

LEEDS CITY COUNCIL

**MEETING OF THE
EXECUTIVE BOARD**

Held on

Friday, 11th February 2011

At

THE COUNCIL CHAMBER,
CIVIC HALL, LEEDS

In the Chair:

COUNCILLOR K WAKEFIELD
(Leader of Council)

EXTRACT

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VERBATIM REPORT OF EXTRACT FROM EXECUTIVE BOARD
MEETING HELD ON FRIDAY 11th FEBRUARY, 2011

COUNCILLOR WAKEFIELD: Can I just explain, we are slightly late, obviously we have moved from room 6 and 7 to allow everybody to listen to the discussions this afternoon and we are just waiting for a few more who have indicated they want to come in and observe. Can I welcome you to this afternoon's Executive Board and I hope that you will listen to each other carefully because this is an extremely important debate. Although you cannot engage at this stage, as you know have had conversations in the last few weeks – indeed today I had one – and there will be further discussions, I am sure, later on.

Can I start by doing what are called the formalities of the Agenda. With the permission of everybody on the Executive Board, and that has been given, we are going to move to the two items on the Agenda, Items 17 and 18 which obviously cover the items that I think most people are here for.

Just to make life even more weird and wonderful, we are going to take 18 before 17, given that we have people here who have come from the Health Service to say a few things.

ITEM 1 – APPEALS AGAINST REFUSAL OF INSPECTION
DOCUMENTS

COUNCILLOR WAKEFIELD: Item 1, any appeals?

GOVERNANCE OFFICER: No appeals, Chair, no.

ITEM 2 - EXEMPT INFORMATION – POSSIBLE EXCLUSION
OF THE PRESS AND PUBLIC

COUNCILLOR WAKEFIELD: Item 2.

GOVERNANCE OFFICER: No exempt information, Chair, no.

ITEM 3 – LATE ITEMS

COUNCILLOR WAKEFIELD: Item 3.

GOVERNANCE OFFICER: No late items, Chair, though a revised version of Item 17, Future of Mental Health Day and Accommodation Services, has been circulated, along with the Equality Impact Assessments for both that item and the Crisis Centre item.

COUNCILLOR WAKEFIELD: OK, so we have an amended version of Item 17 and the Equality Impact Assessment which has been put alongside.

ITEM 4 – DECLARATION OF INTERESTS

COUNCILLOR WAKEFIELD: Item 4, which is Declaration of Interests. Councillor Murray.

COUNCILLOR MURRAY: Thank you, Chair, Item 12, personal interest. This is the paper about looked-after children. My wife works in Social Services as an Independent Reviewing Officer. Thank you, Chair.

COUNCILLOR WAKEFIELD: Any more declarations?

ITEM 5 – MINUTES.

COUNCILLOR WAKEFIELD: Item 5, the Minutes. I think we can get through that. Any matters arising on Item 5? *(None)*

OK, that finishes the formalities and now we can go into the paper 18, then followed by 17.

ITEM 18 - PROPOSAL TO DECOMMISSION A NON-STATUTORY MENTAL HEALTH COUNSELLING SERVICE, KNOWN AS THE LEEDS CRISIS CENTRE

COUNCILLOR WAKEFIELD: Sandie, are you leading on this?

MS S KEENE (Director of Adult Social Services): Yes, Chair. These two items are both in relation to the future of Mental Health Services, although they both have a very different recommendation and outcome and the reasons for presenting the reports are different, which I will outline. However, they both are informed by social policy, both National Social Policy and informed by reports that you have had here at the Executive Board over the last couple of years. They are also informed by the national financial context that we all find ourselves in.

In relation to National Social Policy, since 2005 there have been a number of national reports that indicate what is considered to be good and best practice in relation to the delivery of mental health services. Both of our reports are rooted in a modernisation programme which encompasses both health and social care agendas, and reflects changes in emphasis both in terms of the kinds of service we now offer and who provides them.

The element of our context today regarding the national financial position is, of course, the Government's Comprehensive Spending Review

and the reduced financial settlement which all Local Authorities, but Leeds in particular, are having to deal with.

As a result of this, Adult Social Care will this year have to find over £20m-worth of savings in its budget. This means that we will have to provide or arrange a lot of our services differently and withdraw from services that we are not obliged to provide.

This brings me on to the first report which we are considering, which is the proposal to decommission a non-statutory mental health counselling service known as the Crisis Centre. As the report indicates, the Crisis Centre was set up over 22 years ago. It is a short-term counselling service for adults who find themselves in mental distress. Clearly there are other elements to this service as well in terms of telephone access to help.

In spite of its name, the Crisis Centre is not a crisis intervention service and should not be confused with the NHS provided specialist Mental Health Crisis Services, designed to support people with severe and enduring mental health problems, often in acute crisis.

An important thing to stress is that this service is not a statutory function of the Local Authority. We can find no evidence of any other Local Authority in the country that offers a similar service. The budget for the service is over £690,000 and you have in the report referral statistics. The majority of the referrals to the Crisis Centre are actually referred on to other services, between 60% and 70% of referrals being referred to other counselling services or secondary mental health services.

Because of its location in Headingley with a sub-office in Middleton, the Crisis Centre's referrals come from a relatively small geographical area in the city. Certainly in many areas there are less than 1% of the service's total number of referrals. We have been taking – we have had to take – all these things into account in coming to the conclusion of our recommendations to you that we cannot continue to provide this service.

It is acknowledged that the Crisis Centre is a good quality service - nobody is saying it is not - and it is run by well-qualified and professional staff, but we do have to, in considering whether we can continue this service, consider whether there are available a range of alternative services, whether they exist in the city, and we have confirmed with the NHS that there is a satisfactory, suitable range of alternative services. We are not saying they are exactly the same; we are saying they are reasonable and adequate alternatives to those services delivered to the people currently in receipt and previously in receipt of the Crisis services run by the Local Authority.

The sorts of things that we can assure members are available are around telephone access for people in crisis out of hours, for counselling services available through the NHS and, indeed, the secondary mental health services for people in acute emergencies through the secondary care services.

If the Executive Board today gives approval for our proposals, then we will work closely with NHS partners to provide details of the Crisis Centre's work to make sure people receive an appropriate and safe alternative service wherever they live in Leeds. We will commit to a major information campaign encompassing the general public, NHS, particularly GP referrers, and other organisations that refer people to the Crisis Centre.

You will know that there has been considerable media and press attention in relation to these proposals and you will recall that the original proposal to decommission the Crisis Centre was deferred from the December meeting to enable proper conversations with people about these proposals.

We have received considerable criticism regarding the consultation following December and the use of the information in the report. I do have to assure members that meetings have been held with staff which have been attended by both the Executive and Lead Member for Adult Social Care as well as senior managers in the service. Offers to meet with service users have been made, although we do recognise this is a very sensitive area and that people may be reluctant to come forward, and so we have received written representations from service users. We have received written representations from GPs and from UNISON and there has been a blog and media campaign against the recommendations in the report.

I think it is important to say that, although a number of these representations have been considered and attached to the report, some of them have come after the report and you have been circulated with a number of those issues, including the most recent one last night from UNISON,

I think that it is also important to say that in coming to our recommendations we have conducted a full equality impact assessment and I am aware that has also been circulated to you.

Because of the late representations I do think it is worth addressing one or two things that have come up in those representations separately in my information to you today - that is, what is emerging is a feeling that the Crisis Centre is a suicide prevention and intervention service.

I think it is important to stress that our information is that over 90% of people using the Crisis Centre did not have a history of self harm or hospital admissions and 85% of people using the Centre had no history of risk. Clearly many people who do present in crisis are referred on to the secondary mental health services available in the city.

People have also had the impression that the Crisis Centre is open for 365 days for immediate access, but actually at weekends and Bank Holidays only planned appointments occur and, whilst the telephone line is open, the volume is an average of two per day.

We are submitting in your consideration of this report that the levels of risk presenting to the Centre, albeit I do not for one moment wish to minimise the degree of distress that people feel when they are referred and the help that they need, they are not at the severe end of mental health crisis in every instance. It is true that they are referred in crisis but, as I have mentioned, they are often referred on to counselling services or particularly secondary mental health services.

There has also been criticism of us about the involvement of GPs and representations made, and we have had over the last week some more representations from GPs and a letter from the LMC. I would like to point out that over half the GP practices in Leeds do not use the Crisis Centre at all. My colleague John Lawlor from NHS Leeds is here and will be able to say a little bit more about the involvement of GPs.

Questions have also been raised during this consultation and representation that the Council is providing funding for other counselling services run by the voluntary sector and that we are prioritising our money inappropriately by funding these services. I answer to this I can say that we are reviewing all of our discretionary services but this is being done in the light of our statutory responsibilities, the availability of other providers in the city and the needs of hard to reach communities and groups.

As I have mentioned, the Equality Impact Assessment has been considered and we have also been criticised about whether this is an all-or-nothing recommendation. Why, for example, are we not recommending a reduced investment in the service rather than a complete suggestion of decommissioning?

I have to say that there have been legal judgments that have supported Local Authority responsibilities in prioritising its expenditure on those in most need and prioritising the fact that funding does have to be taken into account in determining what those priorities are. This decision is recommended not with any great sense of pleasure at all. It is presented because of the financial situation we find ourselves in and, more importantly, the fact that NHS alternative services are available for people in the needs that have been dealt with by this Crisis Centre. It is, regrettably, a service that we cannot afford to continue.

We want to assure you that in implementing, should you make the recommendations as per the report, we will not be doing anything suddenly, that we will continue to support the people who currently use this service and we will work closely with staff to find suitable alternative employment arrangements and, indeed, have started some discussions about that with the Health Service in advance of trying to prepare ourselves for this.

I commend the recommendations to you and perhaps would also wish to introduce my colleague, John Lawlor, who may want to add some further information.

COUNCILLOR WAKEFIELD: Yes. Before John comes in to offer the perspective from the PCT, I think it is important just to emphasise that, for those who have not been to an Executive Board before, (a) we do not really meet in here, it is very unusual circumstances and, (b), we do not tend to have lengthy introductions like that, but to underline the importance of this we have to get everything out into the open so that there is no misunderstanding about the nature of this debate and hence if you can be patient again, one of the perspectives or one of the comments I have had – many of us have had – from different forms of contact (email mainly) is that the NHS will not be able to step in and will not be able to fill that gap that the Crisis Centre would create. I think it would be very useful if John Lawlor who, as you know, is the Chief Exec of the PCT, would say a few words from that perspective about whether they can step in with the resources to actually make sure that service is not lost to any individual. John.

MR J LAWLOR (Chief Executive of NHS Leeds): Thanks very much, Councillor Wakefield. Just to explain the conversations we have been having within the NHS about this recommendation and how we would wish to ensure that the services that are available for people in crisis are, if you like, there for those who have got used to or are familiar with being able to access the Crisis Centre.

The first thing is that, despite, obviously, understandable concern from GPs who are heavy users of the service for some of their patients, we have had a debate with the GP Commissioning Consortia of GPs and the LMC Chair about this service. I think the first thing to be aware of is that it clearly is a very welcome service by the GPs who use it, but we just need to be crystal clear that the primary role of GPs is to respond to the needs of their patients, whether in hours or out of hours through the Out of Hours Service, and in the large majority of practices people who currently use the Crisis Centre, people in their practice who do not use the Crisis Centre, they would go and see their GP and GP would route them through the system. That is not about seeing their GP and waiting a week for it. There are urgent appointments available every day in GP practice.

We actually had quite an interesting discussion with the GPs because some of them were saying, “Well, because of where my practice is, we have never, ever used the Crisis Centre.” I said to them, “Tell the other GPs in the room what you do then” and what the GPs acknowledged actually it was a really helpful service for them to be able to pass their patients on to, in the knowledge that the service would route them into the system rapidly.

I think the fundamental issue here is not about whether the services that these people might subsequently need are available in the city – they most definitely are, and I will talk about those in a moment. The issue is, how do we make sure that the routing of people to those services is still able to be done very rapidly, particularly if any of those patients are people who are at serious mental distress?

That is the first thing, that we do not have a service that is used across the city at all. We have a service that is well used by a number of practices that know it is nearby and therefore have got used to using it. That is great – all I am saying is, do not assume, Councillor colleagues, that it is something that the NHS does not deal with every day or every week for other people who do not use the service.

A little bit about what services are available and a little bit about what we are doing to try and make sure that those services are either expanded, changed or that there is a clearer route for people to get into those services when they need them rapidly.

The first thing is to stress that every GP has a responsibility for providing urgent support to their patients. You could argue that in those areas where the GPs are heavy users of the Crisis Centre, the Local Authority has effectively been funding some services that the NHS already funds GPs to do. I say that in the knowledge that I will not make myself popular with my colleagues in general practice, but I just think we need to be very clear about that.

The second area of service that we jointly fund with the Council – and it is quite important that we understand that because that might well be something that might help route people to the right services – is a Crisis Helpline that is provided by the third sector that the PCT and the Local Authority spend about £120,000 a year on. That Crisis Helpline is not part of these discussions or proposals.

The third service that we have massively expanded across the country in the last three years is something that has got an awful name of Improving Access to Psychological Therapies. Effectively it means having a greater range and capacity of talking therapy services, counselling etc, for people who do not need very specialist mental health services but might benefit from talking therapy type services. One of the things that we are already looking at with colleagues in Adult Social Care is whether some of the staff who are currently employed providing the Crisis Centre, should it close, whether they might well be able to fill some of the vacancies that we currently have in some of our talking therapy services, because one of the reasons why there are some waiting times in some parts of the city for the talking therapies provided by the NHS is not because there is not sufficient investment – we have actually not been able to recruit all of the people we need because the previous Government launched a massive national initiative to massively expand these services and, as a consequence, everybody was trying to find the same people to employ at the same time. That is one element, talking therapies, which is where, as Sandie Keene said already, several people are routed on to.

I think one of the difficulties about this and why it is understandably very emotive is that people who are genuinely at serious mental health crisis can already access the Crisis Resolution and Home Treatment Services provided by Leeds Partnership Foundation Trust. Indeed, a very significant

proportion of the people who currently go to the Crisis Centre are routed on to those services very quickly. The issue there is if that service was not there, the Crisis Centre, how do we make sure that people know how to get to those services without having to be put through some convoluted process that the NHS might create for them?

To address that issue, we have a meeting already in the diary for next week involving John Lennon here, from the Council, involving colleagues from Leeds Partnership Foundation Trust, the Mental Health Trust, Leeds Community Health, the main provider of the talking therapy services, and the Primary Care Trust and GPs to talk about what is the very clear pathway that we will wish to set out and describe and promulgate for people who need access to NHS services that we provide, of which there is sufficient capacity, but who do not yet know how to get into them because they have been used to accessing the system through the Crisis Centre, should it close.

I hope that is helpful.

COUNCILLOR WAKEFIELD: OK. Open now to comments and questions from colleagues. Councillor Golton.

COUNCILLOR GOLTON: Thank you, Chair. As has been said, it is a very emotive subject and the first thing I want to say is, I want to say thank you very much to Lucinda Yeadon as the Councillor in charge of the service for the time that she has given to go over this particular report and the information that she provided from the service so that me as an Exec Board Member can take the issue on and try and get behind some of the headlines.

She will be aware that one of my big frustrations in this is that that central relationship between the Council and the National Health Service and my need, as an Executive Board Member – or I feel I need it as an Executive Board Member – talking about services which have been provided to some of the most vulnerable people in the city.

The usual guarantees that you require in this case become even more essential and I have some frustration that, given the worries about duplication and whether or not the Health Service can fulfil the services which are already being provided by the Crisis Centre, given the worries about capacity - I know that we have already said that 70% of those people who go through the Crisis Centre end up being passported through to the NHS anyway but that does leave 30% to 40% of people coming into that service being looked after by the Crisis Centre. I did want some kind of guarantee from the health sector that those worries could be written off as far as I was concerned, as a decision maker on the Executive Board.

I really appreciate John Lawlor coming today and giving us his viewpoints from the NHS, but his answers so far do not give me that guarantee of assurance that I would have liked. Meetings in diaries does not say to me that there has been an urgency on the NHS in terms of taking this issue on board and trying to get those guarantees for others and Executive

Board that we should require so that the people who are users would have that same kind of reassurance.

We have already talked about how talking therapies has a waiting list, so there is an immediate fear that the capacity that is held by the Crisis Centre at the moment cannot right now be picked up by the NHS and you have already pointed out it is primarily because of professional shortages.

I am also aware that recently there was an announcement from Nick Clegg that there was going to be £400m for Mental Health Services over the next four years. I think this is a pledge he can keep, I think this has been costed. To be serious, it sounds like there is going to be some serious money coming into the NHS to tackle this issue, which has been highlighted as being an issue that has previously not got the attention it should have. These kind of decisions, therefore, should not be taken at haste and should have that level of discussion to create the guarantees that I was asking for and it does feel like this decision, although taken with the best intentions, is one which has been made at haste and has made some vulnerable people feel even more vulnerable because they have that uncertainty about their treatments and also, for us as decision makers, it does feel like this is driven more by the balance sheet than it is by health needs. That is my fear, so I am not sure if John Lawlor will be able to give me any more information on that. Thank you, Chair. *(Applause from public gallery)*

COUNCILLOR WAKEFIELD: What I intend to do is try to get John Lawlor to respond, but I will take Members in case there are a number of similar themes so that we do not keep going backwards and forward. Any further comments or questions? Councillor Carter.

COUNCILLOR A CARTER: I am not sure whether I should wait until John Lawlor has answered because there are a number of similar points Chair.

COUNCILLOR WAKEFIELD: OK. John, would you like to respond?

MR J LAWLOR (Chief Executive of NHS Leeds): Thanks very much, Councillor Wakefield. Yes, I think the points that have been made are very understandable and if we do not – and to be fair I did not give you any numbers but I can give you some numbers that week to provide some reassurance about the points that were made by Councillor Golton.

The first thing to say is that of the 30% that do not already go through to NHS services, even if all of them needed NHS services, that equates to about 400 people a year and that needs to be seen in the context that NHS talking therapies and specialist crisis mental health services see 43,000 a year, so it would be a growth in demand of 1% into the NHS service if every single one of those people who do not currently go into the NHS who currently use the crisis service were to do so. That is not in any way, shape or form to belittle the fact that there are challenges around making sure the available capacity is exactly what it needs to be, but I think we do need to recognise

that 400 extra cases out of 43,000 is not something that either (a) will cost the NHS huge amounts of money or, (b), should not be soluble, particularly if – the point I made earlier – some of the staff that work for the Crisis Centre were interested in working for the NHS, assuming, obviously, that they have the appropriate skills and I understand certainly that some of the counselling staff most definitely would be able to provide the talking therapy services in the NHS.

I am not at all seeking to belittle the understandable concerns about this, but I do think we need to see it in the context of the size and scale of the mental health services that are already provided in the NHS. I think the bit about waiting times is a really important point because that is where I would be most concerned if I was looking to use the service either for myself or for a family member.

What we have already done before we even got to the point of knowing whether there might be a decision like this, is look across the city at where we currently provide talking therapy services, who provides them because, as well as these community health, a range of voluntary sector organisations provide them under the same contract that the PCT has, and why it is that we have such differential waiting times, because today there are some parts of the city where you can get a referral and be seen on Monday or, if you were referred on Monday you can be seen on Tuesday. There are also parts of the city where you can currently wait up to four weeks so I think there is a really important job to do irrespective of the decision that Council makes today to make sure that we have got the capacity to match the demand in the system and some of that is to do with some of the vacancies that we have. We did a pretty detailed modelling piece of work to understand where was the demand likely to be and what level of capacity we would need to have, and it only takes one post to be vacant in a part of the city to actually significantly impact upon that capacity and therefore ability to respond.

I am not wanting to delude anybody into knowing there is still work to do but I would say that if you asked me do I have serious worries, or indeed even significant worries about us putting people across the city at much greater risk if they were in mental crisis if this service was not available – I know that will not be popular with people providing the service – no, I do not.

COUNCILLOR WAKEFIELD: Any come-back, Councillor Carter?

COUNCILLOR A CARTER: Yes. Thank you, Chair. I would like to start in the same way as Councillor Golton started by thanking John Lennon and Sandie Keene for the detailed briefings they have given me on this issue. Like, I think, a number of other elected Members, I decided it would be sensible to visit the Crisis Centre and talk to the management there, which I did and highly illuminating it was. I am pleased that there has not been any attempt to downplay the value of the work that is done by the staff at the Crisis Centre because it certainly is valuable work.

I come at this issue in a slightly different way to Stewart and I am rather perplexed, and I will tell you why. In 2004/05 when Councillor Golton's Party and my Party became the administration of the Council, we were facing a difficult Adult Social Care budget – indeed, we were running at an overspend of something like £20m. In that year and in no subsequent year did Adult Social Care ever bring to the then administration proposals to close the Crisis Centre – never on one occasion. Unlike many of the other things that you are now having to look at that we certainly also had to look at, this never came before Cabinet or the Executive Board.

My question to that is why? Please do not say it is because the financial situation is a lot worse because it might be across the piece but it certainly is not in the case of Adult Social Care, as Councillor Golton and I remember only too well.

Secondly, I think we dismiss this location and where the service is provided far too lightly. I have been given information – and other people have, I am sure, as well – the client base covers 33 different postcodes – 33 different postcodes – and some of the higher percentages are not in the immediate geographic area of the Crisis Centre's base on Spring Road, so I do think we dismiss too lightly the fact that it is a geographically provided service. I think it is far more than that and I think we should just remember that in the rest of the debate that we have.

Two other points I want to make. One is - and I hope neither of these are political, as I hope my other comments have not been - in the petition that we have recently been sent, in the background there are three requests made by the people who signed the petition. None of them are, in my view, at all unreasonable, but the first one says:

“A full consultation with current and former service users and with GPs and other who refer people to the service.”

The second one says:

“Consideration of cost-cutting measures such as shrinking or moving the service, other than complete closure, which is all that is being considered at present”

and that is right. What we are discussing is the complete closure. It was put to me that the staff, the management at the Crisis Centre have never been actually formally asked could they deliver the service for less, and when I asked the Director of Adult Social Care that question, she gave me a very honest answer and said no, they had not, you are quite right.

I just think – and this is the theme across a number of issues here which are going to affect Adult Social Care – have we got our consultation process right? I think we have got it completely the wrong way round and I think that we have it the wrong way round as well, because it starts with a decision of Executive Board to go out to consultation. The management

should decide to consult on a range of options first and then come back to Executive Board having got the clients' views and the management's views. Instead of that what we do is get everybody hugely upset and, in this case, a client base that can do without any more emotional distress than is absolutely necessary. I think we have got it completely the wrong way round and I do think – and some of the balcony who agree with what I say now might not necessarily be in so much agreement with me when we come to the next issue, but in this particular instance I think there is a very strong case for us to revisit this whole issue.

You have included in the budget a partial year saving. It is a lot of money but it is a big issue and I would strongly suggest that we have other mechanisms for widening the consultation and we should be starting again the right way round and we should be involving Scrutiny, and we should do it speedily because I do accept that the longer these sort of debates go on the more distressful it becomes and I absolutely think that Councillor Yeadon has done her best at an extremely sensitive issue, but I think it is the wrong way round and that is what has caused the problem. We have had it the wrong way round before on our consultations on social care issues, more often than not the wrong way round, and I think we have got to treat the clients as equal partners, because they are equal partners and they should be the first ones to be consulted and then perhaps the debate that we are having here is a great deal better informed before we come to a decision. *(Applause from public gallery)*

COUNCILLOR WAKEFIELD: Sandie, do you want to...

MS S KEENE (Director of Adult Social Services): Thank you. I will try and address each of the questions in turn and the comments.

In relation to why we have not raised this as an issue and why we did not in the previous administration, I think it must be noted that the investment in NHS counselling services has only really put in in the last two years and those services developed and established and the £2.3m, so it would be true to say that for a number of years – and very many years, bearing in mind that this service has been available for 22 years – indeed these were some of the only qualified professional counselling services available and particularly alongside the elements of their telephone crisis helpline, so it would have been inappropriate, certainly in 2004/05, to have thought of bringing this measure forward then.

In relation to the geographic service, the geography of the attendance, I am not wishing to mislead people at all but it is nevertheless the case that most of the referrals come from a smaller number of geographic areas and many areas have less than 1% of referrals and, as I have already mentioned, over half of the GP practices in this city have not referred and, bearing in mind that the significant majority of referrals come via the NHS, I feel for the consideration of the recommendations that they are important matters for members to consider.

In relation to the issues around partial closure versus full closure, I think I have identified in my introduction some of the issues around that in that, yes, we had not considered partial closure because in the context of this being a discretionary service, in the context of it certainly not being a statutory responsibility and the availability of alternatives and additional investment in the NHS, it appears a reasonable recommendation in the context of the financial position that we find ourselves. It is not one with any great pleasure that any of us have brought forward, but it is reasonable in the circumstances, I would suggest.

In relation to the process of consultation I welcome Councillor Carter's comments in relation to let us get it right about how we do approach consultation. What we did in December was in a sense we were looking for a mandate to start the discussions which, of course, is what came. The reports were not submitted because we actually then had the mandate and we had the extensive conversations. I do think that within the last two months we have had the benefit of the range of comments that have been given and that we are in a position today to be able to advise you of both the recommendations for the proposals that we are making but also the factors that people have expressed that are opposed to that for Members to be able to balance those up and come to a recommendation.

COUNCILLOR WAKEFIELD: OK. Any further comments? Councillor Yeadon.

COUNCILLOR YEADON: Thank you, Chair. It brings me no pleasure to have to bring a paper like this to Executive Board and I have to say, it is an incredibly difficult decision that I think is facing us and I just want to point out that no decision on this paper or the other paper around mental health issues has been made and it is in this forum that decisions are made, and rightly so.

It is very difficult and it is not something which I am happy about. I know from the correspondence that I have received, from the discussions I have had with people and I also visited the Centre and met the managers as well, that this is a service which people are rightly passionate about and people would want to defend, and I understand that.

Unfortunately, in the current circumstances that we are facing we have to make some very difficult decisions, and not decisions that I particularly want to make, but in the position that we are all in we have to make those, so I just want to acknowledge the concerns that people have and acknowledge the passion that people have for this service and I want to state on record that I do not want to discredit the work that the Centre does and I do not want to undermine the strength of feeling that people have around this service. I am sorry that we have had to look at making these kinds of decisions under these circumstances.

COUNCILLOR WAKEFIELD: OK, any more speakers, because I think – Councillor Gruen.

COUNCILLOR GRUEN: Chair, I note that as part of the decision making process we have a very detailed Equality Impact Assessment, both for this and the next item. I acknowledge the detail or the work in that paper. I would like to ask a little bit more about the key aspects of the Equality Impact Assessment and what difference that has made in bringing forward the details of the decision.

COUNCILLOR WAKEFIELD: Who is answering that? Sandie.

MS S KEENE (Director of Adult Social Services): I think the biggest issues that we have addressed is the matter that we have raised on a number of occasions, and that is the impact on the population of Leeds, the fact that needs, as coming forward for these sorts of services, will be able to be addressed and appropriate alternatives are available and I think that in terms of addressing the impact on the people of Leeds, those are the critical factors. I just turn to my colleague John Lennon to see if there is anything you want to add?

MR J LENNON (Head of Service Delivery, Adult Social Services): Thank you, Chair. I think that we are guided in completing an Equality Impact Assessment particularly around risk and I think what my colleague John Lawlor has intimated is that there is always an assessment of the risk in terms of the impact of such a decision and whether alternative services can cope. I think in all this, in all these processes in our discussions with the NHS, we have talked through this at some length about how the alternative services can cope and I think we have received assurances from the NHS that they are confident that the alternative provision can.

COUNCILLOR WAKEFIELD: OK, I am going to try to summarise because I appreciate the contributions from everybody because I think they have been constructive and they have not tried to make things worse. I very much welcome the comments on the consultation made by Councillor Carter, because I think we share that view ourselves.

When it was deferred on December 15th, it was to do that very thing about getting down and doing proper consultation. I have heard feedback about that and I think I have heard it from both sides, but I think we have still got time to June to get that better and stronger so that Members can be convinced that we are listening to the users and the staff and so on, but I cannot hide away that Councillor Carter's financial inheritance in 2004 – I am not sure it was 20 but that is something we can discuss and debate later. What we do have in front of us is a £90m cut in our budget this year and £47m next year. When you have to find those savings on an already overstretched budget, which Councillor Carter acknowledges both in Children's and Adult Social Services, it is your duty to look at every penny spent.

I have absolutely no regret about the work done by the Crisis Centre. Everybody has said here today, this is not about criticising or undermining the work they have done. This is about saying can we do it differently and better

using the proper resources that are available. There has been a fundamental shift in social policy and to our, I think, reassurance there has been extra money put into the Mental Health Service. Years ago, as we know, it was a Cinderella service. Now I think people have recognised that mental health is a priority not just because of the celebrities that go round, but that has been helpful to raise the profile because it is an important service and it is changing.

I think we have looked long and hard. People will have their various views about the comments and commitments made by John Lawlor and I think that is something we may well have to come back to a few months up the road when we can probably get something back from John to see how that working group has come to its conclusions and commitments.

I feel that we have had additional resources put into the Mental Health Service previously. We have, as Councillor Golton said, further money coming with an announcement from Nick Clegg and I think we should see what that money does and we should monitor that and we should monitor the progress but we cannot really talk about any further delays, frankly. I think the budget is at crisis point itself and these highly difficult and tough decisions have to be made.

One thing we can guarantee. If, in a few months' time, John Lawlor's commitment and our commitment to consult with everybody there and the staff has not happened, then I think we are duty bound to look but I think we have to proceed now with the best interests of everybody involved, particularly the users, knowing full well that the National Health Service, the Mental Health Service, is professionally qualified to present critical pathways out of the present condition. For me, I think that is an offer that we should seriously take up and make sure that we hold them to that responsibility.

I am moving now to a vote on this set of recommendations by colleagues here. I look round the room and look for people to first of all indicate by hand those in favour of the recommendations. *(A vote was taken)* That PASSES. That concludes the debate.

(Interruption from public gallery)

COUNCILLOR WAKEFIELD: I understand that we are only at the start of the proceedings and I am sure that if there are comments that people want to make, I am more than happy that we make them in the proper, appropriate forum. I am sure that you will continue campaigning, it is a democracy and you are entitled to do that, but if we can have a discussion and debate in a better form with more constructive exchanges, I would welcome that as well.

Can we now move to Item 17, please.

ITEM 17 - THE FUTURE OF MENTAL HEALTH DAY AND ACCOMMODATION SERVICES

COUNCILLOR WAKEFIELD: Again, Sandie Keene.

MS S KEENE (Director of Adult Social Services): Can I remind Members of the introduction to the previous paper where I mentioned the context of National Social Policy and indeed the financial context. I am pleased to say that actually the main driver for this report is the National Policy Context for Health and Social Care Services for Mental Health.

This report outlines the nature of Mental Health support services for those who live at home. There are a range of Local Authority voluntary and health service provisions and this is about a journey of modernising our offer of support to people, certainly tailoring more to the individual needs and tailoring to a more personalised service; helping to access all elements of life which you and I enjoy every day. It is also about addressing gaps in service because our recent audit work indicates that there is a gap in our service provision around support to ethnic minority communities and, indeed, those aged under 35 do not access our day services at all.

This realisation happened quite a long time ago and was the reason for precipitating a project called i3, which has been talked about extensively in our preparation and consultation since December, but it is important to say that the abbreviation of that project came from the outcomes that people we were talking with at the time – outcomes that they wanted which were about inspire, include and improve.

The consultation that we set up ran from 2005 to 2009. It involved service users, the Council, NHS and independent and voluntary sectors. It was a consultation that looked about what our future service provision should be and out of it was borne a vision for a new mental health day service that was based on two very important principles – recovery and social inclusion.

I have to say now that that work was actually ahead of its time because only nine days ago a national report was published called “No Health without Mental Health” and in that report from the Government, many of the issues that we have identified in Leeds and were identified during our i3 project are written very large. It is about a modernisation of service away from a purely buildings-based service towards one that promotes inclusion, independence and confidence in joining mainstream society.

The recommendations in the report you have before you suggest that we should be moving to a service that has a range of offers of support to people. Yes, there will continue to need to be a building-based service but there will also need to be an increased range of access to other services, access in the community for people recovering from mental health problems, supported by drop-ins across the local community with varied open times and offers where people can find a mixture of user-led and user-run support alongside specialist support when needed.

As people become stronger and more confident we should also be supporting people into helping in their local communities, perhaps through volunteering, through placements, supported vocational services and routes

into employment. We know that social enterprise is an important feature of these things and I think it is really important to say at the outset that though the i3 project report in 2009, there has been an extensive development within Day Services, particularly in the voluntary sector but also in part in our own services, to develop some of these options and opportunities.

However, the pace has been limited by our capacity and also by the maturity of some of our partnership arrangements up until the present time.

What this report does is recommend a direction of travel that will help us to reconfigure our buildings in order to continue to provide the service offer that I have just outlined. We want to assure the Executive Board that this will not be a sudden or a swift process and over the coming months we want to work intensively and individually on a one-to-one basis with each and every service user at their own pace. We are also, in the revised report put round, identifying that we want to set up a stakeholder involvement group consisting of service users, carers, staff, local ward Members if they wish, and this group will monitor the implementation of the new model and raise any concerns as soon as they arise so that they can be addressed and anxieties minimised.

I want to assure you that we do not underestimate the degree of concern with which our proposals have been met, and obviously the interest here today in the Chamber and the representations outside the building make that very, very clear. We do recognise the heightened anxiety that has been raised with people from these proposals.

You may recall that we did raise the issues in December and I want to acknowledge that in December it may well have been a shock to people that they were raised then because the i3 project may have seemed some time ago but, as I have mentioned, service modernisation has been taking place since the i3 project completion and we feel now is the right time to go to the next stage of development of these services.

We have had a number of representations about the nature of our consultation. We have discussed in the earlier report some of the frailties of when you give information and when you engage people and how you engage people, but I would like to point out that the foundation of this work was through the i3 project which did have a full sign-up across the system, and it did run for four years.

The process has not been dormant but we do want to recognise that some people will still want to have a safe haven through a building and we are recommending that that building be identified through Lovell Park.

We know that concerns have been raised in the representations about why Lovell Park, but it is on a good transport route and it is in the best condition of all our three day services.

Some people in raising the concerns about these changes, I think, have raised concerns that if we were to re-assess people they may not be eligible for a service in the future. What I would like to assure Members and

the people listening to this debate, is that all current service users will continue to receive a service; no-one will have support taken away, but it may change as the new service model is developed in consultation with individuals in relation to helping people reach their full potential and fulfilling the vision of the i3 promise about inspiration, inclusion and improvement.

We know that we have had wide experience in doing some of these changes in relation to other service user groups and we will use some of the learning from that. We also know that members of the voluntary sector and other service providers are supportive of this direction of travel. I believe you have received a full copy of a letter from Volition giving their support for our work, and I would just like to quote part of that letter which says:

“There is broad agreement among the voluntary sector mental health service providers that the modernisation of day service provision is the right course of action and there is some frustration that the process of instigating this agreed model has been slow.”

They further say that:

“Any further delay will cause more anxiety and, while the decision is difficult for a relatively small number of people, there will be many more people who will benefit in the future.”

I would like to draw your attention that in the report it refers to a Phase 2 and 3, that if you were to approve our recommendations in relation to Phase 1, we will be working over the next year to 18 months to consolidate the model of day service support into a single model and that we will look to create a service specification and put out to contestability the provider of this service, ensuring that there is full consistency and co-ordination across the city for the provision of this level of support. We are also committing to bring back a report to you regarding accommodation services in the future.

You will note that we are recommending that we bring back a report on progress and that we will move any changes, should they be approved, at the pace and speed of the users of the service. I would reiterate that we are experienced in implementing such change and we want fully to include the involvement of the stakeholder group.

We are submitting that this is a positive service development and a necessary way forward to modernise mental health services and create a service which is fit for the future, and I would recommend it to you. Thank you.

COUNCILLOR WAKEFIELD: Thank you. Another lengthy statement but I think it does help to clarify where the department is and where the Director of Adult Social Services is as well.

I am taking comments and questions again. Councillor Carter.

COUNCILLOR A CARTER: Thank you, Chair. The revised recommendations.

COUNCILLOR WAKEFIELD: Can we read those out, please, so that everybody here...

COUNCILLOR A CARTER: Could you read the revised recommendations out, please?

COUNCILLOR WAKEFIELD: Second and third versions of this, I think, so it would be useful to read out what I think strengthens the consultation process.

MS S KEENE (Director of Adult Social Services): Perhaps I could say that recommendation 7.1 and 7.2 are unchanged. Recommendation 7.3 now reads that:

“We are asking the Executive Board to assist this process that they give approval to begin a personalised consultation with service users on how their needs are best met within the new service model. Appropriate levels of consultation with staff and unions will follow with service changes to be complete between July and September in order to allow time to arrive at individual agreements with service users over their future needs. There will be no closure until alternative services are available and in place.”

Recommendation 7.5 now reads – although I think that is a typing error, it should be 7.4 - that:

“The Executive Board approves the establishment of a stakeholder involvement group as described in paragraph 3.2.5 in the report, which will meet regularly as implementation is put under way.”

COUNCILLOR WAKEFIELD: OK. Councillor Carter.

COUNCILLOR A CARTER: Thank you for that, and it does help. On the final point you made, 7.5, you are going to establish a stakeholder involvement group as implementation is put under way. Why not before implementation?

MS S KEENE (Director of Adult Social Services): We would be putting this in place – should the Executive Members agree the recommendations of this report we will put it in place immediately.

COUNCILLOR A CARTER: Immediately?

MS S KEENE (Director of Adult Social Services): Immediately.

COUNCILLOR A CARTER: That is helpful. A general point, I think I indicated earlier, I think the personalisation of Adult Social Care, in this case Adult Mental Care, is in general terms the right way forward. The i3 project has probably taken too long for all sorts of reasons and I understand that.

I go back to the point I made earlier, though. At 7.3 on page 282, the paragraph is self-explanatory. Subject to our agreement today you will now begin a personalised consultation with service users. The point I made before is the point I am going to make now – the service users should be front and centre. We should have authorised that, probably, or you should have asked for that, earlier because what you should be doing now is reporting to us the views of the service users so we can take a fully informed decision and, of course, we cannot because you are only going to start this discussion with the service users should we agree to the recommendations here today.

The final question is this, then – so, when you report back in November, what if a large number of service users are still entirely dissatisfied with what they are being offered? What do we do, because we have already taken a number of other decisions which have put in train a series of events? That is the problem we have got.

COUNCILLOR WAKEFIELD: OK, I will let – my understanding is that the consultation had started and there were attempts to engage, but I take the point entirely about we need to improve consultation. I think this is a good start to make sure there is an improved mechanism. I think John Lennon has been out to see some of these people as well. Who wants to answer that? Sandie?

MS S KEENE (Director of Adult Social Services): Can I start and bring my colleagues in, and Councillor Yeadon, who has been very involved in this, may want to say things as well.

I think it is a really tricky one and I do appreciate the points you are raising because we would say there are different levels of consultation. There is consultation about the direction of travel, which we believe, through the i3 project there has been a sign-up to the direction of travel in terms of the general way that we should be going. Then there is a level of consultation around the impact on an individual in relation to that and how we can best provide the alternative service that the direction of travel signifies, if you like.

In relation to what we have been doing between December and now, which we would say does constitute consultation following the issue emerging in terms of the direction of travel in December, I think I will turn to my colleague John and maybe Councillor Yeadon wants to add something as well.

MR J LENNON (Head of Service Delivery, Adult Social Services): Thank you. I totally agree we have found this an extremely difficult and sensitive subject and I suppose found it a challenge to know how to tackle it

best, but I think since the December Board, which in effect allowed us to begin more formally the conversation, I would say, with the existing service users as to how, within the vision of i3, how we would help support them on that journey from where they are now, broadly located within three buildings, providing a variety of services that they found useful, to in fact have a conversation about how alternatives could be provided but also within a framework of a new service that would include and invite people who do not currently enjoy the service to come into that service.

I think quite importantly as well we were trying to suggest to people there were alternatives that were viable but until we can begin to describe them they found that difficult to see and we need to help that process and, in effect, bring examples forward that allow people to see how other people have made that journey through recovery into other arrangements that allow them to feel a valued member of society, and begin to enjoy, I think, some of the things that most of us enjoy as a resident of Leeds that they currently feel excluded from.

I think to pursue that line, then, following the December Board I did meet with a very large number of service users at the St George's Centre and it is fair to say that was a very lively debate because people were passionate about the services they receive, and understandably so, and I was not there to deny them their passion or their feeling or the fact that they value what they had. I was trying to suggest there were other options available to people and that what we really wanted to do, and get Executive Board to give us permission to do, was to have a conversation with them about what the might look like and to, in effect, become less reliant on three buildings, still have a new model in which buildings played a part but very specifically around recovery, and to allow then that when people had, and people do recover, to provide them with an appropriate support in their communities or in their current friendship groups, for example, and to recognise that employment or to support other voluntary activity or other community activities was as important a role in our service as attendance at a day centre.

In addition to that, I did go following the meeting at St George's – which I think probably had about 150 people at with their carers and their supporters – we did a couple of weeks ago go back to the Vale, at their invitation, and Councillor Yeadon did attend that meeting, where again we had a similar conversation about trying to address the worries and fears people had who were in the service about what would happen to them.

What they actually described in terms of what they got was actually support and what I was quite comfortable in saying to all those people who expressed concern about the support, is what they described were all things we would want to continue. They were all excellent demonstrations and examples of the support a good mental health day service provides for people but, by and large, had nothing to do with the building.

I still think we have a challenge to talk to people about what that looks like and I accept that that is why we have put in the report some stretched

timetable to allow those conversations to happen. Councillor Yeadon might want to say something about that meeting.

COUNCILLOR YEADON: I think the points you have made around consultation generally are very valid and I know that when we were in Opposition were very concerned about consultation and I understand why you and, and I think we possibly need to have more discussions around what we feel is an appropriate way to consult and probably do that maybe cross-party or through Scrutiny, to have a discussion around how do we consult, because it would be very difficult for officers to go into an arena and start consulting with people without having that mandate to do so or an agreed path to travel because I am sure we would be critical if they did that as well.

Perhaps we need to have those discussions around how we can do consultation better and I would really welcome that.

The meetings that I have attended, there is no point in pretending that people at the centres are not concerned and people at the centres would like – there is no point in pretending that they do not want to see the centres closed and are concerned about that, but they are very passionate about what kind of services they value and I think what we have to do in these next few months is take what the people who access these services value and how would that fit into a new model of service delivery – one that is not based solely on buildings but would let us look at the ethos and the ideology behind i3 and how those two can come together. I think they probably could come together. I think people will be concerned about losing that base that they are used to going to and I think that is going to take a lot of work for us to move that forward in a sensitive way, but I do think through the next few months, if this is accepted, that those conversations could actually bring some really positive and exciting ideas from the people who are accessing the services. I think these past few months have shown that the people accessing the services really care about that service and have some great motivation and great ideas and I think perhaps we need to harness that so that we can look forward about delivering a service for the 21st Century in an exciting new way with their help.

I also think that the staff within our services have been doing a fantastic job under extremely difficult circumstances because they have taken the concept of i3 and have tried to apply it within the confines of a building and I think we have been asking probably too much to expect that they can completely fulfil that model while still doing it with three building bases.

I think perhaps we need to look forward about how we can have this discussion around consultation and how we can improve it generally.

COUNCILLOR WAKEFIELD: Councillor Golton.

COUNCILLOR GOLTON: Thank you, Chair. Yes, I think we need to have a good debate about the mandate to consult as well because I was under the impression that, as a Council, we had already taken on board the

agenda of personalisation and I would have thought that there was an ongoing discourse with our service users to see how that personalisation can be taken forward and developed. I think it is a shame that papers such as this come forward without that background knowledge that the proposals to close fixed facilities has not come from the service users themselves. *(Applause from public gallery)*

I am referring to that close personal one-to-one work that is going to happen after the decision is taken.

I have to point out, I am not ideologically somebody who says, "Oh, it is a Council run service, we have to keep the Council run service, we have to keep these buildings." I am not that kind of person. I believe in personalisation. I believe in the philosophy behind this in terms of making sure that your services fit the people who they are meant to be serving, but I do think our decision-making process in the Council is far too associated with taking decisions about facilities and then sorting out the issue afterwards, so that mandate for consultation, I think we do need to have a conversation round that.

I do appreciate the information that Councillor Yeadon sent to us from Voluntary Sector Partners that said that they are signed up to helping with this, but in terms of we need to have this Scrutiny debate about how do we consult – these particular communities that we are serving with these facilities, there is a further expectation to have extra sensitivity around that consultation process and that is why I feel that, given the anxiety that has been produced in this area and given the timetable that you have set yourself here – you have talked about stretching the timetable – I think it is worth thinking about the stretching the timetable for closure rather than just stretching the timetable for consultation, because I think the time that would have been spent between now and then, talking individually with service users, might mean that actually you have got a greater mandate to make change.

At this moment in time it comes down to the same fact I had before, that confidence in terms of knowing that this is a decision that we should be taking now as opposed to in a few months' time, I do not have that confidence right now.

COUNCILLOR WAKEFIELD: Councillor Blackburn.

COUNCILLOR A BLACKBURN: Thank you, Chair. I have been concerned about this and I have had talks with officers, talks with users, talks with Councillor Yeadon and I am happy to see that there is a change there that as far as the bases are concerned, the centres are concerned, that the centres will not close until an alternative provision that the user is happy with has been found. That was one of my concerns that there was some gaps, I think, in the previous report.

When people mention about the consultations, there has been consultations over the years, I think where the problem seems to be, from what some users have told me, is that the last year because there was not any money from the NHS or whatever, nothing was mentioned, so a lot of people thought that the idea had been dropped and this came through again, with what some users told me and I can understand that and I think that maybe it should have kept being said this idea has not been dropped, it is still there. I think things could have been done better, to put it in a nutshell, really, as far as keeping service users aware of the fact that nothing had died, it was still there.

I think it is a good thing if people are made aware of maybe other things that they could do instead. My main concern is people who use these services – for instance if somebody uses it two days a week, that suddenly it is not there and people are cut off, not have anywhere to do and, of course, what people want to do has to be in consultation with them because people have different views of what they want to do – there are lots of things out there, really.

I think working one-to-one, working in the centres, working with the friendship groups, I think that we should get somewhere at the end of the day with this, something that everybody is happy with. I hope that is what happens anyway. That is what I put an input in to try and make sure because I know that again, I think we have all had users get in touch with us anyway, all Exec Members I think have, but I have spoken to people on the phone and I have asked, if you go to, say, Stocks Hill for two days and an alternative service was there, would that be OK, and the feedback has come back to me that as long as it is worked with them and taken into consideration what they say and what they want to do, then yes, it is, because it is not just the building. The main thing is that the people who are going to the centres, be it Stocks Hill or the other two, that there is a service there. To me the service is more important than the building. I know some people that are up in the gallery here probably do not agree with me but my main concern is that that service is there because there are some people who have been going to these centres for 15, 20 years and you cannot just cut them off or leave them dangling in the air and I think some of this report left people dangling in the air before. I think this is more clearer but when it comes back to us we have got to be certain that, yes, people are happy, that they are still working with the service, the service is not going to cut people off, because you cannot cut people off. If they have been dependent on a centre for 125, 20 years you cannot just cut them off like that it is not right and there is no way that I could support that, and I would not support that, but I think that this here covers the fact that the service is there for the people that have got used to using that service and I think that that is the way forward.

I welcome the fact that the group with service users, staff, carers and local elected members, that is a new addition to the report because I am concerned that in fact this consultation works. I would not want people thinking that they were being forced into doing something that they have not. I am not saying that the staff would do that but I think it is very clear that if we

are going to have a direction of travel, it is different, you are going on a different building than what it is now, that it has obviously got to be done with each service user, with their approval. Everybody will want different things and want to keep with their friendship groups, of course they will. One chap got in touch with me yesterday asking about this and we had somebody who had other problems beside mental problems, he needed a place nearby where he lived to go because he had problems, incontinence problems, and so there is going to be lots of things. I do not think that this is going to be something simple for people to work with but as far as I am concerned we need to work with people, and if people at the end of the day are happy –and if they are not and they come back and say that they are not, there is still some anomalies there, to me the centres cannot be closed until everybody is happy and moved on and I think that is the way to go. Thank you.

COUNCILLOR WAKEFIELD: Thank you, Councillor Blackburn. I am going to try and summarise now because I think we have given both papers a very good airing with all the views. I think there is probably more consensus. I am sorry, I did not know you had your hand up. My memory went.

COUNCILLOR FINNIGAN: If people had come to us 20 years ago and said we are looking at personalised budgets here and we are looking at direct payments, all of us would have turned around and said, “Good Lord, it is the road to rack and ruin, what are you thinking about? Really we are in a situation where we know best and we have got these services and we will (*inaudible*). That is what used to happen, pretty much. I do not think we made real progress but we used to know, in a paternalistic way, what was best for people and we used to shovel them into particular centres and particular services and they got what they got, and that was pretty much it.

I think we have moved a lot since that particular point and I think there is some acceptance at the centres that what they are doing now is a lot different from what they were doing many, many years ago. There has been that particular movement.

I have had the benefit of attending the Vale and chatting to service users about things and I think they have concerns about the consultation process. I think we all share those concerns, certainly over Christmas at the point where things were extended. It is very difficult when you lose some weeks and I am reassured that there will be some further consultation about where we are going and what models might be appropriate in the future.

The other concerns that they were articulating was the fact that they were being told, “Ah, well, there will be something else for you” and were not clear, and I do not think it had been made clear, what they fuller alternatives were likely to be. I am heartened to see that the report has been adjusted very progressively in the right direction where it will talk to people to say these are not fantasy alternatives, these are genuine alternatives and we are having a discussion with you and moving forward.

The service users themselves accept that things have to change and I think they accept entirely that we are in a difficult financial situation. What they want, I think, is an opportunity to be involved in looking at some of those alternatives that might be quite radical alternatives and whether those are right. The service users themselves and the staff get together and form some sort of consortium or whatever and staff bid to run their own particular services, and I would hope that part and parcel of the stakeholder involvement group will be to think the unthinkable. If we are in a situation where we can hand over the building and they can run it themselves, if they can come up with that sort of idea or suggestion or proposal, that we ought to offer that full help and that full support.

I am heartened to see that there are changes and the stakeholder involvement group must be given real opportunities to influence the outcome of where we are going with things. It has to be a genuine process, I am happy with that.

I would ask for serious consideration, 3.1.8, the new one, talks about "This will include consideration of the development of a social enterprise hub." I am always genuinely concerned with the "consideration" because that does not really mean a whole lot and I would say that we need to be committing to looking at the development of a social enterprise hub. I think it is vital, it is important. We do not just give it consideration, we look at ways of making sure in some shape, way or form that actually happens because some of the work they are doing at the Vale, certainly in polytoness and all the rest of it, is fabulous, fabulous work.

I am ultimately reassured that at the end of the day one of the new recommendations is that there will be no closure until alternative services are available and in place. Again, we are not dealing with fantasy politics here, this is a genuine process. The service users can look at every other option that there might be to provide that particular service and that they go through a process that offers them genuine alternatives, or even alternatives that are actually in front of us that might be considered at that particular point. Thank you.

COUNCILLOR WAKEFIELD: OK. Probably before I summarise I ought to just ask if the officers have got anything to respond to in terms of the number of comments that have been made so far.

MS S KEENE (Director of Adult Social Services): No, other than to, I think, welcome the comments and certain assure Councillor Finnigan on all of his comments just there that we will absolutely and actively take them seriously and take them up, particularly around the social enterprise hub, and that though I acknowledge fully that consultation can always be better, we do consider that we have got the view of people, we understand their concerns and anxieties but we will try and move forward as constructively as possible, should you be agreeing these recommendations.

COUNCILLOR WAKEFIELD: OK, because I think there is probably more consensus between us on this issue about the general direction of travel than perhaps the other.

I think the issue of consultation has been well made by all people, all parties in this Chamber and I think the recommendations are tightened in order to make sure there is a much stronger one.

Like everybody else, I have been convinced by the general change in social policy on this issue, because we all want to see integration. I wish people would not call it i3 but we are stuck with that and, like Councillor Carter, I wish we had done something in 2009 because I have to say I have met a deputation before this meeting started and I realise we have got a lot of work to do to win over the hearts and minds of people, even though there is broad consensus, even though we have got letters of support, even though we have got examples here saying how much more their lives are enriched by this direction of travel by having choice and options and so on. I know from my conversation up there that one of the most important things is clearly social friendship, and that is the key experience in anybody's recovery from mental health problems. I heard what the Director said earlier, I think we may have further debates and discussions on buildings as we go along but I think the key to all this is about convincing people that we are serious about involving them in the process of change and I think the fact that this has now been strengthened once or twice makes it a better social policy than it was.

I hope that colleagues can support these recommendations. I hope that we can come back and I promise you, for those people in the gallery, we will be monitoring the experience of your involvement and consultation and the ideas that you come forward to make sure we get as much consensus as possible behind this debate. We know it is difficult, we know it is challenging but personally I always welcome the idea that we do not stigmatise or institutionalise people, even though that is breaking down within existing buildings, that we give people the best possible choices we can offer.

With that I move the recommendations. Can we just indicate support? *(A vote was taken)* That concludes the two papers, thank you. PASSED.

For those people who have come along to listen, I know it has been long but I hope you appreciate that we have taken this issue extremely seriously. There are more debates and discussions to have on it and I look forward to meeting up with some of you perhaps another time to see where we are and what we are doing. Thanks very much for coming along, I really do appreciate the atmosphere that you have given this debate. *(Interruption from public gallery)*
