

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

Scrutiny Board commented that:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Internally co-ordinated by ASC Workforce Dev

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

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

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

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

Appendix 1- Next of Kin alternatives

Middlecross Analysis:

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

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

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

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

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

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

Siegen Manor:

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

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

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

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

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

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

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

The Green:

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

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

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

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

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

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

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

Our Care Guarantee

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

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

Our commitment to you:

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

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

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

Our Care Guarantee

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

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

Our commitment to you:

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