Leeds CITY COUNCIL

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Report of the Director of Social Services

Report to Scrutiny Board (Health and Wellbeing and Adult Social Care)

Date: 29 February 2012

Subject: Decommissioning the Leeds Crisis Centre

	Yes	No
Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐	☒
Are there implications for equality and diversity and cohesion and integration?	☐	☐
Is the decision eligible for Call-In?	☐	☒
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐	☒

Summary of main issues

1. In February 2011 Executive Board approved a recommendation by Adult Social Care to decommission the Leeds Crisis Centre. This decision was called in to scrutiny. Scrutiny endorsed the decision of Executive Board and requested that a report be brought back to Scrutiny detailing the closure of the service and its impact.
2. Within the closure period all individuals using the service were able to complete their course of counselling.
3. Adult Social Care worked in partnership with health commissioners and providers to ensure that referrers were aware of the timetable for closure and were clear on the pathways into Crisis and counselling services.
4. People who called the service during the closure period were able to be safely signposted to alternative provision.
5. Staff were supported to find alternative roles. When the service closed all staff had been deployed into alternative roles. Some of these were with Leeds City Council, others opted for Early Leavers Initiative or secured posts with external organisations including primary mental health services.

6. The closure as not impacted significantly on the capacity or waiting lists of counselling and crisis services in the City.

Recommendations

Scrutiny are asked to note the measures taken to ensure that the Crisis Centre was closed safely.

1 Purpose of this report

1.1 This report provides detail of the steps taken by Adult Social Care, working in partnership with NHS commissioners and providers, to decommission the Leeds Crisis Centre following the decision taken by Executive Board in February 2011.

1.2 The report also looks at the use of alternative provision in the intervening period and since the closure of the service.

2 Background information

2.1 In February 2011 Executive Board approved a recommendation by Adult Social Care to decommission the Leeds Crisis Centre. This decision was called in to scrutiny. Scrutiny endorsed the decision of Executive Board and requested that a report be brought back to Scrutiny detailing the closure of the service and its impact.

2.2 Established in 1989 by Leeds City Council, the Leeds Crisis Centre provided short-term counselling and support for adults struggling to cope with daily routine because something stressful has happened in their lives. The service provided a rapid response, short-term counselling service 365 days per year. The service received a large number of inappropriate referrals and acted as a referral service for those whose mental illness was more appropriately addressed in the NHS psychiatric or crisis resolution service, or by another type of counselling service. The Crisis Centre itself was not a crisis intervention and resolution service, nor a suicide prevention service.

2.3 The decision to close the Crisis Centre was set in the context of the budgetary pressures faced by the Council. The service cost £696,000 per annum to provide. The provision of this type of service does not fall within the statutory responsibilities of the Council and there had been significant investment in primary care mental health services through IAPT (increasing access to psychological therapies) in recent years. The breadth of provision of both Crisis and counselling services within Leeds was considered appropriate to meet the needs of the population and very different in nature to the provision available when the Crisis Centre was founded.

2.4 At its February 2011 meeting Members of the then Scrutiny Board (Adult Social Care) received a request for Scrutiny from Leeds Local Involvement Network (LINk) concerning the proposal to decommission the Crisis Centre. At this meeting it was agreed that the Board would review 'the exit strategy' for the Centre and the decommissioning process.

2.5 Subsequently at its April 2011 meeting (the last meeting of the municipal year) Members' attention was drawn to the scope of the Inquiry which would focus on future provision and exit strategies. It was reported that implementation of the decision to decommission the Crisis Centre had commenced following the outcome of the call-in meeting on 4 April 2011. At this meeting Members considered and agreed draft terms of reference.

2.6 The agreed terms of reference were subsequently re-presented to the Scrutiny Board (Health and Wellbeing and Adult Social Care) at it meeting in October 2011 in order to re-affirm the Scrutiny Board's agreement to the terms of reference. However at

that meeting, and in lieu of a full scrutiny inquiry into the impact of the closure of the Crisis Centre, the Scrutiny Board agreed to request a monitoring report from the Director of Adult Social Services, setting out the re-provision of services and the impact of change on service users since the closure of the Crisis Centre.

3 Main issues

3.1 **Managing the Closure.** There were a number of elements involved in closing the service:

- **People** – existing service users, potential service users, referrers and the staff team.
- **Information** – communicating the closure and ensuring information is available on alternatives.
- **Asset Management**

A project manager was assigned to the closure to ensure that all of these elements were co-ordinated.

Working with Stakeholders to develop a closure plan

3.2 When the decision was taken by Executive Board to decommission the service there was a period of time when the service remained open to referrals. This was a difficult period for the staff team within the Centre. They were facing uncertainty in their future, had active caseloads and, without an agreed closure date to work back from were continuing to take new referrals for support. In consultation with staff it was decided that it would be preferable to close to new referrals as soon as possible but to continue to offer a telephone support and signposting service. For the service to be in a position to stop taking referrals it was important that referrers were not only advised of the closure timetable but that they were clear on the routes into Crisis and Counselling services within the City.

Service Users

3.2.1 The service offered a time limited counselling service. The number of sessions an individual attended for would vary according to need but averaged around 10 weekly sessions. It was agreed at the outset of the process that anyone accessing counselling would be able to complete their full course of sessions. A letter was prepared for those currently accessing the service to inform them of what was happening and reassure them that they would continue to receive a service. At the same time it as made clear that for some people this may necessitate a change of counsellor. The staff offering support shared this with service users, offering the opportunity to ask questions.

3.2.2 Whilst the service did not get a significant number of repeat users and did not have an ongoing client group there were a number of people who had indicated that they wished to remain in contact with the Centre and were on a database of previous

service users. These individuals were written to. The letter informed individuals, as people who had previously found the service helpful, that the service would be closing and also contained a list of counselling services in Leeds should they feel the need to use a similar service in the future.

3.2.3 All service users finished their individual course of counselling. Weekly lists were compiled of numbers of calls to the service, numbers of people in counselling and the expected number of sessions remaining for each individual. This helped to plan when individual staff could be released and also highlighted referrers that may not have received the message regarding the closure.

Staff.

3.2.4 The staff team were helpful and co-operative throughout the closure period. They worked with senior management to plan a phased closure which included: agreeing a date to stop taking referrals and move to a signposting service for callers; reducing opening hours to balance the needs of the service with a reduction in staff numbers; agreeing phased leaving dates for staff and agreeing a full closure date.

3.2.5 Several staff members opted to take Early Leavers Initiative but agreed to stagger their leaving dates to ensure sufficient cover within the service. The team delivered a professional service throughout – offering support to distressed service users whilst going through the process of managing workforce change, experiencing a rapid reduction in the team size as colleagues began moving on, and dealing with the practicalities of closing a service – archiving records, collating inventories etc.

3.2.6 The majority of staff had left the employment of the council prior to the closure of the Crisis Centre in July. Of the seventeen people that worked for the service, seven opted for the early leavers scheme, one member of staff secured permanent employment in the private sector and five secured position with IAPT. Four members of staff entered Managing Workforce Change and all had placements when the service closed. Three of these have now been permanently redeployed.

Of all the staff from the Crisis Centre, only one has yet to find a permanent position. The individual is currently on placement until end March 2012, although there are hopes this placement will be made permanent. This post has been budgeted for in the 2012/13 budget.

Referrers.

3.2.7 A significant proportion of the referrals received by the service were self referrals (although it is not possible to tell from the information collected whether these were largely signposted by other agencies or were people who had seen the service advertised). The service continued to answer telephone calls and signpost people up to the point of closure and telephone calls did drop to practically none – suggesting that most were signposted. The other referrers were largely health services.

3.2.8 Adult Social Care set up a series of meetings with NHS partners running through the closure period to ensure that clear communications and information was in place to direct people to appropriate services. Referrals continued to be monitored

throughout and within 6 weeks of the initial communication to referrers that the service would be closing the number of referrals from professionals had dropped from 3 – 4 per week to an occasional phone call (less than weekly).

3.2.9 In the paper that was taken to Executive Board recommending decommissioning of the service one of the key issues that was highlighted was that the majority of referrals for the Crisis Centre (70%) were inappropriate and were signposted on to other services with a split of approx 45% to other counselling services and 55% to Crisis services and other specialist secondary mental health services. After the service closed to new referrals this information continued to be tracked. All service users could be signposted to other services and the callers that the Crisis Centre may have taken were signposted to IAPT services.

Information – communicating the closure

3.3 As mentioned in 3.2.8 above there was significant work with health partners to ensure that referrers were not only informed of the closure but reminded of pathways into counselling and crisis services. The information on pathways into crisis services was reviewed and refreshed with GPs. Details of accessing IAPT was also included. The primary care link workers from NHS Leeds worked with the small number of GP surgeries that made most use of the Crisis Centre to ensure they were aware of alternative provision. A joint letter was sent to the Chief Executives of the health trusts regarding the closure and letters were sent to all referrers recorded as using the Crisis Centre in the past. Newsletter articles went into all of the health and social care newsletters and those of the voluntary sector.

3.4 The Leeds City Council website was updated when the service closed to new referrals but continued to signpost, when the opening hours were revised and when the service was closed. The website also housed details of what to do in a Crisis, a list of voluntary sector counselling services that offered free or low cost counselling services and links through to NHS services.

3.5 The communications team searched for references to the Crisis Centre on the internet and contacted other directories to request that details be removed. This was checked periodically to ensure that it had been actioned.

3.6 The Crisis Centre was also mentioned in a number of paper directories and leaflets that were already in circulation so it remained possible that people could still try to contact the service from out of date paper based information. When the service was closed the phone number was kept live with an answerphone message telling callers that the service was now closed and signposting people to their GP or to emergency service when in mental health crisis. This message was also used as an auto-reply on the service's email address although this would not be a usual route for referrals.

3.7 The need for clear information for service users on the wide variety of counselling services available was highlighted. There is no one single counselling service that will meet the needs of all and one of the services that the Crisis Centre was essentially fulfilling was a screen of need and signpost to the most appropriate services based on local knowledge of capacity and specialisms of the different counselling services on offer. As an interim measure the department pulled together an updated list of voluntary sector counselling services with descriptions of what was

on offer which was posted on the website. A more detailed review of the information requirements of the population around mental health services is being progressed as part of a wider piece of work on community support services (mental health day services review) and also forms part of the department's work on developing an information, advice and advocacy strategy.

Impact of Closure on Alternative Provision.

3.8 There are a number of difficulties in determining the impact of the closure of the Crisis Centre on other services:

- **The Size of the Service.** The Crisis Centre was a relatively small service. In the 12 months prior to the proposal to decommission it offered face to face support to approximately 500 people. In a City with a population of over 750,000 and with over 40,000 people accessing primary and secondary mental health services in the same period we would expect the impact to be small.

- **Identifying the population.** The group of people that may have accessed the service is unknown. Most of the people that accessed the service did so once. They were given or came across the Crisis Centre number at a time when they needed support. We have no way of collecting information on how many people that accessed other services might have accessed the Crisis Centre instead had it been available.

- **Changes to Mental Health Services.** IAPT services have been promoted within primary care and their capacity increased. Secondary mental health services have been reviewing their client group to ensure that they are only supporting those with complex mental health issues. This has included a review of people accessing LPFT outpatients. The survivor led crisis service now opens for an additional evening and there has been changes to other counselling services in the City with some obtaining grants to be able to increase the amount of hours support they can offer.

- **Changes to the External Environment.** The economic climate has continued to deteriorate with more people experiencing pressures at work or threats to employment which in turn can affect relationships and put people's mental health under increased strain. This could be expected to lead to increases in the number of people accessing support for mental health issues.

3.9 In the 16 weeks from April when the service stopped taking new referrals to July when the service closed the detail on calls to the service continued to be logged. The number of calls received by the service dropped dramatically as work with referrers was progressed. The service took 36 calls in the week commencing 9th May. In the week commencing 13th June the service took 7 calls. Everyone who called the service was able to be safely signposted to alternative services. The majority of people who the service would have offered an assessment to were referred safely on to IAPT.

3.10 We have spoken to voluntary sector providers and NHS commissioners and they are not reporting any discernable change in workload as a direct result of the closure of the Crisis Centre.

3.11 Information from the NHS reports that primary care mental health practitioners have observed changes in the last twelve months. Individual practitioners report seeing 1 – 2 people per month that have presented in crisis. A number of case management interventions have been put in to respond to this. These include:

- Ensuring crisis management plans are in place and more liaison with GP's to manage risk
- Liaison with other services, including Safeguarding teams, Health Visitors, Housing, Police, CRHT
- Fast tracking on to caseloads, where immediate intervention is required (because the risk or severity may increase if having to wait longer for an intervention).
- Regular telephone support and management of risk, whilst patients are on waiting lists for interventions from the service.

3.12 A direct link cannot be made between the closure of the Crisis Centre and the number of people presenting to IAPT in crisis. This service has 2000 people per quarter entering therapy, and for all of the reasons described in 3.8 above it is not appropriate to attribute small changes in a large service to just one of many variables. Primary care staff have highlighted a number of issues that arise from working with people in crisis – increased stress amongst staff working with more 'risky' clients, not having the time for liaison with other agencies and services and not being able to offer frequent enough appointments. NHS Commissioners and providers understand their responsibility in monitoring the responsiveness of the service and ensuring that the pathways through primary and secondary mental health services are clearly understood by referrers.

Asset Management.

3.13 Adult Social Care worked in partnership with Corporate Asset Management to ensure the building was closed appropriately and transferred to asset management once void. A plan was drawn up with the process detailed and clear areas of responsibility that sat with the service – paperwork, furniture and equipment inventory, utilities, IT, mail, and with asset management – DDP report, securing property, final meter readings, transfer of asset on date of closure – identified together with action owners.

3.14 All files and paperwork that needed to be retained were archived appropriately within Adult Social Care and all other paperwork was shredded.

3.15 An approach was made to Adult Social Care from a group who were interested in continuing the service provision. This approach came at a point when many of the staff had already left the service. A representative of the group met with ASC Commissioners to discuss their proposal. They agreed that it was not viable at this point to take on the existing building but wished to conduct a feasibility study on the continuous need for such a service and explore potential avenues of financial support. Adult Social Care recommended speaking to primary care in relation to the needs analysis and provided advice about enterprise development and signposting to charitable trusts. The group thanked us for the guidance and said they would get back in contact but to date we have heard nothing further about this proposal.

4 Corporate Considerations

4.1 Consultation and Engagement

Service Users

4.1.1 The Crisis Centre operated a time limited, one to one counselling service supporting people who were experiencing a particularly difficult period in their lives. People accessing the service were at different points in their series of sessions of counselling and it was not seen as appropriate to bring people together as a group or to embark on a formal consultation around the closure. What we wanted to ensure was that people were reassured that we would honour the commitment we had made to them in accepting them for counselling sessions and that they would be able to continue with their personal support. All communication regarding the closure, the impact on the people using the service and any discussion around proposed changes to opening hours were directed through the staff member with whom the individual had their counselling session.

Staff

4.1.2 A series of meetings were set up involving staff, HR, senior managers and trade union representatives to discuss the implications of the closure for staff and their options. Early Leavers Initiative and redeployment were discussed with staff, and an offer was made to support staff if they, as a group, wished to explore the feasibility of taking forward the service as a social enterprise. The staff group at the time did not opt for the latter option. Individual formal consultation meetings were also organised with all staff.

4.1.3 The service manager met regularly with the Principal Unit Manager and the Project Manager to discuss actions that needed to be completed and decisions that needed to be made. Staff views were brought to these meetings and the staff were involved in decisions around the timetable for closure including when to stop taking referrals and the need to revise opening hours as staff began to leave the service.

4.1.4 Senior managers met with staff on a monthly basis to discuss the current position of the service and any issues and concerns that staff wanted to raise. Staff were keen to ensure that the service continued to deliver the levels of support that were required for the service users who remained with the service and some staff opted to delay their leaving date to allow this to happen. The department ensured that these staff were not disadvantaged by this decision and that where people needed to leave to take up another position they were supported to do so.

4.1.5 Opportunities for meaningful work post closure were discussed with the staff that entered Managing Workforce Change but all staff had found roles elsewhere by the time the service closed.

Referrers.

4.1.6 Adult Social Care worked with NHS Leeds to agree the most appropriate methods for engaging with referrers. In some instances (for example writing to past service users or to voluntary sector providers) it was agreed to be most appropriate for Adult Social Care to take this communication forward. With health organisations a

joint letter was prepared from ASC and NHS Leeds. NHS Leeds then did some further engagement work with some GPs utilising primary care link workers.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 A full Equality Impact Assessment was carried out when considering the proposal to decommission the Crisis Centre. Full consideration was given as to any potential equalities impact and to determine if there may be any evidence of particular impacts of the proposal to close the Crisis Centre on any group in particular.

4.2.2 The proposals did not appear likely to affect any of the user groups disproportionately within their discrete equalities groups and it was felt that the general impact of the proposed closure was well mitigated by the availability of alternative provision to meet the needs of people who would have chosen to access the service offered by the Crisis Centre. As the service offered time limited support of up to 12 weeks counselling, and commitment was given to allow anyone already accessing services the opportunity to complete their full course of counselling, none of the client group accessing the service at the time would have been disproportionately affected by the closure.

4.2.3 As staff started to leave the service it became necessary to review the service opening hours to ensure sufficient staff cover. Consideration was given to patterns of access of clients in making this decision.

4.3 Council Policies and City Priorities

4.3.1 Council policies were followed in the closure of the service.

4.3.2 With regard to City Priorities the learning from this work feeds into the commitment for health and social care services to work together better for the benefit of the people of Leeds. The Crisis Centre, whilst providing a valuable service to those who accessed it, sat outside of the commissioning plans around either counselling or crisis support and to an extent duplicated provision elsewhere. Health and social care services are committed to working together both in commissioning and in the provision of services to ensure the offer to the people of Leeds is one of joined up services that meet the needs of the population.

4.4 Resources and Value for Money

4.4.1 The difficult decision to decommission the service was taken on the back of the financial challenges facing the council. The service was a discretionary rather than a statutory service. It offered counselling support to a relatively low number of people (around 500 a year) at a cost of £696,000 per annum with a range of alternative provision commissioned by the NHS.

4.4.2 Once the decision had been taken to close the service the speed with which the service was closed balanced the need to make in year savings with the commitment of the department to ensure that no-one currently accessing the service was disadvantaged and that work had been undertaken with referrers to raise awareness of routes into alternative provision

4.5 Legal Implications, Access to Information and Call In

4.5.1 There are no legal implications from this report.

4.6 Risk Management

4.6.1 A project management approach was adopted to ensure that all actions that needed to be taken through the closure period were clearly owned, tracked and risks and issues highlighted and addressed.

4.6.2 The Council worked in partnership with health colleagues to ensure that all actions had been taken to clearly signpost referrers to alternative provision for support before the Crisis Centre closed.

5 Conclusions

5.1 Adult Social Care worked with the service staff and health partners to ensure the safe closure of the Crisis centre

5.2 During the closure period callers were able to be safely signposted to other services.

5.3 The number of calls to the service fell rapidly following work with referrers to inform them of the closure and ensure they were aware of alternative provision.

5.4 There has been no significant impact on the capacity or waiting times for counselling or crisis services in the City as a result of the closure.

6 Recommendations

6.1 Scrutiny are asked to note the measures taken to ensure that the Crisis Centre was closed safely.

7 Background documents

7.1 Report to Executive Board 11 February 2011 Proposal to decommission a non statutory mental health counselling service known as the Leeds Crisis Centre