

APPENDIX 3

Impact assessment of: **Fulfilling Lives Project: Rebuilding of Rothwell Fulfilling Lives Centre, Holmsley Lane, Woodlesford, Leeds, LS26 8RY.**

Responsible service/ directorate: **Adult Social Care Learning Disability Community Support Service**

Date of assessment: **26.09. 2012**

Summary of service/ policy that was assessed:

The vision for a more personalised approach to delivering day opportunities for people with learning disabilities in Leeds has begun to be realised.

The Valuing People white paper¹ “A New Strategy for Learning Disability for the 21st Century” explains the future of day services for people with a learning disability explaining that it should be modernised, in line with four key principles - rights, independence, choice and inclusion.

In Leeds the transformation of Adults Social Care (ASC) day services began in the South South East (SSE) area and agreement has been secured to extend the project to the rest of the city. The process involves a move away from large segregated buildings to the utilisation of community based locations and the increased involvement of external voluntary, community and faith sector organisations and partners within the local authority.

Individualised services and person centred planning will help the move towards meeting people’s needs where, when and how they want them in an appropriate way and will ensure all needs including physical care, nursing, cultural and religious needs are

¹ Valuing People: A New Strategy for Learning Disability for the 21st Century(DoH 2001); Objective 7: ‘Fulfilling Lives’

identified and appropriately met.

In the summer and autumn of 2011 the Fulfilling Lives Project, which includes Changing Places received approvals from Executive Board to move onto the next phase of project delivery. This included the plan to retain one half of the Rothwell site and create a new specialist facility to meet the needs of customers with complex health needs in the south of Leeds. This building would also service as a community resource for other people, both learning disabled and non learning disabled, in the local community.

The original plan was to achieve this by the complete re-furbishment of the Rothwell (west building) by September 2013. Subsequent surveys and investigations carried out after the building was cleared in August 2012 have indicated that this might not be the most cost effective option and it was agreed an options appraisal should be carried out.

The preferred option for the service is to demolish the existing building and build a new traditional building on its existing footprint. This would create a bespoke establishment which by design could far better meet the needs of customers in the longer term given the compromises that would be imposed by reusing the existing building

The preferred option, although more expensive than option one is seen to have a number of significant advantages :

- It will be a new 'key turn' building, fit for purpose and bespoke to the needs of the service. No compromises will have to be made on functionality or design. For example :
- Pitched roof design, less chance for roof leaks.
- Reception to be at the desirable location near to the car park
- Lower maintenance cost and more energy efficient building compare to re-using the old existing building. Estimated saving of £20K a year on existing running costs.
- Asbestos free building
- Longest building life span out of all four options

- Will take no longer to deliver than either of the refurbishment options.
- Option one has potential for additional delays and costs if unforeseen problems found in old existing building.

Officers and Project Board support the concept of a new build in terms of long term functionality and more efficient running costs. The proposed new facility will be a 50 place unit with 25 places specifically for customers with 'special care' needs.

The change programme will be delivered by the Fulfilling Lives Project Team (FLPT). The building project will be delivered by Norfolk Property Services (NPS)

Summary of Priority Actions arising from Assessment (To be included in your service or business plans)

Actions	Responsibility	Timescale
Ensure the building and service is socially inclusive and meets the needs of customers with the most complex of profound and multiple disabilities. Building to be fully DDA compliant.	Fulfilling Lives Project Team Norfolk Property Services Corporate Property Management	Ongoing to January 2014
Ensure that the new centre is compliant with fire regulations.	As above	Ongoing to January 2014
Programme of consultation and involvement with all stakeholders	As above	Ongoing to January 2014
Ensure that customers and careers do not experience any reduction in service during the remodelling of Rothwell FLS.	As above	Ongoing to January 2014
Ensure that the service continues to meet respite needs of family carers	As above	Ongoing to January 2014

Contact person for the assessment: Ivan Barnett (Project Manager)

Members of the assessment team:

Name	Organisation	Role on assessment team e.g. service user, manager of service
Ivan Barnett	ASC	Project Manager
Noreen Metcalf	ASC	Business Change Leader
Catherine Williams	ASC	Senior Project Officer (temp)

Fulfilling Lives Project Team:

Name	Post
Andy Rawnsley	Head of Service / Programme Manager
Ivan Barnett	Project Manager
Jane Charlton	Senior Project Officer
Noreen Metcalf	Business Change Leader
Steve Foy and Planning Team	Planning Team

1. Aims of the service or policy

The rebuilding of Rothwell Fulfilling Lives Service building base as part of the transformation of day opportunities and ASC day services for adults with learning disabilities in South Leeds

2. Fact finding

Make a note here of all information you will be using to carry out this assessment; including previous consultation, involvement, research, equality monitoring and customer/ staff feedback.

Make a note of any gaps in the information and how this will be gathered.

This vision is based on :

- Executive Board reports 2009 – 2011 (various).
- Lessons learned from the Moor End re-provision project.

The ongoing A city wide consultation exercise with all key stakeholders that produced local proposals on how people would like to see the strategy implemented.

Key issues:

Ensuring that day services continue to provide respite for carers.

Ensuring the building could meet the needs of people with complex health needs

Carer involvement in person centred reviews.

Consistency of staffing.

Acceptance that some buildings are not fit for purpose.

Need for customers to be supported to maintain friendships.

Services should reflect customers' cultural and religious backgrounds as well as their care needs.

Proposals that meet the needs of family carers as well as the people for whom they care.

Proposals to be developed to meet the needs of the people with a learning disability who live in the local area.

- Valuing People Now and Putting People First White Papers.
- Further consultations in the three south Leeds day centres in early 2009 with customers, carers and staff.
- Involvement from Leeds People First and Asking You customer reference groups
- Leeds Learning Disability Strategy 2009.
- Leeds Partnership Board vision for day services.

Specific consultation was held with the following groups between November 2010 and July 2011:

- Consultation with Leeds Voluntary Sector Forum and its member organisations.
- Carers Reference Group consultation.
- Feedback from elected members to briefings and reports.
- Other professionals eg: Health and Transition Team.
- Customer council consultation.
- Customer Involvement team feedback.

- City wide Consultation with customer staff and carers at each centre.
- Leeds Voluntary Sector Forum.
- Further users via education and transition teams.

Key issues:

On going communication to and involvement of stakeholders throughout the modernisation process.

Ensuring the building could meet the needs of people with complex health needs.

Ensuring that day services continue to provide respite for carers.

Carer involvement in person centred reviews.

Offer an increased range of choices and opportunities.

Working in partnership with third sector and develop partnership working.

Concern about proposals to limit number of days customers who live in staffed accommodation can attend centre.

Acceptance that some buildings are not fit for purpose.

Need for customers to be supported to maintain friendships.

Services should reflect customers' cultural and religious backgrounds as well as their care needs.

Proposals that meet the needs of family carers as well as the people for whom they care.

Proposals to be developed to meet the needs of the people with a learning disability who live in the local area.

Activity specifically involving Rothwell FLS customers, carers and staff:

Customers:

- Customer engagement coordinators hold monthly meetings with customers where the proposed changes are discussed.
- Specific customer briefs were held in May 2009 and October 2010.
- Customer Council meetings including specific meetings with customers attending services in the south of the city.

Carers:

- Carers briefings in January and November 2011.
- Individual meetings with families.
- Update meetings planned October 2012

Staff:

- Meetings to discuss changes July and October 2011.

- Monthly implementation meetings with service managers and wider project team.
- Update meetings planned October 2012

3. Involvement

Have you involved appropriate community groups in the assessment? Please list here who was involved.

If community groups were not involved in the assessment please explain your decision here.

- Customers will be involved in the choice of colour schemes in the new centre.
- Customers carers and staff will be involved in determining what will be provided in and the layout of, the new centre.
- Please also see Section 2.

4. Adverse affects

Summarise here any adverse affects identified from your fact finding and assessment team meetings.

Barrier	Adverse affect	Who does this impact on	Why
Built Environment	<ul style="list-style-type: none"> • Poor condition. • Not fully DDA compliant. • Does not adequately cater for the specialist needs of customers with the most complex of profound and multiple disabilities. 	<ul style="list-style-type: none"> • Customers. • Carers. • Staff. • Health services. 	<ul style="list-style-type: none"> • Not fit for purpose. • Limits choice and participation. • Does not adequately meet physical care needs
Information and communication Customer care and staff training	<ul style="list-style-type: none"> • Inward looking focussed on ASC service rather than citizenship issues. • Poor condition of building. • Not fully DDA compliant. • Does not adequately cater for the specialist needs of customers with the most complex of 	<ul style="list-style-type: none"> • Customers. • Staff. • Customers. • Staff. 	<ul style="list-style-type: none"> • Limits opportunities for inclusion and community participation. • Existing facilities do not support staff in the delivery of best practice. • Existing facilities do not

profound and multiple disabilities.

support the delivery of the highest levels of customer care.

Timing of current service model

- Temporary service arrangements put in place for the duration of the remodelling offer the same level of service to customers and carers.

- Customers.
- Carers.

- Expectations around levels of service are not met.

Stereotypes and Assumptions of current service model

- Understanding of what people with learning disability are capable of.
- Service separate to local community

- Customers.

- Creates barrier to social inclusion, employment, control and valued relationships.

5. Barriers and actions needed

For each barrier, give some details of the current position in relation to the service/ policy and identify the actions needed, who is responsible for taking the actions forward, when by, any resource implications and who needs to be involved in implementation of the actions.

If a barrier is not applicable to the service/policy, please explain why in the current position box.

A. Built Environment

Current Position: The current building is in a poor condition and was described in an Asset Management commissioned report carried out by the Strategic Design Alliance in 2009 as being in “Poor condition. Exhibiting major defaults, not operating as intended”.²

Barrier:

- Not fully DDA compliant.

² Rothwell ATC survey and condition report, Strategic Design Alliance, Commissioned by the corporate property asset and asset management units, August 2009.

- Poor condition and quality of fixtures and fittings that no longer meet the needs of customers.
- Design of existing buildings do not cater for all customers cultural needs.

Action needed	Responsibility	Timescale	Resources	Who should be involved in the implementation?
Develop with CPM a plan to rebuild Rothwell FLS that is socially inclusive and caters for the specialist needs of customers with the most complex of profound and multiple disabilities.	<ul style="list-style-type: none"> •FLPT •NPS •CPM 	<ul style="list-style-type: none"> • July 2012 to December 2013 	<ul style="list-style-type: none"> • Staff. • Stakeholders. • health services. • CPM. • NPS 	<ul style="list-style-type: none"> • FLPT. • CPM /Norfolk Property Services • Fulfilling lives managers. • Stakeholders.
1. Develop with NPS a plan to ensure that the new building at Rothwell is DDA and fire regulation compliant.	<ul style="list-style-type: none"> • FLPT • NPS 	<ul style="list-style-type: none"> • July 2012 to December 2013 	<ul style="list-style-type: none"> • Staff. • Stakeholders. • Health services. • CPM. 	<ul style="list-style-type: none"> • FLPT. • CPM / NPS • Fulfilling Lives managers. • Stakeholders.
2. Develop a plan to ensure that service arrangements put in place during the remodelling offer the same level of service to customers and carers.	<ul style="list-style-type: none"> • FLPT • LDCSS 	<ul style="list-style-type: none"> • July 2012 to December 2013 	<ul style="list-style-type: none"> • Staff, stakeholders, health services and CPM. 	<ul style="list-style-type: none"> • FLPT. • Fulfilling Lives Managers. • Stakeholders. • CPM / NPS • Other LCC partners. • Voluntary Sector partners.

B. Information and communication

- Individual Support Plans.
- Well established methods of communication within services e.g. Newsletters, brochure, information produced in accessible forms

community languages as required, team meetings.

- Extensive previous and ongoing consultations with all stakeholders.
- Departmental Investment into advocacy service and reports to Members and DMT.

Barrier:

- Primarily inward looking focussed on ASC service rather than citizenship issues.

Action needed	Responsibility	Timescale	Resources	Who should be involved in the implementation?
1. Communication strategy for project.	• FLPT.	• Ongoing.	<ul style="list-style-type: none"> • ASC Customer Involvement. • ASC LD Management Team. 	<ul style="list-style-type: none"> • All key stakeholders as defined in Communication Strategy.
2. Programme of consultation and involvement with all stakeholders.	• FLPT.	• Ongoing. (see section two)	<ul style="list-style-type: none"> • ASC Customer Involvement. • Communications Unit. • ASC LD Management Team. 	<ul style="list-style-type: none"> • All key stakeholders as defined in Communication Strategy.
3. Information produced by voluntary sector partners.	<ul style="list-style-type: none"> • CAB. • Mencap. 	• Ongoing.	<ul style="list-style-type: none"> • Grant Funding. • FLPT. 	<ul style="list-style-type: none"> • ASC Voluntary Sector Partners.

C. Customer care and staff training

Current Position:

- Recruitment of a diverse workforce.
- Staff undertake leadership and management qualification relevant to their role e.g. LDQ, ICM.
- Comprehensive induction.
- Individual support plans with customers.

- Equality training and Roosts training, BSL, customer health needs.
- Training programme for fulfilling lives staff.
- Introduction of new quality assurance framework.

Barrier:

- Existing facilities do not support the delivery of the highest levels of customer care for customers with complex health needs.
- Existing facilities do not support staff in the delivery of best practice in relation to community integration.

Action needed	Responsibility	Timescale	Resources	Who should be involved in the implementation?
1. Ensure that the remodelled service provides facilities that enable staff to provide higher levels of customer service.	<ul style="list-style-type: none"> • FLPT. • NPS 	<ul style="list-style-type: none"> • July 2012 to December 2013 	<ul style="list-style-type: none"> • FLPT. • CPM. • NPS 	<ul style="list-style-type: none"> • Staff : ASC and Health
2. Ensuring customer support plans are fully comprehensive and make best use of the enhanced opportunities presented by the roll out and have linked risk assessment.	<ul style="list-style-type: none"> • Care management team/ operational staff. 	<ul style="list-style-type: none"> • Ongoing. 	<ul style="list-style-type: none"> • PASM's. • Area Service Managers. • Assistant Area Service Managers. 	<ul style="list-style-type: none"> • Tier 3 staff. • Customers. • Carers. • Other involved staff.
3. Ensure ASC staff are trained to deliver new personalised services and use of	<ul style="list-style-type: none"> • Learning Disability Community Support Service 	<ul style="list-style-type: none"> • Ongoing. 	<ul style="list-style-type: none"> • FLPT. • PASM's. • Area service managers. 	<ul style="list-style-type: none"> • Staff

community resources.

(LDCSS)

- Assistant area service managers.

D. Timing

Current Position:

- Customers and carers have an expectation that existing levels of service will be maintained during the re-modelling of the service.

Barrier:

- Asking people to fit into service requirements rather than vice versa.
- Not flexible and responsive to customer needs.

Action needed	Responsibility	Timescale	Resources	Who should be involved in the implementation?
1. Ensure decant service arrangements put in place while the centre is being rebuilt offer the same level of service to customers and carers. Customers and staff to decant to West Ardsley FLS.	<ul style="list-style-type: none">• FLPT.• LDCSS	<ul style="list-style-type: none">• July 2012 to December 2013.	<ul style="list-style-type: none">• FLPT.• CPM.• Day centre staff• LDCSS.• Nursing team• Passenger Services	<ul style="list-style-type: none">• Staff : ASC & Health

- | | | | | |
|--|--|--|--|--|
| <p>2. Innovative PCP planning to meet customer and carer requirements.</p> | <ul style="list-style-type: none"> • S Foy and Planning Team. | <ul style="list-style-type: none"> • December 2013. | <ul style="list-style-type: none"> • Planning team. • Day centre staff. • FLPT. | <ul style="list-style-type: none"> • Day centre staff. • Customers. • Carers. |
|--|--|--|--|--|

E. Stereotypes and assumptions

Current Position:

- Current service does not adequately cater for customers with the most complex of profound and multiple disabilities and places limitations on the breath of customers who are able to access services with the South, South East of the City.

Barrier:

- Assumption creates barrier to social inclusion, employment, valued relationship, choice and control.

Action needed	Responsibility	Timescale	Resources	Who should be involved in the implementation?
<p>A. Ensure that the remodelled Rothwell FLS will cater for those customers with the most complex of profound and multiple disabilities.</p>	<ul style="list-style-type: none"> • FLPT • NPS 	<ul style="list-style-type: none"> • July 2012 to December 2013 	<ul style="list-style-type: none"> • FLPT. • CPM. 	<ul style="list-style-type: none"> • ASC staff
<p>B. Equality monitoring of demographic data to inform service development, and ensure full</p>	<ul style="list-style-type: none"> • FLPT 	<ul style="list-style-type: none"> • Ongoing 	<ul style="list-style-type: none"> • FLPT. • CPM. 	<ul style="list-style-type: none"> • ASC staff

accessibility of service.

- | | | | | |
|---|--|--|--|--|
| C. Quantitative and qualitative monitoring of data of new services. Review to ensure new services are delivering positive outcomes for customers | <ul style="list-style-type: none">• FLPT | <ul style="list-style-type: none">• Ongoing | <ul style="list-style-type: none">• Project Team | <ul style="list-style-type: none">• ASC staff |
| D. Person Centred Planning to robustly challenge assumptions of what people can do. | <ul style="list-style-type: none">• S Foy and Planning Team | <ul style="list-style-type: none">• Jan 2012 to Dec 2013 | <ul style="list-style-type: none">• Planning Team• FLPT | <ul style="list-style-type: none">• Customers• Carers• ASC staff |
| E. Equality training for staff and customers Shared training with partners | <ul style="list-style-type: none">• Organisational Development | <ul style="list-style-type: none">• Ongoing | <ul style="list-style-type: none">• Roots Group• ODU | <ul style="list-style-type: none">• Roots Group• ODU |
| F. Opening the building up for community use at different times. This facility to be part of building design | <ul style="list-style-type: none">• FLPT• NPS | <ul style="list-style-type: none">• July 2012 to December 2013 | <ul style="list-style-type: none">• NPS• FLPT | <ul style="list-style-type: none">• ASC Staff• Community groups |

G. Consultation and involvement

Current Position:

- Individual support plans.
- Well established methods of communication within services e.g. Newsletters, brochure, information produced in accessible forms community languages as required, team meetings.
- Extensive previous consultations with all stakeholders.
- Departmental Investment in advocacy service and reports to Members and DMT.

Barrier:

- Primarily inward looking focussed on ASC service rather than citizenship issues.

Action needed	Responsibility	Timescale	Resources	Who should be involved in the implementation?
1. Using Consultation strategy include involvement and engagement.	<ul style="list-style-type: none"> • FLPT. 	<ul style="list-style-type: none"> • Ongoing. 	<ul style="list-style-type: none"> • Customer involvement coordinators. • FLPT. • Consultation log. 	<ul style="list-style-type: none"> • Using separate consultation events, with customers, relatives, carers and staff.
2. Offer individual meetings to relatives and carers if required	<ul style="list-style-type: none"> • FLPT. 	<ul style="list-style-type: none"> • Ongoing 	<ul style="list-style-type: none"> • Customer involvement coordinators. • FLPT 	<ul style="list-style-type: none"> • Customer involvement coordinators. • FLPT

H. Any other barriers specific to the service/ policy

Current Position:

- Current service provides extensive day time respite for family carers

Action needed	Responsibility	Timescale	Resources	Who should be involved in the implementation?
Ensure service arrangements put in place for the duration of the remodelling meet customers and families respite needs.	<ul style="list-style-type: none"> • FLPT • LDCSS. 	<ul style="list-style-type: none"> • July 2012 to December 2013 	<ul style="list-style-type: none"> • FLPT. • CPM. • ASC management Team. • Planning team. 	<ul style="list-style-type: none"> • FLPT. • ASC management team. • Planning team. • Customers. • Carers.

6. Which communities may perceive the impact on them differently?

It is important to look at the potential impact of the service or policy on different sectors of the community and community relations. The impact could be negative in that one or more groups are disadvantaged by the service or policy or positive, in that one group may receive greater benefit from the service or policy than do other groups. For example if a grant fund is aimed at one community how will other communities perceive this?

Aspect of service/ policy	Negative impact	Positive Impact	Action needed or justification for decision
Extending and improving service provision at an existing site.	Temporary service arrangements will need to be put in place for the duration of the remodelling of the service.	<ul style="list-style-type: none"> • Better environment for customers and staff. • Staff will be in a better position to meet customer needs. • Increase access to facility • Community room at new facility. 	<ul style="list-style-type: none"> • National drivers and PCP. • Be honest and transparent about risk issues.

7. Community Safety

What is the impact of this policy, service or function on community safety and what actions do you need to put in place to make this happen?

For example what is the potential for the service/policy to reduce crime or disorder?

Impact	Action needed	Responsibility	Timescale
Improved risk assessment.	Implement consistently across service via line management.	LDCSS.	July 2012 to December 2013
Improved fire safety arrangements in support of best practice.	Ensure the plans to remodel the centre consider additional fire safety recommendations.	Project Team, CPM, NPS	July 2012 to December 2013
Improved safeguarding.	Share ASC good practice across new projects. Building design to aid safeguarding by creating enclosed outside space and controlled environments in terms of access and egress	LDCSS.	Ongoing.

8. Governance and ownership

Who needs to agree the actions identified by this assessment and ensure progress is made? How will this be monitored? For example a report to senior management team or the project board responsible for the policy.

Equality Impact Assessment will need to be presented to and agreed by the Fulfilling Lives Project Board

9. Approved by

State here who has approved the actions and outcomes from your impact assessment. This may be your senior management team, your director or Board.

Initial approval from Andy Rawnsley Head of Service/Programme Manager subject to Project Board approval

Signed :



Andy Rawnsley (Head of Service Learning Disability Community Support Service)

Date : 12th November 2012

10. Summary form completed and passed to the Equality Team.

Who by: Ivan Barnett (Project Manager)

Date: 14th November 2012