will be given every opportunity to attend different centres and activities for taster sessions to assist them in their decision making.



- Service users to have a dedicated telephone helpline.
- Service users will have a written change plan in place before any changes are made to their service. Any changes will be confirmed and planned with the service users.

### Staff (9<sup>th</sup> July Onwards)

With service configuration, there is a risk of staff at the centres on which change is developing to be disadvantaged compared to their colleagues in services whose role or function was not under review. To be equitable, it is proposed that once service users have settled into their new activity programmes, that a full staffing restructure is undertaken with all day services staff.

- Early discussions with the unions will be undertaken to outline and agree a structure, process and job descriptions.
- Meeting with the managers of day services to agree interim management of the service during the transition phase.
- Ensuring staff are fully involved in the consultation arrangements and they are freed up for them to attend meetings.
- Ensuring HR support is available to assist and advise staff who may need guidance on mapping out and understanding how the proposed changes may impact on their individual working arrangements.

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