



SCRUTINY BOARD (ADULT SOCIAL CARE)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Wednesday, 13th April, 2011 at 10.00 am

(A pre-meeting will take place for ALL Members of the Board at 9.30 a.m.)

MEMBERSHIP

Councillors

- J Chapman - Weetwood;
- B Cleasby - Horsforth;
- P Davey - City and Hunslet;
- S Hamilton - Moortown;
- T Hanley (Chair) - Bramley and Stanningley;
- A Hussain - Gipton and Harehills;
- V Kendall - Roundhay;
- M Lyons - Temple Newsam;
- R Pryke - Burmantofts and Richmond Hill;
- K Renshaw - Ardsley and Robin Hood;
- D Schofield - Temple Newsam;
- S Varley - Morley South;

CO-OPTees

- Ms Joy Fisher – Alliance Service Users and Carers
- Sally Morgan – Equality Issues
- Betty Smithson – Leeds LINK

Please note: Certain or all items on this agenda may be recorded.

Agenda compiled by:
Andy Booth
Governance Services
Civic Hall
LEEDS LS1 1UR
Tel: 24 74325

Head of Scrutiny and Member
Development:
Peter Marrington
Tel: 39 51151

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded.)</p> <p>(* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Chief Democratic Services Officer at least 24 hours before the meeting.)</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-</p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p>LATE ITEMS</p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p>DECLARATIONS OF INTEREST</p> <p>To declare any personal / prejudicial interests for the purpose of Section 81 (3) of the Local Government Act 2000 and paragraphs 8 to 12 of the Members Code of Conduct.</p>	
5			<p>APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES</p> <p>To receive any apologies for absence and notification of substitutes.</p>	
6			<p>MINUTES – 4 & 16 MARCH 2011</p> <p>To confirm as a correct record the minutes of the meetings held on 4 and 16 March 2011</p>	1 - 10
7			<p>RESPONSE TO THE TRI-CENTRE GROUP SUBMISSIONS IN RELATION TO THE RECOMMENDATION TO THE RECONFIGURATION OF LEEDS CITY COUNCIL MENTAL HEALTH DAY SERVICES AND RESPONSE TO UNISON CONCERNS IN RELATION TO CRISIS CENTRE AND DAY SERVICES RECONFIGURATION EQUALITY IMPACT ASSESSMENTS</p> <p>To receive and consider the attached report of the Head of Scrutiny and Member Development</p>	11 - 28
8			<p>SCRUTINY INQUIRY - TERMS OF REFERENCE - LEEDS CRISIS CENTRE</p> <p>To receive and consider the attached report of the Head of Scrutiny and Member Development</p>	29 - 32

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9			<p>INQUIRY INTO THE FUTURE OF RESIDENTIAL AND DAY CARE PROVISION FOR OLDER PEOPLE IN LEEDS</p> <p>To receive and consider the attached report of the Director of Adult Social Services</p>	33 - 46
10			<p>DOMICILIARY CARE AND REABLEMENT UPDATE</p> <p>To receive and consider the attached report of the Director of Adult Social Services</p>	47 - 62
11			<p>RECOMMENDATION TRACKING - SUPPORTING WORKING AGE ADULTS WITH SEVERE AND ENDURING MENTAL HEALTH PROBLEMS</p> <p>To receive and consider the attached report of the Head of Scrutiny and Member Development</p>	63 - 80
12			<p>SUMMARY OF PROGRESS IN RESPONSE TO SELF DIRECTED SUPPORT INQUIRY RECOMMENDATIONS</p> <p>To receive and consider the attached report of the Director of Adult Social Services</p>	81 - 90
13			<p>ANNUAL REPORT 2010/11</p> <p>To receive and consider the attached report of the Head of Scrutiny and Member Development</p>	91 - 98

Agenda Item 6

SCRUTINY BOARD (ADULT SOCIAL CARE)

FRIDAY, 4TH MARCH, 2011

PRESENT: Councillor T Hanley in the Chair

Councillors J Chapman, B Cleasby,
P Grahame, R Grahame, S Hamilton,
V Kendall, J Lewis, M Lyons, R Pryke,
D Schofield and S Varley

CO-OPTEES: J Fisher– Alliance Service Users and
Carers
S Morgan – Equality Issues

75 Chair's Opening Remarks

The Chair welcomed everyone to the call-in meeting.

76 Declarations of Interest

The following personal interests were declared:-

- Councillor J Chapman in view of the fact that she has a relative who works in the Independent Sector (Agenda Item 7) (Minute 79 refers)
- Councillor S Hamilton in her capacity as an employee of the Leeds NHS Trust (Agenda Item 7) (Minute 79 refers)
- Joy Fisher in her LINK capacity (Agenda Item 7) (Minute 79 refers)

77 Apologies for Absence and Notification of Substitutes

Apologies for absence were received on behalf of Councillors P Davey, A Hussain , K Renshaw and B Smithson (Co-optee).

Notification had been received for Councillor P Grahame to substitute for Councillor P Davey; Councillor R Grahame to substitute for Councillor A Hussain and for Councillor J Lewis to substitute for Councillor K Renshaw.

78 Call-In of Decision - Briefing Paper

The Head of Scrutiny and Member Development submitted a report regarding the procedural aspects of the call-in process.

Members were advised that the options available to the Board in respect of this particular called-in decision were:-

Option 1 – **Release the decision for implementation.** Having reviewed the decision, the Scrutiny Board (Adult Social Care) could decide to release it for implementation. If this option was chosen, the decision would be released for immediate implementation and the decision could not be called-in again.

Option 2 – **Recommend that the decision be reconsidered.** Having

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reviewed the decision, the Scrutiny Board (Adult Social Care) may decide to recommend to the decision maker that the decision be reconsidered. If the Scrutiny Board chooses this option a report will be submitted to the Executive Board.

In the case of an Executive Board decision, the report of the Scrutiny Board will be presented to the next available meeting. The Executive Board will reconsider its decision and will publish the outcome of its deliberations within the minutes of the meeting. The decision may not be Called In again whether or not it was varied.

RESOLVED – That the report outlining the call-in procedures be noted.

79 Call-In - Proposal to Decommission a Non-Statutory Mental Health Counselling Service, known as the Crisis Centre

The Head of Scrutiny and Member Development submitted a report, together with background papers, relating to a review of a decision made by the Executive Board on 11th February 2011 in relation to a proposal to decommission a Non-Statutory Mental Health Counselling Service known as the Leeds Crisis Centre.

Appended to the report were copies of the following documents for the information/comment of the meeting:-

- Copy of completed Call-In request form
- Report of the Director of Adult Social Services
- Copy of the Equality Impact Assessment – Leeds Crisis Centre
- Relevant extract of Executive Board Minutes of 11th February 2011

The decision had been called-in for review by Councillors G Latty, P Latty, M Lobley, J Matthews, M Robinson and R Wood on the grounds that consultation had not been as wide or through as it should have been and whether or not all options were considered.

Councillors G Latty and J Matthews attended the meeting and gave evidence to the Board as to why they had called this item in and responded to Members' questions and comments.

The following representatives were also in attendance:-

Paul Truswell, representing Leeds LINK
Jeremy Pritlove representing Save Leeds Crisis Centre
Philomena Corrigan (Executive Director of Strategy and Commissioning) – NHS Leeds
Councillor L Yeadon, Executive Member, Adult Health and Social Care
Sandie Keene, Director of Adult Social Services
John Lennon, Chief Officer (Access and Inclusion), Adult Social Services

In summary, the main points raised by Councillor G Latty, Councillor J Matthews, Paul Truswell and Jeremy Pritlove were:-

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- The need to reconsider the Executive Board decision to close the Leeds Crisis Centre
- The concerns expressed regarding the inadequate consultation and the need to give Adult Social Care more time to consult and engage with service users and staff
- The proposed timeline for closure and the seemingly absence of alternative provision
- The 'unique' status of the Leeds Crisis Centre and the model of care provided at the Crisis Centre which was a social model rather than a medical model
- The need for a clear defined pathway for referrals to be introduced to avoid closure
- Clarification of the details contained within the Impact Assessment report
- The absence of any consideration of a reduced service within the Centre

In explaining the reasons for the Executive Board decision, the Executive Member, Adult Health and Social Care; Director of Adult Social Services and the Chief Officer (Access and Inclusion), Adult Social Services made specific reference to the following main comments:-

- Statistical evidence regarding patient throughput, referral routes and outcomes
- The need to make severe financial cuts within Adult Social Services resulting from the agreed 2011/12 Budget
- The view expressed that service users would have access to alternative provision should the Centre be disbanded

The Chair also invited Philomenia Corrigan, (Executive Director of Strategy and Commissioning) – NHS Leeds to comment on the proposals from the NHS Leeds perspective.

The Chair then invited questions and comments from Board Members to; Philomenia Corrigan; Councillor L Yeadon and officers.

Following this process, the Chair allowed the Call-In signatories, Paul Truswell and Jeremy Pritlove to sum up.

In conclusion, the Chair thanked Councillors G Latty, J Matthews, together with Paul Truswell Jeremy Pritlove, Philomenia Corrigan, Councillor L Yeadon and officers for their attendance and contribution to the call in meeting.

RESOLVED- That the report and information provided be noted.

(Councillor V Kendall joined the meeting at 10.10am during discussions of the above item)

80 Outcome of Call-In

Following consideration of evidence presented to them, the Board passed the following resolution:-

RESOLVED –

- a) That the Executive Board decision taken on 11th February 2011 in relation to this matter be immediately released for implementation (i.e. Option 1).
- b) That the Board's Inquiry into this matter be continued with further work to be undertaken in relation to an exit strategy being implemented for the Leeds Crisis Centre.

81 Date and Time of Next Meeting

Wednesday 16th March 2011 at 10.00am (Pre meeting for Board Members at 9.30am)

(The meeting concluded at 12.10pm)

SCRUTINY BOARD (ADULT SOCIAL CARE)

WEDNESDAY, 16TH MARCH, 2011

PRESENT: Councillor T Hanley in the Chair

Councillors B Cleasby, M Coulson,
P Grahame, R Grahame, S Hamilton,
V Kendall, M Lyons, R Pryke, D Schofield
and S Varley

CO-OPTED MEMBERS J Fisher, S Morgan and B Smithson

82 Declarations of Interest

The following personal declarations of interest were made in regard of Agenda Item 7, Request for Scrutiny from UNISON and others – Closure of Mental Health Services (Minute No. 85 refers).

- Councillor S Hamilton as a UNISON Member and Branch Secretary.
- Councillor J Chapman as she has a family member who was employed in the provision of Mental Health services.
- Joy Fisher and Sally Morgan due to their positions with the Alliance of Service Users and Carers.

83 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted on behalf of Councillors P Davey, A Hussain and K Renshaw. Councillors P Grahame, R Grahame and M Coulson were in attendance as substitutes.

84 Minutes - 16 February 2011

RESOLVED – That the minutes of the meeting held on 16 February 2011, be confirmed as a correct record.

85 Request for Scrutiny from UNISON and others - Closure of Mental Health Services

The report of the Head of Scrutiny and Member Development informed the Board of a request for scrutiny that had been received from UNISON concerning the two mental health day centres. Reference was also made to the proposals to close the Crisis Centre which had been previously considered by the Board. The matters of issue raised by UNISON included the following:

- Potential failures of the Executive Board process with regards to the day centre report

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to be held on Date Not Specified

- Failure to properly equality impact assess the proposals to decommission two mental health day centres.

In addition, the Scrutiny Unit had received 29 individual requests for Scrutiny from members of the public. The following reasons were cited for the request for scrutiny:

- That the i3 document used by Adult Social Care in the deliberations to close the day centres states that there should be no closures
- The lack of appropriate consultation

The Chair welcomed Tony Pearson, Regional Organiser for Leeds UNISON and Alex Offer, Barrister acting on behalf of the Tri-centre Group to the meeting.

Tony Pearson gave the following reasons in support of UNISON's request for scrutiny:

- Confusion caused at the Executive Board meeting which initially considered the closure of Mental Health Services due to the introduction of revised information which was not available to all attendee as there were insufficient copies.
- A failure by the Council to carry out its 'duty to consult'.
- Reliance on the i3 report.
- Closure of the centres would not be a qualitative measure.
- Risk assessments for current service users had not been undertaken.
- Lack of proper consultation with stakeholders – without this the shape of future services could not be determined.
- Lack of dialogue with other groups that use the centres including the physically disabled.

In summary, he reported that the situation was causing a great deal of distress to service users and asked the Board to give further consideration to the issues raised before referring the issue back to Executive Board.

Alex Offer addressed the Board on behalf of the Tri-centre Group. He highlighted the following points of concern and reasons to support the request for scrutiny over the proposals to close Mental Health services:

- Most users of the day centres felt unable to cope with having to access services at other locations
- Should two of the existing centres close, there would not be enough capacity to carry out the required services.
- The proposals had caused a great deal of anxiety and stress to service users and there were humanitarian and medical reasons to reconsider the proposals.
- The Tri-Centre Group was willing to work in partnership with the Council in an attempt to identify alternative solutions.
- The full views of service users had not been taken into account.

- The decision in principle was flawed and it was irrational to carry out consultation after the decision.
- It was requested that the proposals be given further scrutiny with an option for service users to participate.

In response to Members comments and questions, the following issues were discussed:

- Lack of an option to retain services as presently delivered.
- Discussion with Executive Board Members did not take place until the decision was made.
- Further consideration regarding the Equality Impact Assessment
- What were the timescales for the proposals?
- Concern regarding the consultation process.
- Safeguarding issues for the vulnerable individuals concerned.

It was proposed that the Board should request a written response from the Director of Adult Social Care regarding the Equality Impact Assessment and also to the written submission of the Tri-Centre Group. It was also suggested that a report on consultation for service reconfiguration in Adult Social Care be submitted to the Board.

Following a vote by Members of the Board, it was:

RESOLVED –

- (a) That the Director of Adult Social Services be requested to provide a written response to the Equality Impact Assessment and the submission of the Tri-Centre Group
- (b) That a report on consultation for reconfiguration of services within Adult Social Care be requested.

86 New Strategic Plans 2011-15

The report of the Chief Executive presented proposals for the new set of strategic planning documents for advice and consideration before they went to Executive Board and Council for approval. They included the proposals for the long term partnership strategy for the City, the Vision for Leeds 2011 to 2030 and the first set of delivery plans for the first 4 years. These proposals had been developed in light of the current financial situation which meant that priorities had to be more focussed than in previous plans. The proposals also took into account, the results of two recent public consultations on the Vision for Leeds and the Spending Challenge.

The Chair welcomed the following to the meeting for this item:

- Dennis Holmes, Chief Officer – Commissioning
- Stuart Cameron-Strickland, Head of Policy, Performance and Improvement

- Steve Clough – Head of Corporate Policy and Performance

Members attention was brought to the new city planning framework which would focus on the Council's key priorities. This would be supported by 5 priority plans, the Council's Business Plan and other arrangements. Attention was also brought to the outline framework for the Vision for Leeds 2011 to 2030 and appendices that showed the city priority plans in greater detail. It was reported that the most relevant areas for the Board were those priorities that focussed in Health and Wellbeing issues and the Adult Social Care Directorate priorities as detailed in the Council Business Plan were highlighted.

In response to Members comments and questions, the following issues were discussed:

- Partnership Board representation – final arrangements were still to be confirmed but would involve both officers and Elected Members as well as representatives from other organisations including the NHS and GPs consortia.
- The City Priority Plans had been developed over a period of time through various consultations and had taken account of issues such as the Council's spending challenge.
- Although there was not a specific priority plan aimed at older people, the Health and Wellbeing Priority Plan had a very strong focus. Other priorities also included the needs of older people.
- Increasing personalisation and concerns regarding safeguarding – it was reported that personalisation of services only progressed following thorough assessment by social care professionals and that there was satisfaction that safeguarding issues would not be a concern.
- Equality Issues – these were covered across all the priorities particularly those related to Safer and Stronger Communities.
- Key performance indicators – in relation to the indicator for service users having control over their daily life, it was reported that the information was gathered over an eighteen month to two year period to get a balanced result. Sample surveys were carried out on a quarterly basis.

RESOLVED – That the report and discussion be noted.

87 Adult Social Care Scrutiny Board Performance Report Quarter 3 2010/11

The report of the Head of Policy and Performance summarised progress against the Leeds Strategic Plan relevant to Adult Social Care for the third quarter of 2010/11 which was the final year of the pla. The report included a Performance Indicator report and of the indicators that could be reported, 33% were on track to hit target.

In brief summary, the following issues were discussed:

- The performance indicators related to the old performance management framework and there would be changes to the indicators in future in line with the new priorities.
- Concern with the indicator that relates to the timeliness of social care assessments (Adults). It was reported that this was affected by a new assessment process and increased safeguarding concerns. An action plan was being developed to deal with any backlogs.

RESOLVED – That the report and discussion be noted.

88 Work Programme

The report of the Head of Scrutiny and Member Development detailed the Board's Work Programme and also contained the Council's Forward Plan and recent Executive Board minutes.

It was reported that Recommendation Tracking and an update on Domiciliary Care and Reablement would be on the Board's next agenda.

RESOLVED –

- (1) That the Executive Board Minutes and Forward Plan be noted.
- (2) That the Board's Work Programme be agreed and amended as appropriate.

89 Date and Time of Next Meeting

Wednesday, 13 April 2011 at 10.00 a.m. (Pre-meeting for all Board Members at 9.30 a.m.)

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Originator: P N Marrington

Tel:39 51151

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Adult Social Care)

Date: 13th April 2011

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

and

Response to UNISON Concerns in relation to Crisis Centre and Day Services Reconfiguration Equality Impact Assessments

Electoral Wards Affected:

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 INTRODUCTION

1.0 At its meeting on 16th March 2011, Members heard representation from the Tri-Centre Group, in relation to the reconfiguration of Leeds City Council Mental Health Day Services, and from UNISON, in relation to concerns about reconfiguration Equality Impact Assessments. The Board asked for a written response to both submissions.

1.1 Responses are attached for Members consideration

2.0 RECOMMENDATIONS

2.1 Members are asked to consider both responses and the recommendations made there in.

Background Papers - None used

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

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

Electoral Wards Affected: All

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Executive Summary

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

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

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

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

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

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

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

1.0 Purpose Of This Report

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

2.0 Main Issues:

Response to key concerns

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3.0 Conclusions

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

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

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

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

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

4.0 Recommendations

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

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Report of the Director of Adult Social Services

Scrutiny Board (Adult Social Care)

Date: 13 April 2011

**Subject: Response to UNISON Concerns in relation to Crisis Centre and Day Services
Reconfiguration Equality Impact Assessments**

Electoral Wards Affected: All

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Executive Summary

This report offers a detailed response to the concerns raised by UNISON in relation to the Equality Impact Assessments (EIAs) undertaken over proposals to decommission the Leeds Crisis Centre and to reconfigure the Leeds City Council Mental Health Day Services.

This report has been compiled following input and information from the Leeds City Council Equalities Team.

Scrutiny Board is asked to consider the concerns and responses.

1.0 Purpose Of This Report

The purpose of this report is to respond to the issues raised by UNISON at Scrutiny Board on 16th March 2011. These are specifically in relation to the Equality Impact Assessments (EIAs) undertaken as part of the reports presented to Executive Board in February 2011.

2.0 Main Issues:

Point A

- 2.1 UNISON COMMENT – The report submitted to the Executive Board in December was not accepted due to insufficient consultation. Since that date, existing Day Centre users have had the opportunity to attend one meeting and consultation with the current and previous service users at the Crisis Centre has been sporadic.

Appendix 3 of the Mental Health EIA outlines some of the concerns raised at the January meeting – the responses do not mitigate the concerns raised they are at best vague in terms of what, if any, building based provision will be available and focus mainly on community centred alternatives

Response

The proposal was not about replacing like for like provision: it was about appropriately meeting need. Needs can be appropriately met in a number of ways that do not require a designated mental health building. The demographic information around individuals accessing mental health services illustrates that people with complex mental health needs can and do have their needs met in the community and that community based support services are accessed by all equality groups. The report focuses on appropriately meeting need rather than on the building that needs are met from.

- 2.2 UNISON COMMENT - The report cites the i3 Project as having a consultative value yet it would surely be fair to state that i3 considered the general direction of travel of mental health services and could not be put forward as a substitute for specific consultation with key stakeholders over the proposals to decommission the centres. The report itself recognised the need for more consultation – as the report states “the demand for changes for stakeholders was limited” ... “this inevitably meant that change has to be gradual” “looking to the future there is a need to build both approaches ie build wider and deeper stakeholder demand” (Section 6 I3 report)

The i3 Report concluded that implementation could only be rolled out when the concerns listed above had been addressed. There is no supportive evidence to suggest they have.

Response

The i3 project reviewed both voluntary and in house day service provision and proposed a citywide model that took all services into account. It proposed a significant shift from centre-based to community support but recognised the need to retain some centre-based activities. It proposed two centres serving the city. It did not propose that either of these needed to be Council run; both could potentially be voluntary sector centres. This proposal is in keeping with these recommendations.

Consultation has continued beyond i3 with commissioners involving stakeholders in the development of a mental health outcomes framework. Service managers within in house services were involved in putting together the options considered by DMT around the configuration of in house services.

Staff within service have told officers that they have been implementing aspects of the i3 model for a considerable period of time now and that people who come new to services are generally supported in community settings and in keeping with the principles of social inclusion and recovery. There remains a cohort of service users who have accessed buildings based services for a number of years and have become dependent on these services.

2.3 UNISON COMMENT - The EIA does not reflect a satisfactory consultation process, in spite of this the decision to decommission the centres has been taken.

Leeds City Council has an Equality Impact Assessment process that has been developed in line with national guidance from the EHRC and best practice.

Response:

A full response is given to this question within the linked report to Scrutiny entitled: 'Response to the Tri-Centre Group submissions in relation to the recommendation to the reconfiguration of Leeds City Council Mental Health Day Services', where it is accepted that the extensive i3 consultation is now regarded as insufficient to support an immediate decision to reduce local authority day centre capacity, particularly in relation to new service users.

However, notwithstanding this, in general, the Equality Team's comments on the UNISON Equality Impact Assessment challenge are:

The Council's Equality Impact Assessment Guidance states that effective involvement includes a broad range of interested or affected people. This is in line with EHRC guidance and is fully addressed in the evidence offered in the Adult Social Care Equality Impact Assessment. The Council's Equality Impact Assessment guidance on involvement states:

Effective involvement includes a broad range of interested or affected people. More diversity means there is a greater resource of insight, perspectives, knowledge and experiences to draw on. This will positively contribute to your **fact finding – information gathering** and to the impact assessment process.

It is not possible for every interested or affected person to be involved in the impact assessment process. It is therefore reasonable to take a proportionate approach when deciding the scope of your involvement activities. The more potential impact and relevance the strategy, policy, service or function may have, the more involvement you will need. To help, you will need to consider:

- the nature of the strategy, policy, service or function and the groups of people who are most likely to be affected or interested;
- which groups it is most important to include;
- what involvement activities are already in place that you can use to gain insight – this can help build confidence among communities as they can see that what they have already said is being acted on;
- what information do you already have; and
- what gaps are there in your information, knowledge and involvement.

Taking account of what you already know, you can then decide what further involvement you need, how and when. There are many different ways you could involve others within your assessment. Use the most effective way for your particular impact assessment and those you wish to involve. For example:

- **Focus groups/ advisory groups** – a focus group is a small number of people brought together with a facilitator to discuss a topic in depth. You can set up a focus group to identify key themes and priorities at the beginning of your impact assessment process. Then bring the group back together at set stages throughout the process. This could be after the assessment team have completed their analysis and assessment, then when the actions from the assessment have been completed. It may also be appropriate to meet again in a year's time to discuss the difference.
- **Work with representative groups** – a representative group is a body of people which represents the interest of a particular social or community group. This would include internal staff groups. You can use a representative group in different ways:
 - An individual could be a member of your assessment team, on behalf of the representative group
 - you could use them in a similar way to the focus group. Using their thoughts, evidence, perspective and proposals within your impact assessment analysis.
 - you can use the expertise and contacts within the groups to help you involve people in your community. They can provide advice and support on how to target and involve particular groups.
 - you may wish to commission the group to run focus groups on your behalf, collect information and/or statistics and write reports to help your decision-making. Commissioning should be seen as a professional partnership payment may be appropriate.
- **Online involvement** – online involvement uses technology to create opportunities for participation. Easy to set up and relatively inexpensive, online involvement can be useful in gaining the views of others. It provides an element of privacy, which some people prefer. You would need to think about how you will let people know of your online involvement and you can invite particular groups and individuals to participate.

The method is not appropriate for all people or groups, not all people have access to technology or the capacity to use it effectively. It would therefore be best to use it as one of a number of involvement methods.

- **Open space** – open space is a technique designed to promote creative discussions around key issues. It does this by giving participants control over how they take part. Participants are invited to come together to talk about a policy area or an issue. They control the form, duration and agenda for the event and each person contributes according to their own preference.
- **User panels** – user panels are regular meetings of service users who consider and discuss the quality of a service or other related topics, for example improvements to current practice. User panels can help you identify the concerns and priorities of service users and can lead to the early identification of problems or ideas for improvements

3.0 Point B

3.1 UNISON COMMENT – with respect to the Crisis Centre it is critical to have an understanding that current NHS provision is not staffed to full capacity; and of the factors which explain referrals to the Crisis Centre from the IAP Teams. Whilst the NHS asserts it can cope with a small increase in capacity there is no evidence that current staffing structures can do this. Neither the Executive Board nor the EIA specify how, when and where the services provided by the Crisis Centre will be delivered

Response

As stated within the Scrutiny meeting, and within the Executive Board report, there is not a direct replacement for the Crisis Centre but there are a number of options around Crisis and Talking Therapies that can meet the needs of individuals who have accessed Crisis Centre services. Assurances were given that the centre would not cease to function until all alternatives were identified and set in place.

3.2 UNISON COMMENT - With respect to day centres, the service users have been promised individual conversations as regards alternative support. No specifics have yet been identified nor have individual risks been assessed. The discussions will focus on how not whether change will be implemented.

Response

The consultation with individuals is about how their needs can be best met within an alternative model of provision and not about whether to implement change. In reviewing an individual's needs and developing a support plan, we would expect an assessment of risk to be conducted. The nature and timetable for this consultation will form part of the implementation plan. This is appropriate, given that the Equality Impact Assessment is on an in-principle decision. Due consideration of equality considers the 'mental health community' as a whole not on an individual basis. Individual needs will be considered separately (although clearly consideration will have been given to collective needs).

There is evidence that 'due regard' and 'consideration' to equality was given at all stages of the proposals. The Equality Impact Assessment documentation has been used to capture this evidence.

4.0 The UNISON representation also made the following statements:

In agreeing the report, the Executive Board agreed to the following:

- 1) Closure of two day centres
- 2) An enlarged CAT team pending the implementation of the policy of an outsourced community day service.
- 3) A community day service outsourced through competitive tendering.
- 4) The outsourcing through competitive tendering of all the services known in this report as the accommodation services

Response

- 1) The recommendation is to refocus the day services, consolidating an adequately staffed day centre, and augmenting this with a significantly enhanced community service. There is no proposal to reduce the staffing in the service from current levels.
- 2) This comment is presuming the outcome of the yet to be undertaken commissioning exercise to outsource provision. This cannot be known until the exercise concludes.
- 3) The proposal was to undertake a Value for Money review of accommodation services. No decisions were requested in relation to the accommodation services.

- 4) It should be noted that the items referred to in (2) and (3) above are subject to a further Executive Board Report and will be part of the current consultation process.

5.0 Specific comments on perceived inadequacy of the Equality Impact Assessment from the Leeds City Council Equalities Team

- 5.1 Comment:** It is essential that a genuine assessment is carried out at a formative stage (p5). The assessment should be started prior to policy development or at the design stage of the review and continue throughout the policy development/review

Response : The Equality Team feel this has been addressed above.

- 5.2 Comment:** Positive involvement and consultation are seen as key ways of ensuring that an effective EIA takes place

Response: The Equality Team feel this has been addressed above.

- 5.3 Comment:** An EIA should outline the relevance of the policy, service, function etc to the general equality duties and equality groups (remembering to consider each of the general duties and not only the duty to eliminate discrimination).

Response: Equality Impact Assessments are used to demonstrate how equality was/is considered in decision making and ensures equality is a key feature. An Impact assessment is not an end in itself and should be tailored to and proportionate to the decision that is being made.

- 5.4 Comment:** The EIA should include policy aims; available evidence; involvement and consultation; the impact (including questions like “who benefits?”, “who doesn’t benefit and why not?” “who should be expected to benefit and why don’t they?” – and much more

Response: Equality Impact Assessments should ensure ‘due regard’ is considered; and also needs to be in accessible language (so not too wordy or technical).

- 5.5 Comment:** It is important to have as much up-to-date and reliable data and information as possible about the different groups the proposed policy is likely to affect

Response: The data were relevant to the decision being made.

- 5.6 Comment:** Proportionality is a key principle. EIA of a major new policy or strategy will need significantly more efforts and resources dedicated to ensuring effective consultation and involvement than a simple EIA of a regular policy.

Response; Adult Social Care has already indicated that consultation and individual needs assessments will continue and further Equality Impact Assessments will be carried out.

- 5.7 Comment:** It is never acceptable to simply state that a policy will universally benefit all service users, and therefore the equality groups will automatically benefit. The analysis must be more sophisticated than this, demonstrating consideration of all the available evidence and addressing any gaps and disparities revealed

Response: The needs of individual equality groups will continue to be addressed in ongoing work planned by Adult Social Care.

5.8 Comment: Failure to properly monitor the impact of a policy may leave a public authority open to legal challenge, as well as enforcement action from the Commission Systems to enable monitoring of the actual impact of the policy therefore form a vital part of an EIA and should be set out in the final section.

Response: The Equalities Team feel that although there is some information on this in the Executive Board Report, the monitoring of the policy could be expanded.

5.9 Comment: EIA is an ongoing process that does not end once a document has been produced

Response: This is agreed, and there is reference to this as part of the Executive Board Report. There is work to be undertaken by the NHS in relation to the issues relating to the Crisis Centre, which acknowledged, and the continued consultation and needs assessments identified for day services, in addition to the recognised need to undertake a further EIA in relation to the commissioning process. The latter is a separate issue and not subject to the reconfiguration EIA.

5.10 In terms of the comments on the content, the Equalities Team feel they are management, rather than equality issues. As referenced above, the issue of outsourcing is not part of this EIA, but rather will be subject to an EIA specific to the commissioning process.

6.0 Conclusions

In conclusion, the Equalities Team feels:

- Equality has been considered and
- The Council's Equality Impact Assessment process already considers all protected characteristics.

7.0 Recommendations

7.1 Members are asked to note the content of this report.



Originator: P N Marrington

Tel:39 51151

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Adult Social Care)

Date: 13th April 2011

Subject: Scrutiny Inquiry – Terms of Reference – Leeds Crisis Centre

Electoral Wards Affected:

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 INTRODUCTION

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

1.2 Draft Terms of Reference have been drawn up in consultation with the Chair. These are before the Scrutiny Board for approval

2.0 RECOMMENDATIONS

2.1 Members are asked to approve the draft terms of reference.

Background Papers

None used

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SCRUTINY BOARD (ADULT SOCIAL CARE)

OVERSIGHT OF THE DECOMMISSIONING OF THE CRISIS CENTRE DRAFT TERMS OF REFERENCE

1.0 Introduction

- 1.1 At its February 2011 meeting Members received a request from Scrutiny from Leeds Local Involvement Network (LINK) concerning the proposal to decommission the Crisis Centre. At this meeting it was agreed that the Board would review 'the exit strategy' for the Centre and the decommissioning process.
- 1.2 This decision was reaffirmed by Members at the Call In meeting of 4th March 2011.

2.0 Scope of the inquiry

- 2.1 The purpose of the Inquiry is to make an assessment of and, where appropriate, make recommendations on the following areas:
- To hear evidence and have described what alternative provision is in place for those who might or have used the Crisis Centre.
 - To hear evidence and have described the service users experience of the help they have received from those alternative services for those who might or have used the Crisis service
 - To hear evidence and have described the work to improve the awareness of current NHS pathways and the alternative provision available
 - To hear evidence and have described the work done in disseminating knowledge of alternative pathways for support to users and potential users.
 - To have described the Exit strategy for staff
- 2.2 Issues around the consultation prior to the decision to decommission the Centre are to be dealt with in a separate Inquiry.
- 2.3 Because of the nature of this 'oversight work' the Scrutiny Board may feel it appropriate to offer recommendations to Adult Social Care and NHS Leeds throughout the process rather than submit a final report.

3.0 Comments of the Executive Member Adult Health and Social Care and Director of Adult Social Care

- 3.1 The views of the Executive Member and Director have been sought and incorporated where appropriate into these Terms of Reference.

4.0 Timetable for the inquiry

- 4.1 The review will take place over a number of sessions. The timing of these sessions will depend on the decommissioning programme. It is acknowledged that the review will go into the 2011/12 municipal year. Also the development of alternative provision – i.e. the expansion of Increasing Access to Psychological Therapies (IAPT) – will take considerable time.
- 4.2 An initial update will be required for April 13th 2011 meeting.

5.0 Witnesses

- 5.1 The following witnesses have been identified as possible contributors to the Inquiry:

Appropriate officers from Adult Social Care
Representatives from LINK
Representatives from NHS Leeds
Representatives from *SaveLeedsCrisisCentre*
Representatives from Leeds Hospital Alert
Representatives from Community Healthcare/Community Links/Touchstone/ Leeds counselling who all provide IAPT services
Representatives of Practice Based Commissioning

6.0 Measures of success

- 6.1 It is important to consider how the Scrutiny Board will deem if its work has been successful in making a difference to local people. Some measures of success may be obvious at the initial stages of an inquiry and can be included in these terms of reference. Other measures of success may become apparent as the inquiry progresses and discussions take place.



Report of the Director of Adult Social Services

Scrutiny Board – Adult Social Care

Date: 13 April 2011

Subject: Inquiry into the Future of Residential and Day Care Provision for Older People in Leeds

<p>Electoral Wards Affected:</p> <input type="checkbox"/> Ward Members consulted (referred to in report)	<p>Specific Implications For:</p> <p>Equality and Diversity <input type="checkbox"/></p> <p>Community Cohesion <input type="checkbox"/></p> <p>Narrowing the Gap <input type="checkbox"/></p>
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1.0 Executive Summary

- 1.1 The inquiry into the future of residential care provision for older people conducted by Adult Social Care (ASC) Scrutiny Board in October and November 2010 informed the development of a set of options for change in relation to residential care homes in Leeds.
- 1.2 The report to Executive Board in December 2010 considered the future requirements of the council's residential and day care services and agreed a set of options, informed by the work undertaken by this inquiry. Executive Board also agreed to begin public consultation on these proposed options.
- 1.3 Members of ASC Scrutiny Board agreed at its meeting on 12th January that it was appropriate to broaden the scope of its inquiry to include the future of day care provision in order to influence decision making and assist with policy development which will ensure effective service development and value for money.
- 1.4 Building on the reports to Scrutiny Board in January and February 2011, this report provides an update on the programme of work developed by ASC to progress and implement the recommendations of Executive Board. The scale and complexities of the services under consideration have resulted in some delays in progressing to the next phase of the review. This report seeks to explain the circumstances and reasons for this constructive delay and presents for Members consideration, comment and further advice, revised plans for the next phase of the programme.

2.0 Purpose of this report

2.1 The purpose of this report is to;

- update members of ASC Scrutiny Board on the programme of work developed by ASC to progress and implement the recommendations of Executive Board agreed on 15th December 2010
- explain the circumstances and reasons for the delays in progressing to the next phase of the review and to present revised plans for the next phase
- present interim feedback from the consultation so far. This is to provide an opportunity for Members to consider this feedback before embarking on stage two of the more detailed consultation on the specific options for each individual home and day care centre with those directly affected

2.2 In progressing the development of future options for older people's residential care and day care services, Members of ASC Scrutiny Board are invited to consider and comment on;

- the information contained in this report, particularly in relation to the feedback and comments received so far through the consultation
- the overall approach proposed for the next phase
- future reports to the board to comment on and monitor the progress of this work.

3.0 Background Information

3.1 At its meeting in June 2010, ASC Scrutiny Board agreed to undertake an inquiry into the future provision of older people's residential care services in Leeds. The long-term provision for residential care services is being reviewed as part of the improvement programme developed by the council to embrace and implement the spirit and vision of "Putting People First". The inquiry accepted that people's expectations around the choice, quality and control over their residential accommodation have increased significantly and that a position of 'no change' in the provision of council-run residential care is not an option. On this basis, a set of criteria was developed and agreed by this board as a sound framework for considering the most appropriate alternative option in relation to each of the 19 residential homes.

3.2 Members of ASC Scrutiny Board agreed at its meeting in on 12th January that it was appropriate to broaden the scope of its inquiry to include the future of day care provision and the requirement for modernisation of this service to meet customer demand while providing a quality service and value for money.

4.0 Main Issues

4.1 Circumstances and reasons for delays to the programme

4.1.1 The scale, complexities and potential impact of the services under consideration have resulted in the first phase of the review taking longer than originally envisaged. Specifically the following issues and key characteristics of the programme require additional time to ensure careful assessment and understanding: **Each of these are described in detail below.**

- Options appraisal
- Understanding of user's care and support needs
- Analysis of feedback from early consultation
- Negotiations with NHS Leeds Care Services

4.2 Options Appraisal

4.2.1 Previous reports to this board have highlighted the council's vision to shape more flexible services for older people which offer care and support to help them remain independently within their own homes. Similarly policy direction and local demographic information suggest that services for older people in the future should be directed to those who have complex needs and require specialist services, for example around dementia. Meanwhile, people with low to moderate needs are increasingly directed toward locally provided services in the community.

4.2.1 The scope of the current programme includes a thorough gap analysis which will serve both to fully understand the current situation and examine the potential to achieve this vision. The gap analysis is currently being undertaken by officers in ASC as part of the options appraisal. Consultation with the Executive Member for Adult Health and Social Care has required officers to do further and more detailed work to ensure that the options generated for each home and day care centre are robust and defensible. Additional time to undertake this work has therefore been built into the programme plan and it is anticipated that the options appraisal will be complete in early May 2011.

4.3 Understanding of user's care and support needs

4.3.1 The extended timescales to the programme will also provide the opportunity for officers to establish a greater understanding of the care and support needs of those directly affected by the proposals and the range of potential alternative provision.

5.0 Stakeholder Involvement Project – Communication and Consultation

5.1 Analysis of feedback from early consultation

5.1.1 The whole consultation and engagement process is aimed at seeking the views of all key stakeholders and specifically of those people currently living in residential care homes, day service users, their carers and the staff who provide care and support. The communication and consultation activities for the programme are broken down into two distinct areas:

- The wider consultation
- The detailed consultation – which is further divided into stages, one and two.

4.4.3 Initial plans outlined a 3 month consultation period from January to the end of March 2011. Further time is required however to fully assimilate and respond to the findings and feedback from the earlier stages of the consultation prior to embarking on stage two of the more detailed consultation with those directly affected on the specific options for each individual home and day care centre. This will also ensure that the options appraisal takes full account of the views expressed in the course of public and stakeholder consultation. Extended timescales to undertake the options appraisal, described in paragraph 6, provide an opportunity to undertake this analysis. Details of interim findings from the consultation so far are described below for Members consideration and comments.

5.2 Elected Members

- 5.2.1 To ensure that future services reflect local needs and opportunities and to allow their local knowledge and experience influence the consultation, officers in ASC made presentations to all 10 area committees in January and February. A briefing note was circulated to Area Committee Chairs on 17 March to advise them that due to the extended timescales no further reports will be presented at area committee meetings in March and April as originally planned.
- 5.2.2 Steps have been taken to ensure elected members are kept fully informed through attendance at the next area committee chair's meeting on 15 April and individual Member briefings, forums and sub-groups. In addition, in terms of the consultation process, to ensure that there are further opportunities for public participation, consultation materials are available in one-stop centres across the city and a further press release has been issued promoting the consultation.
- 5.2.3 An analysis of feedback from the area committee meetings is available at Appendix 1 along with the actions that have been taken.

5.3 Detailed consultation with residents, day service users, carers and relatives

- 5.3.1 Informed by the outcome of the scrutiny inquiry, Executive Board agreed that for existing residents of residential care homes, users of day services and their families and carers the consultation will;

- seek their views about the actual process and formula for deciding the options for the future running of their residential care home and day centre. This will help identify any gaps and ensure that those affected understand what is being talked about, why the changes are being made and consider how this will affect them as an individual.
- determine the impact of the proposals on individuals and how this might be reduced and the needs of individuals adequately assessed as future plans are developed.

- 5.3.2 Stage one of the detailed consultation with residents, day service users and their relatives and carers was delivered through the communication of 3 letters. The following is an approximate breakdown of the number of letters circulated on each occasion

500 Residents (<i>letters to service users with dementia were sent only to their relative/carer</i>)
700 Day care users on registers (<i>letters to service users with dementia were sent only to their relative/carer</i>)
1300 Carers and families
Total 2,500

- 5.3.3 Included with the third letter sent on 20 January was a detailed fact sheet outlining the background to the proposals and an explanation of the criteria for determining the option for each individual home and day centre. Staff were fully briefed to be able to assist residents and day centre users understand and take-in the information. 146 enquiries have been received from 7,500 letters. A breakdown of these enquiries has been collated from the stakeholder enquiry log and is available at Appendix 2.

- 5.3.4 The third letter also outlined the timescales and details of the next phase of the consultation, scheduled originally to commence in mid February. A further letter has been issued therefore which explains the circumstances and reasons for the slip in timescales from those originally reported. The aim is to alleviate any anxieties and maintain clear lines of communication, engaging particularly with relatives and carers to build their confidence and trust in the consultation process.
- 5.3.5 Providing relatives and carers with information and consulting them at each stage of the review is a key component of the programme. Ongoing communication is a factor and a range of resources, in addition to the letters described above, will be utilised to keep relatives and carers informed and involved in the process. An article outlining the background to the proposals and information on the consultation has been published in the Carers Leeds newsletter and representatives from carers' forums have been invited to the stakeholder consultation events held on 18 February and 28 March.
- 5.3.6 Following the completion of the individual option appraisals, consultation materials bespoke to each residential home and day service will be circulated. It is proposed that further consultation will then take place on the specific option. Questions will be put to residents and day care users using a questionnaire, available in a range of formats. They will be offered a one to one interview and individual advocates will be appointed for those residents and day care centre users that do not have a relative or friend to support them or speak on their behalf. The main focus of this will be to capture people's responses to the proposed changes and determine the impact on individuals and how this might be reduced as plans are developed. This consultation will compliment the individual needs assessments that will be carried out by appropriately qualified officers in Adult Social Care.
- 5.3.7 Feedback from all the consultation phases will be used to inform the report that will go to the Executive Board. This report will offer clear recommendations for the way forward for elected members of the council to consider. A firm date for this to go the Executive Board has not been confirmed but it is expected to be sometime later in summer.

5.4 Consultation with staff

- 5.4.1 As reported to the board in January, clear lines of communication and engagement with staff have been established from the start. Principal Service Managers attend the weekly programme team meeting and officers in ASC attend the manager's monthly meeting to provide an update on the progress of the programme. A letter and the fact sheet outlining the background to the proposals and an explanation of the criteria for determining the option for each individual home was sent to staff on 20 January. Staff have been fully briefed to be able to assist residents and relatives understand, consider and take-in the information.
- 5.4.2 The aim will be to ensure that residents and their relatives understand the criteria for considering the most suitable option for their residential care home. Following the completion of the individual options analysis, staff briefings will then take place, led by Principal Service Managers. The purpose of these briefings is to make staff aware of the progress of the programme in terms of the options appraisal and to call upon their experience and expertise in helping to coordinate the consultation with residents and day care users. Separate briefings on employee matters will take place concurrently with managers from adult social care. The programme will work

closely with trade unions to ensure employee matters are given high priority and regular meetings with trade unions have and will continue to take place.

5.5 Wider Consultation

- 5.5.1 At the meeting of Scrutiny Board in February, Members received feedback from phase one of the city –wide public consultation on the Comprehensive Spending Review. As part of the wider consultation for this programme, direct links and dependencies exist within the directorate phase two of this consultation which began on 18 February 2011 with a workshop for service users and carers. Further workshops have taken place on
- 7 March, Voluntary, Community and Faith Sector Organisations
 - 14 March, Independent Providers
 - 28 March, users and carer groups
- 5.5.2 The findings from these events are currently being evaluated and will be reported to the next meeting of Scrutiny Board.
- 5.5.3 In addition to these events, there are a number of ways in which the wider general public will be able to have their say on the proposals. A fact sheet and questionnaire are available online on the council’s consultation portal, Talking Point’ at www.leeds.gov.uk. They are also available at one-stop centres across the city and hard copies available on request by contacting the dedicated phone line in Adult Social Care.

5.6 Negotiations with NHS Leeds

- 5.6.1 One of the options as part of the review is to ‘re-commission’ a smaller number of units to focus on specialist, short-term intervention for people who have dementia and/or are physically frail. Since the submission of the Executive Board report, further and much more detailed negotiations are taking place with NHS Leeds Care Services aimed at developing an integrated service model. It is recognised that further time is required to progress these negotiations further prior to embarking on stage two of the review.

6.0 Implications for Council Policy and Governance

- 6.1 The options presented in the report developed for the existing Local Authority provided facilities, endorsed by the Executive Board, will be the subject of a formal and comprehensive programme of consultation and engagement as set out in the previous passage.
- 6.2 Colleagues in NHS Leeds who commission 30 of the current bedbase are also key stakeholders and in the development of shared plans for the development of more integrated health and care services in the City it is clear that they will wish to identify what scope exists within the emerging strategic plan for further joint work within these facilities. Discussions so far have indicated a positive desire for more extensive partnership reflecting the good work that has been undertaken in recent years within these facilities and recognising potential economic benefits for both parties which are currently being examined in much greater detail.

7.0 Legal and Resource Implications

- 7.1 In discharging its responsibilities under the Human Rights Act, the Authority is required to undertake a comprehensive formal programme of consultation in relation to the options set out previously in this report. In addition, the Authority is committed to ensure that the care and support needs of any older person affected by the options set out in this report are adequately assessed as an integral part of this process with appropriate advocacy available in support of identifying high quality alternatives where it is agreed this is the most appropriate option.

8.0 Equality Considerations

- 8.1 An equality impact assessment is being prepared against all the equality characteristics as laid down by legislation. It will form part of the consultation process and will be reviewed as plans develop

9.0 Recommendations

- 9.1 In progressing the development of future options for older people's residential and day care, Members of ASC Scrutiny Board are invited to consider, comment on and offer any further advice in relation to;
- the information contained in this report
 - the feedback and comments received through the consultation so far
 - outline plans for the next phase of the review

Background reports

Scrutiny Board report June 2010
Scrutiny Board Report October 2010.
Scrutiny Board November 2010
Scrutiny Board report January 2011
Scrutiny Board report February 2011

Executive Board December 2010, Future Options for Long Term Residential and Day Care for Older People

Executive Board November 2010, Government Spending Review 2010

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Area Committee consultation

Area Committee meeting	Comment/recommendation	Action taken
Outer South, 31 January	<ol style="list-style-type: none"> 1. The need to consult with Town & Parish Councils 2. Capacity of private and voluntary sector to provide alternative provision 3. Care Quality Commission awarded current homes in outer south with excellent ratings 4. Members requested to be kept fully informed throughout consultation 	<ol style="list-style-type: none"> 1. All Town and Parish Councils in outer south contacted by email and sent fact sheet and details of how people can make their views known during the consultation process. This extended to all Town and Parish Council across the city on 7 Feb 2. Commissioning officers continue to survey the full extent of capacity in the market in Leeds and early results are confirming expectations that significant capacity exists to accommodate increase in referrals 3. Comment noted 4. Briefing note sent to area committee chairs 17 March to explain reasons for delay in moving to next phase of review
Inner North East, 31 January	<ol style="list-style-type: none"> 1. Need to ensure carers are given every opportunity to participate in the consultation 2. To ensure that alternative, preventative and personalised services are promoted particularly to BME users of service 3. The need to consult with smaller, local voluntary organisations, e.g. luncheon clubs 4. The need to ensure that potential future users, not yet known to adult social care services, are consulted 5. Members commented on the prohibitive costs of refurbishing council run homes in order to bring them up to the necessary standards, compared to the cheaper service on offer in the private sector 	<ol style="list-style-type: none"> 1. Article produced for Carers Leeds quarterly newsletter. Carers organisations invited to Phase 2 stakeholder consultation events 2. Consulted with the Older Peoples Reference Group including BME user and carer representatives. Consultation materials circulated to group translated to Punjabi, Urdu and Hindi 3. Neighbourhood Networks invited to participate in Phase 2 stakeholder consultation events 4. Further press release with details of how to get involved; Phase 2 consultation to include promotion of community based and self-directed support services; Wider consultation promoted through one-stop centres and media campaign. Online and hard copies of questionnaire etc...available 5. Comment noted
Inner East, 3 Feb	<ol style="list-style-type: none"> 1. Generally positive response and acceptance that change is necessary but with concerns that transition of services to be achieved through careful planning and management with the vulnerable older people who use the services. 2. The need to keep friendship groups together 3. Centres that are dedicated to a particular group or provide specialist services remain popular and are well attended. 	<ol style="list-style-type: none"> 1. Individual needs assessment to be undertaken for residents by appropriately qualified staff. Equality Impact Assessment will mitigate against any adverse impact 2. Individual care/needs assessments will identify requirements for friendship groups to remain intact 3. Comment noted
Outer North West, 7 Feb	<ol style="list-style-type: none"> 1. Request that the review is discussed through the area committee's health and well-being sub-group 2. Need to address capital investment and consider maintenance backlog 	<ol style="list-style-type: none"> 1. Dennis Holmes attended meeting of sub-group 22nd March 2. Both these criteria are included in assessment to identify future options and asset management is an integral

	<p>when addressing options</p> <ol style="list-style-type: none"> 3. Need to focus on the best care option when addressing the adult social care budget 4. Need to consult with Horsforth Live at Home and Billing View Community Group 	<p>part of the programme</p> <ol style="list-style-type: none"> 3. Comment noted 4. Programme team contacted these groups and circulated consultation materials
Outer North East, 7 Feb	<ol style="list-style-type: none"> 1. Can we evidence that the cost of a place in a new, purpose-built home in the independent sector is at no greater cost 2. Members strongly opposed to increasing charges for people who can afford to pay more 3. Perceived lack of consultation with Members. Feel they are being presented with a fait accompli - the Executive Board had effectively decided that savings needed to be made and, in the Area Committee's view, this consultation exercise is merely an academic exercise, pending the decision later in the year to close facilities. 4. Members expressed surprise that residents and relatives of Primrose Hill had not, to date, been consulted. 5. Members were also sceptical whether, if Primrose Hill did close, places could be found locally for the 36 current residents? In their view, any suggested closure of Primrose Hill should be co-ordinated with the proposed opening of the new private home in Wetherby, and Primrose Hill residents should be given priority in terms of the new home. 6. Request that Wetherby in Support of the Elderly and Boston Spa Parish Council are included in the consultation 	<ol style="list-style-type: none"> 1. Costs for independent sector homes currently being validated 2. Comment noted 3. Members advised that no decisions have been taken and the consultation process is a very real process in which all stakeholders' views are being sought and will be taken into account in the final report back to the Executive Board in the summer. 4. Residents and relatives sent letter and fact sheet on 20 January outlining consultation process. Further consultation on specific option following completion of options appraisal 5. Members referred to options agreed by Executive Board in December that if facility is to be decommissioned, 'if appropriate alternative accommodation is available nearby, then residents would be offered opportunities to move there' 6. Programme team have contacted these groups and circulated consultation materials
Outer East, 8 Feb	<ol style="list-style-type: none"> 1. The need to consult with Town & Parish Councils 2. Concerns about the lack of consultation with elected members 3. Stressed the importance of Neighbourhood networks, particularly in terms of supporting people in their own homes 4. Concerns about the impact of changes on those with dementia 	<ol style="list-style-type: none"> 1. All Town and Parish Councils in outer east contacted by email and sent fact sheet and details of how people can make their views known during the consultation process 2. Comment noted 3. Comment noted 4. One of the options as part of the review is to redevelop services as specialist care facilities for those with dementia
Inner South, 9 Feb	<ol style="list-style-type: none"> 1. Concern about the future of Harry Booth House 2. Members requested further information on alternative provision 3. Concerns about mixed services in day centres and support for dementia sufferers 4. Members suggested exploring opportunities for VCFS sector to extend the range of services offered 	<ol style="list-style-type: none"> 1. Comment noted 2. Analysis undertaken of people in receipt of direct payments / individual budgets in inner South as this will be the primary alternative to day care. 3. Comment noted 4. ASC engaging with Neighbourhood Networks
Inner West, 16	<ol style="list-style-type: none"> 1. Members acknowledge the extent of the challenges facing the council in 	<ol style="list-style-type: none"> 1. Comment noted 2. Comment noted

Feb	<p>relation to older people's residential and day care services.</p> <ol style="list-style-type: none"> 2. Members praised the dedication of staff involved in the provision of services for older people 3. The current and future needs of the BME population in the Inner West area and throughout the city must be taken into account through contact with churches, mosques and gurdwaras. 	<ol style="list-style-type: none"> 3. BME and equality groups invited to stakeholder consultation event on 6 April. Programme team to ensure Inner West groups are represented
Outer West, 28 Jan	<ol style="list-style-type: none"> 1. Area Committee Chair requested that a sub-group of the area committee is established to study the proposals in more detail and prepare a response on behalf of the area committee 	<ol style="list-style-type: none"> 1. First meeting of sub-group 31 March.
Inner North West, 24 Feb	<ol style="list-style-type: none"> 1. Members commented on the development of new services as alternatives to residential and day care 	<ol style="list-style-type: none"> 1. Comment noted

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Stakeholder Enquiry Log – analysis of enquires

Number of Responses	Phone	Email	Letter	Face to Face	Total
	106	13	15	12	146

Themes from enquiries:

Don't close/change services	25
What will happen if home/centre closes?	8
Would like to be kept informed/involved	23
Concerned it's 'a done deal'	9
Positive comments on communications and consultation	4
Positive comments on council provided residential and day care service	9
Concerns about friendship groups	2
Concerns about needs of vulnerable and frail older people	9
Critical of communications	3
Requesting more information on proposals	25
Requesting information on ASC services	12
Critical of current service	2
Concern over recent delays to consultation and lack of communication	29
Understand challenges and why cuts are needed	5
Change to address details	16

Elected Member/MP enquiries:

Date	Name	Type of contact	Purpose	Status
22/02/2011	Cllr Blake	Email re Actions from S Area Comm	Member requested further information about alternative provision.	Sheila Fletcher actioned.
15/03/2011	Cllr Gabriel	Email from Gavin Forster, SE Area Management	Cllr Gabriel asked for an update at next Chair briefing on the two centres mentioned that could be under threat.	Dennis Holmes replied.
18/03/2011	Cllr Robert Finnigan	Email sent to Sandie Keene.	Requested breakdown of number of residents at Knowle Manor, ages, health and previous areas. Also health commission assessment and vacancy rates of homes in Morley area.	Mark Phillott/Natasha Clarke providing info - emailed 25/03/11
16/02/2011	Rachel Reeves MP	Letter sent to Cllr Yeadon.	To request update on behalf of constituent residing at Westholme.	Sheila drafted and sent to SK for final comments - 25/03/11
22/02/2011	Cllr Judith Blake	Cllr Blake emailed Michele Tynan re constituent enquiry	To request update on behalf of constituent regarding Laurel Bank DC.	Michele Tynan replied 22.2.11

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Report of the Director of Adult Social Services

Scrutiny Board (Adult Social Care)

Date: 13 April 2011

Subject: Domiciliary Care and Reablement Update

Electoral Wards Affected: All

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Executive Summary

This report provides Members with information regarding the provision of in-house domiciliary care and the development of reablement services.

In terms of in-house provision, the report describes the significant work that has been undertaken, in partnership with staff and Trade Unions, to downsize the long-term homecare service through a programme of voluntary early retirement and voluntary severance, to restructure the remainder of the Community Support Service, and to improve productivity and sickness absence.

It also provides a progress update on the development of reablement. Phase I of the Leeds Reablement Service will be rolled out city-wide by April 2011, followed by phase II by July 2011. This report provides information on service development to date, describes the outcomes and customer satisfaction that has been achieved so far, as well as how the service will continue to develop over the next months.

This work, together with the outcomes of the current Scrutiny Inquiry, will inform the Executive Board report in July 2011, which will consider the future strategic direction of the in-house Community Support Service

1.0 Purpose Of This Report

- 1.1 This report was requested by Members further to the Scrutiny Board Inquiry into 'The Future Provision of Domiciliary Care and Reablement Services'. It provides a progress update on development and improvement work relating to these services.
- 1.2 In particular, Members asked to receive an update on the reablement Early Implementers, and progress relating to VER/VS, changes in productivity levels and sickness absence since the last report to the working group in November 2010. This will provide a further opportunity for Scrutiny input before the matter is reported to Executive Board in July 2011.

2.0 Main Issues: Provision of In-House Domiciliary Care Services

- 2.1 Scrutiny received a report in November 2010 regarding the current and future in-house provision of domiciliary care services. That report described some of the inefficiencies in the way the in-house service was operating, and actions to address these. Significant work has been ongoing since that time, in partnership with staff and Trade Unions, to reduce the size of the overall service through a programme of voluntary early retirement (VER) and voluntary severance (VS), restructure the remainder of the Community Support Service, improve productivity and sickness absence.

Early Leavers' Initiative – VER and VS

- 2.2 Since the last report, good progress has been made regarding the downsizing of the service through VER and VS, with the business case for phase I being signed off in December 2010. Under this, 196 employees will leave the service by 31st March 2011. A further 11 staff working in Extracare housing have also expressed an interest in leaving and will be released once their posts can be filled by staff currently working elsewhere within CSS as part of the restructure.
- 2.3 As a result, savings of £6,254,337 will be made over a five year period. This figure takes account the cost of purchasing additional provision from independent sector organisations, but excludes the costs of compensatory payments to staff as these are funded corporately.
- 2.4 Where possible, the number of service users transferred to a new, independent sector provider has been minimised by consolidating work programmes within the in-house service. However, it has been necessary to transfer a proportion of service users. The following table provides a breakdown of the number of service users affected:

Month	No. of service users transferred
Dec	0
Jan	74
Feb	92
March	102
Total number of SU transferred	268

- 2.5 To minimise disruption to both service users and staff, consideration has been given to the following points when determining which service users would need to be transferred to a new provider:

- capacity within the service – based on the rota patterns staff are currently working to.
- continuity of care
- minimising the number of carers visiting each service user to cover the package
- minimising the risk of missed visits

So, for example, split packages (where part of the package is provided by the in-house service and part by another provider) are avoided, as these impact on the continuity of care, increase the number of carers visiting and increase risks of service disruption.

- 2.6 Once the necessary transfers were identified, a significant amount of work has been invested to ensure the smooth transition to new providers. All service users have been kept informed of the changes, through letters sent in September and October 2010. In addition, for those service users personally affected:
- CSS staff made contact with the service user and family to advise that their package would be transferred to a new provider
 - A care manager was allocated to support the service user through the transfer
 - The care manager checked all information to ensure the service user would receive an appropriate package of care and forward the information to the Care Communication Centre to broker the package with the new provider.

Providers have been identified for all service users due to transfer in January and February. For those due to transfer at the end of March, we are still working to broker the last remaining 15 packages.

- 2.7 As expected, as a result of the correspondence in September and October and individual discussions, some service users contacted us seeking further information and 68 representations have been received, with the majority (60) expressing concern about their package being transferred to the independent sector. A procedure has been adopted to ensure a timely response is given to the concerns raised, and to date 65 representations have been resolved (95%), with 3 ongoing (5%). Following the initial response letter, only five cases have progressed to the formal complaints procedure, with three cases outstanding whilst investigations are carried out.

- 2.8 Since the sign off of the Phase I business case, staff have been given a further opportunity to express interest in VER/VS. A further 61 staff have done so and a business case relating to these leavers has now been submitted to corporate Finance for approval. Assuming these are approved, staff are likely to be released between April and June 2011. This will deliver a further potential five year saving of £960,86. A further 27 staff have expressed interest in vacancies in other areas of ASC that have been created following staff in those areas asking for VER/VS. Assuming these 'switches' all go ahead, a further potential five year saving of £483,942 will be achieved.

Restructure of the Community Support Service

- 2.9 As noted in the November report, following VER/VS the Community Support Service as a whole is being restructured, in such a way as to maximise efficiency and ensure it can meet the needs of service users in the most effective way. The services covered by this restructure are:
- Long-term generic homecare
 - Homecare reablement (SkILs team)
 - Mental health reablement
 - Mental health long-term
 - Extracare housing.

- 2.10 Work to plan and develop new structures has been ongoing since November, in partnership with key stakeholders. Formal fortnightly meetings are held with Trade Unions: these have been positive, and have ensured plans are developed using a collaborative approach, with engagement from all parties so that the key issues of the affected workforce have been identified and addressed.
- 2.11 In addition, all staff have received several letters regarding the changes to the service. A series of consultation 'roadshows' have been held at various locations across the city. In excess of 650 employees attended these sessions, which were then followed up with staff surgeries. An infopack for staff, with further details was also distributed to staff and they are kept further updated through regular newsletters, e-bulletins, intranet articles and managers' briefings.
- 2.12 Formal structure proposals have now been developed, detailing the new structures, taking into account the number of leavers through VER/VS. Work has also been carried out to determine the size of the new reablement service based on detailed analysis of activity levels and expected demand. Due to changing demographics, the Mental health reablement service has also had additional resources allocated to it as part of the process. As such, the long-term generic homecare service has been reduced from 545 FTEs, contracted to work 20,165 hours to a total of 197 FTEs, contracted to work 7,318 hours.

Inefficiencies in the in-house service and measures to address

- 2.13 Following VER, VS and the restructure, it is essential that the in-house homecare service works in the most efficient way possible. Work has therefore been ongoing to improve productivity. At the time of the last report, average productivity within the CSS was 52% in terms of delivered care hours, against a target of 65% for the long-term service. It is important to note that this definition of productivity relates solely to delivered care hours (i.e. direct contact with service users)¹.
- 2.14 Significant improvements had already been made at the time of the last report through close working with staff and Trade Unions, from a low in February 2010 of 45% productivity. Managers have worked hard to make further progress, and a steady increase was realised during 2010: by December, the average productivity was 55-56%. These have been great improvements but have been suspended during this period of service upheaval, while staff leave the service and the transfer of service users is completed.
- 2.15 Sickness absence is an important factor in improving productivity, and good progress has again been made. In September 2010, a reduction in the predicted days absence per FTE had been delivered, from 23.86 to 16.55 days, with a reduction in the number of long term sickness cases from 64 to 46. Over the winter months, we have experienced an anticipated seasonal increase, and again staff leavers and service user transfers have interrupted our focus on this. However, overall levels have improved significantly since this time last year, and we will resume our efforts once this period of change is over.
- 2.16 The restructure provides an opportunity to make significant progress through the implementation of new rota patterns, more flexible working practices and electronic rostering. We have been working closely with the Trade Unions to agree new rota

¹ As such, it does not take account of travel, supervision, training, meetings, annual leave etc, all of which are essential to deliver the service. If these other elements were taken into account, staff were utilised for 77% of their contracted hours. The remaining time related to sickness absence and periods when staff were not utilised.

patterns and these have now been agreed with both Trade Union convenors and stewards. This represents a big step forward, and a joint statement from the Chief Officer and the Trade Unions has been issued to all staff within the CSS advising them of the changes that will be implemented as part of the restructure. We are confident that this will result in significant improvements in productivity.

3.0 Main Issues: Development of Reablement Services

3.1 This section provides a summary regarding the reablement service model being developed, as well as information on service activity to date, outcomes we are achieving with service users, levels of customer satisfaction, how we are performing in comparison with other local authorities, and how we will continue to develop the service across the city.

Developing the Leeds Reablement Service

3.2 As reported in the October Scrutiny report, the Leeds Reablement Service includes a number complementary services through which people can receive reablement, including:

- The new Skills for Independent Living (SkILs) Team, providing homecare reablement
- Assistive Technology (AT) Services - providing equipment, alarms and adaptations that help people live more independently, including the provision of telecare.
- The Outreach Service – providing support for service users in community settings so planned day activities fit with individual preferences and circumstances within local networks.
- Day Service Reablement – providing a programme of reablement in a Day Centre, often as part of a package of services.

3.3 Some of these services are well established, like many of our Assistive Technology Services; others are new, like the CSS SkILs team. The Leeds Reablement Service brings old and new together, providing a coherent and coordinated reablement service for all adults in Leeds who are eligible for help from Adult Social Care and suitable to take part in a reablement programme. Appendix A provides a breakdown of the customer's journey through reablement.

3.4 As noted in earlier reports, in Leeds we have deliberately developed a broader based reablement service than most other local authorities to maximize the benefits reablement can offer:

- Delivering truly person-centered care packages designed and delivered at the point of entry with customer outcomes at their heart,
- Maximizing the number of diversions away from on-going services during the assessment period and following reablement provision, and
- Delivering greater financial efficiencies for the authority.

3.5 Phase one of service development is nearing completion. By April 2011, a city wide service will be offered to all new customers to Leeds ASC, and all customers discharged from a Leeds Teaching Hospital. Work is now starting on phase two, when other key pathways into the Leeds Reablement Service will be opened up. By July 2011, the service will receive existing Leeds ASC customers from the community, plus those from out of Leeds hospitals and other health routes, and those customers received by Leeds ASC from the Transitions Team. With these referral routes open, the service will run to full capacity city-wide.

Activity to Date

- 3.6 A number of early implementer pilots have been running in the city, the first commencing in May 2010 in the WNW. In that time, 394 reablement assessments have been completed, with a significant proportion of customers on all open pathways² diverted to reablement from long term care at this point. In particular:
- 17% of assessments have resulted in a referral to AT services
 - 23% of assessments have resulted in a referral to the SkILs team.
 - 30% required no further action or were signposted
 - 2% fast tracked (end of life care)
 - 7% referred to Intermediate Care Team (health service)
 - 18% referred for a community care assessment for an on-going service
 - 4% deceased during assessment period.
- 3.7 To ensure Leeds delivers a fast and responsive service, assessments for reablement have been undertaken within existing KPIs for prompt hospital discharge, and in the community within the 28 day indicator for community care assessments. The average length of reablement programme is just under 4.5 weeks, and the average SkILs hours provided per week is 3.5 hours. In terms of service cost benefit, the average cost of a SkILs intervention currently stands at £417, and the indicative whole year saving (for reablement against the alternative scenario of a long term care package) per service user comes to £2111.00.

Outcomes being Achieved

- 3.8 A lot of work has gone in to collecting data to report on outcomes being delivered via the Leeds Reablement Service. This data is presented in three ways:

(1) Outcomes immediately following reablement in terms of required ongoing care needs

Since the first reablement pilot began in May 2010, of the people who have received and completed reablement from the SkILs service:

- 86 service users required no further service (56%)
- 57 were referred for long term care (37%)
- The remaining 10 (7%) were currently being assessed for an ongoing care package at time of writing

(2) Service user's perception of outcomes achieved

Using the new perception-based national *Adult Social Care Outcomes Tool* (ASCOT), service users report that following a reablement programme:

- 67% feel they have as much or adequate control over their daily lives (up from 60% prior to reablement),
- 70% feel clean and presentable in the way they like (up from 50% prior to reablement)
- 100% feel they get all or adequate food and drink they like when they want (up from 50% prior to reablement)
- 63% feel as safe as they want (up from 50% prior to reablement)

² i.e. New customers from the community and all LTHT discharges

(3) Individual service user outcomes³

Appendix B provides two recent case studies on the outcomes achieved by individual service users following reablement. Extracting key information from the case studies:

- Jonathan's story records how Jonathan progressed from significant mobility issues to six weeks later being able to get out and about in his car and begin a local college art course
- Harry's story records how he progressed from significant self-esteem and confidence issues (with health complications), to being able to cook for himself and begin to improve his mobility, with a longer term goal to get out and about to his local shops.

Customer and Staff Satisfaction

3.9 A systematic customer satisfaction survey is still to be completed. However, the service has received a number of compliments from service users regarding the quality of care. Full case studies are provided in Appendix B, showing how, for example Jonathan says:

"the support I've received from the SkILs team has been invaluable. They are like my extended family. I'll be sad to see them go, but without their help I'd have ended up in a group home and now I can live in my own home. The entire SkILs team have been fantastic".

3.10 The Reablement Project team have also received encouraging feedback from operational staff working in the new service. According to the SkILs team Area Manager:

"When CSA's move into the SkILs team their positive attitude shines out. They feel valued and empowered and are more involved in supporting the customer in achieving their goals. They can see they are making a big contribution to the customers outcomes and helping them maximise their independence."

3.11 This has also been noticed in other areas of ASC. _an area social worker working in assessment and care management has noted that:

"I have had a positive experience with the reablement service... it does what it says on the tin. Customers are accurately assessed for the tasks they require and the length of time this will take. Care managers are updated about customer progress with the input from the SkILs team, allowing packages to be reduced to meet customer's changing needs. Customers are part of the planning process at every stage, so are aware the SkILs team are only assisting on a temporary basis and also happy with the service they receive."

Comparisons with other Local Authorities

3.12 Leeds Reablement Service has been developed in line with Department of Health best practice guidelines⁴. A major national report recently reported the key features of successful reablement services. Appendix C provides a full breakdown of how Leeds has developed its service in line with key features of these best practice authorities. To draw a few key comparisons from that report with what has been achieved in Leeds:

National Best Practice	The Leeds model
Joined up reablement assessment,	The Leeds reablement model has been

³ Extracted from individual reablement plan reviews, recorded on a case-by-case basis with service users and presented here as case studies.

⁴ Primarily via the CSED homecare Reablement Toolkit

planning and progress reviews	developed in line with Leeds ASC's new Single Assessment Process, with weekly service progress reviews undertaken in the customers' home as standard
Rapid access to Assistive Technology Services	A key feature of the Leeds model, taken forward by JIP as an example of regional best practice, is that AT is fully integrated into the reablement pathway.
Rapid access to Occupational Therapists	A key feature of the Leeds model, taken forward by JIP as an example of regional best practice, is that OT is fully integrated into the reablement pathway.
Comprehensive staff (re) training programme	A major programme of operational staff (re)training is underway with over 250 staff having attended induction training in the last four months
Development of a specialist Mental Health reablement service	A key feature of the Leeds model, with further service development planned in 2011
Development of reablement services for support outside the home	The Leeds Outreach Service is a key feature of the Leeds model, offered as standard during reablement assessments

Further Development of the Service

- 3.13 As the Reablement Service has expanded the customer base has grown. As things stand, by April 2011 the SkILs team will offer a service in all three wedges of the city for both new community customers and LTHT discharges. A great deal of effort has gone in to carefully moving CSAs from the long term homecare service into SkILs in a managed way which does not impact on levels of service quality for customers in either service. As mentioned earlier in this report, when phase one of service development completes phase two will begin so that by July 2011 a full capacity Leeds Reablement Service will be in operation city-wide.
- 3.14 At that point in time, the service will operate to a capacity that in the remainder of the financial year 2011/12 will accept 2000 customers per annum, moving to 3000 customers per annum in its first year of full service capacity (2012/13) – in line with the recommended service size proposed by the Department of Health. We will also continue our work with health, taking forward our commitment to joint working with Intermediate Tier services.

4.0 Conclusions

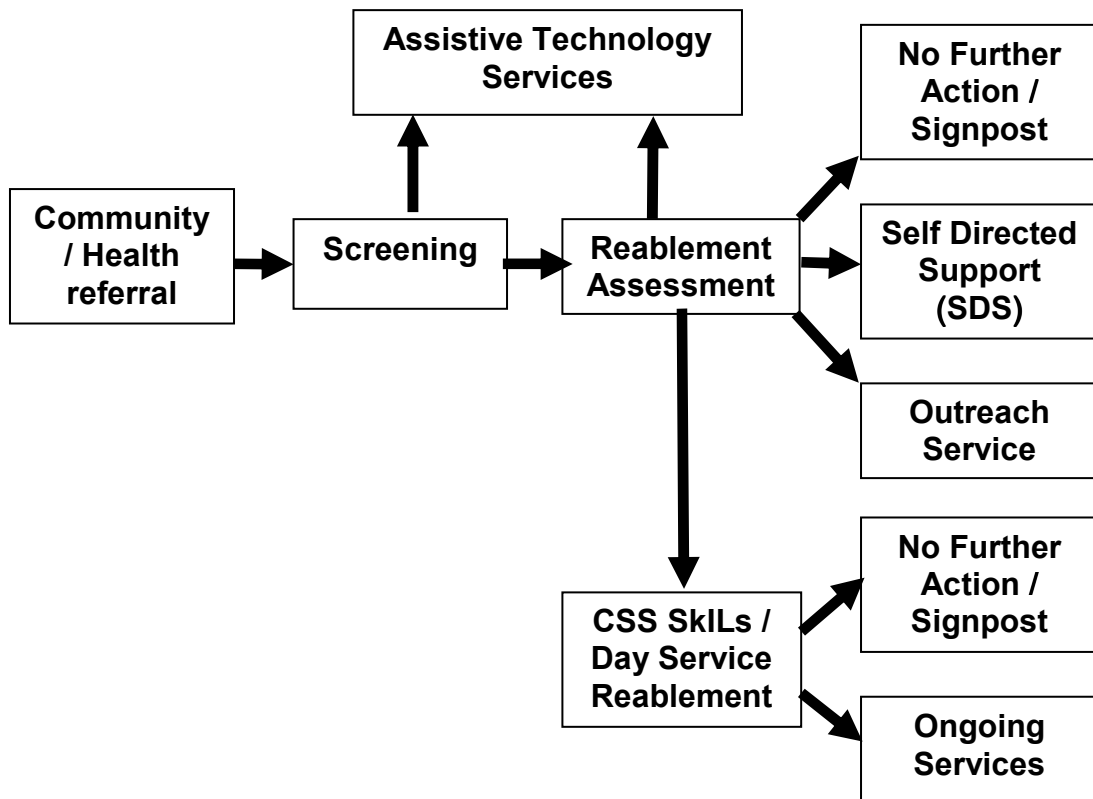
- 4.1 This report provides Members with information about the future provision of in-house domiciliary care. The report highlights the significant work undertaken, in partnership with staff and Trade Unions, to reduce the size of the overall service through a programme of voluntary early retirement (VER) and voluntary severance (VS), restructure the remainder of the Community Support Service, and improve productivity and sickness absence. It also details the progress made in developing reablement services in Leeds, and the positive outcomes resulting from this work, both for ASC and for service users.
- 4.2 Leeds' ASC will continue to work with Trade Unions, staff and colleagues in Commercial Services over the coming months, in order to complete delivery of Phase I and II of VER/VS, the restructure of the CSS, and Phase II of reablement service

development. This work, together with the outcomes of the current Scrutiny Inquiry, will inform the Executive Board report in September 2011, which will consider the future strategic direction of the in-house Community Support Service.

4.0 Recommendations

4.1 Members are asked to note the content of this report.

Appendix A
The customer's journey through reablement



The following case studies provide a snapshot of the way that reablement services in Leeds are helping people live more independently in their own homes and local communities.

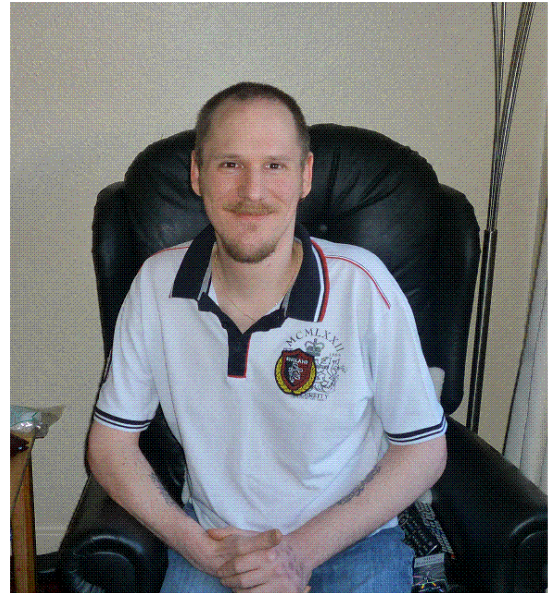
Jonathan Burton's story: "Now I can live in my own home!"

Profile:

Jonathan, 30, lives alone in Horsforth, with a supportive family living close by, and used to work full-time in Green Flag customer services.

Jonathan was diagnosed with Becker Muscular Dystrophy when he was 16 years old which has gradually made mobility difficult.

In the last few years his condition worsened, reducing his mobility significantly and making everyday activities such as sitting up in bed, preparing food and grooming difficult.



Hospital Admission

The decline in his condition led to him to feel isolated and he found coping extremely difficult; suffering episodes of depression; and in late 2010 he was admitted to hospital for three months.

Jonathan feels that his admission into hospital was not conducive to improving his MD and explained that he was not mobilising enough because he spent most of the day in his wheelchair. In hospital he was reliant on staff and this was frustrating for him as he wanted to do things for himself.

In December he was discharged from hospital. Jonathan was concerned about going home, mainly because he felt he would not be able to manage without some support. It was at this time that hospital social workers assessed that Jonathan would benefit from receiving a reablement package of support from the SkILs team, and some community equipment.

SkILs intervention, with AT

When Jonathan was first discharged he received four visits per day. This was the right level of support at first, Jonathan feels, as it gave him confidence.

Sharren, his SkILs support worker, explained that Jonathan was very excited about the things he wanted to achieve once home and started with a lengthy page of 40 outcomes! When asked what his top three outcomes were he said he wanted to be able to wash himself without support, get out and about, and cook for himself.

A couple of weeks after starting Reablement, everyday tasks started to get easier for Jonathan. With equipment from LCES and the encouragement and support from the SkILs team he developed coping strategies to help him get out of his chair and with the new equipment including a profiling bed, shower chair and trolley he was able to sit up and stand up more easily, shower himself and prepare meals.

Reducing Jonathan's care package

As things became easier for Jonathan, the SkILs team gradually reduced the number of visits. This was done slowly by firstly removing the dinner visit, then the tea-time visit and then just visiting him in the morning and in the evening.

The SkILs workers often rang him to check on him throughout the day to make sure he was coping.

In the last couple of weeks Jonathan has improved immensely and has even been able to drive his car again. He looks elated and animated when he talks about this and feels he has taken a giant step forward in getting his independence back.

Jonathan's reablement experience

Jonathan says the SkILs team provided the right level of support and encouragement and he feels sure that without their existence he would have lost all his independence.

He likes the way the SkILs team suggest ideas of how to make things easier so he can do them independently, and says he would not have considered home care but would have opted to go into a group care home:

“the support I've received from the SkILs team has been invaluable. They are like my extended family. I'll be sad to see them go, but without their help I'd have ended up in a group home and now I can live in my own home. The entire SkILs team have been fantastic”.

Sharren explains he has gone from having no independence to being almost completely independent.

Jonathan is also a talented artist. His enthusiasm and renewed confidence has meant he has returned to his passion for arts and crafts and is currently looking into starting a foundation degree in Art this year.

Jonathan is excited about the future and looks forward to getting his powered chair so that he can start his Art degree and get out and about.

Harry's story: "Support from the SKiLs team has been reassuring... My next goal is to walk to my local Co-op"

Profile:

Harry, 84, lives in a 2nd floor flat in Anchor sheltered housing in Beeston. Born in Leeds he has lived in the city with his wife Clara for 60 years. Harry retired from a working life in engineering 20 years ago.

Harry's son and daughter-in-law live in Morley and have been very supportive over the past ten months; though Harry is a very proud man and only reaches out to his family when absolutely necessary.



Harry has a history of chronic obstructive pulmonary disease, ischemic heart disease and anxiety. He has been caring for his wife at home whose health had been deteriorating. Over time, Harry's own health started to suffer. A severe bout of anxiety resulted in him being admitted to The Mount in September 2010.

Hospital admission and discharge

After two months in The Mount, Harry suffered heart problems and was transferred to St James' hospital in November 2010. In late November he was well enough to be discharged.

Although he had previously wanted to move into a care home Harry recognised his health had improved and wanted to return home; though he was concerned about his continued levels of anxiety, and his breathing problems. It was at this point that hospital social workers assessed Harry and decided he would benefit from receiving reablement.

SKiLs intervention, with assistive technology

Following discharge, Harry initially received four visits from a SKiLs worker each day. The visits focussed on emotional support to increase Harry's confidence and independence to achieve outcomes such as going to bed unaided and increasing his mobility. Harry also received support from the team to eat more healthily, keep his house clean and tidy, sleep more comfortably at night and to organise his medication.

To help him improve his diet, Harry's SKiLs worker suggested having Country Fayre meals delivered; purchased a microwave to cook meals quickly and easily; and helped Harry to cook the meals by himself. To keep his house clean and tidy, the SKiLs team also helped organise for a private cleaning company to clean the flat and do the laundry each week.

In terms of assistive technology, because Harry finds breathing more difficult when lying down, the SKiLs team ordered a support pillow and made sure he was comfortable with it. Harry also has over ten different types of tablets which he needs to take every day. Whilst he is capable of organising his own medication, the SKiLs worker noted that this was taking up a lot of his time. To help with this, the SKiLs team organised a dossett box through the community pharmacist.

Reducing Harry's care package

As Harry's confidence grew the SkILs team gradually reduced the number of visits.

With meals delivered and a microwave to cook with, the SkILs team gradually withdrew from meal preparation.

At the end of week six Harry was able to walk from his chair to the hallway and back. Having achieved all his reablement outcomes the SkILs team withdrew completely.

To ensure Harry continues to live independently at home, neighbourhood warden Ricky visits Harry twice a week, taking time to talk to Harry and continue to encourage him with his walking. With Ricky's support, Harry can now walk to the lift down the corridor outside his front door.

Harry's reablement experience

Harry says that support from the SkILs team has been reassuring, helping him to cope at home, especially when going to bed at night. He says his new pillow makes him feel less anxious about going to bed, and that the cleaning service and his dossett box are both a great help.

Harry looks forward to his twice weekly visits from Ricky. He says it's nice to see a friendly face.

Harry is now working to build up his confidence to venture outside on his own and walk to his local Co-op to shop for himself.

Appendix C: CSED Homecare Reablement Prospective Study: final report findings & how Leeds compares

	National Findings / Best Practice	Leeds position
Assessment arrangements	<ul style="list-style-type: none"> • There is a need for and importance of the initial homecare reablement assessment and ongoing progress reviews • It is important that the initial review is completed in the client's house 	<ul style="list-style-type: none"> • Assessment and progress reviews aligned to ASC's new Single Assessment Process • Progress reviews completed in clients house as standard
Discharge and onward referral arrangements	<p>There is a need to ensure smooth entry and discharge from the service by:</p> <ul style="list-style-type: none"> • unblocking decisions about support for any ongoing care needs • Securing capacity in the provider market (see Implementation Toolkit) 	<ul style="list-style-type: none"> • End-to-end ASC process mapping / reengineering underway creating leaner gatekeeping / care management processes • Leeds Homecare Framework Agreement implemented and in use, with 36 providers identified
Key features of reablement services	<p>There is a need to:</p> <ul style="list-style-type: none"> • Access to community equipment / aids to daily living, and telecare since these support the reablement process (see Implementation Toolkit) • Address workers training for existing staff transferring from 'conventional' homecare services both in terms of skills and a change in mindset (see Implementation Toolkit) 	<ul style="list-style-type: none"> • Integral, innovative feature of the Leeds model – AT accessed early on customer pathway • Taken forward by JIP as regional best practice • Reablement training programme in use inc. culture change, core skills, processes & systems, and learning into practice training modules
Skill mix in the team	<p>There is a need to</p> <ul style="list-style-type: none"> • establish speedy access to OTs and other specialist services for some users • Have adequate and rapid access to OTs and other specialists rather than having those professionals necessarily embedded in the reablement team 	<ul style="list-style-type: none"> • Integral, innovative feature of the Leeds model - OTs available on community and hospital discharge pathways into service • Taken forward by JIP as regional best practice
Staff commitment, attitude, knowledge and skills	<p>It is important that reablement is seen as an 'attitude' or an 'approach' to care for the reablement service to operate effectively</p>	<ul style="list-style-type: none"> • Reablement culture change and learning into practice training deliberately targets this service development requirement
Service user characteristics	<ul style="list-style-type: none"> • The most difficult cases tend to be service users who have a history of long periods of home care because they are more likely to expect things to be done for them • People with dementia and mental health problems require different patterns of engagement • Reablement for older people who had had a fall or fracture focuses more on personal care and confidence building • Reablement for younger people tends to be more about social interaction 	<ul style="list-style-type: none"> • Not enough local data to compare • Integral, innovative feature of the Leeds model – Leeds has a dedicated MH Reablement Service to meet this different service demand • Not enough local data to compare / validate • Not enough local data to compare / validate. The Leeds reablement offer includes Outreach to meet this service demand
Service user and carer views	<ul style="list-style-type: none"> • The involvement of service users in setting their own goals is highly motivational • In a small number of cases service users and carers feel that the reablement goals they had identified had been thwarted by restrictions on the service • Service users are often disappointed about the changes to their eating habits through limited support to improve food 	<ul style="list-style-type: none"> • Reablement assessments and plans are co-produced as standard with the service user and their carers • Not enough local data to compare / validate • Not enough local data to compare / validate

	National Findings / Best Practice	Leeds position
	preparation skills <ul style="list-style-type: none"> The focus of services on activities of daily living (ADLs) within the home and not on instrumental activities (IADLs) outside the home results in a 'shortfall' in meeting user's goals on mobility. 	<ul style="list-style-type: none"> Integral, innovative feature of the Leeds model – the Leeds reablement offer includes Outreach to meet this service demand



Report of the Head of Scrutiny and Member Development

Scrutiny Board (Adult Social Care)

Date: 13th April 2011

Subject: Recommendation Tracking – Supporting Working Age Adults with Severe and Enduring Mental Health Problems

<p>Electoral Wards Affected: All</p>	<p>Specific Implications For:</p> <p>Equality and Diversity <input type="checkbox"/></p> <p>Community Cohesion <input type="checkbox"/></p> <p>Narrowing the Gap <input type="checkbox"/></p>
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1.0 Introduction

- 1.1 The Scrutiny Board 'Inquiry recommendation tracking process' allows Scrutiny Boards to monitor progress and identify completed recommendations; those progressing to plan; and those where there is either an obstacle or progress is not adequate. The Board will then be able to take further action as appropriate.
- 1.2 The Scrutiny Inquiry Report, 'Supporting working age adults with severe and enduring mental health problems' was published in 2010. The Adult Social Care Scrutiny Board last reviewed progress against recommendations at its Board meeting in November 2010. An update on meeting the recommendations is shown as Appendix 1
- 1.3 A standard set of criteria has been produced to enable the Board to assess progress. These are presented in the flow chart at Appendix 2. The questions in the flow chart should help to decide whether a recommendation has been completed, and if not whether further action is required.
- 1.4 To assist Members with this task, the Scrutiny Unit has given a draft status for each recommendation. The Board is asked to confirm whether these assessments are appropriate, and to change them where they are not.

2.0 Recommendation

2.1 Members are asked to:

- (i) Agree the progress status against each recommendation
- (ii) Identify any recommendations where progress is unsatisfactory, and determine the action the Board wishes to take as a result.

Background papers

None used

Recommendation Tracking – Progress Report (April 2011)

Categories

- 1 Stop monitoring
- 2 Achieved
- 3 Not achieved (Obstacle)
- 4 Not achieved (Progress made acceptable. Continue monitoring)
- 5 Not achieved (Progress made not acceptable. Continue monitoring)
- 6 Not for review this session

Inquiry Supporting Working Age Adults with Severe and Enduring Mental Health Problems (2010)

Recommendation for monitoring	Evidence of progress and contextual information	Status (categories 1 – 6) (to be completed by Scrutiny)	Complete
<p>Recommendation 1</p> <p>That Leeds City Council (specifically the Director of Resources) and NHS Leeds become fully signed up to the Mindful Employer Initiative by June 2011 and That all sickness, ill health and capability related policies and procedures are updated to</p> <ul style="list-style-type: none"> a) aid those suffering with mental health related illnesses back into work b) support employees with mental health related symptoms whilst in the workplace. 	<p>Directors Response – March 2011</p> <p>Mindful Employer is an initiative that aims to increase awareness of mental health at work and providing ongoing support to employers in the recruitment and retention of staff.</p> <p>Employers can sign up to the Mindful Employer Charter as a way of demonstrating their commitment to improving the working lives of their staff. The principles of the charter as defined by Mindful Employer are listed below:</p> <p>As an employer we recognise that:</p> <ul style="list-style-type: none"> • People who have mental health issues may have experienced discrimination in recruitment and selection procedures. This 	<p>2</p>	

	<p>may discourage them from seeking employment.</p> <ul style="list-style-type: none">• Whilst some people will acknowledge their experience of mental health issues in a frank and open way, others fear that stigma will jeopardise their chances of getting a job.• Given appropriate support, the vast majority of people who have experienced mental ill health continue to work successfully as do many with ongoing issues. <p>As an employer we aim to:</p> <ul style="list-style-type: none">• Show a positive and enabling attitude to employees and job applicants with mental health issues. This will include positive statements in local recruitment literature.• Ensure that all staff involved in recruitment and selection are briefed on mental health issues and the Disability Discrimination Act, and given appropriate interview skills.• Make it clear in any recruitment or occupational health check that people who have experienced mental health issues will not be discriminated against and that disclosure of a mental health problem will enable both employee and employer to assess and provide the right level of support or adjustment.• Not make assumptions that a person with a mental health problem will be more vulnerable to workplace stress or take more time off than any other employee or job applicant.• Provide non-judgemental and proactive support to individual staff that experience mental health issues.• Ensure all line managers have information and training about managing mental health in the workplace. <p>The report on Mindful employer that was due to go to CLT for final approval on the 28th September did not make that agenda. It has been agreed to circulate to members of CLT via email for sign off.</p>		
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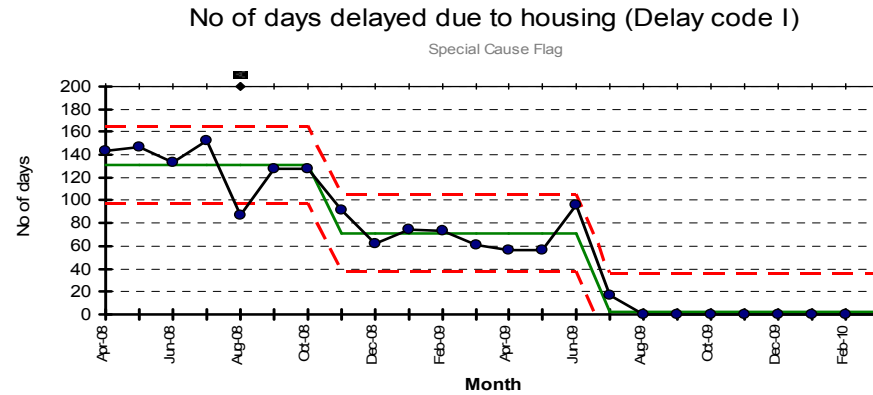
	<p>Progress has been made in undertaking the work to achieve the Charter:</p> <ul style="list-style-type: none">• In late November/early December, 50 members of staff went on a one day training course - "Mental Health in the Workplace: skills for line managers". This was delivered by NHS Leeds Partnerships Foundation Trust at no cost to the authority. LPFT evaluated the training sessions and will send us a copy specifically for LCC staff in due course so we can assess impact and outcomes. We targeted the training sessions to include HR and H&S officers to enable learning to be cascaded through services.• All members of staff who completed this training received copies of a toolkit produced by Rethink "We can work it out: a local authority line manager's guide to reasonable adjustments for mental illness". <p>The following progress has been made on the other actions reported on in November:</p> <ul style="list-style-type: none">• LCC "Managing Stress in the Workplace" policy was officially launched in September 2010, alongside the new "my wellbeing" website for LCC staff. Managers have been trained in this guidance.• LCC Employee Well-being Strategy is still in development• We ran a Wellbeing Fortnight for Council staff in November 2010 – this was a way of highlighting the support available to staff and managers (e.g. the new website) as well as offering taster sessions of activities such as meditation which can be used as a coping mechanism.		
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<p>Recommendation 2</p> <p>That Leeds City Council (specifically the Director of Resources) LPFT and NHS Leeds ensure that</p> <p>a) their organisation obtains the necessary training to provide Mental Health First Aid to the workforce by June 2011. Each organisation is required to advise the Scrutiny Board in December 2010 of their progress and/or plan to meet this objective</p> <p>b) incorporate the initiative into workforce development plans within each organisation (or equivalent plan)</p>	<p>Directors Response – March 2011</p> <p>Mental Health First Aid (MHFA) training is a 12-hour intensive course, usually delivered over 2 days at a cost of £1200 per course. The course provides an overview of common mental health problems, causes, symptoms and treatments, and teaches people how to:</p> <ul style="list-style-type: none"> • recognise distress • recognise the difference between Therapy and First Aid • be confident in administering help in a First Aid situation • provide initial help and guide a person towards appropriate support <p>It is aimed at anyone who may come into contact with someone with a mental health problem either in their workplace or in life outside work. “Mental health problems affect not only the person experiencing them, but also others around them. Knock-on effects can include a fall in productivity, poor decision-making, an increase in mistakes made & sickness absence, high staff turnover and poor workplace relations. These effects can be prevented if appropriate recognition and support strategies are put in place. Knowledge of MHFA within a working environment can help prevent problems from becoming more serious.”¹</p> <p>As reported at Scrutiny Board Leeds City Council has already commenced the delivery of Mental Health First Aid training with its workforce. Adult Social Care commission Community Links to deliver Mental Health First Aid Training and this training forms part of the core training in ASC. Five courses have been delivered between January and July 2010. 69 delegates attended the courses, 44 of</p>	2	
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¹ Quote from MHFA website

	<p>whom were internal and 25 from external organisations. Courses are oversubscribed and very popular. Each session is a 2 day event.</p> <p>LCC corporately are in the process of commissioning this training from Community Links and we are currently looking to secure the funding to roll this out during 2010/11. By April 2011 we anticipate we will have a raft of support and guidance for managers in managing mental health in the workplace – this will be in addition to the First Aid training, and will enable us to meet the criteria as set out in the Mindful Employer charter.</p> <p>There is no further update since November 2010 – we plan to commission further Mental Health First Aid training in 2011/12</p>		
<p>Recommendation 3</p> <p>That the Director of Environment and Neighbourhoods updates the Adult SocialCare Scrutiny Board in December 2010, on the progress of protocol implementation and the impact of the Accommodation Pathways project.</p>	<p>Directors Response – March 2011</p> <p>The Accommodation Pathways Project was started because of several issues that had been identified:</p> <ul style="list-style-type: none"> • Increase in delayed discharge due to housing • Continued use of emergency accommodation on discharge from acute wards • Long waits for housing related support <p>A whole system review of the accommodation assessment process in acute inpatient care pathways was undertaken in order to make recommendations for service improvement. As a result the pathway was redesigned with the focus on:</p> <ul style="list-style-type: none"> • the service user 	2	

	<ul style="list-style-type: none">• simplifying and streamlining the process• homelessness prevention and facilitation of a planned move. <p>The new pathway was developed and tested in four phases by improving practice on the acute wards, improving access to housing options and housing related support services and by developing a joint working protocol. The impact of the project to date has been:</p> <ul style="list-style-type: none">• Improved housing outcomes – planned moves• An increased range of housing options available• Improved take up of housing related support• Improved links between the acute wards, housing services and housing support services• A dramatic reduction in delayed discharges due to housing <p>The Joint Working Protocol was formally launched on the 29th June. As illustrated in the graph below there have been no delays as a result of housing issues since August 2009.</p>		
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The implementation of the protocol is being monitored by a multi-agency implementation group chaired by NHS Leeds. The group meets quarterly and receives a report from Housing Options on the number and type of referrals being made through the new protocol. LPFT continue to report no delays due to accommodation issues from their in-patient units – and the protocol has now been rolled out to rehabilitation services.

A fortnightly allocation meeting convened by Supporting People continues to manage the effective allocation by Housing Options of patients to appropriate providers. Interestingly with the introduction of improved housing advice and support from Housing Options staff to patients at an earlier point in admission, there has been increased take up of different housing options outside mental health specialist housing support. The implementation group are instigating a service

	<p>user satisfaction survey to gather information on experience of the current configuration of service, and has undertaken a consultation with Supporting People providers to assess their experience.</p> <p>Overall, the introduction of the protocol has brought very positive results; the implementation group will continue to monitor for the first year to ensure effective roll out. The model has been used as a good practice example by the National Housing Lead at the National Mental Health Development Unit with the Department of Health.</p> <p>The impact of the joint working protocol since its implementation has been as follows:</p> <p>132 individuals in the mental health inpatient service have been referred to housing services with a housing need since the implementation of the joint working protocol in June 2010. Of the 132 inpatients referred, 91 have been from the acute wards; 5 from the forensic mental health wards and 36 from the longer term rehab wards.</p> <p>Of the 132 people referred, 87 individuals have been discharged to date. 97% of these (84 out of 87 cases) have had a planned move into a range of housing options. There were 3 unplanned moves which occurred where individuals either discharged themselves or they were asked to leave immediately by the ward because of their behaviour. In the later instance, the individual was provided with emergency accommodation.</p> <p>Of the 132 people referred, there are 45 people who have had their housing needs assessed and support arrangements put in place but are not yet well enough for discharge. These individuals are largely on</p>		
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	<p>the longer term rehab wards.</p> <p>51 of the 87 discharged to date had a housing related support service in place as part of their planned move. 27 of these were floating support packages and the others involved a move into a supported housing service as part of the discharge process.</p> <p>There have been no delayed hospital discharges due to housing issues since the implementation of the joint working protocol.</p>		
<p>Recommendation 4</p> <p>That the Director of Adult Social Services assesses the need for a consistent Home Support service for the whole City by December 2010 with a view to identifying inequities in service provision and applying appropriate measures to rectify the position.</p>	<p>Directors Response – March 2011</p> <p>A new Joint Strategic Group for Mental Health was established in November 2011. Terms of Reference and membership of the group have been put together. The following description is taken from the Terms of Reference and describes the approach being taken to developing mental health services in Leeds.</p> <p>The Leeds Joint Strategic Commissioning Group for Mental Health will develop the successful implementation of an agreed model of Adult and Older Peoples Mental Health services through partnership commissioning between NHS Leeds, Leeds Adult Social Care (LASC), Leeds City Council (LCC), and the emerging GP Commissioning Consortia. Key stakeholders include Leeds Partnerships Foundation Trust (LPFT), Third Sector representation, primary and community care representation, and effective Patient and Public Involvement, including provider Service User networks. Through its membership and sub-structures, the Commissioning group will reflect the need for a range of key stakeholders in the city to be actively involved in the detailed design and implementation of an agreed model of service.</p>	2	

	<p>The Commissioning group is responsible for the successful implementation of Adult and Older peoples Mental Health strategic services plans across Leeds. This will include scoping current service provision, developing the future vision for an integrated service model, delivering more integrated care pathways and greater efficiency, including tackling age discrimination, and ensuring an improvement in the quality and outcomes delivered by all partners. The development and commissioning of this 'Mental Health Improvement Plan' will be accomplished through well-defined task and finish projects, ongoing managed networks of providers, and the use of quality improvement incentives to be applied within contractual mechanisms.</p> <p>The Leeds Joint Strategic Commissioning Group for Mental Health reflects a joint commitment to deliver outcome based service models that lower system costs by simplifying care pathways, reducing duplication, and improving the quality of service provided. This is underpinned by three core principles:</p> <ul style="list-style-type: none"> • Better outcomes and patient and user experience • Simpler more integrated care pathways and working across organisational boundaries • Lower system cost and better value for money 		
<p>Recommendation 5</p> <p>a) That the Director of Adult Social Services and commissioners from NHS Leeds take the appropriate action to ensure contracted service providers are providing the necessary support to service users regardless of geographical location in the city.</p>	<p>Directors Response – March 2011</p> <p>Proposals to recommission mental health day services were approved in February 2011. The proposal is to commission a new system of mental health day services in partnership with NHS Leeds, by means of a competitive tendering exercise. The new system will aim to provide a range of services that can offer appropriate support regardless of the geographical location of service users.</p>	4	

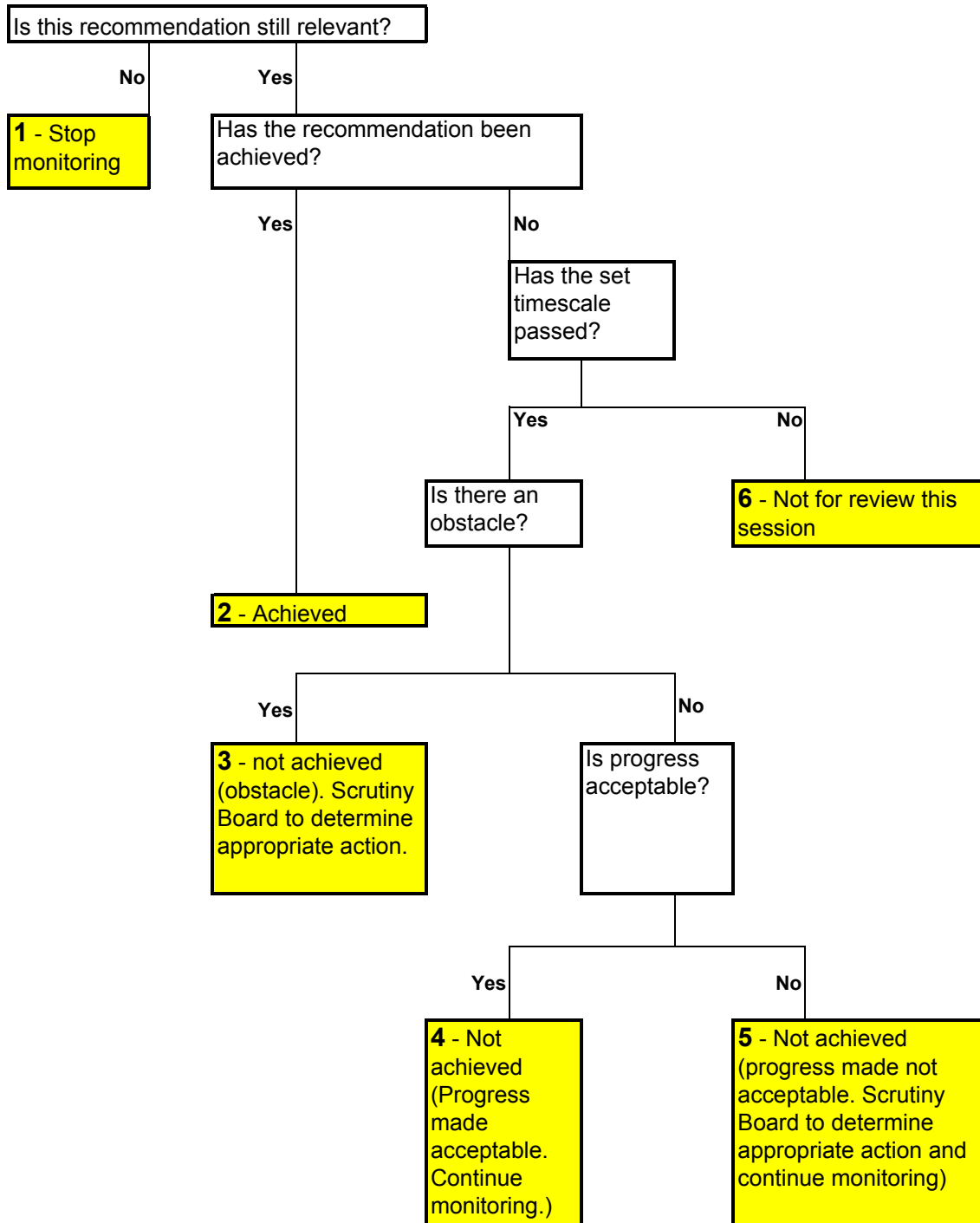
<p>b) That the Director of Adult Social Services provides an update to the Adult Social Care Scrutiny Board of the action planned/taken by Adult Social Services and partners as part of the programmed commissioning update scheduled into the 2010/11 scrutiny work programme</p>	<p>The new day opportunities system would be based on the principles of recovery, social inclusion and personalisation and will be shaped by a number of key characteristics:</p> <ul style="list-style-type: none"> • Service users will need to meet eligibility criteria, so that those most in need are targeted • All interventions will aim to promote independence, rather than dependency and ensure the fair distribution of resources • Interventions will focus on the attributes and aspirations of service users, rather than their difficulties and deficits • Activity will be focused on delivering outcomes which have a sound evidence base of effectiveness • Service user involvement will be central to the organisation and delivery of services • The whole system will reflect and make a joined up contribution to, the journey of the service user from the experience of an episode of acute mental distress, through recovery, to regaining optimal health and social functioning. <p>In order to reflect these principles, the new service model will comprise five new elements of service, which will draw from and build on existing models of provision from within Adult Social Care and the third sector.</p> <ul style="list-style-type: none"> • <i>The Recovery service</i> will draw upon the foundations of good practice in the Adult Social Care Community Alternatives Team and the MIND Recovery service, amongst others. It will operate at the interface with acute and specialist services, such as in-patient facilities and CMHT, facilitating ongoing recovery in the community rather than in institutional settings. It will also assist with hospital 		
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	<p>and day treatment discharges.</p> <ul style="list-style-type: none">• <i>The Information and Access service</i> will assist service users in engaging with mainstream opportunities and provide advice and information about staying well and healthy. Community Links and Adult Social Care services currently provide some of this assistance.• <i>The Employment service</i> will help service users access and sustain economic independence through training, education and employment. It will forge strong links with local employers and educational establishments and facilitate the development of social firms run by service users. It will act collaboratively with the developments planned by NHS Leeds, as well as the Department for Work & Pensions and other local initiatives. It will build upon the work done by MIND's DOVE project and others.• <i>A Creative Solutions service</i> will be developed to offer fulfilling opportunities to aid the recovery process. These skills-based, time-limited group and individual activities, such as gardening and cookery, will aim to equip service users with the resources to improve their daily living skills and prevent relapse. There will be a sharper focus on outcomes rather than process, which will distinguish it from traditional day services.• <i>A Black and Minority Ethnic day service.</i> There continues to be a need to dedicate resources to Black and Minority Ethnic (BME) service users who remain over-represented in the most restrictive parts of the mental health system whilst, at the same time being least likely to benefit from		
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	<p>supportive and enabling services. Thus a BME day service will continue to address issues associated with stigma and exclusion and build upon the good work done in the city.</p> <p>Finally, in recognition of the need to offer continuity to a small but significant cohort of service users who wish to preserve existing models of service delivery, a Grant Funding opportunity will be offered to facilitate this continuity. Open access will be preserved and service users will be supported to lead this initiative. It is anticipated that this investment will taper over time, as the need for it diminishes.</p> <p>The process of moving to this model will need to involve a range of stakeholders and will take approximately 18 months to complete.</p>		
<p>Recommendation 6</p> <p>a) That before December 2010 the Director of Adult Social Services evaluates the methods of communication currently utilised with a view to improving the process to create clear and defined lines of communication. The resulting improvement plan should identify how service users will be consulted and involved in the process and how change will be communicated to service users to minimise anxiety, disruption and misunderstanding.</p> <p>b) That NHS Leeds and LPFT adopt a</p>	<p>Directors Response – March 2011</p> <p>With major changes happening within mental health day services across the City it is important to ensure that all stakeholders are kept up to date and are clear how they can be involved within the changes. Adult Social Care are currently developing an engagement strategy for this process. Where possible we will be making use of established networks and engagement forums rather than adding more groups but we are pulling together a stakeholder involvement group within the in house day services – as detailed in February’s Executive Board paper – to support the move to more community based support services.</p>	4	

process of communication and involvement consistent with the improved plan implemented by Adult Social Services.			
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Recommendation tracking flowchart and classifications:
Questions to be Considered by Scrutiny Boards



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Originator: S Cameron-Strickland/
Julia Suddick
Tel: 43342

Report of the Director of Adult Social Services

Adult Social Care Scrutiny Board

Date: 13th April 2011

Subject: Summary of Progress in Response to Self Directed Support Inquiry Report Recommendations

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Executive Summary

This report provides a summary of progress to Scrutiny Board Members with respect to the Self Directed Support and Personal Budgets Inquiry Report (2010) recommendations.

It advises Members that an increasing number of adults are receiving their social care through self directed support. Many current service users have chosen to continue to receive their existing service, choosing a Local Authority Managed Budget. A significant proportion have elected to receive their support through a direct payment or a personal budget. The number of people receiving direct payments is forecast to continue to increase during the year.

Information for the period up to the end of December suggests that Adult Social Services has seen a decline in the proportion of assessments completed within statutory timescales (28 days) in comparison with 2009/10. This is thought to have resulted from the introduction of revised assessment processes associated with self directed support and as a consequence of an increasing volume of safeguarding referrals.

The local authority is likely to meet its target for 2010/11 for the delivery of 30% of all community care services through self directed support although this will require improved performance in the final quarter of 2010/11..

1.0 Purpose Of This Report

- 1.1 This report provides a summary of progress of Adult Social Services in response to recommendations contained within the Self Directed Support: Scrutiny Inquiry Report

2.0 Background Information

- 2.1 Self-directed support means that people are able to design the support or care arrangements that best suit their specific needs. LAC (DH) (2008) 1 *Transforming social care* states that

“In the future, all individuals eligible for publicly-funded adult social care will have a personal budget (other than in circumstances where people require emergency access to provision); a clear, upfront allocation of funding to enable them to make informed choices about how best to meet their needs, including their broader health and well-being. A person will be able to take all or part of their personal budget as a direct payment.”

3.0 Main Issues

Recommendation 1 That the Director of Adult Social Services ensures best practice guidance, the requirement for a single assessment process and feedback from service users continue to be considered to improve the structure and composition of the Self Directed Assessment Questionnaire which will aid completion and remove barriers for service users.

- 3.1 Business Change resource remains allocated to Self Directed Support and a Head of Service has been nominated to oversee the impact and issues associated with implementation. Delivery and progress of SDS is monitored on an ongoing basis and reported monthly to DMT Putting People First Board.
- 3.2 Systems and processes continue to be developed:-
The Self Directed Assessment Questionnaire (SDAQ) is being developed as an electronic form (e-form) and this will bring significant improvements in the way that the form is completed. Updates to the SDAQ have been made, based around the principles of a single assessment process to enable different teams to use the SDAQ at different stages of a service user’s care journey. This will make it possible for the SDAQ to follow the service user and will reduce duplication in collecting client information.
- 3.3 Jan 31st saw the start of the implementation of the SDAQ across Joint Care Management and Hospital S/W teams as the single assessment tool for SDS. A user friendly version of the SDAQ is currently being finalised and will be tested in April 2011. The user version will be sent to potential service users prior to the social work visit. People will be encouraged wherever possible to complete as much of the documentation as possible. This will then form the basis for discussion during the assessment. It is anticipated that this will empower the service users.
- 3.4 A range of best practice guidance has been developed. (Evidence based recording, Risk Assessment and Management processes, Internal ASC Safeguarding Procedures) and training has been commenced.
- 3.5 The move towards a competency based approach in relation to the training and development of social work staff will contribute to continuous improvements in practice.
- 3.6 We continue to receive feedback from service users and this is captured through annual questionnaires.

Recommendation 2 That the Director of Adult Social Services updates the Adult Social Care Scrutiny Board (or its successor board) on the resource impact of Self Directed Support and the capacity to provide timely case assessments and reviews for service users within the constraints of current or planned staffing structures. This information is to be provided in conjunction with the quarterly performance report.

- 3.7 Users and carers should expect practical help and other support to arrive in a timely fashion soon after their problems have been referred to social services. Timeliness of assessment is important for people who use services and is therefore recognised as crucial by Adult Social Services in Leeds. Performance in this area is measured locally through an indicator which is consistent with a nationally provided standard for acceptable waiting times for assessments. This measures, the percentage of assessments for new clients (aged 18+) where the time from first contact to completion of assessment is less than or equal to four weeks
- 3.8 83.5% of people have had their assessments completed within four weeks for the first three quarters of 2010/11. This equates to a total of 5,319 people with completed assessments and 4,443 had them completed within 28 days. For the same period of 2009/10 there were a total of 5,936 assessments undertaken, and 91% were completed within 28 days.
- 3.9 There are indications that the roll out of a new assessment process for Self Directed Support has impacted upon the figures as staff adapt to using new ways of working. In addition the numbers of referrals which include safeguarding concerns continue to increase and create additional demands upon care management staff. Analysis of workloads in area social work teams has highlighted a back log of referrals in some areas and this could have an additional impact upon the figures. An action plan has been developed and is being implemented to risk manage the backlog and put measures in place to address the issue.
- 3.10 During the first three quarters of 2010/11 there were a total of 8521 people whose Community Care Plan was reviewed compared with 10492 in the same period of 2009/10. This represents a 19% decrease in activity. Actions have been taken to improve this situation and a significant improvement in performance is expected by the end of the financial year.
- 3.11 There is evidence of continuing high levels of service user satisfaction with the adult social care assessment and care management services provided by Leeds City Council. A quarterly Adult Social Care Outcomes Survey was sent to 1,200 service users during Quarter 3 of 2010/11 and 261 completed forms were returned. The responses provide a snapshot of customer perceptions in relation to the achievement of social care outcomes, customer service and satisfaction generally across Adult Social Care. The survey is sent to a range of service users who use different services including those who have been recently reviewed or assessed.
- 3.12 Overall the standard of customer care given by Adult Social Care Workers during assessments and reviews received a positive response from service users. 80% said that the social worker was very courteous and helpful and a further 17% that they were fairly courteous and helpful..
- 3.13 Service users were asked if the social care worker explained everything clearly and in a way which was easy to understand. Whilst there had been a slight drop from 71% to 69.5% for the top answer, 'Very clear and easy,' there was a higher combined score for this when included with the second positive response 'fairly clear

and easy.’ Positive responses to these two together were up from 90.8% to 93.5%. Service users were also asked if they felt their views had been listened to. This showed an improved response from the previous survey with a rise from 68% to 77% finding that their views had been listened to. Just 1% reported that their views had not been listened to at all, an improvement from 3.5% last time. In addition a greater proportion of people who needed help with communication reported being offered it – 72% compared with 55% previously.

- 3.14 During 2009/10 87% of adults were provided with a package of care within four weeks of the conclusion of the assessment. The figure for 2010/11 Quarter 3 is similar at 86.7%. 2,753 out of 3,174 service users, who received packages of care, were provided within 28 days. There has been a gradual improvement over the year from 83.7% in quarter 1. Available benchmarking data for 2009/10 shows that the National and comparator average performance for this indicator is over 90% and the best performing councils achieve between 98/100%. The quality of the Leeds data for 2010/11 should be considered with caution, however. There are indications that variations in arrangements arising from the introduction of personalised services has created new challenges for recording the date of service delivery. New guidance is being issued to staff and work is ongoing to improve the quality of data.

Recommendation 3 That the Director of Adult Social Services ensures the support functions utilised by customers (provided either directly or commissioned by Leeds City Council) are adequately skilled to overcome the barriers of understanding that may prevent access to Self Directed Support.

- 3.15 Customer experiences in relation to barriers of understanding will be looked at and recorded as part of future service user consultation currently being planned.
- 3.16 The quarter 3 Adult Social Care Outcomes Survey included a question asking the service user if they had been informed about Direct Payments or Personal Budgets was responded to by 182 people, of which 63% said yes, they had been informed about it. This was an improvement on the last survey for which 50% of respondents said they had been informed. Taking into account the number of questionnaires which were sent to each user group, the Older People and Learning Disability user groups were the best informed about Direct Payments and Personal Budgets, whereas, Physical Disability and Mental Health service users reported to be the least informed.
- 3.17 Service users were asked how they had found out about Adult Social Care services. Almost one third of survey respondents found out about Adult Social Care from visiting a hospital or clinic. The next most popular methods were through relatives or friends and GP’s. A small number of respondents used the internet, phone book or found out from a leaflet or poster. These results confirm the results in the previous survey.
- 3.18 Discussions are underway with the PCT to develop a model of integrated Health & Social Care Teams linked to localities. In addition to this plans to enable existing service users to access directly their local Care Management Teams, rather than be routed via the Contact Centre will improve accessibility.

Recommendation 4 That the Director of Adult Social Services reviews the Representations Process before October 2010, to incorporate clearly defined timescales in which a disagreement regarding funding allocations would aim to be resolved. In addition the rights of the individual to request a review by the Representations Panel should be stressed and clearly communicated during the assessment/review process.

- 3.19 The Community Support Central Resource Allocation Panel ensure that decision making in relation to challenge/disagreement with service user is fair, transparent and timely.
- 3.20 The Disputes and Representations Process has been written and signed off by the Director of Adult Social Services. The procedure has clear timescales.

Recommendation 5 That the Director of Adult Social Services updates the Adult Social Care Scrutiny Board (or its successor board) on a quarterly basis on the budgetary impact of Self Directed Support and financial pressures created throughout the municipal years 2010/11 and 2011/12.

- 3.21 Spend compared to budget has previously been reported to Executive Board on a quarterly basis during 2010/11:
- Quarter 1 – £0.5m projected overspend
 - Quarter 2 – £0.2m projected underspend
 - Quarter 3 – £0.4m projected underspend
- 3.22 Take up of self-directed support has been slower than anticipated when the 2010/11 budget was set. The first quarter projection was completed before full roll-out and so a prudent view was taken. In the last two quarters the data on take-up has identified that spend in 2010/11 is likely to be lower than budgeted. It should be noted that these projections relate to those customers choosing to take a cash payment to arrange their own care package (i.e. excluding those on personal budgets who have their services commissioned by the local authority).
- 3.23 Ongoing monitoring of self-directed support is taking place monthly on a case by case basis to ensure that the costs approved through the support plan are not out of line with likely spend had self-directed support not been in place and with the indicative budget derived through the Resource Allocation System. This review process has not identified any financial pressures arising from self-directed support

Recommendation 6 That the Director of Adult Social Services reviews the current procedure for resolving risk disputes before October 2010, to empower the service user with the right to request their case be reviewed in accordance with a defined time process and also provides the opportunity for the service user to make representation.

- 3.24 Dispute and Representation procedure in place. **Action completed.**

Recommendation 7 That the Director of Adult Social Services updates the Adult Social Care Scrutiny Board (or its successor board) on performance against NI 130 on a quarterly basis in conjunction with the quarterly Performance Monitoring Report.

- 3.25 NI 130 (Social care clients receiving Self Directed Support) is one of 198 national indicators which were implemented from 2008-09. The indicator is a count of people who are directing their own community support using a personal budget. Under the definition, any form of personal budget can be counted including everyone who has a direct payment. It measures the number of adults, older people and carers receiving self-directed support in the year to 31st March as a percentage of clients receiving community based services and carers receiving carer's specific services aged 18 or over.
- 3.26 To be counted, the person (adult, older person or carer) must:
- be getting a direct payment; or
 - have in place another form of personal budget which meets all the following criteria:
 1. The person (or their representative) has been informed about a clear, upfront allocation of funding, enabling them to plan their support arrangements; and
 2. There is an agreed support plan making clear what outcomes are to be achieved with the funding; and
 3. The person (or their representative) can use the funding in ways and at times of their choosing.
- 3.27 As at 30th April there were 2,481 people had receipt of services through self directed support. Of these, 1,122 had received direct payments, 13 had received personal budgets and 1,346 had completed the review process and had elected to use their personal budget to continue to receive existing traditional services. During the first nine months of 2010/11 4,204 people were identified as being in receipt of self-directed-support. Of these, 1,669 had received a social care service through a direct payment, 154 had received a personal budgets and 2,381 had elected to use their personal budget to continue to receive existing traditional services. In total 24.4% of people receiving adult social care during 2010/11 accessed at least some of their services through self directed support.
- 3.28 The current trajectory of improvement is below that required to meet the national target of 30% of all service recipients receiving adult social care through self directed support during 2010/11 (approx 5350 people). However the Council is now extending its self directed support offer to all new service users at their assessment and it is therefore anticipated that the trajectory will improve..

Recommendation 8 That the Director of Adult Social Services delivers a targeted campaign before December 2010 aimed at older people to raise awareness and to promote the benefits of Self Directed Support

- 3.29 The following activities have been undertaken to deliver the Older People's Campaign:
- Older people were featured in the August 2010 post roll-out SDS press release which has been run in a range of citywide newsletters including those issued by Care and Repair, Volition, Voluntary Action Leeds, Leeds City Council's own Infostore and Carers' News.

- A key article promoting SDS based on feedback from older clients on their experiences on SDS was submitted to *About Leeds*, the residents' newspaper. This publication has a circulation of around 250,000.
- Articles featuring older people enjoying the benefits of SDS were included as news articles on the websites of local organisations such as Volition, VAL, Carers Leeds, Leeds Older People's Forum, NHS Leeds, ALMOs and Care & Repair in August-September 2010.
- A substantial article about the roll-out of personal budgets – including a case study featuring the experiences of a 67-year-old woman – appeared in *Retired and Living in Leeds & Bradford* magazine, which is available free from supermarket checkouts in all major supermarkets in the Leeds and Bradford area.
- Imagery of older people has been used extensively on the cover of the SDS newsletter and on new publications such as the *Employment Guide*, *Your Personal Budget – a user's guide* and *Guide to Buying Services and Support*. All of this documentation continues to have wide circulation among service users and local groups and organisations, and the use of that imagery is in support of the strategy of placing greater emphasis on older people.
- Development of access channels such as the Leeds Directory helpline and hard copy provision of web-based directory information reflects a recognition that many older people may not have web access and will depend on printed material for their information. Older people were consulted with on the development of Free to Live, the Personal Budgets Peer Support Network, to help ensure that there was available representation and support for that client group. The Peer Support Group also offers a helpline in addition to the website to ensure access by older people.
- A distribution research exercise has been carried out, where services frequented by an older demographic (including neighbourhood network schemes, libraries and one-stop centres) have been contacted to check that they are displaying personalisation-related information, including booklets on personal budgets and self-directed support – and, crucially, that staff can identify these and advise the public on them. This exercise will be conducted quarterly.
- Manager's briefings were sent out in March 2010 as part of the announcement of phased roll-out plans, highlighting the importance of older people being offered SDS.
- A social worker's blog (Trevor's ThinkTank) regularly highlights the need to talk to older people about how a personal budget could offer them more choice and control.
- Care & Repair continues to engage heavily with older people via their helpline and promotion work as older people often require more assistance in using the Leeds Directory site to find services. It is planning further training through the SDS post-implementation team to ensure social workers are aware of the directory and can use it when supporting clients to find local information – and show clients how to use it themselves. It is also planning training sessions with Infostore website in neighbourhood networks, day centres and other venues.

- Periodic Interviews have been conducted featuring older people in *SDS News* to promote SDS and older people are also being encouraged to attend meetings with elected members to tell their stories.

Recommendation 9 The Director of Adult Social Services makes necessary provision to ensure individual support plans clearly identify the short term and emergency back up arrangements should a breakdown in care occur. Arrangements should be stressed and clearly communicated to those in receipt of Self Directed Support and where appropriate to carers and family members.

3.30 The risk assessment and management procedure clearly identifies the importance of contingency planning. Training has been undertaken throughout 2010.

3.31 In addition to the further guidance and process that has been put in place to respond to risk in service user support plans, refresher SDS training will be delivered for Team Managers and social workers April – July 2011. A key part of this will involve reinforcing the importance of robust risk management arrangements in support planning and increasing the understanding of the roles and responsibilities that support that.

4.0 Implications For Council Policy And Governance

4.1 Progress in terms of developing and implementing the Self Directed Support model enables the Council to achieve improvements in relation to the strategic outcomes for vulnerable people as outlined within the Council's Strategic Plan. The development is in line with the Council's Health and Wellbeing Plan; and its commitment to the Council's value of Putting Customers First as articulated within the Council's Business Plan.

5.0 Legal And Resource Implications

5.1 The report highlights evidence that many service users are continuing to receive their services through self directed support and their personal budgets. However, current progress has not created additional budget pressures at this point.

6.0 Conclusions

6.1 An increasing number of adults are receiving their social care through self directed support. Members will note, however that the current trajectory of improvement in the percentage of social care clients receiving Self Directed Support is below that required to meet the national and local target of 30%.

6.2 Early evidence suggests that the introduction of revised assessment processes at a time when the service has seen a continuing rise in the number of safeguarding referrals, has impacted upon the Authority's capacity to provide timely assessments. At this stage in the year it is unlikely that the target of 90% of assessments completed within 28 days will be met.

6.3 Improvement plans are in place to resolve these issues. These include a revision and simplification of the new assessment processes in order to reduce the bureaucratic burden on front line officers. Developments in the electronic recording system are taking place which will also reduce duplication in collecting client

information. A range of best practice guidance has been developed. and additional officer training has commenced. A business change resource remains allocated to the development of Self Directed Support and regular progress reports are received by the Director of Adult Social Services. It is anticipated that during the next financial year, the Authority will see a significant improvement in the percentage of social care provision through self directed support and in the timeliness of assessments as a result of this activity.

7.0 **Recommendations**

7.1 Members are asked to note the content of this report.

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Originator: P N Marrington

Tel: 39 51151

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Adult Social Care)

Date: 13th April 2011

Subject: Annual Report 2010/2011

Electoral Wards Affected: All

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 Purpose of the report

1.1 The purpose of this report is to present the draft of the Board's contribution to the Scrutiny Boards Annual Report.

2.0 Introduction

2.1 Members will be aware that the operating protocols for Scrutiny Boards require the publication of an Annual Report to Council.

2.2 This is the Board's opportunity to contribute to that Annual Report.

3.0 Draft Annual Report

3.1 Attached is a draft of this Board's proposed submission which includes an introduction from the Chair and details of the work undertaken by the Board in this municipal year.

4.0 Recommendation

4.1 Members are asked to approve the Board's contribution to the composite Annual Report for 2010/11.

Background papers

None used

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Scrutiny Board (Adult Social Care)



Councillor Ted Hanley
Chair of Scrutiny Board
(Adult Social Care)

Membership of the Board:

Councillor Ted Hanley (Chair)
Councillor Judith Chapman
Councillor Brian Cleasby
Councillor Patrick Davey
Councillor Sharon Hamilton
Councillor Arif Hussain
Councillor Valerie Kendall
Councillor Mick Lyons
Councillor Ralph Pryke
Councillor Karen Renshaw
Councillor David Schofield
Councillor Shirley Varley
Ms Joy Fisher
Sally Morgan
Betty Smithson

The Chair's summary

Cllr Ted Hanley, Chair of Scrutiny Board (Adult Social Care)

Being the Chair of Scrutiny Board (Adult Social Care) for the 2010/11 municipal year has been a real privilege.

It has been an interesting and, at times challenging, year. I would hope that not only have we held the Executive to account but also added value and assisted them in making some very difficult service provision decisions.

I would like to thank my fellow Board Members for their hard work. My thanks go also to the officers who have provided us with expert opinion and evidence throughout the year, whilst getting on with their day job. This also applies to our co-optees who bring an invaluable perspective and we welcome Betty Smithson to the Board.

Without doubt, our main pieces of work this year has been around the various service reconfigurations the City is experiencing. I believe our work has helped the overall level of debate in these difficult times and provided in most situations a level of consensus on the way forward.

I also believe the Scrutiny Board has shown the need for public involvement in Scrutiny and in all decision making and the Board next year will continue its work on how Adult Social care consults with the public during service changes. Having such a large and broad remit, I feel the Board has tried to choose its topics for Inquiry with care. We have tried to receive regular updates on most of the major projects and kept a watching brief on numerous other schemes and previous recommendations. It has been inevitably however that some important issues have not been addressed. The challenge for next year will be to focus on the issues that really matter and where Scrutiny involvement can make a difference.

A handwritten signature in black ink, appearing to read "I # [unclear]". The signature is written in a cursive style.

Inquiry into Residential Care services for Older People

Summary

The Scrutiny Board is clear that that the current arrangements for public sector residential care are not sustainable in the long term, particularly in the light of the significant budget reductions.

Therefore the Board has concluded that the 'do nothing option' is not an option but rather a need to review future provision and consider all alternative options.

Anticipated service benefits

By making the recommendations it has the Board is of the view that a robust, appropriate and sustainable residential care service can be secured for the future

Our recommendations

That the range of options as presented by officers are appropriate models that can be tested for each establishment.

That the criteria presented provides a sound framework for considering the most suitable option for an establishment and should be adopted by Executive Board. In addition the Board recommends that Care Quality Commission ratings are included within these criteria. The Board also recommends that inclusion issues are incorporated when looking at the impact on communities where facilities are located.

The Board recommends the Executive Board agree the consultation methodology and structure and that it determines the consultation timetable appropriate having regard to statutory obligations.

The Board also recommends that the consultation includes; ad hoc community groups specific to a local area, neighbourhood networks and advocacy groups.

Other Comments from the Board

Independent sector homes generally had more modern facilities and required less updating and were therefore able to provide a cheaper unit cost for services.

The acknowledgment that as any phased decommissioning programme is implemented the unit cost of providing residual local authority provision will rise.

The current pay differential between independent and voluntary sector employed carers and those employed by the local authority could be more justifiable by the local authority providing more specialised services in collaboration with NHS colleagues

The overall reduction of people needing permanent residential care was due in part to the success of the Local Authority policy of developing a range of alternative care packages that had allowed people to remain in their own homes longer and other housing options such as sheltered and extra care housing.

Inquiry to review Domiciliary Care and Reablement

Summary

In the same way as the Scrutiny Board has stated that the 'do nothing option' is not an option for the future of residential care, Members are clear that the current arrangements for public sector homecare are not sustainable. In fact the futures of both service sectors are inextricably linked

Anticipated service benefits

The Scrutiny Board has firmly reached the conclusion that the direction of travel with regards to domiciliary care and the Community Support Service, (which includes the development of reablement services), must be a policy of promoting independence and the shift away from traditional task based and long term services moving towards modern personalised choice based services.

Our main recommendations

The concerns of the Board are not over the strategies for the future delivery of homecare services in Leeds but ones in relation to the costs of in-house provision when compared to that provided by the independent sector.

If care at home continues to be the desired option for older people as opposed to care provided in long term residential settings, why should someone with a personal budget have to pay more for a local authority service, (if that is their preferred service provider) when it can be bought at a cheaper rate independently?

The Board supports the standardisation of employee contracts to ensure that all contain a flexibility clause

The Board is of the view that the current costs differential between Independent providers and Council in house provision for Domiciliary Care should be robustly investigated to assure value for money. Any attempts to simply move In house providers onto Reablement tasks, without this investigation will result in less than best value.

Other Work of the Board

Adaptations Strategy and performance monitoring

The Board continues to play an active role in helping deliver the Leeds Adaptations Strategy. This year this has involved partners in the ALMO/BITMO. The Board has continued to track recommendations made in previous inquiries regarding adaptations.

Leeds Safeguarding Adults Partnership Annual Report 2009/10

Members of the pay particular attention to safeguarding and considered the content of the 2009/10 annual report and the work programme of the Adult Safeguarding Partnership Board for 2010/11. The Annual Report provides assurance that all the partners have committed to a continuing programme of work designed to achieve excellence in Safeguarding practice in Leeds

Assessment of Adult Social Care Commissioning (Performance Rating) for Leeds City Council 2009/10

The judgment reached by the Care Quality Commission is that adult social care services in the city have improved in 4 of the 7 domains considered in 2009/10. Leeds is now rated as having 3 domains where it has been awarded the highest rating of 'excellent' and has been judged as 'performing well' in the remaining 4. This has resulted in an overall judgement as 'performing well'. The judgement for 2009/10 represents significant progress from last year.

Requests for Scrutiny – Crisis Centre and Mental Health Day Services

Requests were considered for Inquiries into the decommissioning of the Crisis Centre and the reconfiguration of Mental Health Day Care services. (The former was also subject to a Call In). The Board has agreed to keep a watching brief over the Crisis Centre and undertake an Inquiry into Consultation during service reconfiguration.

Outcome of recommendations made in 2009/10

The Board regularly tracks the progress of recommendations made in previous inquiry reports. This municipal year the Board tracked recommendations covering the following topics;

- Mental Health,
- Personal Budgets and self Directed Support
- Adaptations
- Transitional Arrangements for Disabled Young People into Adult Social Care

The Board was pleased to note that the majority of these recommendations had now been implemented and therefore the majority no longer required tracking.

The Board's full work programme 2010/11

Review of existing policy

- **Self Directed Support – Evaluation Report**
- **Neighbourhood Networks**
- **Adult Social Care Commissioning Services**

Development of new policy

- **Vision for Leeds 2011 – 2030**
- **Leeds Adaptation Strategy**
- **Scrutiny Inquiry – Residential Care Provision for Older People**
- **Scrutiny Inquiry – Domiciliary Care and Reablement**
- **Scrutiny Inquiry – Self Directed Support and Personal Budgets**
- **New Strategic Plan**

Monitoring scrutiny recommendations

- **Self Directed Support and Personal Budgets – Formal response
Scrutiny recommendations and tracking of recommendations**
- **Independence Wellbeing and Choice – response to Scrutiny
recommendations**
- **Transitional Arrangements for Disabled Young People into Adult
Social Care – response to Scrutiny recommendations**
- **Supporting Working Age Adults with Severe and Enduring mental
Health Problems - response to Scrutiny recommendations and
tracking of recommendations**
- **Domiciliary Care and Reablement – tracking of recommendations**
- **Adaptations - tracking of recommendations**

Performance management

- **Adaptations**
- **Directorate quarterly performance reports**
- **Performance of Independent Homecare Service providers**
- **Adult Social Care – Self Assessment**
- **Assessment of Adult Social Care Commissioning (Performance
Rating) for Leeds City Council 2009-10**
- **Leeds safeguarding Adults Partnership – six month progress report**

Requests For Scrutiny

- **Leeds Crisis Centre**
- **Closure of mental Health services**

Briefings and Visits

- **Residential Care Homes**

Call Ins

- **Leeds Crisis Centre**