

Leeds City Council

# Delivering the *Better Lives* Strategy in Leeds

Long Term Community Support Service: Consultation Report

Adult Social Care Programme Office  
[June 2016]

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## **1. Purpose of the report and background**

### **1.1 Purpose**

- 1.1.1 The purpose of this report is to inform Executive Board of the outcome of a process of consultation in relation to the future of the Long Term Community Support Service (LTCSS). It is also to give Executive Board sufficient information to enable it to make an informed decision about the proposed future options for these services.
- 1.1.2 This consultation report takes the opportunity to formally recognise and acknowledge the great deal of time and effort that has been put into the responses by contributors to the consultation.
- 1.1.3 All respondents offered very helpful and detailed comments which have provided a valuable insight into their opinions and wishes and helped to refine recommendations. The findings from the consultation, and the strength of feeling expressed by respondents, have enabled officers to consider the proposals whilst fully taking into account the key themes and issues regarding potential positive and negative impacts on those directly affected; and mitigations against these.

### **1.2 Background**

- 1.2.1 In November 2014, a report was presented to Executive Board with the following recommendations, specific to the LTCSS:
- Recommendation 1 - *“To note that during the consultation on the future of residential, day and community support services, confirmation will be sought (by means of a further review chaired by the Executive Board member for Adult Social Care or his deputy) that reviews already conducted are robust; and that work with staff and trades unions will be put under way to determine whether alternative service delivery models can be constructed which will deliver the required efficiencies. To note further that staff and trade unions in these areas of service are invited to bring forward workable proposals for alternative service delivery models, for consideration by Executive Board at a future meeting.”*
  - Recommendation 8 - *“In order to support the introduction of new city-wide contracts for the provision of homecare, which are planned to be introduced during 2016, to commence in January 2015, consultation on the proposal to cease the provision of the in house community support service (Long Term generic and mental health) with the intention of the service being fully withdrawn by the end of March 2016. During the consultation period, positive redeployment options will be actively pursued.”*
- 1.2.2 As a result of the Executive Board recommendations, a series of meetings chaired by the Executive Member commenced in August 2015. These meetings were attended by Trade Union representatives and senior ASC officers to review the options appraisal that had already taken place and look to identify whether there were any

other alternative service delivery models. Additional sub-meetings, chaired by the Chief Officer, Access & Care Delivery, and attended by Trade Union representative, looked at a number of options for LTCSS staff.

- 1.2.3 Following the review process, Adult Social Care proposed that in the future the Council no longer provide the in-house LTCSS. In-house customers would be supported to transfer their care package to alternative homecare providers or to a service provided through a Direct Payment. There would be opportunities for LTCSS staff to transfer to an enhanced SKiLs (re-ablement) service or access other redeployment opportunities within the Council.
- 1.2.4 In line with recommendation 8 of the Executive Board report approved in November 2014, a period of consultation took place with key stakeholders on the proposal to no longer provide the in-house LTCSS. The consultation period commenced on 1<sup>st</sup> February 2016 and was completed on 13<sup>th</sup> March 2016 – a total of 6 weeks.
- 1.2.5 This report sums up the consultation findings on these proposals.

## **2. Methodology and Process**

### **2.1 Consultation – Methodology and Process**

2.1.1 The aim of the detailed consultation on the proposals was to consult with those directly affected by the proposal to no longer provide the in-house domiciliary care service – in effect the key stakeholders consulted with in detail were the existing LTCSS customers, their families and carers and LTCSS staff. This followed the methodology and process used during the three phases of consultation with respect to the future of older people’s residential care homes and day centres.

### **2.2 Consultation with LTCSS customers, their families and carers**

#### **2.2.1 Establishing clear lines of communication**

2.2.2 Letters were sent to customers and their families and carers on 11<sup>th</sup> January 2016 advising them of the decision to commence consultation on the future of the in-house LTCSS, the consultation approach and providing them with details of next steps.

2.2.3 A telephone helpline, staffed by experienced officers in the Programme Team was made available to provide customers, their relatives and carers with the appropriate level of information from the beginning of the process.

#### **2.2.4 Fact Sheet**

2.2.5 A fact sheet providing background information to the proposed changes, details of the proposals, the consultation process and where to seek further help and information was sent to all those directly affected.

#### **2.2.6 Detailed questionnaire**

2.2.7 As part of the consultation with customers and their families, a detailed questionnaire was used in one to one interviews as a tool to capture responses to the proposal.

2.2.8 The purpose of using a questionnaire was to ensure consistency throughout this process.

2.2.9 Each individual meeting has been logged and interpreted using a quantitative and qualitative approach.

2.2.10 The questionnaire has 3 rating-style questions and 5 open comment boxes to capture concerns, impact, comments and other ideas or options. The methodology for the collection and analysis of the data is outlined below.

#### **2.2.11 Approach to the evaluation**

2.2.12 The evaluation draws upon the following data sources:

- **Quantitative data** – All quantitative data have been collated and analysed in spread sheets from which charts and tables have been produced and are included in this report in section 4.
- **Qualitative data** – To capture the views, thoughts and feelings of respondents, a qualitative methodology has been chosen. This data has been gathered from the open ‘comment’ boxes. Comments have been analysed for recurring themes and general trends and categorised under the following headings, used in section 3 of this report:
  - Methodology
  - Strategic
  - People
  - Financial
  - Quality

Further detailed comments are summarised and documented in section 4.

#### 2.2.13 Consultation Response

2.2.14 The consultation, undertaken in a ‘person centred’ way, involved talking directly to customers, their families and carers about why the changes were being proposed and to ensure that the rationale behind the proposals was clearly understood.

2.2.15 The two Community Support managers assisted the coordination of the consultation, using their expertise and experience to help support to those affected. The managers arranged a suitable date and time for one-to-one interviews to take place. Relatives, carers and representatives were invited to attend. The questionnaire, available in a range of formats has been used. The aim was to:

- Capture people’s responses to the proposed changes
- Determine the impact on individuals and how this might be reduced as plans are developed.

2.2.16 Care and consideration was given to any communication issues for each individual customer. The programme office worked with the service prior to the engagement with residents to identify individual communication needs.

2.2.17 Capacity to participate in the consultation was determined by the Community Support managers. Guidance notes were issued to prompt and guide managers in obtaining the views of residents with dementia.

2.2.18 For people who were not able to make decisions for themselves, or had no relatives or friends to be present, steps were taken to ensure an independent advocate was present to enable them to be appropriately consulted and their views recorded.

2.2.19 A total of 47 completed questionnaires were returned during the period of consultation. This covered 49 of the 68 customers who were accessing the service

during the period of consultation (two individual couples completed joint questionnaires). This equates to a 72% response rate.

- 2.2.20 The breakdown of questionnaires received from customers, their relatives, representatives and carers are broken down in the table below. Just over half the questionnaires (24) received were completed by customers only, with the remaining questionnaires being completed by relatives, representatives and carers (or jointly completed):

Stakeholder					
Customers	Relative	Representative	Carer	Jointly completed	Total Responses
24	15	1	3	4	<b>47</b>

- 2.2.21 Feedback from this consultation is summarised in Sections 3-5 of this report.

### **2.3 Engagement and Consultation with LTCSS staff**

#### **2.3.1 Staff Engagement**

- 2.3.2 Keeping our staff informed and involved is expected as a good employer. However, it is also integral in helping to provide a greater sense of security on the part of customers. If staff who are affected by change feel confident and involved then not only is this consistent with their employment rights but also makes the management of change easier. It also removes a potential source of anxiety on the part of customers and relatives who will be concerned to know what will happen to the people who look after them. Staff also contribute a wealth of experience and expertise to draw upon as the *Better Lives* change programme moves forward.

- 2.3.3 Initial staff engagement sessions took place in December 2015 with those staff immediately and directly affected by the proposal to no longer provide the in-house LTCSS and enhance the SKILs Service.

- 2.3.4 Separate briefings on employee matters took place concurrently with managers from adult social care. The programme worked closely with Trade Unions to ensure employee matters were given high priority and regular meetings with Trade Unions have and will continue to take place.

#### **2.3.5 Establishing clear lines of communication**

- 2.3.6 Letters were sent to all LTCSS staff on 11<sup>th</sup> January 2016 advising them of the decision to commence consultation on the future of the in-house LTCSS, the consultation approach and providing them with details of next steps.

- 2.3.7 A telephone helpline, staffed by experienced officers in the Programme Team was made available to provide staff with the appropriate level of information from the beginning of the process.

#### **2.3.8 Fact Sheet**

- 2.3.9 A fact sheet providing background information to the proposed changes, details of the proposals, the consultation process and where to seek further help and information was sent to all LTCSS staff.
- 2.3.10 Detailed questionnaire
- 2.3.11 As part of the consultation with staff, a detailed questionnaire was used in one to one interviews as a tool to capture responses to the proposal.
- 2.3.12 The purpose of using a questionnaire was to ensure consistency throughout this process.
- 2.3.13 Each individual meeting has been logged and interpreted using a quantitative and qualitative approach using the same process as described with customers, their families and carers (see Item 2.2.6).
- 2.3.14 The staff questionnaire has 3 rating-style questions and 5 open comment boxes to capture concerns, impact, comments and other ideas or options.
- 2.3.15 Approach to the evaluation
- 2.3.16 The evaluation approach for staff responses is exactly the same as described for the consultation responses received from customers, their families and staff (see Item 2.2.11).
- 2.3.17 Consultation Response
- 2.3.18 The consultation, undertaken in a 'person centred' way, involved talking directly to staff about why the changes were being proposed and to ensure that the rationale behind the proposals was clearly understood.
- 2.3.19 The Principal Service Manager assisted the coordination of the consultation, using her expertise and experience to help support to those affected. The Manager arranged a suitable date and time for one-to-one interviews to take place. The questionnaire, available in a range of formats has been used. The aim was to:
- Capture people's responses to the proposed changes
  - Determine the impact on individuals and how this might be reduced as plans are developed.
- 2.3.20 Care and consideration was given to any communication issues for each individual member of staff. The programme office worked with the service prior to the engagement with staff to identify individual communication needs.
- 2.3.21 A total of 66 completed questionnaires were returned during the period of consultation. This covered 66 of the 97 staff who were working in the service during the period of consultation. This represents a response rate of 68%.
- 2.3.22 Feedback from this consultation is summarised in Sections 3-5 of this report.

## **2.4 Communication with Elected Members and Members of Parliament**

2.4.1 Steps were taken to ensure that all 99 Elected Members were kept fully informed on the proposed options. A briefing note was circulated to all Elected Members on 11<sup>th</sup> January 2016.

2.4.2 Similarly a letter explaining the consultation process was sent to all 8 Leeds MPs.

2.4.3 The aim was of both communication documents was to:

- Provide Members with background information to the proposed changes and outline details of the consultation
- Outline details of the proposed option
- Provide information on where they could direct people for further help and information
- Offered the opportunity for an individual briefing with a senior manager in Adult Social Care

## **2.5 Consultation – Trade Unions**

2.5.1 Trade union representatives play a key role in supporting employees through organisational change. Consultation has taken place with Trade Unions throughout the initial review of services and during the consultation period. Regular consultation meetings have taken place to ensure that arising employee matters are addressed.

2.5.2 Consultation has and is continuing to take place with the Trade Unions and staff regarding the future service model including the impact on employees. This includes formal consultation under Employment Legislation to avoid the need for redundancies.

## **2.6 Consultation with other stakeholders**

2.6.1 Stakeholders within the NHS were engaged through communications and existing groups. They were also consulted during viability review stage prior to consultation.

2.6.2 Consultation took place with Leeds Hospital Alert, a community watchdog group who had expressed concern with the proposals.

## **2.7 Media relations**

2.7.1 The programme team have liaised closely with Corporate Communications and the Press Office to ensure continuing contact with various media for the purpose of informing the public of progress on the review in a positive, consistent and credible manner and to ensure timely and widespread media coverage.

## **2.8 Equality and Diversity**

2.8.1 The proposals are the subject of Equality Impact Assessments (EIAs) which have been completed as a parallel process to the consultation. The EIA is submitted with this consultation report to be considered through the Council's decision making process (Appendices 2 and 3).

2.8.2 It is proposed that should agreement be given to progress with the proposed option, that an implementation plan is developed. This would show how any transfers to alternative providers would be managed over the agreed timescales and how customers, relatives, carers and staff will be supported to safeguard human rights and equal rights, minimise distress and maximise benefits to individuals.

### 3. Overall Summary

#### 3.1 Summary Table

3.1.1 This section of the report provides detail on each of the consultation elements broken down by stakeholder group. Further and more detailed information from the feedback and responses from consultation undertaken with those directly affected stakeholders (customers, relatives, carers and staff is contained in Sections 4 and 5).

3.1.2 Below is a table which outlines the key submissions we have received from stakeholders throughout the whole consultation process.

<b>Stakeholders</b>	<b>Consultation responses included within the analysis</b>
<b>Customers, relatives, next of kin &amp; carers</b>	47 questionnaires completed (on behalf of 49 customers). 9 contacts by email, telephone and letter.
<b>Staff</b>	6 staff briefings (pre-consultation) in December 2015. 66 questionnaires completed. No contacts by email, telephone and letter.
<b>Elected Members</b>	No responses to briefing note sent (January 2016) in advance of consultation. No requests for individual briefings.
<b>Members of Parliament</b>	No responses to letter sent (January 2016) out in advance of consultation. No requests for individual briefings.
<b>Trade Unions</b>	5 pre-consultation and post consultation meetings (Steering Group) chaired by Executive Member. 3 pre-consultation meetings (Task & Finish Group) chaired by Chief Officer, Access and Care Delivery. Strategic meetings chaired by Chief Officer, Access and Care Delivery and to which all Trade Unions are invited (where the review of LCC residential and day services are a standing item): 5 <sup>th</sup> Oct 2015, 11 <sup>th</sup> Nov 2015, 11 <sup>th</sup> Jan 2016, 22 <sup>nd</sup> Feb 2016 and 4 <sup>th</sup> April 2016. Routine Business meetings chaired by Head of Service and to which all Trade Unions are invited (where the review of LCC residential and day services are a standing item): 9 <sup>th</sup> Nov 2015, 8 <sup>th</sup> Jan 2016, 4 <sup>th</sup> March 2016, and 6 <sup>th</sup> May 2016. Workforce planning meeting: 21 <sup>st</sup> April 2016.
<b>Campaign Groups</b>	2 emails from Hospital Alert.

	1 meeting chaired by Chief Officer with Hospital Alert.
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## 4. Overall Consultation Findings

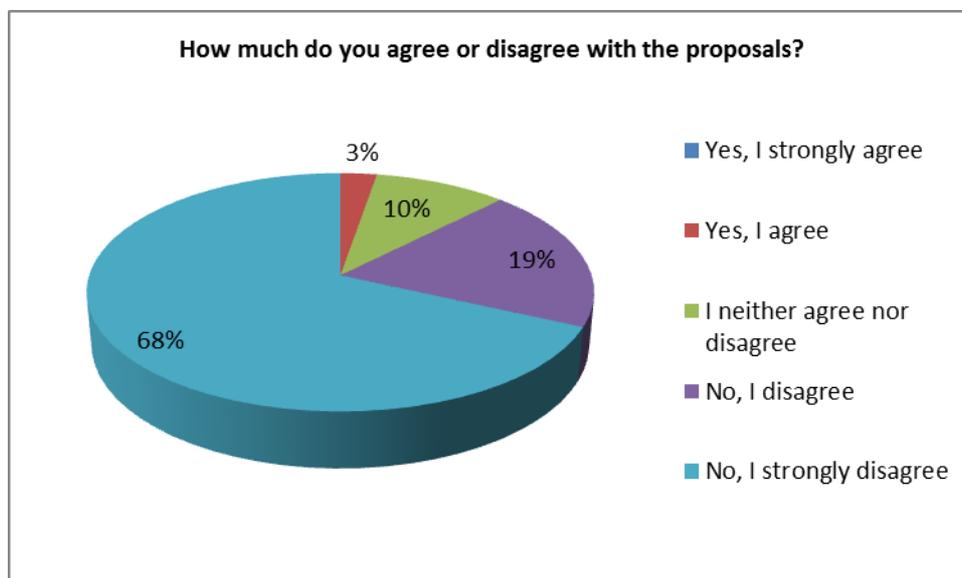
### 4.1 One-to-ones and completion of questionnaires

4.1.1 The responses to the customer and staff questionnaires were detailed and diverse. The free-form boxes lend themselves to allowing people to express their views on the proposals and as such emotive responses were gathered. The care customers receive from LTCSS staff is described by many as essential and the staff are seen as ‘their family’. There is clearly a feeling of anger, sadness, and distress by the proposal to no longer provide the in-house homecare service. Many people have said the proposal is unfair and that the council does not have the interests of older people at heart, suggesting that the prevalence of dementia diagnosis is increasing and that this should be matched by an increase rather than decrease in services provided.

4.1.2 Key themes have emerged from the qualitative responses to the questionnaire. The key issues and messages are captured in the following sections below. A response from Adult Social Care is also included.

### 4.2 How much do you agree or disagree with the proposal?

4.2.1 The overwhelming majority of stakeholders disagreed strongly with the proposal to no longer provide an in-house domiciliary care service.



### 4.3 Methodology (Qualitative Data)

4.3.1 A total of 66 comments were received within completed questionnaires that referred to issues of methodology. The table below breaks down these comments by theme.

4.3.2 Respondents felt that both staff and customers had been waiting a significant period of time for a formal decision and that this wait had caused anxiety for customers,

their families and staff.

- 4.3.3 In response, the Directorate notes that Executive Board in November 2014 asked that prior to any consultation taking place on the future of the service, that *“confirmation will be sought (by means of a further review chaired by the Executive Board member for Adult Social Care or his deputy) that reviews already conducted are robust; and that work with staff and trades unions will be put under way to determine whether alternative service delivery models can be constructed which will deliver the required efficiencies. It also be noted that staff and trade unions in these areas of service are invited to bring forward workable proposals for alternative service delivery models, for consideration by Executive Board at a future meeting”*. As a result of this, it was agreed that the review with Trade Unions would commence with the residential and day services, which would then be followed by the review of the Long Term Community Support Service. The review of residential and day services was completed in July 2015. As a result the review of the Long Term Community Support Service began in August 2015. A series of meetings chaired by the Executive Member and were attended by Trade Union representatives and senior ASC officers to review the options appraisal that had already taken place and look to identify whether there were any other alternative service delivery models. Additional sub-meetings, chaired by the Chief Officer, Access & Care Delivery, and attended by Trade Union representative, looked at a number of options for LTCSS staff. Following the review process, Adult Social Care is proposing that in the future we will no longer provide the in-house LTCSS. In-house customers would be supported to transfer their care package to alternative homecare providers or to a service provided through a Direct Payment. There would be opportunities for LTCSS staff to transfer to an enhanced SKiLs (re-ablement) service or access other redeployment opportunities within the Council.
- 4.3.4 Respondents also felt that the outcome of the consultation had already been pre-determined and that a decision had already been made to no longer provide the in-house service.
- 4.3.5 In response, Adult Social Care notes that in previous phases of the *Better Lives* programme, consultation with respect to a number of residential and day centres has changed the original proposal and has seen services retained or developed under a different operating model. Consultation is a vital part of the process of shaping the future of services and allows the council to understand the issues people would like to raise.
- 4.3.6 Respondents also felt that more discussions should have taken place with staff and customers to save the service.
- 4.3.7 In response, Adult Social Care notes the pre-consultation process that has taken place to review alternative service delivery models with Trade Unions (as directed by Executive Board in November 2014 – see item 4.2.2). Trade Unions have represented staff views on the proposed future strategic direction and have helped develop the proposal to enhance the reablement service.

Total Qualitative Comments – Methodology		
Comment Type	No	%
Concern that staff and customers have been waiting a significant period of time for a formal decision. A decision should have been made sooner. The wait for a decision has caused a lot of anxiety for customers / families and staff.	27	41%
Outcome of the consultation has already been pre-determined. This consultation is pointless. The decision has already been made. Nothing I say will stop the inevitable.	11	17%
More discussions with staff / customers to try and save service.	8	12%
Feel like LTCSS is being singled out. It is not being treated the same as other provider services such as Mental Health or reablement services.	5	8%
Feel we haven't been given sufficient information from senior management.	5	8%
Other comments	10	15%
<b>Methodology Total</b>	<b>66</b>	<b>100%</b>

#### 4.4 Strategic (Qualitative Data)

- 4.4.1 A total of 154 comments were received within completed questionnaires that referred to issues of strategy. The table below breaks down these comments by theme.
- 4.4.2 A significant proportion of respondent comments made related to not agreeing with the proposal arguing that there is a need for a council run domiciliary care service. In addition, respondents felt that the Council should consider what services should be retained in light of the increasing population of older people, expressing concern that there is a proposal to decrease or cease a directly provided service.
- 4.4.3 In response, it should be noted that the *Better Lives* Programme has overseen the strategic withdrawal from long-term care and support services that can be delivered with the same quality but at a lower cost by the independent sector, and a refocussing of ASC services on short-term outcome focused initiatives. The Council remain dedicated to ensuring that a wide range of short-stay, reablement, respite and day opportunities are available in building based and community settings. This includes enhancing the existing reablement service and partnerships with the NHS (South Leeds Independence Centre), discussions around how services can be effectively commissioned from the independent sector (including having the ability to pre-book respite), continued work of community teams to support people in their own homes and investigation into the potential for further building based services. The Council will strive to meet the needs of customers, carers and their families and is aware of the need for whole-day support, transport requirements and the need for carers to have a break.
- 4.4.4 Some respondents commented that there was a need to provide an alternative Community Support Service. Some respondents suggested that this could be either in the form of a smaller service to deal when alternative providers fail or when people cannot be re-abled or be specialised in dealing with customers with dementia.
- 4.4.5 Adult Social Care notes that an alternative model was considered in August 2014.

However, there are alternative providers operating in Leeds that are able to meet demand.

Total Qualitative Comments – Strategic		
Comment Type	No	%
Don't agree with the proposals. There is a need for a council run domiciliary care service. It is important for the Council to continue to run the service. Council should be proud of running the service.	72	47%
Elderly people are increasing in society and it is concerning that services are being decreased at the same time. Consider what services there are for the elderly and vulnerable. The Council have a duty of care to elderly and vulnerable. The Council is trying to offload its responsibilities.	21	14%
Provide an alternative specialised community support service. A small team could pick up individuals when alternative providers fail or when people cannot be reabled or specialist dementia. Also provide in areas where there are gaps.	14	9%
The service currently care for customers when alternative providers fail or refuse packages. What will happen if alternative providers fail?	8	5%
The service has been allowed to run down prior to a formal decision being made. The running down of the service has caused bed-blocking in hospitals	7	5%
Other comments	32	21%
<b>Strategic Total</b>	<b>154</b>	<b>100%</b>

#### 4.5 **People (Qualitative Data)**

- 4.5.1 A total of 555 comments were received within completed questionnaires that referred to issues of people. The table below breaks down these comments by theme.
- 4.5.2 Respondents were concerned on the impact of the proposal on current customers and their families, particular to their health and wellbeing. Customers were happy with the service they currently received with some having been unhappy with service previously received from alternative providers. Respondents also felt that a lot of trust had been developed between customers and LTCSS staff that had led to continuity of care. If the proposal to no longer provide the in-house LTCSS, respondents felt that trust would need to be built with the staff from alternative providers. Some customers indicated that they would refuse to transfer to alternative homecare providers.
- 4.5.3 In response, Adult Social Care notes that if a decision was taken to no longer provide the in-house LTCSS, a dedicated social work team will work with customers, their families and carers. Customers' care packages and their needs would be reviewed which will ensure that any transfer to alternative homecare providers or to a service provided through a Direct Payment will be done safely and in accordance with their choice. The transfer process will be quality assured to minimise risk and address any issues of concern. Person centred approaches will be employed in order that customers and their families are able to make fully informed decisions and choices on their future support arrangements. Independent Advocates will be made available to all customers where there are no available friends or family members available to support them during the assessment and transition process. In the case of customers with reduced mental capacity, the Council has a duty to appoint an

Independent Mental Capacity Advocate. In brief, under the proposals, customers will still receive a service, however it will be from a different home care provider. The Directorate will also ensure that there will be a sufficient handover period with current staff and new carers to become familiar with customer’s support needs. With respect to issues of ensuring alternative providers provide a quality service see Item 4.7 below for details.

- 4.5.4 Respondents were also concerned on the impact to current LTCSS staff if a decision was taken to no longer provide the service – particularly their health and wellbeing, including increased stress levels and impact on home life. Respondents made comments with regard to the future employment opportunities available to staff (what roles, shifts, hours etc) and voiced concerns that there could be compulsory redundancies. Some respondents made comments that the Early Leaver Initiative (ELI) or Voluntary Early Retirement (VER) schemes would be something they would consider. Some comments were made noting that as to the low morale of the staff currently working in the service throughout the process.
- 4.5.5 In response, Adult Social Care acknowledges that it has experienced significant challenges in reducing employee numbers over recent years; however, this has always been carefully planned with an inclusive communications and engagement process. The Directorate has a good track record for redeployment and those employees that have left the Council have done so through voluntary means. The Directorate is looking at whether an expanded reablement service could provide short term recovery support for a wider group of older people including those living with mild to moderate dementia who have had a period of ill-health and to support people leaving hospital with a more responsive service. This may deliver a significant number of roles for Long Term Community Support Service. The Development of Reablement project has worked up proposals to add another 37 posts to the structure of varying grades and skill sets, to increase the operational hours of the service, extend the service offer to a wider cohort of people, improved customer experience and outcomes and career opportunities for staff. HR partners and Trade Union representatives are actively engaged in developing the appropriate managed process to transfer staff as required, as well as fine tuning the job descriptions of all new roles and shift patterns. Arrangements have also been put in place to allow a number of LTCSS staff to shadow reablement service staff. We are also working across the Council to ensure a flexible and agile workforce that can be deployed to areas of priority. Development opportunities will be afforded to staff to retrain into complementary roles such as opportunities within Children’s Services, Customer Service, Parks and Countryside and Sheltered Housing. This will provide an improved career path for these staff groups going forward. In relation to any staff who are interested in leaving the council on a voluntary basis, they should contact their local HR team for further information and to discuss their personal circumstances.

Total Qualitative Comments – People		
Comment Type	No	%
Concern on the impact on current customers. Impact of the proposal has created some upset, panic, anxiety, worry or anger. Proposal will have adverse impact on customer's health and wellbeing and increase isolation and loneliness. Customers	72	13%

will find the move traumatic.		
Customers / relatives are happy and settled with Council service. Customers have had bad experiences with alternative provider. Customers that have moved to alternative providers are not happy with the service being provided.	55	10%
Strong relationships and trust have been built between staff and customers. Some customers see the staff as family. There is continuity of care.	44	8%
General concern about what will happen to current staff. What roles will staff be offered? Concern that staff will be offered shifts or less hours that are unsuitable for them or their family.	40	7%
Staff love their job. Staff enjoy providing care to vulnerable people. It's a vocation.	32	6%
Customers will refuse to be transferred to an alternative provider. Customers do not wish to leave the service. Customers do not like change / find it difficult to adapt to change.	31	6%
Concern that there could be compulsory redundancies? Could staff lose their jobs?	26	5%
Staff morale currently very low – difficult to keep staff upbeat.	24	4%
Staff are not interested in working for the enhanced reablement service. Staff would only work for the enhanced reablement service if they had no other options.	24	4%
Staff may be interested in working for the enhanced reablement service.	23	4%
Should consider needs of the customers – some cannot cope without the support and care of staff. Customers and families rely and depend on the care staff provide.	20	4%
Staff already looking for other roles / jobs.	19	3%
Concern about impact of proposals on staff health and wellbeing, including increased stress levels and impact on home life.	18	3%
Staff do not wish to take ELI / VER.	16	3%
Should the proposals be implemented, customer will need to build up trust with alternative providers. The transfer to another provider will take some getting used to.	15	3%
Concern about the impact on relatives or carers' health and wellbeing. Impact of the proposal would be panic, anxiety, worry or anger.	14	3%
Staff have decided to or will probably choose to leave the service via ELI / VER.	14	3%
Other comments	68	12%
<b>People Total</b>	<b>555</b>	<b>100%</b>

#### **4.6 *Finance (Qualitative Data)***

- 4.6.1 A total of 84 comments were received within completed questionnaires that referred to issues of finance. The table below breaks down these comments by theme.
- 4.6.2 Respondents commented that saving money should not be a factor in making decisions affecting older people's lives. Respondents also said that alternative providers may be cheaper but they do not provide the same quality care. Whilst accepting the current service may cost more, some respondents felt it provided good value for money. Some respondents also understood that finances are an issue for the Council and recognised that no longer providing the service would make some savings. In addition, there was recognition from respondents that the budgetary pressures faced by the Council were as a result of national Government cuts to Adult Social Care budgets.
- 4.6.3 In response, the Directorate notes that the proposal to no longer provide the in-house homecare service is not only down to cost, although finances are clearly a factor. Leeds City Council faces the impact of continued budgetary pressures as a result of national Government cuts to Adult Social Care budgets. Based on 2015/16

costs, the current cost of the in-house LTCSS service is calculated at £53.29 per client contact hour (excluding Directorate and corporate support costs). By comparison, the highest rate for the new independent sector home care contract from the 1<sup>st</sup> June 2016 will be £16.26 per hour. This hourly rate includes for alternative providers paying their staff the Leeds City Council minimum pay rate (£8.01 per hour), paying for staff travel time and for staff training. As a result, savings of £1.796m will be made year on year as a result of ceasing the LTCSS (excluding any severance or early retirement costs for staff) and domiciliary care for the current 50 customers being re-provided within the independent sector. In addition, these net savings would be offset against the costs relating to the proposal to enhance SkILs. The additional staffing cost for the posts being added to the structure is £0.656m. Therefore the annual net saving will be £1.140m. The proposals to no longer provide a directly provided LTCSS are also in response to changes to national policy and providing a better range of services in the future for people. The demand for home care services is likely to increase with more people saying they would like to remain living independently and safely in their own homes, however, the cost of Council run provision compared to that of independent providers is an expensive way of meeting that demand. Adult Social Care commissioners have been working alongside independent providers so that we can respond to these changes supporting them and monitoring them to achieve consistent high quality. This will ensure that the people who require home care can access the same quality support they need, when and where they need it in a more cost effective way for the Council. High quality care is a continuing priority.

- 4.6.4 Respondents also expressed concern that customers may have to pay more if transferred to a new provider and that a personal budget would not cover future needs.
- 4.6.5 In response, Adult Social Care's aim is to always to ensure that services provided on our behalf are affordable. The cost of customer's care is based on their personal finances and subject to an assessment under the Fairer Charging rules. All social services departments have to use the same Fairer Charging rules and this won't change. The home care service customers receive is based on their eligibility and care needs not who provides their service. This will not change.
- 4.6.6 Some respondents also commented that savings could have been found by changing staff terms and conditions, such as introducing pay cuts for staff.
- 4.6.7 In response, the Directorate had looked into this previously when reviewing the in-house Older People's Service – including removal of enhancements, reduction of hours, pay, leave entitlement and sick pay. It found that changing staff terms and conditions for one group of staff may not be achievable or equitable if not replicated across the Council as a whole. In addition, as the Council's sick pay arrangements are set out in National Terms and Conditions and discussions about amending such conditions locally would have to be done with the recognised Trade Unions within Leeds City Council. Any such changes would affect all Council employees and it is unlikely that a collective agreement would be considered by the Trade Unions which

would adversely impact on National Terms and Conditions. In any case, the Directorate feel that any such changes would be unpalatable to many staff.

<b>Total Qualitative Comments – Finance</b>		
<b>Comment Type</b>	<b>No</b>	<b>%</b>
Saving money should not be a factor in making decisions affecting elderly people's lives. Council should consider people before finance. Consultation all about cost cutting. Money should be saved in other areas rather than targeting the elderly.	18	21%
Understand that finance is an issue for the Council and that savings are required. Outsourcing the service will save some money.	15	18%
Alternative providers may be cheaper but they do not provide the same quality care. Current service may cost more but provides good value for money.	11	13%
Central Government's fault not local Council. Understand that Council does not receive as much funding as before. Central Government should fund services for older people.	6	7%
Savings could have been made by changing staff terms and conditions, such as introducing pay cuts for staff.	5	6%
Concern that customers may have to pay more if transferred to new provider. Concerned personal budgets will not cover future needs.	5	6%
Other comments	24	29%
<b>Financial Total</b>	<b>84</b>	<b>100%</b>

#### **4.7 Quality (Qualitative Data)**

- 4.7.1 A total of 286 comments were received within completed questionnaires that referred to issues of quality. The table below breaks down these comments by theme.
- 4.7.2 There was concern over the quality of alternative providers and a view that this would not match the high standards at the council-run LTCSS. It was felt that current staff were highly qualified and trained, providing high standard of and continuity of care, ensuring customers' needs are met and are treated with dignity. In contrast, respondents felt that the alternative providers were run for profit, provide poor quality care and cut corners. Respondents also commented that if the proposal goes ahead the alternative provider should be as good as the service currently received and that all customers' needs are met.
- 4.7.3 In response, Adult Social Care acknowledges and understands that people want good quality care from people who pay attention to their needs and treat them with dignity and respect. That is why Leeds City Council has been working with care companies to ensure our new contracts will reflect the best standards in the country for homecare. We have been rigorous in appointing providers who meet strict standards, with our quality standard developed through consultation with service users and independent sector home care providers under contract to the council. Reflecting and learning from the perspective of service users was extremely important in developing the quality standards and we believe that provision standards will be as good or better than currently. Providers have been appointed who meet strict standards and have properly trained staff with paid travelling time, training and are paid the Leeds City Council minimum pay rate (which is higher than the national living wage introduced by Central Government). We know home care

services have to be as individual as the person receiving them as such staff need to be trained and skilled to provide bespoke services that not only supports individual needs, but ensures it adds value to the users' own personal experience, and the quality of their lives. Dedicated caring care workers who must achieve the Care Certificate and Level 2 in the Credit Quality Framework, are monitored through a performance management process that ensures dignity and respect and puts the service user at the centre of the service. There is also a rigorous recruitment and selection procedure which meets the requirements of legislation, equal opportunities and anti-discriminatory practice and which ensures the protection of service users and their relatives. As a consequence we believe we will deliver better care provision than in the past. We will work with the new service providers to ensure that the quality of services is high and will ensure that action is taken swiftly to remedy any issues which may arise. Raising and maintaining of quality in home care has been the Council's foremost objective in the recommissioning of the Independent Community Home Care. Our aim is for the overall result of our changes to be excellent homecare services for all the people who need them and to ensure that the delivery of care and support is the same high quality that current LTCSS customers currently receive.

<b>Total Qualitative Comments – Quality</b>		
<b>Comment Type</b>	<b>No</b>	<b>%</b>
The quality of current services are very good / excellent (better than private sector).	61	21%
Current staff are highly qualified, trained (specialist skills), reliable and provide high standard of and continuity of care, ensuring customers' needs are met and are treated with dignity.	54	19%
Alternative providers are run for profit / provide poor quality care. They are not as good as the in-house service and cut corners. They are not committed enough to provide excellent care, not as passionate and don't have as much compassion.	52	18%
Alternative providers do not have the same quality of staff (skill level and inexperienced) due to high turnover (due to low pay) and poor quality training. This results in a loss of continuity of care and dignity for customers.	34	12%
The current service has low turnover of staff (some staff have been here for over 10 years).	31	11%
Alternative providers do not spend enough time with customers. They arrive late for sessions or sometimes don't even turn up. This will lead to mistakes being made.	25	9%
If proposal goes ahead the alternative provider should be as good as the service currently received and that all customers' needs are met. Concern about availability of quality alternative providers.	19	7%
Other comments	10	3%
<b>Quality Total</b>	<b>286</b>	<b>100%</b>

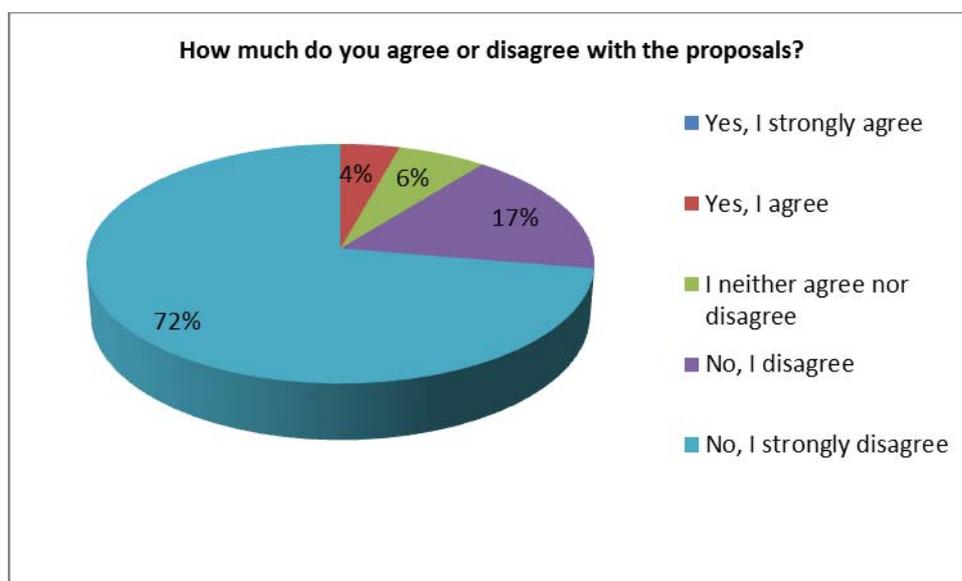
## 5. Detailed Consultation Findings – by stakeholder group

### 5.1 General Summary

- 5.1.1 The following information represents feedback and responses from consultation undertaken with customers receiving an in-house service and their relatives and carers as well as LTCSS staff. The questions highlighted are taken directly from the questionnaire.
- 5.1.2 As an ‘open comments’ section was used in the questionnaire, some respondents made multiple comments in these sections which is why the number of comments is generally greater than the number of people responding to the questionnaire.
- 5.1.3 Measures were taken to ensure that people with dementia who may not be able to complete a questionnaire by themselves were supported to do so.

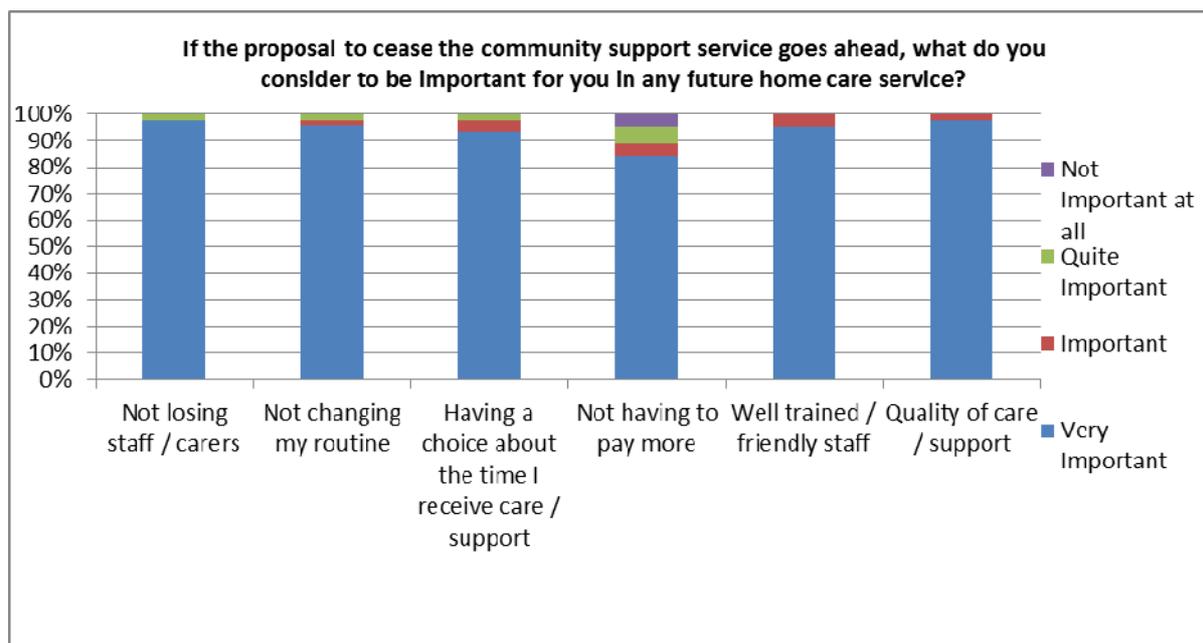
### 5.2 Questionnaire Feedback – Customers, Relatives, Representatives and Carers

- 5.2.1 How much do you agree or disagree with the proposal?
- 5.2.2 The overwhelming majority of this group of stakeholders disagreed strongly with the proposal to no longer provide an in-house domiciliary care service.



- 5.2.3 If the proposal to cease the community support service goes ahead, what do you consider to be important for you in any future home care service?
- 5.2.4 The overwhelming majority of those surveyed, deemed it very important that all six conditions listed below were met in the event a decision was taken to no longer provide the in-house service – these were ‘Not losing staff / carers’; ‘Not changing my routine’; ‘Having a choice about the time I receive care / support’; ‘Not having to pay more’; ‘Well trained / friendly staff’; and ‘Quality of care / support’.
- 5.2.5 However, there were some customers / relatives (5%) that indicating that having to

pay more for home care was not an important consideration.



5.2.6 Other Comments?

5.2.7 All free text comments within the questionnaires have been analysed and categorised. Customers, relatives, representatives and carers made a total of 355 qualitative comments.

5.2.8 A breakdown of the types of comments made can be noted in the table below.

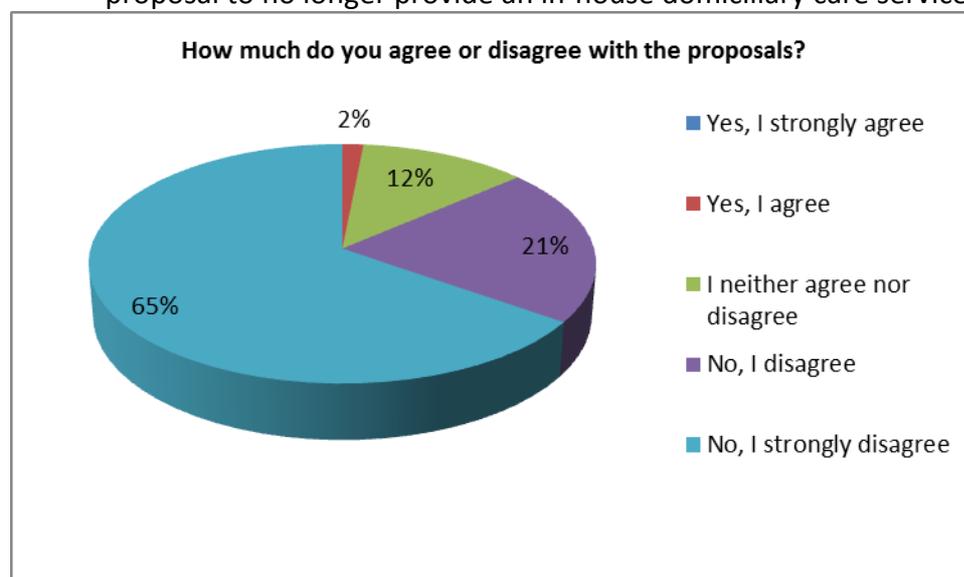
Comment Type	No	%
Don't agree with the proposals. There is a need for a council run domiciliary care service. It is important for the Council to continue to run the service. Council should be proud of running the service.	41	12%
Concern on the impact on current customers. Impact of the proposal has created some upset, panic, anxiety, worry or anger. Proposal will have adverse impact on customer's health and wellbeing and increase isolation and loneliness. Customers will find the move traumatic.	39	11%
Customers / relatives are happy and settled with Council service. Customers have had bad experiences with alternative provider. Customers that have moved to alternative providers are not happy with the service being provided.	30	8%
Strong relationships and trust have been built between staff and customers. Some customers see the staff as family. There is continuity of care.	24	7%
Customers will refuse to be transferred to an alternative provider. Customers do not wish to leave the service. Customers do not like change / find it difficult to adapt to change.	24	7%
Current staff are highly qualified, trained (specialist skills), reliable and provide high standard of and continuity of care, ensuring customers' needs are met and are treated with dignity.	19	5%
Should consider needs of the customers – some cannot cope without the support and care of staff. Customers and families rely and depend on the care staff provide.	18	5%
Alternative providers do not have the same quality of staff (skill level and inexperienced) due to high turnover (due to low pay) and poor quality training. This results in a loss of continuity of care and dignity for customers.	17	5%
The quality of current services are very good / excellent (better than private sector).	16	5%
If proposal goes ahead the alternative provider should be as good as the service currently received and that all customers' needs are met. Concern about availability of quality	14	4%

alternative providers.		
Should the proposals be implemented, customer will need to build up trust with alternative providers. The transfer to another provider will take some getting used to.	13	4%
Alternative providers are run for profit / provide poor quality care. They are not as good as the in-house service and cut corners. They are not committed enough to provide excellent care, not as passionate and don't have as much compassion.	13	4%
Concern on the impact on relatives / carers - health / wellbeing. Impact of the proposal would be panic, anxiety, worry or anger. What is being proposed is unfair.	11	3%
Alternative providers do not spend enough time with customers. They arrive late for sessions or sometimes don't even turn up. This will lead to mistakes being made.	10	3%
Elderly people are increasing in society and it is concerning that services are being decreased at the same time. Consider what services there are for the elderly and vulnerable. The Council have a duty of care to elderly and vulnerable. The Council is trying to offload its responsibilities.	5	1%
Customer / Carers will require support to find an alternative provider and to make transition as easy / seamless as possible.	5	1%
Customers do not trust alternative providers. Alternative providers are not supervised in the same way as LCC services.	3	1%
Concern that there could be compulsory redundancies? Could staff lose their jobs?	3	1%
Lack of evidence for the proposals / can't understand why closure has been suggested. Moving to an alternative provider is a bad decision.	2	1%
I welcome / would like a change of provider. Change of provider would not impact my life.	2	1%
Customer / family already looking at alternative provision. Customer / family will now need to look for alternative provision.	2	1%
There is a feeling of security using an in-house service - procedures are well in place. Vulnerable customers feel safe receiving the care in their own home. LCC Badge is reassuring	2	1%
The standard of English of foreign staff working for alternative providers is often poor and this impacts on dementia residents as they need clear concise instructions in order to assimilate information.	2	1%
Other Comments (which individually amount to 1% of comments received)	40	11%
<b>Total</b>	<b>355</b>	<b>100%</b>

### 5.3 Questionnaire Feedback – Staff

#### 5.3.1 How much do you agree or disagree with the proposal?

5.3.2 The overwhelming majority of this group of stakeholders disagreed strongly with the proposal to no longer provide an in-house domiciliary care service.



### 5.3.3 Other Comments?

5.3.4 All free text comments within the questionnaires have been analysed and categorised. Staff made a total of 790 qualitative comments.

5.3.5 A breakdown of the types of comments made can be noted in the table below.

Comment Type	No	%
The quality of current services are very good / excellent (better than private sector).	45	6%
General concern about what will happen to current staff. What roles will staff be offered? Concern that staff will be offered shifts or less hours that are unsuitable for them or their family.	40	5%
Alternative providers are run for profit / provide poor quality care. They are not as good as the in-house service and cut corners. They are not committed enough to provide excellent care, not as passionate and don't have as much compassion.	39	5%
Current staff are highly qualified, trained (specialist skills), reliable and provide high standard of and continuity of care, ensuring customers' needs are met and are treated with dignity.	35	4%
Concern on the impact on current customers. Impact of the proposal has created some upset, panic, anxiety, worry or anger. Proposal will have adverse impact on customer's health and wellbeing and increase isolation and loneliness. Customers will find the move traumatic.	33	4%
Staff love their job. Staff enjoy providing care to vulnerable people. It's a vocation.	32	4%
Don't agree with the proposals. There is a need for a council run domiciliary care service. It is important for the Council to continue to run the service. Council should be proud of running the service.	31	4%
The current service has low turnover of staff (some staff have been here for over 10 years).	31	4%
Concern that staff and customers have been waiting years for a formal decision. A decision should have been made sooner. The wait for a decision has caused a lot of anxiety for both customers / families and staff.	26	3%
Customers / relatives are happy and settled with Council service. Customers have had bad experiences with alternative provider. Customers that have moved to alternative providers are not happy with the service being provided.	25	3%
Staff morale currently very low – difficult to keep staff upbeat.	24	3%
Staff are not interested in working for the enhanced reablement service. Staff would only work for the enhanced reablement service if they had no other options.	24	3%
Concern that there could be compulsory redundancies? Could staff lose their jobs?	23	3%
Staff may be interested in working for the enhanced reablement service.	23	3%
Strong relationships and trust have been built between staff and customers. Some customers see the staff as family. There is continuity of care.	20	3%
Staff already looking for other roles / jobs.	19	2%
Concern about impact of proposals on staff health and wellbeing – stress / home life.	17	2%
Alternative providers do not have the same quality of staff (skill level and inexperienced) due to high turnover (due to low pay) and poor quality training. This results in a loss of continuity of care and dignity for customers.	17	2%
Elderly people are increasing in society and it is concerning that services are being decreased at the same time. Consider what services there are for the elderly and vulnerable. The Council have a duty of care to elderly and vulnerable. The Council is trying to offload its responsibilities.	16	2%
Staff do not wish to take ELI / VER.	16	2%
Alternative providers do not spend enough time with customers. They arrive late for sessions or sometimes don't even turn up. This will lead to mistakes being made.	15	2%
Staff have decided to or will probably choose to leave the service via ELI / VER.	14	2%
Provide an alternative specialised community support service. A small team could pick up individuals when alternative providers fail or when people cannot be reabled or specialist	13	2%

dementia. Also provide in areas where there are gaps.		
Saving money should not be a factor in making decisions affecting elderly people's lives. Council should consider people before finance. Consultation all about cost cutting. Money should be saved in other areas rather than targeting the elderly.	12	2%
Other Comments (which individually amount to 1% of comments received)	200	25%
<b>Total</b>	<b>790</b>	<b>100%</b>

#### **5.4 Consultation with Hospital Alert**

5.4.1 Leeds Hospital Alert, a community watchdog group wrote to, Shona McFarlane, ASC Chief Officer, Access and Care Delivery expressing concern with the proposal to no longer provide the in-house LTCSS, and specifically raised the following:

1. *“Leeds Hospital Alert is aware of the shortage of staff in the In-House Long Term Service, and wonders if it is possible to recruit more staff to fill the vacancies involved.*
2. *When we meet, could you let us know when the Review of the Service will be completed, and what process will follow this.*
3. *Leeds Hospital Alert understands, from previous discussions with Councillor Adam Ogilvie, that the purpose of the Review is to secure the future of the In-House Team. We look forward to learning how Leeds City Council intends to do this.*
4. *There was discussion at the meeting on 11 September of the continuing use of In-House Team staff doubling up or being sent to work in day care or residential care rather than carry out the work for which they are trained and in which they are very experienced. Leeds Hospital Alert has recent evidence that this situation is continuing, indicating that 22% of staff time in the SkILs and Long-Term Services is spent in this way. This would seem to be a waste of scarce Council resources. The attached statistical analysis gives the details of this. We would like to discuss this with you when we meet.*
5. *Mention was made on 11 September of a shortage of social workers causing delays to the work of both the Long-Term and SkILs teams. We would be grateful if you could update us on this.”*

5.4.2 As a result, Hospital Alert invited asked to meet Shona McFarlane, ASC Chief Officer, Access and Care Delivery to discuss their concerns in detail. At the meeting that took place on 29<sup>th</sup> January, Adult Social Care confirmed that following a review of the Community Support Service, it was proposed that the council will no longer provide the current in-house Long-Term Community Support Service (LTCSS) – this proposal would be subject to a six week consultation process that would commence on 1<sup>st</sup> February with LTCSS customers, carers and staff, during which one-to-one meetings will be held where views will be gathered via a questionnaire. Feedback from this consultation will be used to inform a report that will go to the Executive Board, the Council’s decision making body, for consideration and decision about the future of the service in June 2016. This will be a public document, and hence available to Hospital Alert.

5.4.3 At the meeting, Hospital Alert were also advised of the ongoing work to enhance the

in-house service that provides re-ablement to people seen as having the potential to recover abilities and remain living in their own home. The service will work with people on a short-term basis and will provide some LTCSS staff with employment opportunities within this new enhanced re-ablement service. This enhanced service will also have a special focus on the recovery needs of people with mild to moderate dementia who have had a period of ill-health. It will link in with three new 'dementia hubs' planned for the city, at Laurel Bank, Calverlands, and Wykebeck Valley. The service will be free to clients for up to six weeks.

5.4.4 The reasoning behind the proposals to focus the in-house service on short-term 're-ablement' was twofold: that this kind of service is complex and hence needs to be managed in-house; and cost: that it is more cost effective to have long-term services outsourced to the independent sector.

5.4.5 With respect to the new external homecare contracts, Hospital Alert were advised that this would be based on the following:

- The service will be 'outcome-based'. The service will be commissioned to achieve certain outcomes agreed with each client. This will be a change from "service-based" approach (such as, for example, requiring visits to last so many minutes).
- There will be less prescription about clients' support plans in terms of times and visit lengths.
- There will be a smaller number of service providers, and their service will be geographically based, with six areas for the city.
- Care workers' travel costs will be reimbursed.
- Care workers will not be moved around but will concentrate on one area and provide a continuous service to each client.
- The service will be based upon the principles of the Ethical Care Charter, to which Leeds is committed.

5.4.6 Adult Social Care acknowledged that high downtime was an issue with the current LTCSS, however, there would always be some downtime with services of this nature. With respect to the complicated picture of monitoring the outsourced service, with the Review Team and the Contracts Team both apparently involved, Adult Social Care confirmed that the intention is to recruit a new Head of Service who would be able to provide a link between assessment and support planning on one hand and safeguarding services and the commissioning team on the other.

5.4.7 Upon conclusion of the meeting, Hospital Alert thanked Adult Social Care representatives for the continued dialogue and it was agreed that Hospital Alert could contact them again with any further queries.