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## SCRUTINY BOARD (ADULT SOCIAL CARE)

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Meeting to be held in Civic Hall, Leeds on  
Wednesday, 10th November, 2010 at 10.00 a.m.

*(A pre-meeting will take place for ALL Members of the Board at 9.30 a.m.)*

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### MEMBERSHIP

#### Councillors

- J Chapman - Weetwood;  
B Cleasby - Horsforth;  
P Davey - City and Hunslet;  
S Hamilton - Moortown;  
T Hanley (Chair) - Bramley and Stanningley;  
A Hussain - Gipton and Harehills;  
V Kendall - Roundhay;  
M Lyons - Temple Newsam;  
R Pryke - Burmantofts and Richmond Hill;  
K Renshaw - Ardsley and Robin Hood;  
D Schofield - Temple Newsam;  
S Varley - Morley South;

#### CO-OPTEEES

Ms Joy Fisher – Alliance Service Users and Carers  
Sally Morgan – Equality Issues  
Betty Smithson - LiNK

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

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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>	

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 AND NOTIFICATION OF SUBSTITUTES</b></p> <p>To receive any apologies for absence and notification of substitutes.</p>	
6			<p><b>MINUTES - 22 SEPTEMBER AND 6 OCTOBER 2010</b></p> <p>To confirm as a correct record the minutes of the meetings held on 22 September and 6 October 2010</p>	1 - 12
7			<p><b>INQUIRY INTO THE FUTURE OF RESIDENTIAL CARE PROVISION FOR OLDER PEOPLE IN LEEDS – PART 2</b></p> <p>To receive and consider the report of the Director of Adult Social Services to facilitate the 2<sup>nd</sup> part of the Scrutiny Board Inquiry into the Future of Residential Care Provision for Older People in Leeds.</p>	13 - 28

Item No	Ward/Equal Opportunities	Item Not Open		Page No
8			<p><b>HEALTH SERVICE DIRECT DISCHARGE INTO RESIDENTIAL CARE</b></p> <p>To receive and consider the report of the Director of Adult Social Services which provides the Adult Social Care Scrutiny Board with information on the work currently being undertaken around hospital avoidance and discharge pathways. The report is provided as part of the Residential Care Inquiry at the request of the Scrutiny Board due to the direct discharge of patients into residential care and the budget pressures this has created within Adult Social Services.</p>	29 - 36
9			<p><b>RESPONSE OF THE DIRECTOR OF ADULT SOCIAL SERVICES AND EXECUTIVE BOARD – INQUIRY INTO SUPPORTING WORKING AGE ADULTS WITH SEVERE AND ENDURING MENTAL HEALTH PROBLEMS</b></p> <p>To receive and consider the report of the Head of Scrutiny and Member Development which stipulates that all recommendations relating to the Boards inquiry have been considered by Directors, Local Authority Partners and the Executive Board and agreed.</p>	37 - 68
10			<p><b>WORKING GROUP UPDATE - THE FUTURE PROVISION OF DOMICILIARY CARE AND REABLEMENT SERVICES</b></p> <p>To receive and consider the report of the Head of Scrutiny and Member Development which provides the Board with an update of progress made by the Domiciliary Care and Reablement Services Working Group during the first two sessions of the inquiry.</p>	69 - 82

Item No	Ward/Equal Opportunities	Item Not Open		Page No
11			<p><b>WORK PROGRAMME</b></p> <p>To receive and consider a report from the Head of Scrutiny and Member Development outlining the Scrutiny Board's work programme for the remainder of the current municipal year.</p>	83 - 108
12			<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, 15 December 2010 at 10.00 am with a pre meeting for Board Members at 9.30 am.</p>	

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# Agenda Item 6

## SCRUTINY BOARD (ADULT SOCIAL CARE)

WEDNESDAY, 6TH OCTOBER, 2010

**PRESENT:** Councillor T Hanley in the Chair

Councillors J Chapman, B Cleasby,  
P Grahame, S Hamilton, A Hussain,  
M Lyons, K Renshaw, D Schofield,  
S Varley and R Wood

**CO-OPTED  
MEMBERS** S Morgan

### 34 Exempt Information - Possible Exclusion of the Press and Public

It was reported that appendices 4 and 5 of Agenda Item 7, Inquiry into the Future of Residential Care Provision for Older People in Leeds, were considered to contain exempt information under the terms of the Access to Information Procedure Rule 10.4.(3) (information relating to the financial or business affairs of any particular person (including the authority holding that information)) and Members were asked to determine whether to accept the officer's recommendation that the information should remain exempt and that the press and public should be excluded from the meeting during this item. Following a vote by Board Members present, it was:

**RESOLVED** – 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 proceeding, that if members of the press and public were present there would be disclosure to them of exempt information as follows:

Agenda Item 7– appendices 4 and 5, Inquiry into the Future of Residential Care Provision for Older People in Leeds under the terms of Access to Information Procedure Rule 10.4. (3) (Information relating to the financial or business affairs of any particular person (including the authority holding that information)) and on the grounds that the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

### 35 Declarations of Interest

Councillor J Chapman declared a personal interest in Agenda Item 7, Inquiry into the Future of Residential Care Provision for Older People in Leeds as she had a relative who was employed in the independent care sector. (Minute No. 37 refers)

### 36 Apologies for Absence and Notification of Substitutes

Draft minutes to be approved at the meeting  
to be held on Wednesday, 10th November, 2010

Apologies for absence were submitted on behalf of Councillors P Davey and V Kendall, and co-opted member Joy Fisher. Councillors P Grahame and R Wood were in attendance as substitute Members.

### **37 Inquiry into The Future of Residential Care Provision for Older People in Leeds.**

The reports of the Head of Scrutiny and Member Development and Director of Adult Services introduced the Board's Inquiry into the Future of Residential Care Provision for Older People in Leeds. The reports outlined the timetable for the Inquiry and submission of evidence.

The Chair welcomed Sandie Keene, Director of Adult Services and Dennis Holmes, Deputy Director, Commissioning to the Meeting.

It was reported that the Residential Care strategy was one of the key issues for adult social care in Leeds over the next 5 to 10 years and there was a need to create a service that was fit for future needs. In response to concerns regarding the use of percentages in the report it was advised that the accompanying presentation to the report would show projected figures. Members were also advised to inform the Director of Adult Social Services with any ongoing cases where problems had occurred with the provision of residential care.

The Board was given a presentation on long term residential care for older people in Leeds. The first part of the presentation focussed on the following areas:

- The National Social Care Context – personalised approach,, support in own home, control of own care, work with NHS colleagues, financial and demographic pressures, how to shape services
- Current Policy Context – What can be offered in future? Choice and control for individuals needing care
- Demography – Projected Population Growth and Dependency, there would be an estimated 33% increase in the older population of Leeds by 2029
- Benchmarking Comparisons – Leeds had an average demand in comparison to other Yorkshire and Humber authorities which was also reflected on a national basis
- Demand for Housing Options and Services to Maintain Independence – Fewer people were requiring residential care due to differing options available such as lifetime housing and extra care housing; promotion of independent living; personalisation and the use of direct payments.
- The Local Picture and Expected Numbers of Beds for Future Services – It was reported that there was currently a large number of void beds which equated to the total of 1.5 care homes. It was predicted that the number of local authority commissioned residential care beds would fall from 2,500 to 850 by 2029.



- Facilities and Supply of Residential Care in Leeds – Members attention was drawn to maps which showed the locations of residential care homes across the city.
- Implications for Local Authority Residential Care – expected changes to patterns of use, market competition, more demand for personalisation and people being cared for at home

In response to Members comments and questions, the following issues were discussed:

- The forecast reduction in provision of residential care in contrast to the increasing elderly population.
- Provision of end of life and palliative care.
- Respite care and facilities for carers to support their families whilst in respite care – it was reported that new provision would enable carers to stay with relatives during respite care.
- Sheltered housing – provision of wardens and activities for residents.
- Those who received care from families and friends and were not accounted for by the care system.
- Concern that respite care was used as an alternative to long term residential care – it was reported that respite care was used to enable people to remain independent and in their own homes for as long as possible.

The Board was given a further presentation, this focussed on financial frameworks, the following issues were highlighted:

- Financial requirements of existing public sector residential homes – staffing costs, registration and regulation issues, capital investment.
- Cost of void beds
- Lack of opportunity for capital investment in public sector residential properties.
- Unit cost comparisons with the private sector.

In response to Members comments and questions, the following issues were discussed:

- It was felt that current arrangements for public sector residential care would not remain sustainable in the long term, particularly in the light of potential significant budget reductions and reduced future demand.
- Support was available for those who would be placed into private sector residential care. Financial assessments were the same whether people went into public or independent sector care.
- Fire prevention works at existing homes would be carried out within the current capital programme.
- It had not been proposed to close any of the existing residential homes. There was a need to review future provision and consider all alternative options.

- Quality of care – this was overseen by the Care Quality Commission (CQC) and it was reported that good quality care was provided by both the public and independent sectors in Leeds.
- Independent sector homes had more modern facilities and required less updating and were therefore able to provide a cheaper unit cost for services.
- Provision of intermediate care.
- Provision of a more specialised service in house service.
- Partnership working with the NHS and other private sector companies.
- The reduction of people requesting permanent residential care was due to the success of alternative care packages that had allowed people to remain in their own homes longer and other housing options such as sheltered and extra care housing.
- Geographical issues – these would be considered as part of the residential care strategy and take account of the demographic information, predicted requirements and facilities provided in the locality.
- The need for Elected Members to be involved in consultation.

The Chair thanked Sandie Keene and Dennis Holmes for their attendance,

**RESOLVED** – That the report and discussion be noted in line with the Inquiry into the Future of Residential Care Provision for Older People.

### **38 Date and Time of Next Meeting**

Wednesday, 10 November 2010 at 10.00 a.m. (Pre-meeting for all Board Members at 9.30 a.m.)

**The meeting concluded at 12.50 p.m.**

## SCRUTINY BOARD (ADULT SOCIAL CARE)

WEDNESDAY, 22ND SEPTEMBER, 2010

**PRESENT:** Councillor T Hanley in the Chair

Councillors J Chapman, B Cleasby,  
P Grahame, R Grahame, S Hamilton,  
A Hussain, V Kendall, M Lyons,  
D Schofield and S Varley

### 21 **Declarations of Interest**

Councillor R Grahame declared a personal interest in Agenda Item 13, Major Adaptations for Disabled Adults – Recommendation Tracking and Performance Information for Quarter 1 2010/11 due to his position as a Director of the East North East Homes ALMO. (Minute No. 30 refers)

Councillor J Chapman declared personal interests in Agenda Item 8, Performance of Independent Homecare Service Providers as she has a relative who works in the Independent Homecare sector (Minute No. 25 refers) and also in Agenda Item 13, Major Adaptations for Disabled Adults – Recommendation Tracking and Performance Information for Quarter 1 2010/11 as a Panel Member of West North West Homes ALMO. (Minute No. 30 refers)

Joy Fisher declared a personal interest in Agenda Item 8, Performance of Independent Homecare Service Providers as a service user. (Minute No. 25 refers)

### 22 **Apologies for Absence and Notification of Substitutes**

Apologies for absence were submitted on behalf of Councillors Davey, Pryke and Renshaw. Councillors P Grahame and R Grahame were in attendance as substitute members.

### 23 **Minutes - 19 July 2010**

**RESOLVED** – That the minutes of the meeting held on 19 July 2010 be confirmed as a correct record, subject to the following amendment.

Minute No. 10 - Declarations of Interest – to read that Councillor V Kendall is the Chair of Community Action for Roundhay Elderly (CARE) Management Committee.

### 24 **Adult Social Care - Self Assessment 2009/10**

The report of the Director of Adult Social Services referred to the requirement of the Council to submit a Self Assessment Survey (SAS) of overall

Draft minutes to be approved at the meeting  
to be held on Wednesday, 6th October, 2010

performance in relation to improving outcomes for people by mid May 2010 as a key part of the performance management methodology employed by the Care Quality Commission (CQC).

Dennis Holmes, Deputy Director - Strategic Commissioning and Stuart Cameron-Strickland, Head of Policy, Performance and Improvement were in attendance for this item.

Members attention was brought to the performance table which was outlined in the report and detailed seven main outcomes. As part of a more streamlined process, the CQC would only be assessing the outcomes where an outcome had changed since the previous assessment. The CQC's ruling on the assessment would be known on 25 November 2010. As part of the CQC's requirements, their results would be reported to the Executive Board. It was anticipated that this would be in January 2011.

In response to Members comments and questions, the following issues were discussed:

- Other issues across the Council and outside of Social Services that may affect the assessment. It was reported that consultation with colleagues across the Council had been undertaken during the self assessment.
- CQC expectations of getting more users to use of direct payments to promote individual choice.
- Choice for those with statutory social care needs.

The Chair thanked Dennis and Stuart for their contribution to this item and passed congratulations on behalf of the Board for the progress made.

**RESOLVED** – That the report be noted.

## **25 Performance of Independent Homecare Service Providers**

The report of the Deputy Director, Strategic Commissioning updated the Board on the overall performance of independent homecare providers across the City.

Dennis Holmes, Deputy Director – Strategic Commissioning and Mark Phillott, Commissioning Manager were in attendance for this item.

Members attention was brought to the main issues in the report which included the following:

- Cost of Independent Sector Provision
- Contract changes across the City
- Increasing choice of provision

In response to Members comments and questions, the following issues were discussed:

Draft minutes to be approved at the meeting  
to be held on Wednesday, 6th October, 2010

- Training of staff and NVQ qualifications – Minimum numbers of NVQ qualified staff had previously been a national requirement.
- The Council, as the contracting body did not carry out inspections of Independent Sector providers but does monitor performance in accordance with contract specifications. It was reported that the LINK could participate in inspections. The CQC had previously carried out an inspection, as the regulatory body.
- Safeguarding issues.
- Staff to service user ratio – this depended on the needs of the individual service users.
- Key quality issues – reducing complaints.

**RESOLVED** – That the report be noted

## **26 Scrutiny Inquiries 2010/11 - Draft Terms of Reference**

The Head of Scrutiny and Member Development submitted reports detailing draft terms of reference for the following inquiries:

- The Future Provision of Domiciliary Care and Reablement Services
- The Future of Residential Care Provision for Older People in Leeds

In brief summary, the following issues were discussed:

- Working Groups
- Witnesses for the Inquiries
- Timescales

**RESOLVED** – That the report and future inquiries be noted.

## **27 Performance Reports**

The reports of the Head of Policy and Performance and Director of Adult Social Services updated the Board on Performance Issues for Quarter 1 and A Summary of Progress in Response to the Self Directed Support Inquiry Report Recommendations.

The following were in attendance for this item:

- Dennis Holmes, Deputy Director – Strategic Commissioning
- Stuart Cameron-Strickland, Head of Policy, Performance and Improvement
- John Lennon, Chief Officer – Access and Inclusion

In response to Members comments and questions regarding the performance reports, the following issues were discussed:

- Some of the indicators were not given a traffic light rating as there was no comparable information to measure them against.
- Concern with indicator NI135 – it was reported that contact had been made with carers and a training programme had been introduced.
- Concern with Indicator NI131 – The Board was informed of issues related to delayed transfers and the ongoing work with health and social care partners to resolve what was a complex area. Further discussion was held regarding the provision of Community Intermediate Care.
- Action Plans.

**RESOLVED** – That the reports and performance information be noted.

(Councillor A Hussain left the meeting at 11.30 a.m. during the discussion on this item)

**28 The Response of Director(s) and Executive Board to Adult Social Care Scrutiny Board Inquires – Independence Wellbeing and Choice Statement and Transitional Arrangements for Disabled Young People into Adult Social Care.**

The report of the Head of Scrutiny and Member Development introduced the formal responses of the Directors of Children’s Services and Adult’s Services to the Boards reports on the review of progress against the Independence Wellbeing and Choice Action Plan Statement and inquiry into Transitional Arrangements for Disabled Young People into Adult Social Care.

It was reported that all the recommendations had been accepted and Members attention was brought to the Recommendation Tracking report.

**RESOLVED** – That the report be noted.

**29 Transitional Arrangements for Disabled Young People into Adult Social Care - Recommendation Tracking**

The report of the Head of Scrutiny and Member Development provided the Board with a progress update on the recommendations following the Inquiry into Transitional Arrangements for Disabled Young People into Adult Social Care.

Stephen Bardsley, Service Delivery Manager for the Learning Disability Team addressed the meeting. He reported on the work that had been carried out between Children’s and Adult Services on transitional arrangements.

**RESOLVED** – That the report be noted.

**30 Major Adaptations for Disabled Adults – Recommendation Tracking and Performance Information for Quarter 1 2010/11**

The report of the Head of Scrutiny and Member Development referred to the Boards previous Inquiry into Major Adaptations for Disabled Adults and gave a progress report on the Board's recommendations.

The following officers were in attendance for this item:

- Simeon Parry, Housing Policy and Monitoring Manager, Environment and Neighbourhoods
- Liz Ward, Head of Service Support and Enablement, Adult Social Care
- Mark Greenfield, Aire Valley Homes
- Helen Miller, Principal Planner, City Development
- Andy Beattie, Head of Service – Housing and Pollution Control, Environment and Neighbourhoods
- Robin Coghlan, Team Leader Policy, City Development.

In response to Members comments and questions, the following issues were discussed:

- With reference to Recommendation 7 and the production of a citywide Adaptations Strategy and Delivery Plan, it was reported that significant progress had been made and there would be a further report to the Board in December 2010. This had also led to a number of initiatives that would improve service delivery, provide value for money and efficiencies that would also relate to other recommendations of the Board.
- Adaptations and property lettings – concern was expressed regarding instances of adaptations being removed from vacant properties and questions were asked as to why these properties could not be re-let to those in need of the adaptations. Issues arising from this included the following:
  - It was not always possible to link demand for adaptations to vacant properties but appropriate tenants were sought when properties became available.
  - Recycling of adaptations and equipment such as stair lifts
  - The need to balance the benefits of retaining empty adapted properties against bringing these back into use.
- Under occupied properties and downsizing.
- Provision of affordable housing – there would be provision for disabled people.
- Associated planning and building regulation issues relating to the provision of properties built to lifetime homes standards.

**RESOLVED** – That the report be noted.

(Councillor Chapman left the meeting at 12.20 p.m. at the conclusion of this item).

### **31 Vision for Leeds 2011 to 2030 - Progress with Development and Next Steps**

The report of the Director of Leeds Initiative informed the Board that this was the 3<sup>rd</sup> Vision for Leeds and gave a progress update and outlined the next steps including the public consultation phase.

The Chair welcomed Martin Dean, Deputy Director Leeds Initiative and Sally Corcoran, Planning, Policy and Improvement to the meeting.

It was reported that there were 3 areas of major change to the Vision:

- Environment – Climate Change Strategy
- Economy – Change in what can be achieved and effects of the recession
- Population growth – Leeds population could reach one million by 2030

Consultation had been held with key stakeholders and the following issues had been highlighted:

- For the Leeds economy to be prosperous and sustainable
- For Leeds to be an open and welcoming City
- That communities should be safe, healthy and successful with opportunity for people to progress

It was felt that if these could be achieved by 2030 Leeds could be internationally recognised as the best city in Britain.

The Board was informed of the timetable for the remainder of the consultation period and in response to comments and questions, the following issues were discussed:

- Different methods of consultation used, in particular the move to use social networking.
- Work with partners in Adult Social Care during the consultation process to target members of the community with social care needs.
- Changes since the previous vision.
- Access to jobs for local people.

**RESOLVED** – That the report be noted.

## **32 Scrutiny Board (Adult Social Care) Work Programme**

The report of the Head of Scrutiny and Member Development outlined the Board's future Work Programme and also included the latest Forward Plan of Key Decisions and Executive Board Minutes.

Sandra Newbould, Principal Scrutiny Advisor brought Members attention to the Work Programme and forthcoming work of the Board. Members were also informed of an impending site visit.

**RESOLVED** – That the report be noted.



### **33 Date and Time of Next Meeting**

Wednesday, 6 October 2010 at 10.00 a.m. (Pre-meeting for all Board Members at 9.30 a.m.)

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

**Scrutiny Board – Adult Social Care**

**Date: 10 November 2010**

**Subject: Inquiry into the Future of Residential Care Provision for Older People in Leeds**

**Electoral Wards Affected:**

Ward Members consulted (referred to in report)

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

**Executive Summary**

At the previous Scrutiny Board meeting Members were advised that expectations around the choice, quality and control of the provision of care for older people have increased significantly in recent years, particularly around supporting more people for longer within their own homes. There has also been an increasing expectation in relation to the standard and quality of provision of long term residential care for those people who can no longer be supported in their own homes.

On the basis of the information offered in the first part of the inquiry, Members concluded that the Local Authority was in no position to do nothing.

Information is offered within this report broadly setting out more detail in relation to what options could be pursued in relation to each of the current 19 residential homes for older people currently operated by the Local Authority.

This report also includes a description of the structure of the consultation process that will need to be followed in relation to these options, generally and specifically as part of a formal programme, subject to the endorsement of the Executive Board at their December meeting.

Members are invited to consider and comment on the range of options set out in this report and the structure of the consultation programme proposed as part of the duties of the Local Authority to seek the wider views of stakeholders and specifically of those people currently living in, or using these facilities, their carers and the staff who provide care and support.

Members are additionally invited to comment on the exemplar consultation questionnaire attached in relation to the potential use of some of its features in a Leeds context.

## 1.0 Purpose of this report

Information is offered within this report broadly setting out more detail in relation to what options could be pursued in relation to each of the current 19 residential homes for older people currently operated by the Local Authority.

1.2 This report also includes a description of the structure of the consultation process that will need to be followed in relation to these options, generally and specifically as part of a formal programme, subject to the endorsement of the Executive Board at their December meeting.

1.3 Members are invited to consider and comment on the range of options set out in this report and the structure of the consultation programme proposed, as part of the duties of the Local Authority to seek the wider views of stakeholders and specifically of those people currently living or using these facilities, their carers and the staff who provide care and support.

## 2.0 Background Information

Members were previously provided with a significant amount of information at the October meeting setting out the rationale for needing to generate options for change in relation to 19 residential care homes for older people operated by the Local Authority.

2.1 Having considered the information offered, Members concluded that doing nothing was not an option which could be accepted. Officers were invited to consider what options might be available in relation to each of the 19 units and to provide those options to a further meeting of the Board.

2.2 Officers have carefully considered three aspects of that request, which are covered in this report. Firstly, the potential range of options which exist for all the units; secondly the criteria (or determining features) that would need to be applied in coming to a proposal about the option(s) applicable for each individual unit; and thirdly, a description of the consultation process, both general and specific that could be followed.

2.3 Officers have examined the proposals contained in this report with similar programmes of work either undertaken or in the process of being undertaken by other local authorities whose proposals were outlined to the previous meeting of the Board. Learning from those authorities is being incorporated into the proposals under development in Leeds.

2.4 The previous report and presentation to Members set out an outline of the vision for the future direction of adult social services in Leeds, with significant emphasis on increasing self directed care and support, with its provision reduced in scale and focused on short term high intensity, high impact interventions. These are designed to divert people from hospital or long term care settings and are delivered by staff working in close partnership or integrated with NHS colleagues in a context of increased efficiency, value and effectiveness.

2.5 As part of the budget report to the November Executive Board, proposals were made to consult with the wider public of Leeds on a range of future responses for the Council following the publication of the October comprehensive spending review. A specific part of that consultation relates to the adult social care vision and the feedback we receive will be used to inform our approach to the refinement of the proposals set out below.

## 3 Main issues

### The Options

3.1 Officers have concluded that the following range of options could apply for each unit after the application of the determining factors (criteria).

**Option 1** - Recommission – the facility is suitable overall, with no or minimal structural alteration, to be used as a specialist care facility, in line with the proposed future vision for adult social care provision. This option lends itself to opportunities to integrate health and social care services within the city, particularly for intermediate care interventions for physically frail older people and those experiencing dementia.

**Option 2** - Decommission – the facility has significant limitations overall to continue with its current use. In relation to this option sub-options apply:

### 3.2 **Option 2 (a) Gradual Decommission**

If no alternative, nearby facility exists where existing residents could be offered alternative accommodation, the decommission would be phased over a period of years.

### 3.3 **Option 2 (b) Decommission Phased with Introduction of new provision**

If an alternative facility is planned nearby, or is under construction (ie independent sector care home or extra care housing) which will better meet the future needs of older people in the locality, the decommission would be phased to accommodate construction/ completion.

### 3.4 **Option 2 (c) Decommission into existing provision**

If appropriate alternative proximate accommodation is currently available, then residents would be offered opportunities to move there and the decommission would be planned to coincide with the residents' move.

### 3.5 **Option 2(d) Sale as a going concern.**

Although a building(s) and facilities may be limited overall in the context of their future use by the Local Authority, they may be of interest to third sector or independent sector providers wishing to operate them subject to appropriate guarantees preserving benefit to Leeds people and the Local Authority.

3.6 In relation to the four sub-options set out above, consideration will be given to the potential for:

- Expressions of interest from third and independent sector care home developers in developing new facilities on the sites, so as to offer high quality, modern facilities to future generations.
- The future availability of extra care housing on or near to sites made available through this process.
- That where neither of the above is achievable, the reinvestment of any capital receipt gained as a consequence of the sale of buildings and/or land is used in order to achieve service improvement.

3.7 Informed by the outcome of this Scrutiny Inquiry, it is proposed that consultation focuses on the implementation of a different model of care and support for older people with the following principal features:

- The potential impact the options set out in this report may have on people currently using and working in residential services. In working to address the issues set out in the previous report to Scrutiny Board, Adult Social Care is committed to ensure that adequate time and resource is allowed to ensure a full and open process of consultation on the options highlighted above.
- That the needs of those affected by service changes are adequately assessed and that appropriate alternative care and support services are identified in partnership with carers and relatives. These same considerations apply equally to staff working in current facilities on whose commitment and professionalism people rely.

- The commitment to conduct an equality impact assessment on the proposed options for change, with the objective of providing additional assurance to those people who may in future have need of similar kinds of care.
- The engagement of other key stakeholders in this process. Principal among these are our colleagues in NHS Leeds who currently commission 30 of the current bed base. It is already clear that they wish to work closely with officers as options are brought forward which could, in many cases, lead to more integrated service responses based within existing facilities.

### 3.8 **Determining factors (criteria)**

One or more options will be put forward for consultation for each of the 19 units, taking account of the factors set out below:

- The current profile of residents living in the facility: their needs, levels of dependency and risks associated with their care and those of their carers.
- The current profile of the staff team: their skill mix and length of service.
- The wishes of staff in relation to the recent offer of voluntary early retirement and other early leaver initiatives.
- The strategic fit of the unit in relation to the future vision for adult social care provision.
- The current profile of bed use: specialist/generic, permanent/transitional.
- The current of use of facilities under agreement by partners.
- The availability of appropriate alternative facilities close by.
- The trend in void levels.
- The unit cost of placements in the facility.
- The material condition of the building generally and specifically in relation to the 2002 national minimum standards for residential care facilities.
- The capital and revenue requirements over the next 5 years to maintain the facility to basic standards
- The capital and revenue requirements to upgrade the facility to approach compliance with the 2002 minimum standards.
- The impact of other Council initiatives on the communities in which the facility is located.

3.9 There are considerable variations between the individual units in relation to each of these factors which will need to be carefully balanced when determining the option(s) pertinent to any particular unit. Where several options exist, they will be prioritised for consideration.

### 3.10 **Consultation.**

Reference has already been made to the consultation paper presented to the November Executive Board. Adult social Care has been closely engaged in the development of the structure and content of the consultation which sets out the following vision and follows with questions pertinent to the future of adult social care and in turn in relation to residential and day care services:

“In adult social care, we are developing more personalised services. Our commitment is to make sure future services fit the needs and wishes of the individual as closely as possible. We will do this by ensuring services are flexible and by enabling people to choose from a wide variety of options, which are capable of being changed as people’s personal needs change. Our aim is to enable people to stay in their own homes for as long as possible. In the future, we propose that our own council-run services will be smaller, more specialised and will target people with the greatest and most complex needs. We will continue to have a focus on safeguarding and quality and will provide a new service for people who need help to regain their independence after an accident or illness, to help them stay out of hospital or residential care. In future, some adult social care services are likely to be delivered by partner organisations such as the NHS and others in the public, private and voluntary sectors, with whom we will continue to work closely.”

The question asked of the public in respect of Adult Social Care is:

*Question 4 : What are your views on proposals for the council to work more with partners to reduce the need for long-term social care, by helping people remain independent and supporting people with the most complex needs? Should we increase charges for adult social care services, for those people who can afford to pay? And, do you have any other thoughts on how we best support and make efficiencies in the way we support older and disabled people?*

- 3.11 Whilst not being directly specific to the matters addressed in this report, the responses provided will provide a general context alongside which a formal consultation process will take place in relation to residential care and a similar structured consultation in relation to day services.
- 3.12 It is proposed that more detailed formal consultation will also take place (outline details of which are set out from paragraph 3.14 onward), to determine the impact of the options on individuals and to identify how these will be mitigated as plans are developed. It is essential to ensure that this formal consultation embraces not only what is being proposed but also the rationale behind the proposals and to that end people will be provided with the fullest information.
- 3.13 It is intended that the consultation will be a two way process and that the aim should be to secure ongoing engagement at every stage of the process. Involvement in the proposed consultation will be offered to current service users, families and carers, the general public, staff and all relevant partner organisations. The scope of the proposed consultation will be on the future of residential care services, highlighting a number of options for addressing the issues. It is proposed that this should begin following endorsement of these proposals by the Executive Board and be completed within three months. Subject to this timescale being achieved, the findings from the consultation, the consequent final recommendations on the option for each unit and the detailed implementation plan, will be reported to a subsequent meeting of the Executive Board.
- 3.14 **Consultation methodology and structure**
- 3.15 The way in which the determining factors set out at paragraph 3.8 above have been applied in generating the option(s) for each of the units and facilities, will be made available as part of a comprehensive suite of information for people.
- 3.16 **Who will we consult with?**
- Service users
  - Families and carers
  - Staff
  - Community groups
  - Partnership organisations
  - Trade Unions
  - The general public
  - Elected members
- 3.17 **How?**  
We will undertake this by:
- One to one interviews with all residents, relatives and carers, and people who are in respite
  - Ward Member briefings
  - Attendance at Area Committees
  - The use of questionnaires for all stakeholders, including online

- Production of fact sheets setting out the individual options and how these have been arrived at
- Effective feedback arrangements
- Meetings and events with community groups with a particular interest in older people and the issues being consulted on
- Meetings and events with trades unions specifically in relation to the options being consulted on
- Group Q & A sessions for people who use day care and all interested parties
- Documentation that gives background information about each home and the available options
- Consultation events and presentations
- Staff meetings
- Meetings with key partner organisations, particularly NHS partners
- Newsletters and web based information
- A media campaign

3.18 Formal advocacy will be provided to service users when required; advocacy and support will be provided where requested. Feedback from the consultation will be reviewed and responses documented and circulated to those involved in the consultation process.

3.19 Efforts have been made to observe approaches adopted by other Local Authorities engaged with similar processes. Attached to this report is an example of a questionnaire, regarded as current best practice, used by Kent County Council as part of a similar process to the one presented in this report. Members are invited to comment on its content, structure and relevance of the questions presented.

3.20 Options subject to consultation will be subject to formal equality impact assessment.

3.21 **When will we consult?**  
It is proposed that the general consultation will commence during November 2010 and be followed by the more specific formal consultation in January 2011 to be completed by April 2011.

3.22 The consultation responses and outcome of Equality Impact Assessments will be collated and presented to a future meeting of the Executive Board alongside the preferred option for each of the units and facilities. There will be detailed description of how the options will be achieved in line with the commitments given.

4.0 **Implications for Council Policy and Governance**  
The options presented in the report developed for the existing Local Authority provided facilities, subject to the endorsement of the Executive Board, will be the subject of a formal and comprehensive programme of consultation and engagement as set out in the previous passage.

4.1 Colleagues in NHS Leeds who commission 30 of the current bedbase are also key stakeholders and in the development of shared plans for the development of more integrated health and care services in the City it is clear that they will wish to identify what scope exists within the emerging strategic plan for further joint work within these facilities.

4.2 Discussions so far have indicated a positive desire for more extensive partnership reflecting the good work that has been undertaken in recent years within these facilities and recognising potential economic benefits for both parties which are currently being examined in much greater detail.

## 5 Legal And Resource Implications



- 5.1 In discharging its responsibilities under the Human Rights Act, the Authority is required to undertake a comprehensive formal programme of consultation in relation to the options set out previously in this report, the format of that overall programme is highlighted in this report.
- 5.2 The Local Authority is also required to consult on the options with all other stakeholders many of whom are highlighted in paragraph 3.19 of this report.
- 5.3 In addition, the Authority is committed to ensure that the care and support needs of any older person affected by the options set out in this report are adequately assessed as an integral part of this process with appropriate advocacy available in support of identifying high quality alternatives where it is agreed this is the most appropriate option.

## **6 Conclusions**

- 6.1 The previous meeting of the Adult Social Care Scrutiny Board determined that 'no change' was not an option in relation to the provision of Local Authority residential care. Supply and demand considerations in the market, rising expectations and costs of high quality building standards have required the Local Authority to consider the future of all 19 residential care homes and the future viability of continued provision.
- 6.2 The Local Authority has an important role to play in the provision of care for those older people with fluctuating and urgent need for short term and/or rehabilitative care. The proposed consultation surrounding the future options would consider the potential future of each individual residential home.

## **7 Recommendations**

- 7.1 That Members of the Scrutiny Board consider the options for change and those factors which will be used to determine their appropriateness (criteria) as set out in this report and provide their views in relation to both the range of options and the criteria that have been generated in giving a framework for considering the most appropriate option for each establishment.
- 7.2 That Members of the Scrutiny Board consider the proposed consultation process, as described in terms of both structure, method and timing and provide their views in relation to the appropriateness of those proposals.
- 7.3 Members are invited to comment on the content, structure and relevance of the questions presented in the exemplar questionnaire produced by Kent County Council.

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

Scrutiny Board Report – October 2010.

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# Older People's Futures Consultation Questionnaire

Kent County Council (KCC) is undertaking a programme of consultation from the 21 June to 1 November 2010 about the future of the following homes it owns and manages.

Please help us by completing this short survey - this should take no longer than 10 minutes.

## Proposal summary

Home	Proposal
Wayfarers, Sandwich	Proposed to sell to a private provider with the services, residents and staff to remain the same
Blackburn Lodge, Sheerness Doubleday Lodge, Sittingbourne Kiln Court, Faversham	Proposed to sell to a private provider who, in partnership with KCC, will continue to deliver services but will develop, modernise and tailor services under separate arrangements and possibly at different locations in Swale
Bowles Lodge, Hawkhurst Cornfields, Dover Manorbrooke, Dartford	Proposed for closure to use the cleared site for Extra Care Housing which offers self contained flats for older people with 24 hour care staff on site; current users will be found alternative services and accommodation
Ladesfield, Whitstable Sampson Court, Deal The Limes, Dartford	Proposed to close completely within the next two years; current users will be found alternative services and accommodation
Dorothy Lucy Centre, Maidstone	Proposed to retain in the short term pending longer term options appraisal – a separate consultation process will be undertaken

We are carrying out this consultation to gather information as we plan for the future to make sure we can meet the needs of older people. As you may know more people are living longer, many are living with dementia and most want to stay in their home for longer with the right care services. Many of our care homes listed above have reached the end of their useful life. They will need considerable financial investment to maintain or bring up to standard, and are expensive to run.

The Council buys more than 90% of the residential care it needs for older people from the independent sector (privately run homes). They are regulated by the Care Quality Commission (CQC) in the same way as our homes are. We are able to buy residential care from the independent sector for about £350 per bed per week. However the average weekly cost of our own homes is double this because of staff terms and conditions and the significant purchasing power KCC has.

This questionnaire is available in alternative formats and can be explained in a range of languages. Please contact us:

[www.kent.gov.uk/opfutures](http://www.kent.gov.uk/opfutures) | Tel: 01732 525 477 | [opfutures@kent.gov.uk](mailto:opfutures@kent.gov.uk)

Please indicate your answers by ticking the appropriate box(es).

### The Proposal:

The full consultation document can be found at [www.kent.gov.uk/opfutures](http://www.kent.gov.uk/opfutures) or phone 01732 525 477 for a copy.

**1. This consultation document explains the proposals in detail. Have you read it?**

Yes

No

**2. What do you think about the changes proposed in the consultation document?**

Good

Don't know

Bad

I have mixed views

**Please tell us the reasons for your answer**

**3. Do you think the council should continue to run its own residential services even though this costs around double the price of the independent sector homes?**

Yes

No

Don't know

Any comments

**4. When thinking about these proposals, on what basis do you think we should make the decision?**

For each item please indicate how important you think it is *(tick one box on each row)*

	Essential	Very Important	Useful, but less important	Not important
Continuity of care for existing residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freeing up resources to offer more care for more people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping some homes that Kent County Council manages itself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thinking about your Future:**

**5. Place in order of 1-3 with 1 being your preferred choice how you would like to receive care services, should you need them.**

- Care services delivered to me at home to allow me to live at home for as long as possible
- Care services delivered to me in a way that means I keep my independence, stay included in the community and get access to 24-hour care (as in Extra Care Housing<sup>1</sup>)
- Care services delivered in a residential care setting

**6. Imagine you are moving into a care home for the first time, moving into a new or different care home, or are already living in a care home.**

For each item please indicate how important you think it is *(tick one box on each row)*

	Essential	Very Important	Useful, but less important	Not important
Well trained and friendly staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A garden or outside space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home cooked nutritious food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Good sized bedroom with its own bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plenty of social activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Space for entertaining visitors in private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enough space for some possessions and my own furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Close to where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My partner to live with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything else not listed above which is really important to you?

**7. How important do you think each of the following would be for you as an older person?**

**For each item please indicate how important you think it is (tick one box on each row)**

	Essential	Very Important	Useful, but less important	Not important
Spacious accommodation (e.g. two bedrooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility (e.g. no steps, wide doors etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A level-access shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessible private bathing facilities with space for carers to assist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A safe and secure environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communal facilities (e.g. lounge, café, gym etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A location close to shops and transport links	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help and support available when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living among people of a similar age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being with people from the same culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying at home with appropriate care and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to remain as independent as possible with own routine and choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to maintain links with family, friends and the local community where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. The main purpose of Kent Adult Social Services is to help the people of Kent to live independent, safe and fulfilled lives in their local communities.**

**What does being independent mean to you? (Tick all that apply)**

- Maintaining my health
- Not relying on anyone else
- Being able to continue to pursue my interests and hobbies
- Being able to continue to keep in contact with friends and family
- Being seen as making a valuable contribution to my local community
- Being able to choose and make decisions on how I lead my life
- Being able to remain in my own home
- Other (please specify)

## Day Services:

9. Day services are delivered in some of the homes that are included in the proposal. Kent Adult Social Services recognises that this is a vital service, both for those who use the service and their carers – and will need to be purchased elsewhere.

Which of these statements about day care best reflect your views. *(Tick all that apply)*

	Essential	Very Important	Useful, but less important	Not important
I would like to attend in order to meet and talk to people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to attend to spend time with other like minded people of a similar age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to attend to receive personal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to provide my relative/carer with a break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have an active social life and would not want day care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would prefer to have a Direct Payment <sup>2</sup> and organise my own activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would prefer to meet with people who have similar interests for specific activities of mixed age groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your Details:

Please indicate your age:

Under 35  36-49  50-64  65-74  75-84  85+

Your gender? Male  Female



**Where do you live now?**

- Renting from the Council or a Housing Association
- Renting from a private landlord
- Owned by myself or my partner
- Sheltered Housing
- Extra Care Housing
- Residential care home
- Residential Care Home included in the proposals
- Nursing home
- Other

**About you:** *(tick all that apply) Are you:*

- An older person currently receiving support services
- A relative/unpaid carer for an older person
- A member of the public
- A social services employee
- A health services employee
- A District/borough council employee
- Working in the voluntary sector
- Other (please specify)

Thank you for taking the time to complete this questionnaire - your views are very important to us and will form part of the consultation. Please return your form before 1 November 2010.

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<sup>1</sup>Extra Care Housing offers self contained flats for older people with care staff on site 24 hours a day.

<sup>2</sup>Direct Payments are local council payments for people who have been assessed as needing help from social services, and who would like to arrange and pay for their own care and support services instead of receiving them directly from the local council.

Older People's Futures  
Public Private Partnership Team  
Kent Adult Social Services Directorate  
Kent County Council  
Brenchley House  
County Hall  
123/135 Week Street  
MAIDSTONE  
Kent  
ME14 1BR



### Report of the Director of Adult Social Services

#### Scrutiny Inquiry into Residential Care

Date: 10 November 2010

Subject: Health Service Direct Discharge into Residential Care.

#### Electoral Wards Affected:

Ward Members consulted  
(referred to in report)

#### Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

### Executive Summary

Discharge from hospital directly into residential and nursing home placements is a trend which has increased since April 2009. This trend has added to the in year budgetary pressures for Adult Social Care (ASC) and impacts on individuals who, with reablement and alternative community support could have been supported to maintain independence within their own homes and communities.

ASC is working closely with the NHS to reform the health and social care system to create a culture where people are supported to maintain their independence and to maximize use of reablement and assistive technologies.

In the short term both social care and health recognise the need for immediate actions. The Unplanned Care Board (a joint ASC/NHS forum) have been tasked to lead on this and have put in place an action plan which addresses issues in the system with actions targeted around both hospital avoidance and discharge.

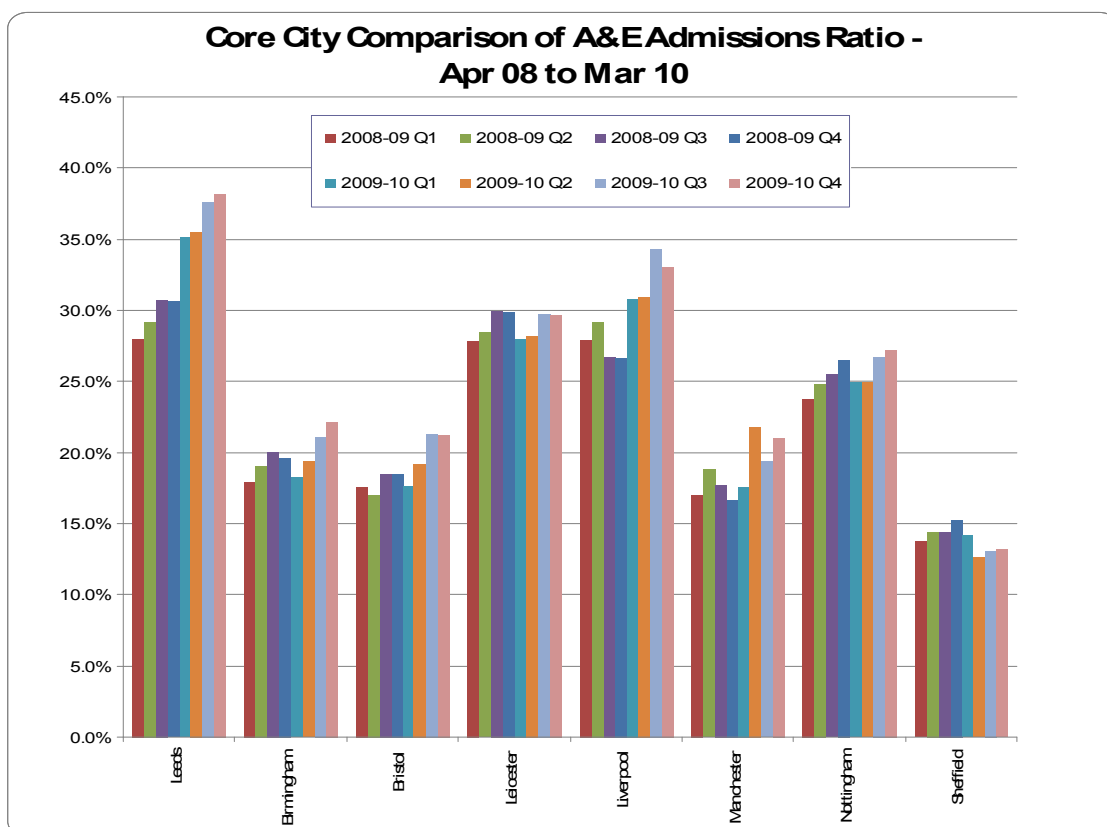
#### 1.0 Purpose Of This Report

- 1.1 The Scrutiny Board enquiry, as a result of its investigation into Residential Care, has requested a specific report on "Health Service - Direct discharge into residential care without a further period of recovery of assessment. Budget impact and proposals to restore good practice". Rather than incorporate this into the current enquiry a separate report has been commissioned on this particular issue and is provided here for the November Board meeting

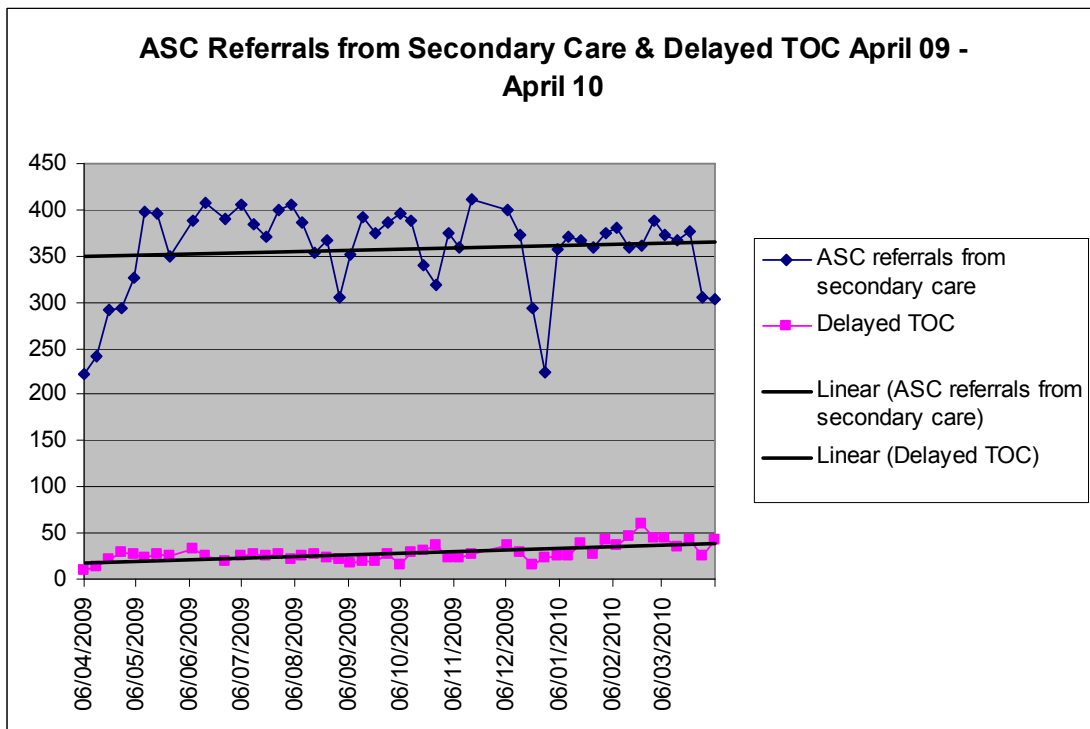
- 1.2 The purpose of this report is to give Adult Social Care Scrutiny Board information on the work currently being undertaken around hospital avoidance and discharge pathways.
- 1.3 The report discusses the role of the Intermediate Tier Programme Board in driving this agenda forwards and highlights some of the initiatives that are being actioned.

**2.0 Background Information**

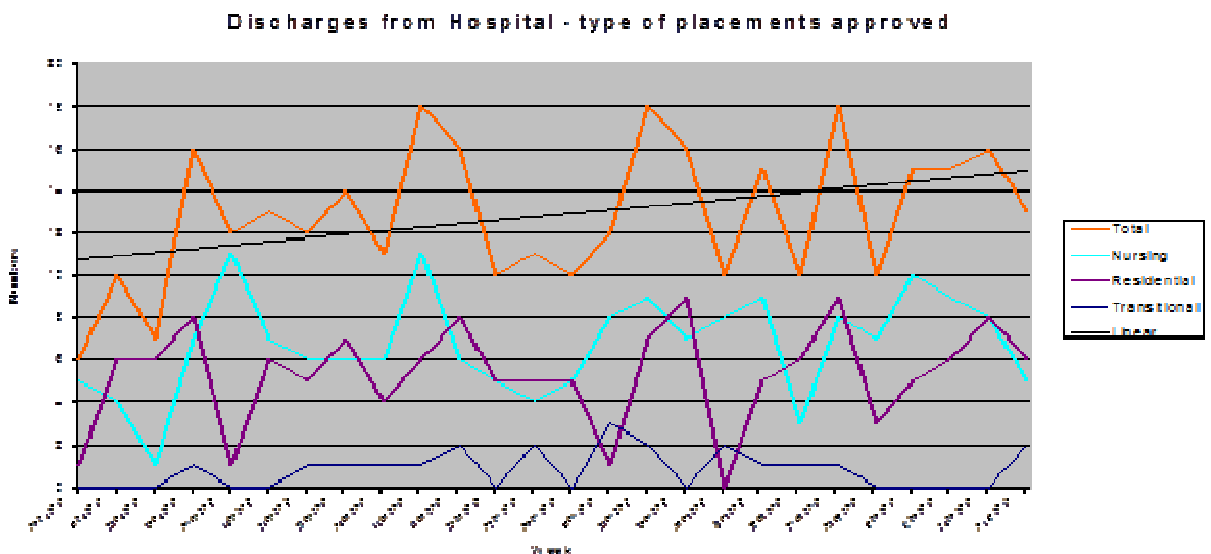
2.1 A trend in increasing hospital admissions has been identified in Leeds. This is impacting on both Health and Social Care Services. A core city comparison of A&E admissions ratios from April 08 – Mar 10 shows that Leeds Teaching Hospitals NHS Trust (LTHT) is an outlier.



2.2 Over the time period April 09 to April 10 Adult Social Care referrals from secondary health services show an increasing trend. The percentage of referrals from secondary care to ASC were 33.6% of all referrals to ASC in Q4 0809. This increased to 38.9% of all referrals to ASC in Q1 0910 and remains a consistently higher percentage to date.



2.3 The graph below shows the trend in residential placements direct from hospital. The placements are split between residential, nursing and transitional beds.



2.4 To successfully tackle the rise in admissions to hospital and the impact that has on both services and service users a multi-agency partnership approach is required. The NHS Leeds Community Services Commissioning Strategy 2009-2013 identifies the Intermediate Tier Pathway as a priority for transformation. It describes a vision where all adults are given an opportunity for recovery, reablement and rehabilitation before decisions are made to meet long term care needs, with services focused on earlier preventative interventions to support independence, health and wellbeing. For some people, this will mean being enabled to self care, and for others sustained support to manage their long term health and social care needs.

- 2.5 Intermediate care has an important function in meeting the health and social care needs of individuals to prevent unnecessary admission, expedite appropriate hospital discharge and avoid premature admission to care homes.
- 2.6 In March 2010 the Intermediate Tier Programme Board was established following a recommendation from the Joint Strategic Commissioning Board. The Intermediate Tier Board is jointly chaired by NHS Leeds and Adult Social Care and has representation from all partner organisations in the Leeds health and social care system. The Board's vision for the future is to enable people, regardless of age, with complex health and social care needs, including those with mental health needs, to be cared for closer to home avoiding the need for unplanned hospital attendances and admissions and reducing the need for long-term admission to residential or care homes.
- 2.7 There are a number of workstreams sitting under the Intermediate Tier Programme Board including a workstream on Tackling Delays which is led by the Unplanned Care Board. The Unplanned Care Board has put together an action plan to unpick and address discharge issues.

### **3.0 Main Issues**

- 3.1 As indicated in 2.2 and 2.3 the number of referrals from secondary health services into social care are increasing and at the same time there is an upwards trend in residential placements direct from hospital. Looking at the whole system there is also an increase in admissions to hospital and this trend is growing in the older age groups and particularly pronounced in the over 85s age group – a group which is relatively low in numbers but impacts significantly on ASC services.
- 3.2 For some of these individuals a placement direct from hospital to residential or nursing care may be entirely appropriate. It may reflect degeneration in physical fitness and episodes in hospital increasing in frequency and the individual may no longer be in a position to maintain their independence. For others a period of reablement followed by appropriate ongoing support, if needed, may prevent admission to long term residential care.
- 3.3 Both Health and Social Care are committed to transforming services to create a culture where people are supported to maintain their independence where possible. 2.4 describes the vision for transforming the intermediate tier pathway, this sits alongside the transformation work being undertaken by ASC in implementing Putting People First. In the long term the transformation of health and social care services will alter the way services are provided and people's expectations in terms of support. This is being progressed in parallel with short term actions to impact on budgetary pressures in the interim.
- 3.4 In putting together an action plan on tackling delays in discharge from hospital and ensuring that where possible people are supported to maintain their independence the Unplanned Care Board are targeting actions at key points in the pathway. This begins with initiatives to keep people out of hospital. There are a number of actions aimed at hospital avoidance – if people are not admitted into hospital in the first instance then they are not debilitated by hospitalisation. For those who have been admitted there are a number of actions being progressed to ensure that partner organisations work together to minimise duplication and to ensure that appropriate supports are available to people to get them back into the community. One of the key strands of this action plan is the rollout of reablement services within the hospital pathway. This is currently being piloted.

- 3.5 **Reablement.** The whole systems approach Leeds ASC has adopted to develop the Leeds Reablement Service has been specifically designed to remove service bottlenecks and blockages and hence minimise service delays following hospital discharges and other points of entry into service. Part of this work is to ensure that the right resources are in place throughout the reablement process. This is in terms of the development of the new homecare reablement service, which is being sized based on projected service demand for this and coming years; and also in terms of ensuring other existing teams involved in reablement (e.g. Hospital Social Work teams and Initial Response Teams) are adequately resourced to handle reablement case loads.
- 3.6 Reablement works to the existing hospital discharge protocol and timeframes, so service users are placed back in the community within 72 hours of hospital discharge. To ensure hospital discharges are not delayed, service users are assessed for reablement in hospital prior to discharge, to ascertain the reablement outcomes that will go into individual plans. The CSS SkILs (Skills for Independent Living) service is a new 7 day a week service being developed for all service users in the community, whether following hospital discharge or as community customers, so service users discharged from hospital on a weekend will receive service without interruption or delayed discharge. To ensure individual plans reflect service users' local environments, reablement plans are reviewed within one first week of hospital discharge when the service user is back in a community setting.
- 3.7 Sitting alongside Reablement services are the intermediate care services provided in the community by the NHS. ASC have been working with health colleagues to ensure that as Reablement services are developed the opportunity to link with intermediate care is considered. Both services aim to ensure the timely transfer of care from hospital to the most suitable community setting. Leeds' ASC officers have worked closely with NHS Leeds and NHS Community Services colleagues to map the interface into ASC for hospital discharges, to ensure a smooth transition from hospital into the community. The hospital discharge pathway into reablement has been mapped and agreed, and a draft set of entry requirements for both the Reablement Service and the Intermediate Care Team have been drawn up, clearly delineating referral types and exclusions from both services.
- 3.8 This partnership approach is also being applied with LTHT. Hospital OTs are being utilised in the reablement service to ensure that customers who enter the reablement service via hospital discharge receive a functional assessment prior to discharge. A functional assessment is where the assessor engages the customer in actual tasks for example, mobility, daily living skills, domestic, work or leisure activities, which the assessor observes and analyses to determine the limiting factors and opportunities for improved performance. Where there is a need for a functional assessment and a hospital OT is unavailable, a community OT from the Council's Disability Services Team will provide one. The functional assessment is a key part of the reablement process, allowing outcomes based assessments and full reablement plans to be completed, clearly highlighting both what reablement customers can, can't and would like to do following a period of reablement, then setting reablement outcomes accordingly.
- 3.9 The Intermediate Tier Programme Board has identified the need to explore the interface between Reablement Teams and Intermediate Care Teams (ICTs), and possible integration between them, as a priority workstream for the programme. The intention is that this could lead to wider integration between health and social care services at locality level. A Project Group has been established to take forward the following actions:

- Work on the respective pathways for reablement and intermediate care, ensuring clarity regarding getting people into the right service and how people could transfer between the two services
- Development of common assessment tools for use by OTs in Reablement Teams and therapists in ICTs
- Development of common outcome measures
- Establishing channels of communication between the two services to enable each to know whether the other is already involved with a particular client
- Establishing co-location and alignment of teams where possible, linked to the development of Neighbourhood Health Teams focused around GP practice populations
- In the medium term, to consider possible integration of support workers across health and social care

- 3.10 **Use of transition beds.** Adult Social Care is also reviewing its use of transition beds. Within LCC residential services where we have voids it is proposed these can be used to facilitate discharge from hospital by being used as transitional beds. This is a best value approach as it makes good use of empty beds but also avoids the need to pay for transition beds in private accommodation.
- 3.11 The challenge in using beds in this way is that service users are in a residential setting and may quickly lose their independence skills and become resistant to returning home when everyone around them is permanently resident. This is particularly so for relatives and family who naturally want to avoid risk and see residential care as safer option. ASC are currently exploring the viability of grouping voids together to create transitional units with a reablement culture where the culture is to enable rather than “do for” residents thus ensuring independent living skills are not quickly lost.
- 3.12 **Exploration of a joint night service with health.** In considering the services which would need to be in place to give a GP assurance that they do not need to admit to hospital, or to expedite discharge; the potential availability of night support has been raised. Adult Social Care, NHS Leeds and NHS Leeds Community Services are currently in discussion on the viability of a joint night support service. This would be targeted at hospital avoidance and assistance with hospital discharge by providing service users with access to support 24/7. The feasibility for this needs careful consideration to ensure there is a need for this type of service, that it could achieve its objectives and that it offers value for money.
- 3.13 **Changing expectations and behaviours.** An important piece of work is to change the culture within the system – in GPs surgeries and community healthcare and in hospitals. NHS Leeds are progressing work with GPs and Community Matrons firstly to raise awareness of alternatives to hospital admission and secondly to look at developing a single point of access to these services so busy health staff do not need to go through a list of community options to find the appropriate one for their patient
- 3.14 Work also needs to take place to change the culture in hospitals. There needs to be a move away from a culture where hospital staff assume a residential placement is most appropriate without consideration of reablement and other alternatives like Assistive technology options. If service users and their families are given to believe that they need a residential placement then it is much harder to give the individual or carer the confidence that the service user will, following a period of reablement, be in a position to continue living in the community.



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

- 4.1 Leeds City Council needs to continue working in close partnership with health taking a whole system approach to tackling trends on hospital admission and discharge direct to residential care. Where there are opportunities to work innovatively in partnership to address these issues we need to consider how we can make this happen.

## **5.0 Legal And Resource Implications**

- 5.1 A whole system approach to tackling this problem is vital as changes in one part of the health and social care system made in isolation can impact negatively elsewhere and prove costly to partners. The intermediate tier programme board has put in place measures to ensure that the true cost to the whole system is captured and understood.

## **6.0 Conclusions**

- 6.1 A trend in increased admissions to residential care direct from hospital has been identified and a number of initiatives are being put in place and actioned to reverse this trend. In the medium term health and social care are working together to undertake a whole system transformation to develop a culture and services which promote independence and support people to live in the community. In the short term the multi agency unplanned care board have in place an action plan to tackle pressures and take practical measures now.

## **7.0 Recommendations**

- 7.1 Scrutiny Inquiry are asked to note that there is a multi agency system wide approach to tackling the trend in increased admissions to hospital and its impact on services, including admissions to residential care. A number of short, medium and long term actions are in progress to tackle this and progress is being monitored and reviewed by the Intermediate Tier Review Board which is jointly chaired by ASC and NHS Leeds

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

NHS Leeds Community Services Commissioning Strategy 2009-2013

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Originator: S Newbould

Tel:2474792

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## Report of the Head of Scrutiny and Member Development

### Scrutiny Board Adult Social Care

Date: 10<sup>th</sup> November 2010

Subject: Formal Response from Director – Scrutiny Board Inquiry, Supporting Working Age Adults with Severe and Enduring Mental Health Problems.

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#### Electoral Wards Affected: All

Ward Members consulted  
(referred to in report)

#### Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

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## 1.0 Introduction

- 1.1 On the 19<sup>th</sup> July 2010 the Scrutiny Board (Adult Social Care) published their inquiry report on Supporting Working Age Adults with Severe and Enduring Mental Health Problems. The report set out a number of conclusions and recommendations. The report is attached as Appendix 1.
- 1.2 It is the normal practice to request a formal response to the Board's recommendations from the relevant Directorate(s) and appropriate Local Authority Partners, once a report has been issued.
- 1.3 Attached as Appendix 2 is the report to the Scrutiny Board (Adult Social Care) which defines the responses. All recommendations have been agreed. On the 13th October 2010 the recommendations and responses were submitted to the Council's Executive Board, who ratified the actions detailed.

## 2.0 Recommendation

- 2.1 Members are asked to consider the responses provided and to decide whether further scrutiny involvement is required.

## 3.0 Background Papers

Executive Board Minutes – Meeting 13th October 2010.

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# Scrutiny Inquiry Report

**Supporting Working Age Adults with Severe  
and Enduring Mental Health Problems**

**Scrutiny Board – Adult Social Care  
Published – 19<sup>th</sup> July 2010**

**Scrutiny Inquiry Final report  
Supporting Working Age Adults with  
Severe and Enduring Mental Health  
Problems  
19<sup>th</sup> July 2010**



# Introduction and Scope

## Introduction

1. At the 6<sup>th</sup> May 2009 Adult Social Care Scrutiny Board meeting members expressed their concern at the lack of support for those individuals detained under the Mental Health Act and then discharged into the community. At that time it was felt that this area would be a potential item for the successor Adult Social Care Board to consider.
2. The newly established Adult Social Care Scrutiny Board expressed interest in conducting an inquiry in relation to Mental Health Services for working aged adults at its meeting on the 17<sup>th</sup> June 2009.
3. We wanted to determine if adequate support was provided to those with severe and enduring mental health problems by Leeds City Council, the Health Service and the Voluntary Sector.

## Scope of the Inquiry

4. A scoping paper was presented to the Proposals Working Group for discussion on the 20<sup>th</sup> of July 2009.
5. Subsequently terms of reference for this inquiry were agreed at our Board meeting on the 9<sup>th</sup> September 2009. We agreed to focus on the following areas:
  - The current provision of care in Leeds and performance information.
  - The pathways into support services.
  - Choice and control for the individual or their representative.
  - The different types and scope of services provided by Voluntary Community and Faith Sectors, Private Sector and the Council and

how these compare in terms of quality and value for money.

Identification of levels of need and capacity, potential duplication or an element of the service that is missing in the City.

- Current and planned service changes (directed nationally or locally) and how this will impact on service provision.

6. We determined that it was important to conduct a joint inquiry with representation from the Health Scrutiny Board therefore participation from that Board was invited.
7. We considered the best approach for carrying out this inquiry and concluded that by establishing a working group we would have the capacity to undertake the inquiry in greater detail. The members of the working group were:

Cllr Judith Chapman – Chair

Cllr Sue Bentley (Health)

Joy Fisher – co-optee

Cllr Clive Fox

Cllr John Illingworth (Health)

Eddie Mack - co-optee (Health)

Sally Morgan – co-optee

Cllr James McKenna

Cllr Eileen Taylor

8. Throughout the inquiry the working group regularly reviewed the terms of reference and where necessary introduced other areas for consideration to facilitate the inquiry.
9. We feel it is important to recognise the roles and responsibilities which the Adult Social Services Department and our partners in the Health Service and Voluntary Sectors have for the delivery of mental health services, whilst working



# Introduction and Scope

towards the many requirements specified in a number of government agendas detailed at the end of this report.

10. Recognising the range of stakeholders involved and responsible for the delivery and success of mental health services, we received a range of evidence both in written and verbal form from the following:

- Officers from Adult Social Services
- Experts by Experience (Service Users)
- Leeds Partnerships NHS Foundation Trust (LPFT)
- NHS Leeds
- Voluntary organisations

11. The inquiry consisted of four working group sessions, the presentation of written information and feedback from individuals who are involved in the delivery of mental health services in Leeds. Further information relating to each of these sessions is detailed at the end of this report.

12. In order to promote our level of knowledge, the initial part of our inquiry consisted of gaining an understanding of mental health and the types of support provided by Leeds City Council and our Partners.

13. We are very grateful to everyone who gave their time to participate in this inquiry and for their commitment in helping us to understand, review and monitor this area.





# Conclusions and Recommendations

## Introduction

**What is mental health?** – Good mental health is more than the absence of management of mental health problems; it is the foundation for well-being and effective functioning both for individuals and their communities. Mental well-being is about our ability to cope with life's problems and make the most of life's opportunities; it is about feeling good and functioning well, as individuals and collectively. *New Horizons – Towards a shared vision for mental health, Department of Health 2009*

14. Our objective was to identify how well the Council and its Partners provide the necessary care to improve the health for those who suffer severe and enduring mental health problems, whilst understanding and identifying the types of support which benefit and promote social integration.
15. During the inquiry it became apparent that Mental Health Services are undergoing major change to ensure that support is based on the needs of the individuals rather than slotting individuals into available facilities. At the conclusion of the inquiry we felt that there is still scope for additional and more detailed investigation, including keeping a watching brief on the service as it develops, which is reflected within this report.
16. The economic cost of Mental illness is considerable. Mental illness represents the single largest cause of disability. In England in 2007 service costs, which include NHS, social and informal care, were £22.5 billion.<sup>1</sup> This figure is

<sup>1</sup> Confident Communities, Brighter Futures – A framework for developing well-being, Department of Health 2010

predicted to increase over the forthcoming years. By effective and integrated service commissioning and provision we believe the financial pressures could be reduced. We also consider that supporting employees to remain in the workplace, or back into the workplace after illness, will not only be beneficial to individuals but will be beneficial economically to the Council, its Partners and the local economy in general.

## Recovery and Support

17. We were advised that 'New Horizons' (published on the 7<sup>th</sup> December 2009) is the government vision for mental health and well-being for England from 2010 onwards. The aims are to promote success in terms of outcomes for the service and for individuals. The vision builds on work already done to focus on identifying mental health problems early, providing services and treatments in ways that meet people's individual needs, making services better and using resources effectively. The vision has been published in conjunction with two other government documents which focus on employment, therefore underlining the importance of employment to aid integration and recovery.
18. We identified that there is a clear focus on prevention and early intervention. While understanding the rationale for this we stated our concern as this is very difficult to control and monitor. Prevention and intervention has a remit wider than medical or Social Services involvement. We were advised that there is a very vibrant voluntary sector in Leeds that makes a significant contribution to overall service provision,



# Conclusions and Recommendations

particularly around prevention and intervention. There are also requirements for people to feel safe and secure, to have adequate housing and financial stability. Society is required to change its attitude to mental health in order to remove stigma and improve public awareness of the prevalence of mental health problems.

19. We were advised that social inclusion is an important aspect of recovery. People derive satisfaction in life from their relationships, work, home, religious or spiritual beliefs and leisure interests. Social inclusion is about breaking down barriers people may face in feeling connected to their personal networks and ensuring that mental health service users are able to benefit from the same opportunities as anyone else.
20. The Time to Change campaign team provided us with a presentation which highlighted the main aims of the campaign. Time to Change is a three year programme running across England which aims to end discrimination faced by people who experience mental health problems. We support this initiative and appreciate that a change in culture and attitude is something that will take time to evolve. Positive steps to end discrimination should be promoted at every opportunity and in every aspect of service provided or received by Leeds City Council.

## Employment

21. UK employers annually pay an estimated £9 billion in statutory sick pay and occupational sick pay, of which it is thought around £2-4 billion is likely to be paid because of mental ill-health. This

includes both diagnosed and self-declared illnesses.<sup>2</sup>

22. In addition, we are aware that there are hidden costs to employers, for example the lost productivity of people who are at work but not working to their full potential, often referred to as presenteeism, and the cost associated with replacing staff if people leave their job because of mental ill-health.
23. It has been stated that employment provides a number of benefits to individuals suffering mental illness.

Employment provides people with:<sup>3</sup>

- Meaning and purpose in life- a reason to get up in the morning,
- A means of structuring and occupying time,
- Status and identity in society,
- Social inclusion, linking us to our communities and enabling us to contribute to them,
- An income and the resources necessary to raise individuals and their families out of poverty,
- Social contacts, social networks and social support.

24. It was brought to our attention that the Government had made a commitment to improve employment rates for people with severe mental illness under Public Service Agreement 16 (PSA16). PSA16 focuses on four client groups who are particularly vulnerable to multiple forms of disadvantage and includes adults

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<sup>2</sup> Working our way to better mental health: a framework for action, Dept for Work and Pensions 2009

<sup>3</sup> Realising Ambitions: Better Employment support for people with a mental health condition, Dept for Work and Pensions 2009



# Conclusions and Recommendations

receiving secondary mental health services. Being in sustainable employment in one of the key factors in reducing the likelihood and impact of social exclusion for at risk adults, impacting positively on health and well-being, reducing offending behaviour, supporting stable housing and representing a route out of poverty.

25. We believe that supportive employment policies and practices could promote a win-win situation to support people in the workplace, decrease staff turnover and therefore reduce loss in terms of skills and revenue.

26. In April 2009 the Scrutiny Board (Central and Corporate Functions) published an inquiry into Attendance Management which made a number of recommendations. Recommendation six states that 'It is important that the Council is aware of its role and influence as an exemplar employer across the City and we would encourage the City Council to work with the Healthy Leeds Partnership to co-ordinate existing and develop new health and well-being initiatives across the city.'

27. We have determined that Leeds City Council and NHS Leeds should set the example as employers and seek to become one of a number of employers supporting the Mindful Employer Initiative. We are advised that Leeds Partnerships Foundation Trust have already signed up to the Initiative. The Initiative aims to increase awareness of mental health at work and provides support for businesses in recruiting new staff and retaining existing staff.

**Recommendation 1** – That Leeds City Council (specifically the Director of Resources) and NHS Leeds become fully signed up to the Mindful Employer Initiative by June 2011 and that all sickness, ill health and capability related policies and procedures are updated to

- a) aid those suffering with mental health related illnesses back into work
- b) support employees with mental health related symptoms whilst in the workplace.

28. Furthermore, we consider that investment should be made to provide a number of employees with the necessary skills to deliver Mental Health First Aid (MHFA) in the workplace, as appropriate to each organisation. This will enable employee mental health problems to be identified and the provision of support or signposting at the earliest possible time, in order to ensure that people seek the necessary help.

29. Mental Health First Aid is the help given to someone experiencing a mental health problem before professional help is obtained. MHFA does not teach people to be therapists. However, it does teach people how to recognise the symptoms of mental health problems, how to provide initial help and how to guide a person towards appropriate professional help.



# Conclusions and Recommendations

**Recommendation 2** – That Leeds City Council (specifically the Director of Resources) LPFT and NHS Leeds ensure that

- a) their organisation obtains the necessary training to provide Mental Health First Aid to the workforce by June 2011. Each organisation is required to advise the Scrutiny Board in December 2010 of their progress and/or plan to meet this objective
- b) incorporate the initiative into workforce development plans within each organisation (or equivalent plan)

## Care Pathways and Support

30. We were keen to explore how the appropriate levels of secondary care and support are determined and put into place once an individual has been admitted to hospital. We were advised that care planning commences when a person is admitted to hospital.
31. The process is overseen by a care-coordinator who supports the individual. Care co-ordinators maintain regular contact with service users whilst they are in hospital and help facilitate a return to the community. Potential difficulties in discharging services users, for example accommodation issues, are identified as soon as possible and plans put in place to ensure that service users are discharged as soon as clinically suitable.
32. We were advised that the biggest recent change that mental health services have undertaken is the review of discharge planning, focusing on the individual from

admission rather than at the end of their hospital stay to ensure that discharge and care planning is effective and organised.

33. As part of the suicide prevention strategy and in the wider context of mental health support we were informed that all service users discharged from hospital should receive a follow up meeting/discussion seven days later. 96% of users receive this. It was clarified that there are usually exceptional reasons why the 4% do not receive this follow up, e.g. one individual had returned to their country of origin.
34. We were informed that it is common for individuals to experience eviction from their residence when admitted to hospital with mental health problems, resulting in an unknown or unstable accommodation situation. Historically individuals were then approaching housing offices for emergency accommodation. In November 2008 the Accommodation Pathways (Hospital Discharge) Project<sup>4</sup> reviewed the system of accommodation referrals and the assessment processes for those receiving secondary mental health in patient services. The aim was to improve the discharge process and remove accommodation barriers which could delay discharge.
35. Currently Housing Options officers are conducting specific work with individuals admitted to the Newsam and Becklin Centres to review accommodation and undertake housing needs assessments. This is to identify accommodation, re-house or resolve issues arising at the

<sup>4</sup> The partnership project involved Leeds City Council, Volition, NHS Leeds and Leeds Partnerships NHS Foundation Trust.



# Conclusions and Recommendations

current abode. It is particularly pleasing to note that there has been significant reduction in discharge delays due to housing since July 2009 when this work began.

36. It was brought to our attention at the time of the inquiry that a joint working protocol had been produced but not yet implemented and timescales for implementation were unknown due to restructuring within the health service. We are pleased to note that the protocol was subsequently launched in June 2010.

**Recommendation 3** – That the Director of Environment and Neighbourhoods updates the Adult Social Care Scrutiny Board in December 2010, on the progress of protocol implementation and the impact of the Accommodation Pathways project.

37. Self Directed Support facilitates a number of benefits to individuals particularly those who wish to manage their own care and support. A personalised budget offers greater choice and control over the services they wish to receive. The Adult Social Care Scrutiny Board published an inquiry report on Self Directed Support and Personal Budgets in March 2010. During that inquiry it was identified that the take up of Self Directed Support by mental health service users has been low in Leeds.
38. We are therefore particularly pleased to note that a representative from the Assertive Outreach team will be joining the Self Directed Support Team to ascertain if their clients would benefit by having personal budgets. We believe this will offer service users an alternative

to the traditional types of care packages offered.

39. During the course of the inquiry we were joined by organisations who explained the beneficial aspects of the support provided. Some examples are outlined as follows:
40. The Vale is an example of a Council run service for those who have long term and enduring mental health problems. The centre's aims are to reduce hospital admissions, medication and the reliance on services and help people to gain experience of employment. Link workers are in place to find local opportunities that may be useful for service users such as leisure activities, educational courses and volunteering.
41. The centre runs a number of therapeutic groups to promote wellness, recovery and healthy living and works with various partners including the NHS, Voluntary Community and Faith Sectors (Community Links, Touchstone, Potterdale, MIND, Working Minds, Making Space, CAB) and the local community.
42. The Vale also facilitates a scheme called 'New Leaf Gardeners' which promotes recovery through voluntary unpaid employment as it encourages integration and social inclusion. It also enables individuals to gain a horticulture qualification. This scheme provides further evidence of the merits of recovery through employment. We appreciate the value of such a scheme as a good example of community integration and access to sustainable training and employment.



# Conclusions and Recommendations

43. Arts and Minds presented a short film to the working group which demonstrated the objectives of the network and how beneficial it is to those who participate. The aim of Arts and Minds is to increase public knowledge and understanding of mental health through the arts.
44. The Community Alternatives Team (CAT) provides opportunities for people to participate in a variety of activities within their local communities. This includes participation in sports, exercise and social groups. The approach is person centred, providing support in coping with real life situations. Service users are encouraged to set up their own groups or social networks if the social activity is not already supported by the CAT.
45. The service aims to help service users manage their lives and gain paid or voluntary employment.

## Needs Based Commissioning, Service Provision and Delivery

Poor mental health and well-being can be both a determinant and an outcome of poverty, disadvantage and social inequities. *Confident Communities, Brighter Futures – A framework for developing well-being. Department of Health 2010*

46. We were particularly interested to identify if services are commissioned based on the needs of the population and if there is a consistent approach to service delivery across the City. We were advised that in Leeds, Social Services staff work in cooperation with health colleagues in multi-disciplinary teams.
47. We were also advised that current working arrangements have evolved organically over time and are being applied differently in different areas of the City with varying degrees of success. We were reassured to hear that both Adult Social Services and Leeds Partnerships Foundation Trust have agreed to look again at how they work more effectively in partnership and have started to scope a project proposal to deliver this aspiration.
48. Currently the mental health and social care system does include some duplication of effort. Examples were; the Community Mental Health Teams, Emergency Duty Team, Crisis Resolution and the Home Treatment Service. We were advised that such services are being evaluated to identify if there is a more effective way of delivering support.
49. We were informed that some service reviews have been undertaken which have identified a number of gaps in service provision, such as the need for additional mental health crisis support in the City. We welcomed the news that action was already being taken to resolve this to deliver additional hours of service at evenings and weekends to ensure support twenty four hours a day, seven days a week across the City.
50. We believe there is further scope for an inquiry into the Crisis support function and consider that this should form the basis for further scrutiny during the 2010/11 municipal year. The terms of reference should consider the service



# Conclusions and Recommendations

provided compared to the needs across the City, access to the service and how the service is communicated to those who may need crisis support. (See paragraphs 70 and 71)

51. We were also advised that the service reviews had identified some services with lengthy waiting lists, comparatively small caseloads and low levels of throughput. It was clarified however that considerable work is being done with all services over past months to address these issues. This includes the development of action to implement recommendations, regular meetings between providers/commissioner and the creation of a number of steering groups to drive forward progress. It was also recognised that some service providers are victims of their own success due to high demand for their service.
52. The Home Support Service provides 1:1 community based support and group-work for people (16-64) with mental health issues. We were advised that this service covers most areas of the city with the exception of East and North East Leeds. It was explained to us that Community Links were commissioned to bridge this gap. We were further advised that a consistent Home Support model is not available throughout the City. We believe that a consistent high quality service should be available City wide based on assessed needs rather than geographical location of residency.

**Recommendation 4** – That the Director of Adult Social Services assesses the need for a consistent Home Support service for the whole City by December 2010 with a view to identifying inequities in service provision and applying appropriate measures to rectify the position.

53. We were advised that in general there is very little duplication in commissioned services with many of the jointly commissioned services having a city-wide catchment area. However we noted that a number of service providers are primarily concentrating on working with service users in the areas where the providers are based and not across the whole city.

**Recommendation 5** –

- a) That the Director of Adult Social Services and commissioners from NHS Leeds take the appropriate action to ensure contracted service providers are providing the necessary support to service users regardless of geographical location in the city.
- b) That the Director of Adult Social Services provides an update to the Adult Social Care Scrutiny Board of the action planned/taken by Adult Social Services and partners as part of the programmed commissioning update scheduled into the 2010/11 scrutiny work programme

54. We were disappointed to hear that capacity to undertake some joint commissioning has been frustrated due to difficulties with some long term NHS contracts. However representatives from NHS Leeds did reassure us that they are proactively focusing on utilising voluntary sector services based locally.
55. Volition is an alliance which brings together a diverse group of voluntary sector organisations, facilitating events and meetings for members and opportunities for voluntary sector networking. They promote cross sector working and partnerships and are an active member in the Mental Health



# Conclusions and Recommendations

Programme Board and Expert Advisory Group, influencing strategic work in mental health services.

56. Representatives from Volition provided us with an overview of third sector service provision in the City, providing reassurance that Leeds has a thriving third sector. We were advised that the third sector has the flexibility to work on large and small scale projects in a responsive way which may be a challenge to large organisations. We recognise that the voluntary sector has a definite impact in stopping the downward spiral of ill health.
57. Working in partnership with Leeds City Council and mental health services within the NHS the voluntary sector provides some statutory functions. Volition advised that the voluntary sector would like to collaborate further, stressing a willingness to work more closely on commissioning.
58. A number of concerns were raised which again included geographical inequalities of service provision across the city. We were also advised that short term funding from partners such as Leeds City Council and the Health Services can hinder the ability of the voluntary sector to plan long term initiatives. Whilst we appreciate that guaranteed longer term funding allocations would be more beneficial, we also understand that both Leeds City Council and the health services are under significant financial pressures which cannot always allow for long term financial commitments to other organisations.

## Effective multi-agency commissioning will:

- Be based on effective process and the content of the Joint Strategic Needs Assessment
- Integrate approaches across the whole population
- Include the needs of mentally ill offenders
- Procure efficiently, including the use of World Class Commissioning, tariffs and the standard contract
- Stimulate vigorous, competitive provider markets
- Be based on an understanding of value for money, with agreed and appropriate means of measuring outputs and outcomes
- Involve frontline staff, service users and carers.

New Horizons – Towards a shared vision for mental health, Department of Health 2009

59. Leeds City Council and NHS Leeds have a statutory duty to produce a Joint Strategic Needs Assessment (JSNA) that identifies the current unmet and future health, social care and wellbeing needs of the local population.
60. The legislation intends that the JSNA will inform the plans, targets, priorities and actions, however it also provides a comprehensive profile of Leeds across a number of areas which will identify :
- Demography
  - Socio-economic and environmental factors
  - Lifestyle (particularly 'healthy living') issues
  - Ill health
  - Health and Social care service provision





# Conclusions and Recommendations

61. Building on the Joint Strategic Needs Assessment we were advised that NHS Leeds has commissioned an independent Mental Health Needs Assessment (MHNA) in order to systematically review the mental health and emotional wellbeing or needs of the Leeds population. This will lead to recommendations that will inform future prevention initiatives, service development and commissioning intentions. The MHNA will also specifically investigate any causes of inequalities in mental health. We have already identified some service inequities across the City and therefore consider this a major step in addressing this problem.

62. We were advised that some of the key objectives of the MHNA are to:

- Estimate the incidence and prevalence of mental health conditions in Leeds.
- Provide an overview of the uptake of services in the Leeds population
- Assess whether there are any unmet mental health needs in the Leeds population.
- Identify any areas of mental health inequalities in Leeds including those that relate to gender, age, ethnicity, area of residence, physical disabilities.
- Provide intelligence and evidence to inform commissioning and prevention initiatives.

63. It was initially reported that the MHNA would be completed by March 2010 and presented to the Adult Social Care Scrutiny Board for consideration as part of this inquiry. Unfortunately this deadline was not met due to delays in completing the report. Based on the evidence presented, we feel there is a

strong case for the outcome of the assessment and the future commissioning plans to be investigated further to ensure service inconsistencies across the city are minimised.

64. We therefore recommend that the Adult Social Care Board schedule this into the work programme around December 2010. We have been advised that a joint mental health commissioning plan is in the process of being written, which once completed, will outline the intentions for commissioning for the following three years. It is anticipated that the report will be at an appropriate state for presentation to the Adult Social Care Scrutiny Board along with the MHNA at this time.

## Communication and Service User Involvement

65. A number of Experts by Experience kindly contributed to the inquiry, providing valuable knowledge and information to the investigation. We were particularly interested to hear their views about the support they have received. We also sought their views on crisis support asking specifically if they knew how to access the service.

66. Most experts expressed the value day centre facilities provide, stating that they are essential to provide structure and support and as a place where individuals can go and talk to other people. Friendship groups are also formed and carers can receive some respite.

67. In addition to the day centre provision we were advised that a large amount of work is also undertaken with community groups, as there is a need to provide not



# Conclusions and Recommendations

only buildings based support but a balanced service, with access to main stream activities that most citizens enjoy, allowing them to live their life in the way they want. A range of support is provided by The Vale and the Community Alternatives Team, by providing both building based service and outreach support in equal measure. The aspiration for any future service redesign will be to provide access to services seven days a week to provide the necessary support at the weekend.

68. The experts explained they had found announced changes to the service provision unsettling specifically the move from Roundhay Road to Lovell Park. They explained that for individuals with mental health problems change can be difficult to cope with and for some service users traumatic. They suggested that this can be alleviated in part with more early effective communication, keeping both staff and service users in 'the loop' and up to date on progress, or lack of it. One expert specifically stated that he felt cut out of the communication link, was not listened to and did not receive feedback. Conversely we were also advised of the different ways Service Users had been involved in this particular move and other service changes.

69. The importance of conducting any change 'with' service users rather than 'for' service users was stressed to us, thereby engendering an inclusive change process. In practice however, we acknowledge that some service users have felt excluded or ill informed about areas that affect them significantly. We believe that more could be done to empower service users to be involved in the change process,

incorporating or considering their suggestions and providing regular feedback in order to minimise the negative experiences that change can sometimes create.

## **Recommendation 6**

- a) That before December 2010 the Director of Adult Social Services evaluates the methods of communication currently utilised with a view to improving the process to create clear and defined lines of communication. The resulting improvement plan should identify how service users will be consulted and involved in the process and how change will be communicated to service users to minimise anxiety, disruption and misunderstanding.
- b) That NHS Leeds and LPFT adopt a process of communication and involvement consistent with the improved plan implemented by Adult Social Services.

70. The experts stipulated that in a crisis they would not know who to contact or how to obtain support. We were advised that crisis support is in place and certainly publicised at The Vale however it was acknowledged by service provider representatives that this service needs to be more widely publicised. It was also stipulated that work is currently underway to achieve this. Based on feedback from the experts we consider that current methods of communicating crisis support does require review and a more effective means of information provision and communication needs to be employed. The Experts usefully suggested that the information should be printed on a wallet size card that service users can carry at all times.



# Conclusions and Recommendations

71. As outlined in paragraph 50 of this report we feel that further investigation of the crisis support provision is required by the Adult Social Care Scrutiny Board, which should include further investigation of the work undertaken to raise awareness of this service.



## Monitoring arrangements

Standard arrangements for monitoring the outcome of the Board's recommendations will apply.

The decision-makers to whom the recommendations are addressed will be asked to submit a formal response to the recommendations, including an action plan and timetable, normally within two months.

Following this the Scrutiny Board will determine any further detailed monitoring, over and above the standard quarterly monitoring of all scrutiny recommendations.

## Reports and Publications Submitted

- Report of the Director of Adult Social Services, Overview of Mental Health Services – 15<sup>th</sup> October 2009
- Report of the Director of Adult Social Services, Care Pathways – 17<sup>th</sup> November 2009
- Report of the Director of Adult Social Services, Commissioning Mental Health Services – 17<sup>th</sup> November 2009 (Appendices - Identification of Levels of Need, Leeds Adult Social Care and NHS Leeds Commissioned Mental Health Services, Diagram of Leeds Specialist Mental Health Care Provision, Diagram of Leeds Integrated Common Mental Health Pathway)
- Report of the Director of Adult Social Services, The Recovery Model – 9<sup>th</sup> December 2009
- Report of the Director of Adult Social Services, New Horizons – 5<sup>th</sup> January 2010

## Presentations

- Community Alternatives Team
- The Vale Day Centre
- Time to Change
- Arts and Minds
- Knowledge Transfer Partnership

## Action Plans and Guidance Documents

- Leeds City Council Adult Social Care – Policies and Procedures (principles for practice) The Mental Health Act 1983
- Adult Mental Health Services Provided by Leeds Partnership Foundation Trust
- Department of Health – Making the CPA work for you.
- The Care Programme Approach
- Mental Health Performance Indicators and Data
- Volition Annual Review 2008
- Post Hospital Discharge - 7 Day Follow up Action Plan
- Mindful Employer Campaign



### **Action Plans and Guidance Documents Continued**

- New Horizons – Towards a shared vision for mental health, Consultation. Department of Health 2009
- Confident Communities, Brighter Futures, A framework for developing wellbeing. Department of Health 2010
- Realising Ambitions: Better Employment Support for people with a mental health condition. A review to Government by Rachel Perkins, Paul Farmer and Paul Litchfield. Department for Work and Pensions 2009
- Working our way to better mental health: A framework for action . Department for Work and Pensions 2009.

### **Witnesses Heard**

Experts by Experience

#### **Leeds Partnership NHS Foundation Trust**

Michele Moran - Director of Service Delivery & Chief Nurse

Victoria Betton – Time to Change

Lynn Parkinson

Christopher Essen – Knowledge Transfer Partnership

#### **Leeds City Council**

Kimberley Adams – Business Change Manager

Steve Callaghan – Adult Commissioning Officer

Sinead Cregan – Adult Commissioning Manger

Debbie Forward – Supporting People Manager

John Lennon – Chief Officer, Access and Inclusion

Kwai Mo – Manager Mental Health

Paul Mason – Provider Services, Access and Inclusion

Ruth Steinberg – Strategy and Performance

Julie Strickland – Community Alternatives Team

Kath Tebbutt – Service User Involvement Facilitator

Gil Threadgold – Community Alternatives Team

#### **NHS Leeds**

Linda Boyles - Arts and Minds

Carole Cochrane – Director of Development and Commissioning for Priority Groups

Catherine Ward

Jane Williams – Strategic Development Manager

Jane Wood- Strategic Development Manager

#### **Volition**

Gil Crawshaw

Pip Goff



## **Dates of Scrutiny**

### **Session 1 - October 2009**

- Integrated services – What does the Council provide with its partners and which defined services is the Council solely responsible for. What combination of initiatives, relationships and measures are in place to deliver services across sectors?
- Performance information.

### **Session 2 – November 2009**

- Commissioning and Care Provision:  
How do we prevent individuals discharged from hospital falling between services or getting lost in the system? What do we do to ensure care pathways are in place to facilitate care after discharge from hospital? How much choice and control is available to individuals or their representatives.
- The different types and scope of services provided by Voluntary Community and Faith Sectors, Private Sector, The NHS and the Council and how these compare in terms of quality and value for money. Identification of levels of need and capacity, potential duplication or an element of the service that is missing in the City.

### **Session 3 – December 2009**

- Recovery Model - How do we reduce the negative outcomes such as relapse, demoralisation, disengagement, homelessness, worklessness, violent behaviour, re – hospitalisation? How do we stop people from being vulnerable to social exclusion and stigma? How do we reduce risk for carers (who may be LCC employees) and families?

Time to Change and Arts and Minds

### **Session 4 – January 2010**

- Department of Health - New Horizons, Towards a shared vision for mental health.
- Current and planned service changes (directed nationally or locally) and how this will impact on service provision.

**Scrutiny Board (Adult Social Care)**  
**Supporting Working Age Adults with Severe and Enduring Mental Health Problems**  
**19<sup>th</sup> July 2010**

**Report author: Sandra Newbould**

**[www.scrutiny.unit@leeds.gov.uk](mailto:www.scrutiny.unit@leeds.gov.uk)**



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Originator:

Tel:

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## Report of the Director of Adult Social Services

## Appendix 2

### Scrutiny Board Adult Social Care

Date: 10<sup>th</sup> November 2010

**Subject: Response to the Recommendations in the Scrutiny Inquiry Report:  
Supporting Working Age Adults with Severe and Enduring Mental Health Problems**

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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

## EXECUTIVE SUMMARY

At its meeting on the 17<sup>th</sup> June 2009 the Adult Social Care Scrutiny Board expressed an interest in conducting an inquiry to determine whether adequate support was provided to those with severe and enduring mental health problems by Leeds City Council, the NHS and the Voluntary Sector. A working group met four times to consider the support available to working age adults with severe and enduring mental health problems. A final report on the inquiry was produced in July 2010 which put forward a number of recommendations.

The Director of Adult Social Services has accepted in full all the Scrutiny Board recommendations and provides a more detailed response to each in the report. The report details the response of the Director of Adult Social Services, in partnership with colleagues from other departments and from health.

Since the working group met there has been much progress in moving towards meeting the recommendations of scrutiny. This is detailed in the report but summarised below:

- NHS Leeds has signed up to the Mindful Employer Initiative and Leeds City Council has progressed towards sign up.
- Five 2 day sessions of mental health first aid training have been delivered to Adult Social Care staff between January and July 2010.
- The joint working protocol that was developed from the Accommodation Pathways project has been formally launched.
- Commissioners from Adult Social Care (ASC), Supporting People (SP) and NHS Leeds have met and agreed a joint approach to reviewing home support services and developing a new model for community support.
- A communications plan has been drafted and health and social care projects are building on previous learning and good practice to develop robust joint communication plans.

## 1.0 Purpose Of This Report

- 1.1 This report contains the response of the Director of Adult Social Services to the recommendations in the scrutiny inquiry report: Supporting Working Age Adults with Severe and Enduring Mental Health Problems. It also incorporates the response of colleagues within Resources and Environment and Neighbourhoods and from the NHS where recommendations impact upon their work.

## 2.0 Background Information

- 2.1 At its meeting on the 17<sup>th</sup> June 2009 the Adult Social Care Scrutiny Board expressed an interest in conducting an inquiry in relation to Mental Health Services for working aged adults. The inquiry sought to determine whether adequate support was provided to those with severe and enduring mental health problems by Leeds City Council, the NHS and the Voluntary Sector.
- 2.2 Terms of reference for this inquiry were agreed with a focus on the following areas:
- The current provision of care in Leeds and performance information.
  - The pathways into support services.
  - Choice and control for the individual or their representative.
  - The different types and scope of services provided by Voluntary, Community and Faith Sectors, Private Sector and the Council and how these compare in terms of quality and value for money. Identification of levels of need and capacity, potential duplication or an element of the service that is missing in the City.
  - Current and planned service changes (directed nationally or locally) and how this will impact on service provision.
- 2.3 A working group was established that met four times to consider the support available to working age adults with severe and enduring mental health problems. A final report on the inquiry was produced in July 2010 with the following recommendations:
- 2.4 **Recommendation 1** – That Leeds City Council (specifically the Director of Resources) and NHS Leeds become fully signed up to the Mindful Employer Initiative by June 2011 and that all sickness, ill health and capability related policies and procedures are updated to
- a) aid those suffering with mental health related illnesses back into work
  - b) support employees with mental health related symptoms whilst in the workplace.
- 2.5 **Recommendation 2** – That Leeds City Council (specifically the Director of Resources) LPFT and NHS Leeds ensure that
- a) their organisation obtains the necessary training to provide Mental Health First Aid to the workforce by June 2011. Each organisation is required to advise the Scrutiny Board in December 2010 of their progress and/or plan to meet this objective
  - b) incorporate the initiative into workforce development plans within each organisation (or equivalent plan)
- 2.6 **Recommendation 3** – That the Director of Environment and Neighbourhoods updates the Adult Social Care Scrutiny Board in December 2010, on the progress of protocol implementation and the impact of the Accommodation Pathways project.
- 2.7 **Recommendation 4** – That the Director of Adult Social Services assesses the need for a consistent Home Support service for the whole City by December 2010 with a view to identifying inequities in service provision and applying appropriate measures to rectify the position.

## 2.8 **Recommendation 5 –**

- a) That the Director of Adult Social Services and commissioners from NHS Leeds take the appropriate action to ensure contracted service providers are providing the necessary support to service users regardless of geographical location in the city.
- b) That the Director of Adult Social Services provides an update to the Adult Social Care Scrutiny Board of the action planned/taken by Adult Social Services and partners as part of the programmed commissioning update scheduled into the 2010/11 scrutiny work programme

## 2.9 **Recommendation 6**

- a) That before December 2010 the Director of Adult Social Services evaluates the methods of communication currently utilised with a view to improving the process to create clear and defined lines of communication. The resulting improvement plan should identify how service users will be consulted and involved in the process and how change will be communicated to service users to minimise anxiety, disruption and misunderstanding.
- b) That NHS Leeds and LPFT adopt a process of communication and involvement consistent with the improved plan implemented by Adult Social Services.

## 3.0 **Main Issues**

3.1 Recommendation 1 - That Leeds City Council (specifically the Director of Resources) and NHS Leeds become fully signed up to the Mindful Employer Initiative by June 2011 and that all sickness, ill health and capability related policies and procedures are updated to

- a) aid those suffering with mental health related illnesses back into work
- b) support employees with mental health related symptoms whilst in the workplace.

3.2 Mindful Employer is an initiative that aims to increase awareness of mental health at work and providing ongoing support to employers in the recruitment and retention of staff.

3.3 Employers can sign up to the Mindful Employer Charter as a way of demonstrating their commitment to improving the working lives of their staff. The principles of the charter as defined by Mindful Employer are listed below:

As an employer we recognise that:

- People who have mental health issues may have experienced discrimination in recruitment and selection procedures. This may discourage them from seeking employment.
- Whilst some people will acknowledge their experience of mental health issues in a frank and open way, others fear that stigma will jeopardise their chances of getting a job.
- Given appropriate support, the vast majority of people who have experienced mental ill health continue to work successfully as do many with ongoing issues.

As an employer we aim to:

- Show a positive and enabling attitude to employees and job applicants with mental health issues. This will include positive statements in local recruitment literature.
- Ensure that all staff involved in recruitment and selection are briefed on mental health issues and the Disability Discrimination Act, and given appropriate interview skills.
- Make it clear in any recruitment or occupational health check that people who have experienced mental health issues will not be discriminated against and that disclosure of a mental health problem will enable both employee and employer to assess and provide the right level of support or adjustment.

- Not make assumptions that a person with a mental health problem will be more vulnerable to workplace stress or take more time off than any other employee or job applicant.
- Provide non-judgemental and proactive support to individual staff that experience mental health issues.
- Ensure all line managers have information and training about managing mental health in the workplace.

3.4 Since the working group met NHS Leeds has signed up to the Mindful Employer Initiative. Leeds City Council (LCC) has also progressed towards sign up to the initiative. A report went to the Employee Wellbeing Board on 27<sup>th</sup> May and it was agreed, in principle, that it would be a positive move for Leeds City Council to sign up. This will go to CLT for final approval on the 28<sup>th</sup> September.

3.5 In addition to this we are progressing a number of other actions in line with the recommendation:

- LCC "Managing Stress in the Workplace" policy has been agreed at CNG on 23<sup>rd</sup> June
- LCC Employee Well-being Strategy is being developed
- Adult Social Care has begun a project intended to assess the risk of stress arising from work activities. The first pilot risk assessment is currently in progress. The project was approved by ASC DMT and a Chief Officer was nominated Stress Champion. It is likely that the project will run through 2010/11
- We have the Employee Assistance Programme in place (Care First), which supports employees in the work environment and offers help to them to manage difficulties arising from home or work. To complement existing support systems, policies and procedures, Care First confidential counselling, advice and information is available to employees and their immediate family members free of charge.
- LCC also employ a Health Improvement Specialist (based in ASC) who is leading on work in this area.

3.6 Recommendation 2 – That Leeds City Council (specifically the Director of Resources), LPFT and NHS Leeds ensure that:

- a) their organisation obtains the necessary training to provide Mental Health First Aid to the workforce by June 2011. Each organisation is required to advise the Scrutiny Board in December 2010 of their progress and/or plan to meet this objective
- b) incorporate the initiative into workforce development plans within each organisation (or equivalent plan)

3.7 Mental Health First Aid (MHFA) training is a 12-hour intensive course, usually delivered over 2 days at a cost of £1200 per course. The course provides an overview of common mental health problems, causes, symptoms and treatments, and teaches people how to:

- recognise distress
- recognise the difference between Therapy and First Aid
- be confident in administering help in a First Aid situation
- provide initial help and guide a person towards appropriate support

3.8 It is aimed at anyone who may come into contact with someone with a mental health problem either in their workplace or in life outside work. "Mental health problems affect not only the person experiencing them, but also others around them. Knock-on effects can include a fall in productivity, poor decision-making, an increase in mistakes made & sickness absence, high staff turnover and poor workplace relations. These effects can be prevented if appropriate recognition and support strategies are put in place. Knowledge of

MHFA within a working environment can help prevent problems from becoming more serious.”<sup>1</sup>

- 3.9 As reported at Scrutiny Board Leeds City Council has already commenced the delivery of Mental Health First Aid training with its workforce. Adult Social Care commission Community Links to deliver Mental Health First Aid Training and this training forms part of the core training in ASC. Five courses have been delivered between January and July 2010. 69 delegates attended the courses, 44 of whom were internal and 25 from external organisations. Courses are oversubscribed and very popular. Each session is a 2 day event.
- 3.10 LCC corporately are in the process of commissioning this training from Community Links and we are currently looking to secure the funding to roll this out during 2010/11. By April 2011 we anticipate we will have a raft of support and guidance for managers in managing mental health in the workplace – this will be in addition to the First Aid training, and will enable us to meet the criteria as set out in the Mindful Employer charter.
- 3.11 NHS Leeds commissioned MHFA training for 12 employees across the organisation in June/July 2009. This was a pilot scheme aimed at identifying whether this would be an appropriate approach for NHS Leeds to take when considering the mental health of the workforce via the organisations Healthy Working Steering Group which reports to the Executive Team.
- 3.12 In considering the strategy for workforce mental health alongside the financial climate's impact on the organisation; the decision was made to develop an overarching programme for workforce mental health, which now consists of a number of initiatives rather than just MHFA. The decision was made to use the learning from the MHFA pilot group to establish a workforce mental health employee network. This employee network meets as a group and now includes a number of Mindful Champions who are part of the network and who will signpost and provide information on the resources available on workforce mental health as an addition to their substantive roles. Mental Health First Aid training is still available to the workforce through Community Links; the take up is ad hoc and funded through individual management training budgets.
- 3.13 NHS Leeds signed up to the Mindful Employer Charter from 12th May 2010 and as a result an action plan for workforce mental health under the 6 aims of the charter has been developed. It is recommended that the workforce mental health action plan will sit as a programme under the NHS Leeds Health and Wellbeing Strategy which is still in the development stages.
- 3.14 Part of the NHS Leeds workforce mental health action plan is to consider management training in order to equip managers in supporting staff who may have mental health issues and to work towards establishing a mentally healthy workforce. A review has taken place of the in-house sickness absence line management training in order to revise the content for NHS Leeds, which will incorporate 'maintaining a healthy workforce'.
- 3.15 Recommendation 3 – That the Director of Environment and Neighbourhoods updates the Adult Social Care Scrutiny Board in December 2010, on the progress of protocol implementation and the impact of the Accommodation Pathways project.
- 3.16 The Accommodation Pathways Project was started because of several issues that had been identified:
- Increase in delayed discharge due to housing
  - Continued use of emergency accommodation on discharge from acute wards
  - Long waits for housing related support

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<sup>1</sup> Quote from MHFA website

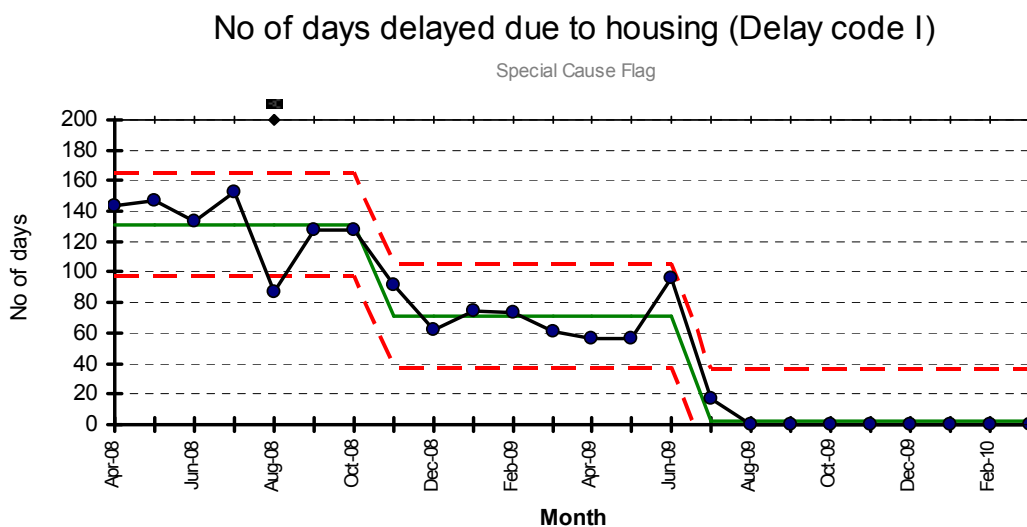
3.17 A whole system review of the accommodation assessment process in acute inpatient care pathways was undertaken in order to make recommendations for service improvement. As a result the pathway was redesigned with the focus on:

- the service user
- simplifying and streamlining the process
- homelessness prevention and facilitation of a planned move.

3.18 The new pathway was developed and tested in four phases by improving practice on the acute wards, improving access to housing options and housing related support services and by developing a joint working protocol. The impact of the project to date has been:

- Improved housing outcomes – planned moves
- An increased range of housing options available
- Improved take up of housing related support
- Improved links between the acute wards, housing services and housing support services
- A dramatic reduction in delayed discharges due to housing

3.19 The Joint Working Protocol was formally launched on the 29<sup>th</sup> June. As illustrated in the graph below there have been no delays as a result of housing issues since August 2009.



3.20 Recommendation 4 – That the Director of Adult Social Services assesses the need for a consistent Home Support service for the whole City by December 2010 with a view to identifying inequities in service provision and applying appropriate measures to rectify the position.

3.21 The Home Support Service is a service commissioned by Adult Social Care (ASC) and run by Community Links in the North of the City. There are other support services operating across the City which fulfil a similar remit. In addition to community support services which are commissioned by ASC and NHS Leeds there are also a number of housing related

support services commissioned through Supporting People which have an element of overlap.

- 3.22 To ensure there are no inequities in provision a review of services must ensure that there is not duplication at the same time as ensuring appropriate city wide coverage. Assessing the need for a consistent citywide Home Support Service must be considered alongside the breadth of community services commissioned as detailed in recommendation 5.
- 3.23 ASC, Supporting People and NHS Leeds met to review current configuration of community services on August 9. Part of the workshop session focused on home support, following a recent review by SP of their mental health housing related support services. It has been identified that there is potentially existing overlap in function of SP funded services, and existing home support services. A small working group made up of representatives from ASC, SP and NHS Leeds are tasked with summarising the totality of current provision in the city for report to the MH Joint Strategic Group in September.
- 3.24 Recommendation 5 –
- a) That the Director of Adult Social Services and commissioners from NHS Leeds take the appropriate action to ensure contracted service providers are providing the necessary support to service users regardless of geographical location in the city.
  - b) That the Director of Adult Social Services provides an update to the Adult Social Care Scrutiny Board of the action planned/taken by Adult Social Services and partners as part of the programmed commissioning update scheduled into the 2010/11 scrutiny work programme
- 3.25 Commissioners have undertaken a review of all jointly commissioned community mental health services and those commissioned entirely by Adult Social Care (this includes the Home Support Service). This review is providing information on the range of services offered and the areas covered, allowing commissioners to identify issues including gaps in provision, duplication of service and capacity problems. It has allowed commissioners to work with individual services to identify actions needed to improve provision. Services have drawn up action plans and most of these are in train. A similar exercise is now being undertaken in ASC provided day services.
- 3.26 The joint workshop between ASC, SP and NHS Leeds resulted in agreement that a new model of community support is to be developed that takes account of the emphasis on reduced dependency on specialist mental health services and increased use of universal services. This new direction of mental health services is reflected in New Horizons and Putting People First. This will more clearly articulate the outcomes service users can expect from the specific services on offer, and give more focus to the contribution that universal services can make.
- 3.27 The recommendations of the scrutiny report were also discussed and it was agreed that these will feed into this work. NHS Leeds and ASC have committed to producing a first draft MH Improvement Plan to begin involvement and consultation. This improvement plan will take due account of the requirement for citywide coverage alongside the changing pattern of how services will be delivered within ongoing financial constraints.
- 3.28 Recommendation 6 –
- a) That before December 2010 the Director of Adult Social Services evaluates the methods of communication currently utilised with a view to improving the process to create clear and defined lines of communication. The resulting improvement plan should identify how service users will be consulted and involved in the process and how change will be communicated to service users to minimise anxiety, disruption and misunderstanding.
  - b) That NHS Leeds and LPFT adopt a process of communication and involvement consistent with the improved plan implemented by Adult Social Services.

- 3.29 The Department has in place a Communications Plan drafted in May of this year. Within the plan areas of major change have been identified and communication strategies and action plans developed for these areas. These plans build on successful communication strategies that have recently been implemented within the department such as the communication plan for self directed support. They also include a full stakeholder analysis and associated communications needs and methods of communication. The Communications Plan also details how effectiveness of communication is monitored.
- 3.30 Increasingly we are working in partnership with health partners and we need to ensure that any changes we are jointly engaged in are communicated appropriately to all stakeholders. In these instances joint communication plans are put in place. Below is an extract from the Communication Plan developed for the intermediate tier review by the multi-agency Intermediate Care Programme Board which highlights some of the general principles of joint communication strategies:
- 3.31 “This strategy sets out the general communication and engagement principles and actions that should be followed and the key messages that should be used when undertaking work relating to the intermediate tier review. Communication and engagement should be:
- **Timely** – key stakeholders such as patients and staff will be involved or consulted on developments (as appropriate) in the right order. For example, staff should not learn of service changes through the media, on the “grapevine” through colleagues or via social media sites on the internet.
  - **Accessible and inclusive** – when undertaking communications and engagement work, consideration will be given to vulnerable audiences and those with particular information needs. This is to ensure that all groups of stakeholders can participate in any engagement work and can receive relevant communications as appropriate.
  - **Honest and open** – Where difficult decisions need to be made communications will be honest about the reasons for these choices and open about the potential future impact of such decisions.
  - **A two-way process** – The NHS Constitution gives patients the legal right to be involved in planning healthcare changes. The appropriate levels of engagement will be undertaken throughout any subsequent service redesign and feedback and suggestions will be used to inform the design process.”<sup>2</sup>
- 3.32 There are clear pathways of communication to the third sector through Volition – commissioned jointly by ASC and NHS Leeds. NHS Leeds met with Volition directors in June to share the proposed new strategic planning structure.
- 3.33 The new NHS Leeds mental health commissioning team has an identified lead within the Patient and Public Involvement Department who is responsible for ensuring that public and patient involvement in any proposed service change
- 3.34 Adult Social Care is currently working with LPFT to explore closer partnership working between the two organisations with the aim of improving service user experience and streamlining pathways. A workstream on engagement and communication is being established, which has service users within its membership. This workstream will be developing a communication strategy for the project which will build on positive communication methods in past projects and feedback from service users on preferred communication methods. We are keen to ensure that service users are at the heart of service changes and to involve service users from the start so that their views can help to shape future plans.

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<sup>2</sup> Extract from the Intermediate Tier review draft communication strategy  
Page 66



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

4.1 LCC “Managing Stress in the Workplace” policy has been agreed at CNG on 23<sup>rd</sup> June.

4.2 LCC Employee Well-being Strategy is being developed

#### **5.0 Legal And Resource Implications**

5.1 There is a resource implication to rolling out mental health first aid training across the council. We are currently seeking funding to enable us to roll out this initiative.

#### **6.0 Conclusions**

6.1 Mindful Employer. NHS Leeds has signed up to the Mindful Employer Initiative. Leeds City Council (LCC) has also progressed towards sign up to the initiative. A report went to the Employee Wellbeing Board on 27<sup>th</sup> May and it was agreed, in principle, that it would be a positive move for Leeds City Council to sign up. This went to CLT for final approval on the 28<sup>th</sup> September.

6.2 Adult Social Care commission Community Links to deliver Mental Health First Aid Training and this training forms part of the core training in ASC. Leeds City Council corporately are in the process of commissioning this training from Community Links and we are currently looking to secure the funding to roll this out during 2010/11. By April 2011 we anticipate we will have a raft of support and guidance for managers in managing mental health in the workplace – this will be in addition to the First Aid training, and will enable us to meet the criteria as set out in the Mindful Employer charter.

6.3 The joint working protocol which was produced as an output of the Accommodation Pathways project was formally launched on the 29<sup>th</sup> June 2010. There have been no delays in discharge as a result of housing issues since August 2009.

6.4 ASC, Supporting People and NHS Leeds met to review current configuration of community services on August 9. Part of the workshop session focused on home support. Following a recent review by SP of their mental health housing related support services. It has been identified that there is potentially existing overlap in function of SP funded services, and existing home support services. A small working group made up of representatives from ASC, SP and NHS Leeds are tasked with summarising the totality of current provision in the city for report to the MH Joint Strategic Group in September.

6.5 ASC, Supporting People and NHS Leeds have jointly agreed that a new model of community support is to be developed that takes account of the emphasis on reduced dependency on specialist mental health services and increased use of universal services. The recommendations of the scrutiny report, including the need for appropriate support regardless of geographical location, will feed into this work.

6.6 ASC has in place a communications plan drafted in May 2010. The plan builds on successful communication strategies that have recently been implemented within the department such as the communication plan for self directed support. They also include a full stakeholder analysis and associated communications needs and methods of communication. Effectiveness of communication will be monitored within the plan.

6.7 The department is also working with health partners through initiatives such as the Leeds Leads group established through Joint Strategic Commissioning Board to join up effective communication and engagement and build on good practice. Joint communications plans are being drafted for partnership projects.

## **7.0 Recommendations**

- 7.1 That the response of the Director of Adult Social Services to the recommendations in the scrutiny inquiry report: Supporting Working Age Adults with Severe and Enduring Mental Health Problems be noted.

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

Inquiry into Supporting Working Age Adults With Severe and Enduring Mental Health Problems, July 2010

Terms of Reference for Scrutiny Inquiry into Supporting Working Age Adults With Severe and Enduring Mental Health Problems

Mental Health First Aid Training website – [www.mhfa.org.uk](http://www.mhfa.org.uk)

ASC Communications Strategy 2010 - 2011



Originator: Sandra Newbould

Tel: 247 4792

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## Report of the Head of Scrutiny and Member Development

### Scrutiny Board (Adult Social Care)

Date: 10<sup>th</sup> November 2010

Subject: Scrutiny Inquiry: The Future Provision of Domiciliary Care and Reablement Services – Working Group Update Report

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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

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## 1.0 Introduction

- 1.1 At the June 2010 Adult Social Care Scrutiny Board meeting members expressed their desire to conduct an inquiry into the provision of Domiciliary Care and Reablement Services to the residents of Leeds. The development and review of both service areas is planned during 2010/11 and beyond as part of the overall modernisation of adult social care services. The Board considered it to conduct an inquiry at this juncture in order to influence decision making and assist with policy development which will ensure effective service delivery and value for money.
- 1.2 The Board established a working group to undertake aspects of the inquiry. The first meeting of the working group took place on the 28 of September 2010. Since that date two further meeting have taken place.

## 2.0 Scope of the Inquiry

- 2.1 The agreed terms of reference which fully define the scope of the inquiry is attached at Appendix 1.

## 3.0 Progress to date

- 3.1 Minutes of the meetings for 28 September and 7 October 2010 are attached as Appendix 2 which stipulates progress with the inquiry to date.

#### **4.0 Recommendations**

4.1 The Scrutiny Board is requested to :

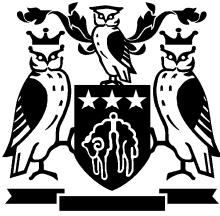
4.1.1 Consider the contents of this report, terms of reference and notes of the Working Group.

4.1.2 Comment on any specific aspects of the examinations undertaken by the Working Group and on the progress noted to date.

4.1.3 Determine if there are any specific / further areas that require additional scrutiny, including the nature and frequency of any future reports

#### **5.0 Background Papers**

5.1 None



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**Report of the Head of Scrutiny and Member Development**

**Adult Social Care Scrutiny Board**

**Date: 22<sup>nd</sup> September 2010**

**Subject: Terms of Reference - Inquiry into 'The Future Provision of Domiciliary Care and Reablement Services'**

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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**

**1.1** At the June 2010 Adult Social Care Scrutiny Board meeting members expressed their desire to conduct an inquiry into the provision of Domiciliary Care and Reablement Services to the residents of Leeds. The development and review of both service areas is planned during 2010/11 and beyond as part of the overall modernisation of adult social care services. It is appropriate for the Scrutiny Board (Adult Social Care) to conduct an inquiry at this juncture in order to influence decision making and assist with policy development which will ensure effective service delivery and value for money.

Members of the Adult Social Care Scrutiny Board are now asked to consider the proposed terms of reference.

**1.2** Guidance has been sought from the Deputy Director – Strategic Commissioning, the Chief Officer – Access and Inclusion and the Programme Manager involved in this area of service transformation, in order to recommend specific areas of focus for the inquiry.

**1.3** In line with Scrutiny Board Procedure Rule 13.3 the views of the relevant Director and Executive Member have been sought. Any views will be communicated to the Board by the Principal Scrutiny Advisor.

**2.0 SCOPE OF THE INQUIRY**

**2.1** It is recommended that the inquiry focuses on the current provision of Domiciliary Care and the requirement for modernisation to meet customer demand whilst providing a quality service to those who receive home care (sourced internally or externally) or those who may wish to purchase this service from the Council. It is also recommended that the inquiry considers the development of the Reablement Service, the benefits this service will bring and how this service is and will be delivered. The Board should pay particular attention to:

- Current Domiciliary and Reablement Service provision and aspirations for the future.
- Anticipated customer demand (both long and short term)
- Value for money
- Reablement and the Early Implementer Project
  - Methods of assessment, eligibility and charging criteria.
  - Equipment and Technology
  - Range of support to be provided
  - Mechanisms for monitoring the success of a Reablement Service.
- Current and future in-house service provision.
- Working with Partners and future commissioning.

### **3.0 TIMETABLE FOR THE INQUIRY AND SUBMISSION OF EVIDENCE**

#### **Session 1 – 28<sup>th</sup> September 2010**

##### **Background and Aspirations, Demand and Value for Money**

- The current situation in Leeds and the influences for change. Aspirational model(s) for Domiciliary Care, the evidence to support the direction of change and how will this deliver value for money. What are the anticipated benefits for the client and the Council?
- Comparative cost information for the provision of Domiciliary Care internally and externally and the reason for these differences. (In house service issues to be covered in greater details in session 4)
- Analysis for demand in the short and long term, and how this will be managed.
- Documented service user feedback for domiciliary services provided internally and externally.
- Homecare comparative service/benchmarking data with other large authorities.

#### **Session 2 – 7<sup>th</sup> October 2010**

##### **Reablement - Early Implementer**

- Project Scope, key dates, selection criteria for candidates to participate.
- Hours of service allocated to reablement overall – is this enough?
- Length of reablement service for individuals. How do we meet the requirement of a fast responsive service? What systems need putting into place?
- Resources applied – what structures are in place, what is the planned structure?
- Client time – Is extra time applied to each reablement case? Not treated as a homecare case.
- Promotion of service and training of customer service staff – how will this be done?

##### **Reablement - Assessment, Eligibility Criteria and Charging**

- What has historically been in place to assist people to help themselves?
- How and when is assessment undertaken?
- Who will qualify and how do we assess where reablement will have the greatest impact?
- Selection criteria for reablement - all clients or those new to Adult Social Care or those discharged from hospital?
- Charging structures – what will be put into place. How do we ensure clients are not paying for in house inefficiencies?
- What will be done to 'motivate' service users to participate in reablement?

#### **Session 3 – 21<sup>st</sup> October 2010**

##### **Reablement - Equipment and Technology, Range of Support and Monitoring Progress.**

- The range of assistive technology available to individuals.
- Waiting for equipment, technology and adaptations. Responsibilities and expectations for delivery, what may be the blockages that could prevent or delay reablement?
- Environment and Neighbourhoods Dept– Reablement support through adaptations and care ring – how will these services be delivered in the future? How does reablement fit into the Adaptations Strategy?
- What range of overall support will be provided to individuals?

- What monitoring systems are or will be in place?
- How are we measuring success?

### **Working with Partners and Future Commissioning**

- What is the plan for future commissioning – have we/will we consider external providers for the reablement service?
- Who are we working with? What Service Level Agreements/Framework agreements are/need to be put into place and what are the timescales?
- Health Service – partnership approach to reablement or referral of cases to Adult Social Care? How are OT's utilised in the process? How does the reablement service fit with intermediary care and hospital discharge?
- Hours of Reablement Service - to ensure hospital discharge is not delayed
- NHS support in terms of funding or resources. What is/can be provided and does this meet Council expectation?
- Provision of fast on-going care delivery. Is this achievable overall?

### **Session 4 – 10<sup>th</sup> November 2010**

#### **Current and Future In-house Provision (Following on from Session 1 in greater detail)**

- Cost of in house provision – comparison in terms of cost and quality to external provision.
- Details of current inefficiencies in the way the in- house services are being provided. How easily and realistically can these issues be rectified? What has been done so far and what have been the results/improvements.
  - Capacity to meet future demand and projected cost.
  - Historical and current productivity and resource issues, including attendance management.
  - Flexibility – Contract arrangements and rota patterns
- Culture and Staff retraining – how are we going to change ways of thinking/culture when providing services? Will staff involved in reablement have NVQ's or specialist training?

There is a range of available approaches to evidence gathering which the Board could seek to adopt as part of the scrutiny inquiry process. Approaches include:

- Submission of documentation and reports
- Discussion with key stakeholders
- Visits to selected establishments, as appropriate, to engage with service users and staff
- Visits to and/or discussions with other organisations identified as delivering best practice, as appropriate

#### **4.0 WITNESSES**

**4.1** The following witnesses have been identified as possible contributors to the Inquiry:

Executive Board Member (Adult Health and Social Care)  
 Director of Adult Social Services  
 Deputy Director of Adult Social Services – Strategic Commissioning  
 Head of Commissioning (Adult Social Care)  
 Chief Officer – Access and Inclusion  
 Social Services Human Resources and Training  
 Chief Officer for Health and Environmental Action Services (Adaptations)  
 Health Service Representatives  
 Head of Service – Support and Enablement  
 Adult Social Care Programme Manger(s)  
 Experts by Experience

Staff involved in providing reablement services  
Service Delivery Experts from Other authorities (where a reablement service is operational).

## **5.0 WORKING GROUP**

**5.1** The Board has agreed that a working group arrangement will be put into place following the September Board meeting to allow the inquiry to proceed more quickly than through full Board meetings. The working group will consider evidence and question key witnesses

## **6.0 POST INQUIRY REPORT MONITORING ARRANGEMENTS**

**6.1** Following the completion of the Scrutiny inquiry and the publication of the final inquiry report and recommendations, the implementation of the agreed recommendations will be monitored by the Adult Social Care Scrutiny Board (or its successor) or a specific working group as stipulated by the board.

**6.2** The final inquiry report will include information on the detailed arrangements for how the implementation of recommendations will be monitored.

## **7.0 MEASURES OF SUCCESS**

**7.1** It is important to consider how the Scrutiny Board will deem if their inquiry has been successful in making a difference to local people. Some measures of success may be obvious at the initial stages of an inquiry and can be included in these terms of reference. Other measures of success may become apparent as the inquiry progresses and discussions take place.

## **8.0 RECOMMENDATIONS**

The Adult Social Care Scrutiny Board is recommended to:

**8.1** Note the information contained within this report, make further recommendation to update the terms of reference where necessary and agree the terms of reference for the Future Provision of Domiciliary Care and Reablement Services inquiry.

**8.2** Note that the terms of reference may incorporate additional information during the inquiry should the working group or the Adult Social Care Scrutiny Board identify any further scope for inquiry within the area of Domiciliary Care and Reablement Services.

## **9.0 BACKGROUND PAPERS**

None



# Scrutiny Board (Adult Social Care)

## Scrutiny Board Inquiry: Domiciliary and Reablement Service Working Group

Working Group Meeting: 28<sup>th</sup> September 2010

Present     **Members**  
 Cllr Judith Chapman – Chair (JC)  
 Cllr Brian Cleasby (BC)  
 Cllr Sharon Hamilton (SH)  
 Joy Fisher (co-opted member) (JF)

**Officers**  
 Dennis Holmes – Deputy Director Strategic Commissioning (DH)  
 John Lennon – Chief Officer, Access and Inclusion (JL)  
 Emma Lewis – Programme Manager Service Transformation (EL)  
 Sandra Newbould – Principal Scrutiny Advisor (SN)

Apologies   Cllr Ted Hanley  
 Cllr Valerie Kendall

No.	Item	Action
1	<p><b>Attendance</b></p> <p>The attendance and apologies as above were noted.            The Chair welcomed everyone to the meeting.</p>	
2	<p><b>Matters Arising</b></p> <p>None</p>	
3	<p><b>Background and Aspirations, Demand and Value for Money</b></p> <p>DH provided a summary of the report provided to the working group and advised the group that the homecare service has been evolving since 2005. Developments in direct payments, personalisation and other external influences have impacted on the implementation of the model and the direction of change. Success has been achieved however in commissioning a number of private contractors.</p> <p>Other authorities have made significant homecare service changes and Leeds is behind by comparison in the balance between internal and external provided services. Other authorities have already reshaped their services. LCC however has the benefit of neighbourhood networks.</p> <p>Questions Arising and Views Expressed:</p> <ul style="list-style-type: none"> <li>• Statistics based on demographic change. What about other factors and influences which may impact due to changes in services?</li> <li>• Do we have a strategy for dealing with the potential increase in uptake?</li> </ul>	

- Cost differential between private and in house provider. Concern was expressed that those with personal budgets would not opt for the in house service due the price differential.
- Clarification of additional estimated budget pressure of £2m in 2013.
- 2009/10 Budget pressures due to using the Independent Sector providers instead of in house provision
- An explanation of the difference in service hours provided across the City. The South East seems to receive a significant amount.
- Clarification of feedback figures in para 3.7 54 service users out of a potential of 5648 is a low rate of return. No data provided regarding the compliments and complaints received from stakeholders.
- Job satisfaction and motivation of Council staff providing domiciliary care.

In response the group were advised that projection and forecast of the net rise of home care service users is based on population projections. Changes in the provision of traditional based services will have an impact however this should also enable of re-provision of budget to facilitate this impact.

A report is due to be presented to Executive Board which will outline a potential strategy for future service delivery.

Reducing the cost differential between the Council and independent sector would be very difficult due to a number of factors, such as staff terms and conditions and lack of flexibility in the in-house service.

The option of placing individuals with independent sector companies was put into place during 2009/10 even though there were considerable budget pressures. This was due to problems with absenteeism in house.

Service hours provided show a concentration in the super output areas. The maps provided do not show privately commissioned services. The independent sector provide a service in other parts of the city.

Feedback provided was in response to 200 people surveyed. The working group requested data about the number and types of complaints and compliments received about the in house provision.

The provision of future services will be based more on the needs of individuals. This will include the development of a Reablement service. It is hoped that staff involvement in this service will be a

	<p>motivator and create job satisfaction.</p> <p>Based on personal experience JF stated that the in house provision was of a higher standard than that of the independent sector. DH advised the group however that work has been undertaken in the independent sector to improve structures and service, and feedback received from service users reported very little difference between the in house provision and the independent sector in terms of quality.</p> <p>BC stipulated that the Local Authority should focus on providing specialist care as there is adequate private sector provision for general homecare.</p>	
4	<p><b>Next Steps</b></p> <p>Reablement - Early Implementer project, Assessment, Eligibility Criteria and Charging</p>	
5	<p><b>Further Action</b></p> <ul style="list-style-type: none"> <li>• Comparative data with other core cities – Figure 4</li> <li>• Sickness absence levels within the Independent Sector</li> <li>• Compliments and complaints data on the in-house provision. 2008/9 – current.</li> <li>• Service user survey – copy requested and details regarding how this information was provided. (requested after the conclusion of the meeting by BC.)</li> </ul>	DH/JL
6	<p><b>Next Meeting Date</b></p> <ul style="list-style-type: none"> <li>• 7<sup>th</sup> October 2010 - 13:30 until 15:30. Committee Room 3</li> </ul>	

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# Scrutiny Board (Adult Social Care)

## Scrutiny Board Inquiry: Working Group Meeting: 7<sup>th</sup> October 2010

Present     **Members**  
 Cllr Ted Hanley (TH)(Chair)  
 Cllr Judith Chapman(JC)  
 Cllr Sharon Hamilton (SH)  
 Joy Fisher (co-opted member) (JF)

Dennis Holmes – (DH) Assistant Director Commissioning  
 Andrew Lyons – (AL) Business Change Officer  
 Maria Midgely – (MM) Community Support Assistant  
 Sandra Newbould – (SN) Principal Scrutiny Advisor  
 Brian Roberts – (BR) Business Change Manager  
 Jo Simpson – (JS) Occupational Therapist  
 Liz Ward – (EW) Head of Service – Support and Enablement

Apologies   Cllr Valerie Kendall  
 Cllr Brian Cleasby

No.	Item	Action
1	<p><b>Attendance</b></p> <p>The attendance and apologies as above were noted.</p> <p>The Chair welcomed everyone to the meeting.</p>	
2	<p><b>Minutes of Meetings – 26<sup>th</sup> September 2010</b></p> <p>To follow</p>	
3	<p><b>Matters Arising</b></p> <p>None</p>	
4	<p><b>Reablement – Early Implementer, Assessment, Eligibility and Charging</b></p> <p>DH provided a summary of the provision of Reablement and explained the close relationship between the Reablement Service to be provided by the local authority and the Intermediary Care Service provided by the NHS. The process of Reablement will eventually become a core function within Adult Social Care.</p> <p>EW advised the working group that Reablement = rehabilitation. This involves taking into account what individuals were capable of doing in their everyday lives before impairment, if the task can be undertaken within acceptable levels of risk and the environment in which they live. As circumstances change then re-assessment is undertaken. People may also come in and out of the service depending on their situation.</p> <p>MM stated that she would recommend that all home care providers also consider a reablement service. She has personally enjoyed being involved.</p>	

Questions Arising:

- How much information and training has been provided to one-stop-centers and customer facing staff?
- Clarification of eligibility criteria.
- 26 out of 37 have completed their programmes. What is the status of the remaining 11 in the pilot?
- When someone is admitted to hospital at what point is their reablement requirements assessed?
- How long does it take to provide an assessment and then provide the service?
- How is reablement provided if an adaptation is not in place?
- How are individuals identified to undertake reablement work?
- What training will be provided to those providing the specialist reablement service?
- JF advised that there would be a need for peer support, adding that the service would need to be sustainable whilst accommodating diverse need. Flexibility is important. There also needs to be agencies who will continue to work with individuals once the reablement service has concluded.

A range of communications material will be produced to target potential service users. A dedicated communications officer is also in place. The service will not be fully advertised until such time as it is operational and anticipated demand can be met.

For service users to be eligible for reablement services they must meet the fair access to care criteria.

11 service users are still working towards completing their reablement programme.

The second Early Implementer site in East North East will be taking people discharged from hospital. The model will be extended to cover the South. The working group requested an update on progress at the 10<sup>th</sup> of November meeting.

Figures on assessment and service delivery timescales will be provided to the working group.

Homecare is provided until such time as an adaptation is in place when a reablement service can then be provided. OT's are noting that an adaptation is required to facilitate reablement.

A number of events have been held where CSS staff were invited to become involved in the reablement pilot. 89 staff expressed an interest that have also had a further meeting with an area manager.

	<p>An induction session has been provided to all staff involved. This includes OT's and care workers. A framework for training has been produced. The working group requested a copy of the training pack.</p> <p>The working group were advised that it is very important for support staff to be flexible when providing a reablement service. Traditional rota's does not always support this process.</p>	
5	<p><b>Next Steps</b></p> <ul style="list-style-type: none"> <li>• Working with Partners and Future Commissioning</li> <li>• Reablement - Equipment and Technology, Range of Support and Monitoring Progress.</li> </ul>	
6	<p>Cllr Ted Hanley expressed a wish to visit telecare centre</p> <p><b>Information required before the 10<sup>th</sup> November meeting:</b>  Reablement early implementer in ENE and South of the City.  Reablement assessment and delivery timescales.  Training framework.</p>	<p>EW</p> <p>BR BR BR</p>
7	<p><b>Future Meeting Dates</b></p> <ul style="list-style-type: none"> <li>• 21<sup>st</sup> October 2010 – 2pm – 4pm</li> <li>• 10<sup>th</sup> November – 2pm – 4pm</li> </ul>	

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Originator: Sandra Newbould

Tel: 247 4792

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## Report of the Head of Scrutiny and Member Development

### Scrutiny Board (Adult Social Care)

Date: 10<sup>th</sup> November 2010

Subject: Scrutiny Board (Adult Social Care) – Work Programme

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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

1.1 Attached at Appendix 1 is the current work programme for the Scrutiny Board (Adult Social Care) for the remainder of the current municipal year.

1.2 Also attached for Members consideration is an extract from the Forward Plan of Key Decisions for the period 1 November 2010 to 28 February 2011 as Appendix 2.

1.3 The Executive Board Minutes for the meeting held on the 13 October 2010 are presented at Appendix 3.

## 2.0 WORK PROGRAMME MATTERS

2.1 The current work programme (Appendix 1) provides an indicative schedule of items/issues to be considered at future meetings of the Board. The work programme should be considered as a live document that will evolve over time to reflect any changing and/or emerging issues that the Board wishes to consider.

2.2 The work programme also provides an outline of other activity being undertaken on behalf of the Board outside of the formal meetings cycle.

## 3.0 RECOMMENDATIONS

3.1 From the content of this report, its associated appendices and discussion at the meeting, Members are asked to:

3.1.1 Note the general progress reported at the meeting;

3.1.2 Receive and make any changes to the attached work programme; and,

3.1.3 Agree an updated work programme.

#### **4.0 BACKGROUND PAPERS**

None.

**Draft Scrutiny Board (Adult Social Care)  
Work Programme 2010/11**

Item	Description	Notes	Type of item
<b>Meeting date – 23<sup>rd</sup> June 2010</b>			
<b>Legislation and Constitutional Changes</b>	To receive and consider a report of the Head of Scrutiny and Member Development on proposed changes to the Council's Constitution in relation to Scrutiny.		B
<b>Co-opted Members</b>	To receive and consider a report of the Head of Scrutiny and Member Development on Co-opted Members.		B
<b>2010/11 Work Programme</b>	Input to the Boards Work Programme 2010/11 - Sources of Work and Establishing the Boards Priorities and Determining the Work Programme 2010/11.		B
<b>Inquiry into Personal Budgets and Self Directed Support – Response from Director and Executive Board</b>	To receive and update on the formal response to the inquiry by the Director(s) identified in the recommendations and the views of the Executive Board	This report submitted to Executive Board in May 2010	PM

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

**Draft Scrutiny Board (Adult Social Care)  
Work Programme 2010/11**

Item	Description	Notes	Type of item
<b>Meeting date – 19<sup>th</sup> July 2010</b>			
<b>Performance Management</b>	<ul style="list-style-type: none"> <li>• Quarter 4 information for 2009/10 (Jan-March)</li> <li>• Adaptations Performance Information</li> </ul>	All Scrutiny Boards receive performance information on a quarterly basis	PM
<b>Draft Mental Health Inquiry</b>	Supporting Working Age Adults with severe and Enduring Mental Health Problems - The draft report is brought before the board for consideration and where the content is agreed, its approval.		PM/D
<b>Commissioning in Adult Social Care</b>	To consider an update report on commissioning within Adult Social Services. Including the Independent Review of Leeds Neighbourhood Networks. (NNS report to be in circulation 13 <sup>th</sup> July 2010)	6-monthly report. – Previous March 10 Lead Officer – Dennis Holmes/ Tim O'Shea	PM
<b>LINK Annual Report</b>			
<b>Co-opted Members</b>	To receive and consider a further report of the Head of Scrutiny and Member Development on Co-opted Members.		

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

**Draft Scrutiny Board (Adult Social Care)  
Work Programme 2010/11**

Item	Description	Notes	Type of item
<b>Safeguarding Board – Annual Report</b>	The board is requested to consider the Annual report and make recommendation as necessary.	The report is scheduled to be presented at the xxx Executive Board.	PM
<b>Meeting date – 22<sup>nd</sup> September 2010</b>			
<b>Inquiry into Adaptations – Performance Updates and Recommendation Tracking</b>	To receive a performance update and consider progress made from recommendations made by ASC Board June 2009		PM MSR
<b>Performance Management</b>	<ul style="list-style-type: none"> <li>• Quarter 1 information for 2010/11 (April -June)</li> <li>• Recommendation 2+5+7 – SDS inquiry Report</li> <li>• Adaptations Performance Information</li> </ul>	All Scrutiny Boards receive performance information on a quarterly basis	PM
<b>Homecare Provision and Domiciliary Care Strategy</b>	<p>Performance Report on homecare provision across the city, including independent sector providers.</p> <p>Domiciliary Care Strategy due to be presented to Executive Board Nov 2010</p>	Last update November 2009	PM

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

**Draft Scrutiny Board (Adult Social Care)  
Work Programme 2010/11**

Item	Description	Notes	Type of item
<b>Inquiry into Transitional Arrangements and Independence Wellbeing and Choice Statement – Response from Director and Executive Board</b>	To receive and update on the formal response to the inquiry by the Director(s) identified in the recommendations and the views of the Executive Board	Scheduled for Exec Board July 2010	PM
<b>Inquiry into Transitional Arrangements Recommendation Tracking</b>	To receive a performance update and consider progress made from recommendations made by ASC Board 11 May 2010	Scheduled for Exec Board July 2010	PM MSR
<b>Leeds Vision</b>	To receive a formal consultation report. This will provide details of proposed Vision aims.	Lead Officer – Jane Stageman	DP
<b>Care Quality Commission – self assessment report</b>	To receive an update on the self assessment report due to be submitted to the Care Quality Commission which will determine the annual rating for the service.	Lead Officer – Sandie Keene	PM
<b>2010/11 Inquires Terms of Reference</b>	To receive and agree drafted terms of reference for the 2010/11 Scrutiny Board Inquires	Provisionally: Domicilliary Care and Reablement Residential Care for Older People	

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

**Draft Scrutiny Board (Adult Social Care)  
Work Programme 2010/11**

Item	Description	Notes	Type of item
<b>Meeting date – 6<sup>th</sup> October 2010</b>			
<b>Inquiry - Residential Care for Older People (part 1)</b>	Single Item Agenda	Site Visits to be conducted by Board prior to this meeting.	DP
<b>Meeting date – 10<sup>th</sup> November 2010</b>			
<b>Inquiry – Residential Care For Older People (part 2)</b>		Continuation of inquiry from October	DP

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

**Draft Scrutiny Board (Adult Social Care)  
Work Programme 2010/11**

Item	Description	Notes	Type of item
<b>Inquiry into Supporting Working Age Adults With Severe and Enduring Mental Health Problems – Response from Director and Executive Board</b>	To receive and update on the formal response to the inquiry by the Director(s) identified in the recommendations and the views of the Executive Board	Exec Board October 2010	MSR
<b>Update – Domiciliary Care and Reablement Inquiry</b>	To receive an update from the 28 of September and 7 of October working group meetings.		DP
<b>Meeting date – 15<sup>th</sup> December 2010</b>			
<b>Adult Social Services- Annual Review Report (2009/10)</b>	To consider the outcome of the annual rating review undertaken by the Care Quality Commission for 2009/10	Scheduled to be presented to Executive Board December 2010.  This item may be moved to January 2011, to include additional information regarding the revised CQC assessment procedures.	PM
<b>Inquiry – Residential Care For Older People (part 3)</b>	Post Executive Board. To discuss outcomes and make further recommendations as necessary.	Continuation of inquiry from October and November	DP

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in



**Draft Scrutiny Board (Adult Social Care)  
Work Programme 2010/11**

Item	Description	Notes	Type of item
<b>Performance Management</b>	<ul style="list-style-type: none"> <li>Quarter 2 information for 2010/11 (July - Sept)</li> </ul>	All Scrutiny Boards receive performance information on a quarterly basis	PM
<b>Update – Domiciliary Care and Reablement Inquiry</b>	To receive an update from the 21 October and 10 November October working group meetings.		DP
<b>Adaptations Strategy and Quarterly Performance Information</b>	<ul style="list-style-type: none"> <li>Adaptations Strategy in accordance with Recommendation 7 of the inquiry report.</li> <li>Quarter 2 Adaptations Performance Information</li> </ul>	Lead Officers Strategy - John Lennon Performance – Helen Freeman	DP/PM
<b>Meeting date – 12<sup>th</sup> January 2011</b>			
<b>Council Planning Framework</b>	Report to be submitted to Scrutiny Board to consider the draft business plan and priority plans for the City .	Lead Officer – Heather Pincers	DP

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

**Draft Scrutiny Board (Adult Social Care)  
Work Programme 2010/11**

Item	Description	Notes	Type of item
<b>Commissioning in Adult Social Care</b>	To consider an update report on commissioning within Adult Social Services.	6-monthly report. – Previous July 2010. Lead Officer – Dennis Holmes/ Tim O’Shea	PM
<b>Recommendation tracking for Mental Health Inquiry.</b>	To receive a performance update and consider progress made from recommendations made by ASC Board July 2010. Report to include update on MHNA and three year commissioning plan.		MSR
<b>Inquiry into Personal Budgets and Self Directed Support Recommendation Tracking</b>	To receive a performance update and consider progress made from recommendations made by ASC Board March 2010		PM MSR
<b>Meeting date – 16<sup>th</sup> February 2011</b>			
<b>Safeguarding Update</b>	To consider an update report since the implementation of performance measures to improve Adult Safeguarding.	Six monthly update since the presentation of the Annual Report .  Lead Officer – Dennis Holmes or Independent Chair	
<b>Statement IWC Action Plan Recommendation Tracking</b>	To receive a performance update and consider progress made from recommendations made by ASC Board 11 May 2010	At Exec Board July 2010	PM MSR

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

**Draft Scrutiny Board (Adult Social Care)  
Work Programme 2010/11**

Item	Description	Notes	Type of item
<b>Meeting date – 16<sup>th</sup> March 2011</b>			
<b>Homecare Provision</b>	Performance Report on homecare provision across the city, including independent sector providers.	6 monthly update - Last update September 2010 – This may not be essential if Domiciliary Care and Reablement Service inquiry/updates ongoing or recently concluded.	PM
<b>Performance Management</b>	<ul style="list-style-type: none"> <li>• Quarter 3 information for 2010/11 (Oct - Dec)</li> <li>• Adaptations Performance Information</li> </ul>	All Scrutiny Boards receive performance information on a quarterly basis	PM
<b>Inquiry into Personal Budgets and Self Directed Support Recommendation Tracking</b>	To receive a performance update and consider progress made from recommendations made by ASC Board March 2010		PM MSR

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

**Draft Scrutiny Board (Adult Social Care)  
Work Programme 2010/11**

Item	Description	Notes	Type of item
<b>Meeting date – 13<sup>th</sup> April 2011</b>			
<b>Inquiry Reports and Statements</b>	Board to agree inquiry reports and statements.		
<b>Annual Report</b>	To agree the Board's contribution to the annual scrutiny report		
<b>Inquiry into Transitional Arrangements Recommendation Tracking</b>	To receive a performance update and consider progress made from recommendations made by ASC Board 11 May 2010		PM MSR

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

**Draft Scrutiny Board (Adult Social Care)  
Work Programme 2010/11**

<b>Working Groups</b>			
<b>Working group</b>	<b>Membership</b>	<b>Progress update</b>	<b>Dates</b>
<i>Proposals working group</i>	<i>Vacancies</i>		<i>Suggested Dates</i>
<i>Domiciliary Care and Reablement</i>	<i>Cllr Ted Hanley Cllr Valerie Kendall Cllr Judith Chapman Cllr Sharon Hamilton Cllr Brian Cleasby Joy Fisher</i>	<i>Terms of Reference to be agreed 22<sup>nd</sup> September 2010.</i>	<i>Provisional Dates 28<sup>th</sup> September 2010 (2 – 4pm) 7<sup>th</sup> October 2010 (1:30 – 3:30) 21<sup>st</sup> October 2010 (2pm – 4pm) 10<sup>th</sup> November 2010 (2pm – 4pm)</i>
<i>Visit to Residential Care Homes for Older People</i>	<i>Cllr Ted Hanley Cllr Karen Renshaw Cllr Shirley Varley Joy Fisher Cllr Sharon Hamilton</i>		<i>1<sup>st</sup> October 2010</i>

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

**Draft Scrutiny Board (Adult Social Care)  
Work Programme 2010/11**

<b>Unscheduled / Potential Items</b>		
<b>Item</b>	<b>Description</b>	<b>Notes</b>
<b>Day Centre Review</b>	Further to the special meeting in August 2009. The board may wish to consider the impact of the changes implemented and if further investigation needs to be made into this area.	Lead Officer -
<b>Mental Health Crisis Support</b>	It was stipulated in the Supporting Working Age Adults with Severe and Enduring Mental Health Problems inquiry report agreed on the 19 <sup>th</sup> of July 2010 that the area of crisis should be investigated in more detail.	Lead Officer -

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

**LEEDS CITY COUNCIL**

**FORWARD PLAN OF KEY DECISIONS**

**Extract relating to Scrutiny Board (Adult Social Care)**

For the period 1 November 2010 to 28 February 2011

<b>Key Decisions</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>Documents to be Considered by Decision Maker</b>	<b>Lead Officer</b> (To whom representations should be made and email address to send representations to)
Terry Yorath House Approval to award contract following tender exercise	Director of Adult Social Services	1/11/10	Consultation with residents and carers is ongoing through the tender exercise	Bid evaluation paper will be available to DMT	Director of Adult Social Services sinead.cregan@leeds.gov.uk
Deaf and Hard of Hearing Service Award of contract following a tender exercise	Director of Adult Social Services	1/11/10	Consultation is ongoing throughout the tender process	Bid evaluation paper will be available to DMT	Director of Adult Social Services sinead.cregan@leeds.gov.uk
Blind and Partially Sighted Service Award of contract for Blind and Partially Sighted Contract following a tender exercise	Director of Adult Social Services	1/11/10	Consultation is ongoing throughout the tender process	Bid evaluation paper will be available to DMT	Director of Adult Social Services sinead.cregan@leeds.gov.uk

<b>Key Decisions</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>Documents to be Considered by Decision Maker</b>	<b>Lead Officer</b> (To whom representations should be made and email address to send representations to)
Transforming Day Opportunities for adults with learning disabilities Approval to accelerate the programme to transform the delivery of day services to adults with a learning disability	Executive Board (Portfolio: Adult Health and Social Care)	3/11/10	Service users, carers and staff would be consulted with to determine the future shape of the day services in these areas. A communication and engagement plan has been developed alongside the report to detail the process of engagement. If the proposals are approved, formal consultation will commence.	The report to be issued to the decision maker with the agenda for the meeting	Director of Adult Social Services michele.tynan@leeds.gov.uk



<b>Key Decisions</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>Documents to be Considered by Decision Maker</b>	<b>Lead Officer</b> (To whom representations should be made and email address to send representations to)
<p>Domiciliary Care Reablement Strategy to approve the implementation of a local authority reablement service</p> <p>To approve proposed changes including the development of a reablement service</p>	<p>Executive Board (Portfolio: Adult Health and Social Care)</p>	<p>3/11/10</p>	<p>Area Committees and Ward Councillors</p>	<p>The report is to be issued to the decision maker with the agenda for the meeting</p>	<p>Director of Adult Social Services dennis.holmes@leeds.gov.uk</p>
<p>Learning Disability Framework Procurement</p> <p>The award of the Framework Agreement to provide supported living services for people with learning disabilities</p>	<p>Director of Adult Social Services</p>	<p>25/11/10</p>	<p>Adult Commissioning Board</p>	<p>The report requesting the award of the Framework Agreement to provide supported living services for people with learning disabilities from December 2010 for a period of 2 years until December 2012 with an option to extend for a further 1x12 month and 1x12 month periods</p>	<p>Director of Adult Social Services susan.gamblen@leeds.gov.uk</p>

<b>Key Decisions</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>Documents to be Considered by Decision Maker</b>	<b>Lead Officer</b> (To whom representations should be made and email address to send representations to)
Residential Care Strategy for Older People in Leeds Approval to consult on options for future provision of long term residential care services	Executive Board (Portfolio: Adult Health and Social Care)	8/12/10	All stakeholders	The report to be issued to the decision maker with the agenda for the meeting	Director of Adult Social Services dennis.holmes@leeds.gov.uk
Adaptation Strategy Endorsing results of detailed bid solution phase. To agree the Adaptation Strategy for implementation	Executive Board (Portfolio: Neighbourhoods and Housing)	5/1/11	Previously undertaken	The report to be issued to the decision maker with the agenda for the meeting	Chief Officer Environmental Services helen.freeman@leeds.gov.uk
Services for people with Dementia and Carers To approve the recommendations to award contracts for services for people with dementia (including younger people) and carers in Leeds. Approximately 112.000 of the total yearly contract value will be contributed by NHS Leeds through a section 256 agreement	Director of Adult Social Services	21/1/11	Adult Commissioning Board	DDP report to director and Award Report	Director of Adult Social Services susan.gamblen@leeds.gov.uk

<b>Key Decisions</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>Documents to be Considered by Decision Maker</b>	<b>Lead Officer</b> (To whom representations should be made and email address to send representations to)
<p>Mental Health Partnership between Adult Social Care and Leeds Partnerships NHS Foundation Trust</p> <p>To approve recommendations for a new model of health and social care partnership in delivering mental health services</p>	<p>Executive Board (Portfolio: Adult Health and Social Care)</p>	<p>11/2/11</p>	<p>Service users, carers and staff are being involved in the process of developing the proposed model of service via consultation events, questionnaires and involvement in workstreams. If proposals are approved formal consultation will take place with staff and unions around the proposed changes – this will be led by the HR workstream. Communication and Engagement workstream will produce a communication plan detailing consultation with all stakeholders prior to and during implementation</p>	<p>The report to be issued to the decision maker with the agenda for the meeting</p>	<p>Director of Adult Social Services kim.adams@leeds.gov.uk</p>



## EXECUTIVE BOARD

WEDNESDAY, 13TH OCTOBER, 2010

**PRESENT:** Councillor K Wakefield in the Chair

Councillors A Blackburn, J Blake, S Golton,  
P Gruen, R Lewis, T Murray, A Ogilvie,  
J Procter and L Yeadon

Councillor J Dowson – Non-voting Advisory Member

**81 Substitute Member**

Under the terms of Executive Procedure Rule 2.3, Councillor J Procter was invited to attend the meeting on behalf of Councillor A Carter.

**82 Introduction of the new Director of Children's Services**

On behalf of the Board, the Chair introduced Nigel Richardson, as this marked the first meeting of Executive Board since he began his tenure as Director of Children's Services.

**83 Declaration of Interests**

Councillors Murray, R Lewis, Ogilvie, Blake, Golton and A Blackburn all declared personal interests in the item relating to the Environment and Neighbourhoods Lettings Policy (Minute No. 91 refers), due to their respective positions as either a Board Director or an Area Panel member of an Arms Length Management Organisation (ALMO) or Belle Isle Tenant Management Organisation (BITMO).

Councillor Murray declared a personal interest in the item relating to the Compact for Leeds (Minute No. 90 refers), due to his position as Chief Executive of the Learning Partnerships organisation.

A further declaration of interest was made at a later point in the meeting. (Minute No. 92 refers).

### **LEISURE**

**84 South Leeds Sports Centre**

Further to Minute No. 10, 22<sup>nd</sup> June 2010, the Acting Director of City Development submitted a report regarding the proposed closure of the South Leeds Sports Centre and which outlined a proposal for officers to submit a report to a future meeting following further work being undertaken, in order to consider the proposal from Tiger11 regarding a possible community asset transfer of the facility.

In response to Members' enquiries regarding comparisons provided between South Leeds Sports Centre and other centres in terms of usage levels and cost per visit, the Acting Director of City Development provided clarification

Draft minutes to be approved at the meeting  
to be held on Wednesday, 3rd November, 2010

and suggested that, when determining this matter, Members should take into account that the centre attracted 215 visits per week at a cost of circa £10 per visit.

With regard to the future of the sports centre, the following options were outlined within the submitted report:-

Option 1 - The Sports Centre remain open pending further work on Tiger11's proposals for a community asset transfer.

Option 2 – Immediate closure of the Sports Centre and acceptance of Tiger11's proposal for community asset transfer.

Option 3 - Immediate closure of the Sports Centre and rejection of Tiger11's proposal. This option would lead to a recommendation to demolish the facility with further consideration of the site's use as a capital receipt, or as part of any regeneration programmes in the area.

Option 4 – Immediate closure of the Sports Centre, whilst proactive work with Tiger11 continued on their proposals for consideration by Executive Board later this year.

#### **RESOLVED –**

- (a) That the Acting Director of City Development be authorised to commence the closure of South Leeds Sports Centre in consultation with the Executive Member for Leisure and to make arrangements for Corporate Property Management to secure the building.
- (b) That officers be requested to undertake further work with Tiger11 in order to enable proposed Heads of Terms for a Community Asset Transfer to be developed which are consistent with the principles established in August 2009, for further consideration by Executive Board in December 2010.
- (c) That the Acting Director of City Development be authorised to enter into a 6 month exclusivity agreement with Tiger11 for South Leeds Sports Centre.

#### **85 Minutes**

**RESOLVED** – That the minutes of the meetings held on 16<sup>th</sup> August, 25<sup>th</sup> August and 23<sup>rd</sup> September 2010 be approved as a correct record.

#### **DEVELOPMENT AND REGENERATION**

#### **86 West Leeds Gateway Supplementary Planning Document**

Further to Minute No. 201, 10<sup>th</sup> March 2010, the Acting Director of City Development submitted a report presenting the representations received as part of the final period of public consultation on the West Leeds Gateway Supplementary Planning Document (SPD) and which sought approval of the formal adoption of the SPD.

A schedule detailing the responses received as part of the final period of public consultation had accompanied Board Members' agenda papers.

**RESOLVED -**

- (a) That the representations received on the West Leeds Gateway Supplementary Planning Document and the recommended responses to the representations be noted.
- (b) That the adoption of the West Leeds Gateway Area Supplementary Planning Document be approved.

**87 Design and Cost Report: Proposed Works at Woodhouse Lane Multi Storey Car Park**

The Acting Director of City Development submitted a report regarding a design and cost freeze at RIBA Stage D on the proposed improvement and backlog maintenance works to the Woodhouse Lane Multi Storey Car Park. In addition, the report also sought authorisation to the incurring of related expenditure and letting of related contracts.

**RESOLVED –**

- (a) That the design and cost freeze at RIBA Stage D for the proposed improvement and backlog maintenance works to the Woodhouse Lane Multi Storey Car Park be approved.
- (b) That subject to the tender sum for the proposed works being within the budget available, approval be given to the letting of the contract and the incurring of expenditure of £5,806,500 from existing budget provision (Capital Scheme No 13307/WHL/000) on the proposed design and subsequent improvement and backlog maintenance works to the Woodhouse Lane Multi Storey Car Park.

**NEIGHBOURHOODS AND HOUSING**

**88 Deputation to Council - Tenants of Moor Grange Court Regarding Anti-Social Behaviour and Possible Changes to a Local Lettings Policy**

The Director of Environment and Neighbourhoods submitted a report in response to the deputation to Council on 14<sup>th</sup> July 2010 from the tenants of Moor Grange Court regarding concerns over anti-social behaviour and possible changes to a local lettings policy.

**RESOLVED –** That the response taken by the Council and the ALMO to the problems facing the residents of Moor Grange Court be noted.

**89 Deputation to Council - Local Residents of Hyde Park Regarding Social Deprivation and Community Cohesion in the Area**

The Director of Environment and Neighbourhoods submitted a report in response to the deputation to Council on 14<sup>th</sup> July 2010 from local residents of Hyde Park regarding social deprivation and community cohesion in the area.

**RESOLVED –**

- (a) That the contents of the submitted report be noted.
- (b) That a further report be submitted to a future meeting of the Board providing an update on the progress made in addressing the issues highlighted by the deputation.

**90 Adoption of the Compact for Leeds 2010**

The Director of Environment and Neighbourhoods submitted a report presenting the revised Compact for Leeds 2010 for approval and adoption.

**RESOLVED –** That the adoption of the Compact for Leeds be approved, and that the Council commit to undertaking an assessment of current policy and practice and the development of a plan to strengthen priority areas for action.

**91 Environment and Neighbourhoods Lettings Policy Revision**

Further to Minute No. 247, 19<sup>th</sup> May 2010, the Director of Environment and Neighbourhoods submitted a report outlining the options available for amending the Environment and Neighbourhoods lettings policy, providing a summary of the consultation undertaken with customers, considering the potential impacts in equality arising from such changes and seeking approval to implement the revised policy.

**RESOLVED –**

- (a) That the results of the consultation exercise undertaken be noted, and that the revised Lettings Policy be approved.
- (b) That the implementation of the proposals contained within section 4 of the submitted report be approved with effect from 5<sup>th</sup> January 2011.

**CHILDREN'S SERVICES**

**92 Report on the September 2010 Admissions Round**

The Chief Executive of Education Leeds submitted a report presenting a range of statistical information relating to the September 2010 admissions round in Leeds.

Officers undertook to provide the relevant Member with a list of those 19 primary schools where places could not be offered to all those children who had expressed a preference for a school which was their nearest.

**RESOLVED –** That the statistical content of the report be noted, including:

- the percentage of first preferences achieved, where 86.2% of parents are offered the school of their first preference and 96.7% of parents received one of their preferences;
- the increase in the number of secondary block appeals, but fall in the number of in year appeals, and the further 8% improvement in the successful defence of in year appeals.



- the continued increase in use of the on-line service for parents to 44% of on time applications.
- a further increase in birth rate and the rise in successful preferences following a range of school expansions.

(Councillor J Procter declared a personal interest in this item, as a parent of a child who had not been offered a place at the child's nearest school, having expressed a preference for that school).

## **LEISURE**

### **93 A New Chapter: A Fresh Direction for Leeds Libraries and for Integrated Services**

The Chief Libraries, Arts and Heritage Officer submitted a report informing of the challenges faced in the delivery of the Leeds Library and Information Service and, in taking into account the delivery of other front line services, outlining new approaches for consultation which would ensure the sustainability and relevance of the library service for the people of Leeds.

Members referred to the possibility of extending the consultation period, should this be required.

#### **RESOLVED -**

- (a) That the operational challenges of the Libraries and Information Service, as outlined within the submitted report, be noted.
- (b) That a public consultation exercise on the detailed proposals contained within appendix 1 to the submitted report be approved.
- (c) That a further report be submitted to the Board early in 2011 outlining the outcome of the consultation process and which takes into consideration the outcomes from the Comprehensive Spending Review.

(Under the provisions of Council Procedure Rule 16.5, Councillors A Blackburn and Golton respectively required it to be recorded that they abstained from voting on the decisions referred to within this minute).

## **RESOURCES AND CORPORATE FUNCTIONS**

### **94 Financial Strategy and Budget Setting Process**

The Director of Resources submitted a report providing background information to the forthcoming Comprehensive Spending Review and outlining the proposed process for setting the Council's 2011/12 budget.

Members made reference to the possibility of liaising with external organisations and service providers as part of the process to consider the budget proposals.

**RESOLVED –**

- (a) That the background to the current budget setting process and the actions taken to date be noted.
- (b) That the establishment of a Members' working group comprising Members of the five political parties to consider budget proposals be agreed.
- (c) That a subsequent report be brought to the January 2011 Executive Board reporting on the outcome of the Member working group discussions.
- (d) That the budget principles, as set out within paragraph 5 of the submitted report, be agreed.

**95 Scrutiny Board Recommendations**

The Chief Democratic Services Officer submitted a report providing a summary of the responses to Scrutiny Board recommendations received since the last Executive Board meeting.

**RESOLVED –**

- (a) That the responses to the recommendations of the Scrutiny Board (Adult Social Care), as detailed within the submitted report, be noted.
- (b) That a review be undertaken in relation to the ways in which responses to Scrutiny Board recommendations are received by the Executive Board.

**DATE FOR PUBLICATION:** 15<sup>th</sup> October 2010

**LAST DATE FOR CALL IN  
OF ELIGIBLE DECISIONS:** 22<sup>nd</sup> October 2010 (5.00 p.m.)

(Scrutiny Support will notify Directors of any items called in by 12.00noon on 25<sup>th</sup> October 2010)