



Report of the Director of Adult Social Services *Scrutiny Board (Adult Social Care)*

Date 13 April 2011
Subject Response to the Tri-Centre Group submissions in relation to the recommendation to the reconfiguration of Leeds City Council Mental Health Day Services

Electoral Wards Affected: All

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Executive Summary

The body of the report contains a detailed response to concerns raised at Scrutiny Board on 16th March 2011. The concerns primarily relate to the level of consultation service users were involved in prior to the Executive Board report in February 2011

While these concerns have been addressed on a point-by-point basis, it is important to highlight two key factors:

- a) the proposal has always been about the reconfiguring of the day service provision, While this may involve the reduction of provision within a day centre specifically for those with mental health issues, there would be a corresponding expansion in alternative types of provision
- b) this is the beginning of a process of consultation, with both service users and wider stakeholders, to ensure the development of the most effective model building on the advances already made within our services in meeting the challenge of modernising mental health day provision.

However, during conversations earlier this year it has become increasingly apparent that the extensive i3 consultation is regarded as insufficient to support an immediate decision to reduce Local Authority day centre capacity.

We recognise that since the conclusion of the i3 report there have been a number of people, new to the service, who did not have the opportunity to be involved in the consultation on the future of day service provision in Leeds prior to the Executive Board report of February. Whilst there can be every assurance given that the Executive Board report outlined a process of

consultation for individuals surrounding the future of their own care plan, clearly the recommendation to reduce day centres specifically remains problematic.

As a consequence, we are recommending that Scrutiny Board endorse our recommendation to return this matter to Executive Board advising that the recommendation concerning the day centres should not be implemented pending the formalisation of our existing consultation. The decision to consolidate services will then be reviewed in the light of the consultation taking place when a further report will be submitted to the Executive board, with the outcome of the consultation proposals, later in the year.

1.0 Purpose Of This Report

To provide a response to the concerns expressed by the Tri Centre Group in relation to the Executive Board decision to reconfigure the mental health day services following the Scrutiny Board meeting on 16th March 2011.

2.0 Main Issues:

Response to key concerns

2.1 Concern: That access to the services and facilities currently provided at the Day Centres will be completely cut off for some service users and seriously restricted for others. Most of the members of the Tri-Centre Group are clear that they could not cope with attending Park Lane College or Thomas Danby College yet these are the alternative venues for the services currently provided by the Day Centres. The proposal to relocate the provision of the services currently provided at the Day Centres to these sites, therefore, is simply not workable.

Response: The day centres offer outreach from a number of venues, not just the two colleges. There is no suggestion that the needs of all day centre users could be met by support at the colleges. There is no proposal to do this. Enhancing the community team will mean that more groups can be run in venues closer to people's homes and communities. This already happens with groups like the Kippax support group. For some groups it may be entirely appropriate that they meet in public venues but for others it may be about finding a room or other public resource in the locality.

2.2 Concern: The effect of the proposal is to remove access to both vital services (counselling, anxiety management etc.) and to activities which have a significant impact on quality of life, personal development, enablement and relapse prevention (computer studies, cookery, gardening etc.). Lack of access to the latter services is likely to increase the overall demands on the services provided by the Council and to worsen the health outcomes for those in need.

Response: The proposal is to offer a range of services using a mix of specialist centres and community buildings. Some of the groups described above could continue from the Buildings Based service, others utilising community settings. We would also expect the service to work in partnership with other services who offer these opportunities, reducing duplication.

2.3 Concern: While the report talks in general terms about providing a different model of service, there does not appear to have been any worked analysis of how this would take place. At present, the proposal seems to be that the Day Centres should be closed on the

assumption that an as yet un-determined new framework of provision will be able to meet those needs. This is a dangerous assumption and one without foundation.

Response: The proposal is evidence based. There are many examples both in Leeds and elsewhere of people with complex mental health needs being supported successfully in the community. There is no detailed worked analysis about a final service model as this would pre-empt discussions that need to take place with staff and service users about what that support would look like for them. In building a flexible service model, we will be looking to staff and service users to help shape the services offered. Where there are friendship or interest groups that wish to adopt peer support models we will be working with them to enable this to happen. However, where there is the opportunity to work in partnership with other groups and organisations to avoid duplication we would expect this to happen; we will also be looking to provide more support for people closer to home.

2.4 Concern: The report, at Appendix 5, accepts that it is not physically practical to run all activities from the Lovell Park site. In light of this admission, we suggest that the claim by the Director that there is a potential for increased access under these proposals is false (3.1.9) or, alternatively, that it requires further worked analysis before it can shown to be otherwise.

Response: We are considering the practicalities of extending the opening hours of the Lovell Park Centre to offer a more flexible service with the potential to offer services from the building on evenings and weekends and allow those in work to be able to access support too. However, the proposal was not to run all activity from a single site. We are commencing work with staff to look at the capacity at the Lovell Park Centre for groups and support but we would expect additional support services in the community.

2.5 Concern: It is vital to note that the final i3 report recommended the retention of two out of the three Day Centres, a quite different proposal from the one now being pursued.

Response: The i3 project reviewed both voluntary and in house day service provision and proposed a citywide model that considered all services. It proposed a significant shift from building based to community support but recognised the need to retain some building based activities. The i3 model proposes a total of two day centres serving the City, but set within a much larger range of supported community services. Current day centre provision is set within both the Local Authority and the Voluntary sector.

2.6 Concern: There appears to have been no worked analysis of how the acknowledged and accepted needs of service users can continue to be met.

Response: Adult Social Care have a responsibility to assess need and to put in place support plans around the needs for individuals who meet the eligibility criteria for social care services under FACS. In Leeds, the Council has set this at critical and substantial needs. In common with other services, these needs can be met by directly provided council services or those commissioned from an independent provider.

Our initial judgement is that the majority of service users accessing mental health day services may sit below the threshold of eligible need. However, the Department has said it will look to meet the needs of all individuals currently receiving support through the day centres.

There are a number of alternative ways in which needs can be met as an alternative to attending a mental health centre. The impact of personalisation will inevitably influence the way in which these alternatives are developed.

In Leeds and in other parts of the country these alternatives often take the shape of supported groups operating out of existing community and public resources, the use of which other residents of Leeds take for granted. It is understandable that there is concern about the need for safe place and sanctuary that the current building bases provide so well. However, the existing Community Alternatives Team also supports large numbers of people in Leeds, safely, free from stigma and harassment, not by bringing them to a centre and separation from the community in which they live, but by supporting them to use libraries, theatres, museums, cafes, pubs, gyms, vocational training centres and by pursuing their own cultural, leisure and learning interests. This proposal is not about leaving vulnerable people to fend for themselves but about providing appropriate personal support to groups and individuals in a model of service that recognises their need to be supported to make decisions for themselves.

2.7 Concern: Concerns have been raised that the Day Centres are “safe havens” and “lifelines” and that their removal will lead to great distress and deterioration in the health of service users. The Tri-Centre Group believes that the proposals published in December 2010 have already resulted in five attempted suicides. No clear answer to this concern is given in the response in Appendix 4.

Response: (See previous response). We understand and accept that the prospect of change will raise concern with people who rightly want to know how their needs will be met. There are around 800 people accessing day support through Adult Social Care Mental Health services with different support needs. For some people the support offered from the buildings base will be appropriate but other people will be able to have their needs met in other ways. Within the Executive Board report, Adult Social Care proposes working with individuals to ensure their support plan reflects their needs. Staff in the centres can help reassure service users that they will work with them in developing an appropriate support plan.

In response to the concerns about attempted suicides, we do accept that we are working with very vulnerable people who are anxious about the future of their service. We will do everything we can to ensure people are supported professionally throughout this process.

2.8 Concern: In relation to concerns regarding the Vale, in particular that its closure might mean its garden will have to close, Appendix 4 simply says that adult social care will work with the social enterprise to help identify a solution. Once again, it is apparent that an assumption is being made: that an alternative can be found, an assumption for which there is no evidential foundation.

Response: There are other specialist mental health services within the city with substantial garden areas and potential partnerships with these organisations would be explored together with other options. The gardening services and linked operations are an important part of current day service activity. If there are accommodation issues we will seek a solution and there is a potential to find a resolution to them in exploring a social enterprise model of service.

2.9 Concern: Similarly, the concern that a half-hour visit by community support once a week cannot replace a whole day’s activity and support at a Day Centre is not met. The only “answer” provided in the Director’s report is that the model is to be flexible and that needs will need to be met on an individual basis.

Response: The proposal has never been about one to one support workers as an alternative to current provision. For some people one to one support work is highly effective. There are a number of people with complex mental health needs opting for a

personal budget to buy tailored, recovery-focused one to one support but this is not appropriate for all mental health service users. Officers clarified this at the service user event and in writing.

2.10 Concern: In addition to the practical support provided by the Day Centres the response to consultation in the i3 proposals indicated the importance attached by many service users to “peer support”. It is notable that no actual worked out alternative is provided by the Director. Concerns that the loss of a centre would result in isolation have been raised.

Response: Adult Social Care supports peer support as a valid and valuable means of support for service users and would like to encourage and support the development such groups. There are different models of peer support and these do not have to operate from a specialist buildings base. Buildings offer a quick and easy way for mental health service users to meet one another and we need to ensure that clear information and signposting are available to make people aware of the range of peer support opportunities in the city and to facilitate and support people wishing to establish groups.

2.11 Concern: There has been wholly inadequate consultation on these proposals.

Response: i3 reflected a broad consensus of views across stakeholder groups. This does not mean that everyone was in agreement with the proposals. An independent review of i3 identified that those with the most concern about these changes were those who had no experience of what the alternative service could offer. In contrast, people that had moved through changes were in support of the model because they could see and had experienced the benefits the new model had delivered for them.

At the two meetings between ASC and service users in January 2011, what became apparent was that not everyone was in agreement with the i3 model, particularly those who have recently entered the service in the past 12 months. In designing services, the department needs to balance the views of those currently benefiting from service provision with new and potential service users if it becomes more accessible to them.

This submission has led ASC to reconsider the fullness of the consultation processes. In the conclusion of this report, we have accepted that the extensive i3 consultation is regarded as insufficient to support an immediate decision to reduce Local Authority day centre capacity.

We recognise that since the conclusion of the i3 report there have been a number of people, new to the service that did not have the opportunity to be involved in the consultation on the future of day services in Leeds prior to the Executive Board report of February. Whilst there can be every assurance given that the Executive Board report outlined a process of consultation for individuals surrounding the future of their own care plan, clearly the recommendation to reduce day centres specifically remains problematic.

2.12 Concern: Final decisions appear to be being taken before the consultation process is complete. The first recommendation in the Director of Adult Social Services report is that there will be “personalised consultation with service users”, to be completed by September 2011. However, we understand that the decision has already been taken to decommission all existing mental health day services.

Response: The outcome of the revised consultation around consolidating building bases will now need to be woven into consideration of any new commissioning arrangements for day services in Leeds. The proposed individual consultation with service users is around how their personal needs can best be met in a remodelled service. This will now take place within a more formalised consultation concerning the centres themselves. However, there

will be engagement with stakeholders regarding the service specification of the new model for day service within Leeds

2.13 Concern: We do not accept that the consultation with service users and others which took place under the label of the “i3 Project” between 2005 and 2009 can be treated, as the Council appears to have done, as representing proper consultation on the current proposals. Most obviously, this is because the i3 Project did not recommend the closure of two of the three Day Centres, the proposal now being put through. Indeed, the i3 Project cannot, for this very reason, be regarded as support for the current proposals.

Response: i3 was a significant consultation exercise on the future direction of mental health services. It proposed less reliance on buildings based services enabling greater investment in more socially inclusive, recovery-based support. The proposals do recognise the importance of a buildings base but now connect these building based services into a framework of service that people move within and around, depending on their level of need at the time. It is an attempt to break a cycle where a day centre becomes a place people go to and sometimes stay for 15 or 20 years; it will now provide those same people with safe viable and supported alternatives.

The proposals within the February 2011 Executive Board Report are in keeping with the direction of travel outlined in i3 and the subsequent consultation undertaken by commissioners in developing the outcomes framework.

2.14 Concern: We consider that the current proposals are in breach of the Council’s obligations under the Equality Act 2010, in particular in relation to making reasonable adjustments in order to avoid statutory discrimination against the disabled (those with mental health issues) by way of making it unreasonably difficult for them to access a benefit (the provision of mental health services currently provided at the Day Centres).

Response: The proposal is to provide more flexible, personalised services closer to home. Adult Social Care already provides a number of outreach groups for people and communities, with similar needs who are unable to travel to the three centres. The review of available demographic data from in house and voluntary sector services across the City showed that people were accessing a broad range of provision and there were no groups identified as unable to access community based models of support.

3.0 Conclusions

Adult Social Care recognises the anxiety about the original recommendations, has listened to what staff and service users are saying and has carefully considered the concerns raised by the Tri-Centre Group. Having reviewed all the circumstances, we recognise that since the conclusion of i3 report there have been a number of people, new to the service that did not have the opportunity to be involved in this extensive consultation about the future of day services in Leeds.

A report will go to May 2011 Executive Board with a request not to implement the February 2011 recommendation in respect of consolidating day centre activity around one building base, in the light of the submissions we have received and our response to them, pending the formalisation of our existing consultation arrangements on the future of this service.

A further report will be submitted to the Executive board, with the outcome of the consultation proposals, later in the year.

The proposed consultation methods will include individual conversations with service users, service users consultation groups involving elected representatives from all parts of the

service, the citywide Service User Group and wider stakeholder groups. Stakeholders will include elected members, voluntary sector partners, representatives from Leeds Partnership Foundation Trust and carers. Preparation for these groups has already commenced, to enable consultation to proceed.

4.0 Recommendations

4.1 Members are asked to note and endorse the content of this report and its conclusion.