

# Better Lives for Older People

## Future Options for Long Term Residential and Day Care Services

### EQUALITY IMPACT ASSESSMENT

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#### **1.0 Introduction**

- 1.1 Leeds City Council is reviewing the ways it provides residential and day services for older people – specifically care homes and day care centres directly run by the council.
- 1.2 Proposals are that in future the council will no longer run some of its care homes and day centres. It will however continue to ensure that older people's care needs are met with a range of services to include a wider range of specialist provision for those unable to stay living independently in their own homes.
- 1.3 This paper outlines the Equality Impact Assessment that has been carried out in the context of these proposals to ensure that they do not unfairly impact on people from the different equality groups. It has been completed as a parallel process to the consultation on the proposed changes.
- 1.4 The lead officer for this assessment is Dennis Holmes, Deputy Director - Strategic Commissioning. Members of the assessment team are:
- Sheila Fletcher - Project Manager, Adult Social Care
  - Richard Graham - Senior Quality Assurance Officer, Adult Social Care
  - Anne McMaster - Strategic Equality Manager

#### **2.0 Overview**

- 2.1 As more people aspire to live at home for longer, the increasing importance of maintaining and giving people choice and control drives a need to change service provision to better suit individual needs. In Leeds the development of community based services has allowed people to exercise their choice to remain in their own homes for much longer. These community based services are wide ranging and include early intervention preventative services, personal support, intermediate care and reablement services and the provision of specialist equipment to people's homes. Based on the development of these new community based services, and in response to the increasing needs and changing aspirations of a new generation of older people, a review of the council's directly provided residential and day care services has been undertaken.
- 2.2 Leeds City Council faces the challenge of implementing its vision for high quality, long term support for older people at a time of decreasing resources. Like many other public sector organisations, the council is facing a significant financial challenge as a result of the Government's Spending Review and a reduction in grants which is without precedent in recent years. In addition to the substantial reduction in Government funding, the council also faces significant cost pressures which will also need to be taken into account in setting budgets for the next four years.

### **3.0 Current Services Provided**

#### **3.1 Residential**

- 3.1.1 The council currently runs 19 homes providing 628 residential beds. The majority of these provide a combination of residential care and respite care. The remainder of the homes offer specialist care which includes dementia and intermediate care provided under contract to NHS Leeds.
- 3.1.2 The current annual budget for the council's in-house residential care establishments amounts to £20.2 million. It is estimated that a total of £7.5 million of essential work is needed for building condition and fire prevention works over the next 20 years and a further £28.7 million over ten years to provide ensuite facilities and improvements to communal areas approaching those on offer at the new-build independent care homes.
- 3.1.3 In the last three years, approximately 1000 new bed spaces of all types have been opened by the city's independent care providers in newly built facilities. Each of the new homes has been built to a specification which includes en-suite rooms and enhanced care technology. Some of these homes do offer facilities such as IT suites, cafes etc.
- 3.1.4 The need for non-specialist long term care is expected to decrease with the development of preventative approaches and sufficient capacity in alternative housing/care arrangements.

#### **3.2 Day Care**

- 3.2.1 There are 16 day care centres for older people run by the council. A small number of the centres provide care and support to people with dementia. The remainder provide more general support to older people and their carers. In addition there are 2 day centres providing specialist BME services.
- 3.2.2 The current annual budget for the Council's day care establishments amounts to £6.5 million. Demand for day centre places is falling. The current occupancy of the 16 council-run day centres ranges between 39% and 62%.

### **4.0 Proposals**

- 4.1 An inquiry into the future of residential and day care provision for older people conducted by Adult Social Care (ASC) Scrutiny Board in October 2010 considered the future requirements of these services. 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 and informed the development of a set of options for change.
- 4.2 Criteria for determining the future options for these services, which included giving due regard to equality were considered and agreed by the Executive Board on 15 December 2010. Executive Board also agreed to begin public consultation on these proposed options.
- 4.3 An assessment of each individual residential home and day centre has been completed and measured against the criteria agreed by Executive Board on 15 December 2010. In short the options are based on an assessment of the interplay between the following three distinct features:
- Strategic - the strategic relevance of a facility

- People - the profile of the needs of the residents, carers and staff
  - Financial - the financial profile of the facility
- 4.4 The proposed options arising out of this analysis are the subject of individual EIAs and are attached for reference to this report.
- 4.5 These proposed options were the basis for detailed consultation with those directly affected. Full details of the consultation and an analysis of responses are attached in the Consultation Report.
- 4.6 It is intended that the review of these services will balance the need to achieve savings with opportunities to develop the service to ensure that it adds value and contributes to the health and well-being of older people.
- 4.7 Leeds City Council will wherever possible seek to avoid any unintended consequences of any proposals developed. This could be disproportionate impacts on different geographic locations, communities and the voluntary and community sector.
- 5.0 Scope of the equality, diversity, cohesion and integration impact assessment**
- 5.1 This EIA will consider and assess the impact of the options for:
- Potential residents i.e. The ageing population presently living in the general population of Leeds
  - Current residents and carers of residential homes in each facility affected by the proposed options
  - Current day care users and carers of day care centres in each facility affected by the proposed options
- 5.2 This EIA is intended to support the decision making process by:
- Identifying the potential impact of any changes/ decisions on each protected characteristic.
  - Setting out actions to minimise/ mitigate any adverse impacts
- 5.3 Proposals have been subject to Equality Screening and this concluded that the proposed options will potentially give rise to equality impacts particularly by those older and disabled people, their families and carers, whose home or day care is currently provided by the in-house residential and day care service. Staff will also be affected, particularly women who make up 90% of the workforce. If the proposals are agreed, a full EIA on organisational change will consider impacts on staff and therefore staff are not included in the scope of this EIA.
- 5.4 To mitigate against any adverse impacts and ensure that any such impacts are minimised, it was agreed that each option would be subjected to an equality impact assessment. The assessment will then be considered through the council's decision making process. It is proposed, that should agreement be given to progress with the proposed options, that an implementation plan is developed in line with the Assessment and Closure Protocol. This would show how any closures would be managed over the timescales and how residents, relatives, and carers are to be supported to safeguard human rights and minimise distress and maximise the

benefits to individuals. This will relate particularly to the monitoring arrangements in relation to the proposed changes.

**5.5 This EIA is presented in 2 sections. Section 1 on page 10 considers the impact of the proposals on people living in the general population. Section 2 on page 12 includes individual EIAs on each proposed option to consider the impact on current residents and service users.**

## **6.0 Fact Finding – what do we already know?**

### **6.1 Demographics**

- 6.1.1 Leeds is the second largest Metropolitan District in England with an estimated population in excess of 750,000 people. Whilst the Leeds economy as a whole, has been a success story, Leeds has a significant amount of deprivation. Five wards in the city have more than half their Super Output Areas (subdivisions of wards) in the 10 per cent most deprived in England. These five wards tend to have the highest levels of deprivation, proportion of people on unemployment benefits and proportion of households in receipt of council benefits.
- 6.1.2 Like many other cities in the UK, Leeds is now facing unprecedented change and uncertainty. The University of Leeds predicts that by 2026 the total number of people living in the Leeds Authority area will be 830,000. This will include larger numbers of people from ethnic minorities and higher numbers of younger people as well as an increase in people aged 75 and over. In general people are living longer and there are as many people over 60 as under 16. Although the rate of increase in the proportion of older citizens in Leeds is not likely to be as great as in some neighbouring authorities, it is predicted that the number of people in Leeds aged 65 and over will rise by almost 40 per cent to 153,600 in 2031, around 20 per cent of the population.
- 6.1.3 Leeds is clearly becoming a more diverse place. We have very little information about lesbian, gay and bisexual people in Leeds. Understanding this community's specific issues and needs presents Leeds with a significant future challenge. Stonewall, the lesbian, gay and bisexual charity, estimates that large cities such as Leeds with an established gay scene, businesses and support network may be made up of at least 10 per cent lesbian, gay and bisexual people.
- 6.1.4 Leeds population broken down by religion or belief is 69.9% Christians, 3% Muslims, 1.1% Sikh, 1.2% Jewish, 0.6% Hindu, 0.2% Buddhist and 24.9% no religion or not stated.
- 6.1.5 Leeds is now home to over 130 different nationalities. In 2006 the Office for National Statistics (ONS) estimated that 15.1 per cent of the total resident population comprised people from black and minority ethnic communities (including Irish and other white populations), a rise of 5 per cent from the 2001 Census. By 2030 the black and minority ethnic population in Leeds is estimated to increase by 55 per cent.
- 6.1.6 Nearly 8,000 people in Leeds have Alzheimer's or other dementias. In an ageing population the number of people with dementia will increase. The National Dementia strategy (2009) found there were approximately 700,000 living in the UK with dementia. This is projected to double in the next 30 years.
- 6.1.7 35% of the current 65+ population are estimated to have a social care need. 6,600 of these have moderate to high social care needs that are supported by the local authority.

6.1.8 Among carers in the age groups 75+ and 85+ (4,275 carers); over half are currently providing 50+ hours of care per week. People aged 65-74 providing unpaid care for 2010 was estimated at 8,359 rising to 9,540 in 2020 (an increase of 14% on 2010 figs.) and 10,766 in 2030 (an increase of 29% on 2010). People aged 75-84 providing care for 2010 was estimated at 3,681 predicted to rise to 4,107 in 2020 (increase of 12% on 2010 figs) and 4,873 in 2030 (an increase of 32%). People aged 85+ in 2010 was estimated at 594 predicted to rise to 768 in 2020 (a rise of 29%) and 1,044 in 2030 (an increase of 76%).

## **6.2 Benchmarking**

6.2.1 Leeds differs widely from its comparator authorities because of its large direct offer of 19 residential homes. Comparator authorities are: Sheffield, which operates 1 home; Birmingham 10; Bristol 13; Liverpool 4; Manchester 1; Newcastle 4 and Nottingham 6. Bristol is in the process of developing 3 specialist dementia homes and 4 multi-function units, all its remaining council run long-stay units will be phased out. Birmingham City Council agreed to close all 29 homes and 16 attached day centres in a phased process. 10 homes and 5 day centres still remain but all are due to close by 31 March 2015.

### **6.2.2 In addition to the above, the EIA considers data from the following**

- Key strategies and policies relating to the proposals e.g. Putting People First,
- Quantitative information relating to the profile of current residents, service users and carers, which is included within each proposal in section 2
- Feedback from public consultation
- Feedback from consultation with those directly affected
- Feedback from service user groups
- Feedback from consultation with key partners in the NHS
- Feedback from consultation with the Independent Sector
- Comments from complaints and suggestions
- Feedback from the Carers Expert Advisory Group
- Feedback/comments from ASC Scrutiny Board, individual Elected Members and Area Committees

## **7.0 Are there any gaps in equality and diversity information?**

7.1 Adult Social Care, where possible, will obtain full equality information and take due regard of this information during the implementation phase, should these proposals be agreed. A review of the impact will also be undertaken post implementation, considering any impact on equality groups.

## **8.0 Consultation & Involvement**

8.1 The whole consultation and engagement process was 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 were broken down into two distinct areas:

- The wider consultation with the general public and stakeholders on 'Older People's Futures: Residential and Day Care Services

- The detailed consultation on the specific proposed with those directly affected – which is further divided into stages, one and two.

## **9.0 Wider consultation with the general public and stakeholders**

9.1 The wider consultation identified the following:

### **Strategic:**

- In the commissioning of services from the Independent Sector, Adult Social Care should consider a more collaborative way of commissioning and work in partnership with organisations to achieve its objectives and positive outcomes for people
- There should be equality in the commissioning process so that small organisations particularly in the voluntary sector are able to provide services

### **Finance:**

- The provision of services should not be just based on how much or little they cost. Issues such as quality, local and community provision and the requirements of people who need the services are just as important
- People generally accept the suggestion that change is necessary particularly in the context of financial constraints and for the reasons outlined in the consultation Fact Sheet.
- There are some concerns that alternative services will not be affordable. This could lead to a two- tier residential care system with the better run homes not affordable to most and people on benefits will be in less well run homes because they are affordable.
- Explore opportunities for social enterprise or community partnership arrangements to make community use of existing buildings.

## **9.2 People**

- There is a need for alternative services to be provided in the locality in which people live. People generally wish to remain living in their own community close to relatives and friends.
- A balance needs to be achieved between independence and isolation
- Adult Social Care need to take account of the impact the change will have on older people's mental and physical well-being.
- A number of issues arose relating to the management of change for the people affected by the proposed changes, with consideration to the logistics of transferring people between services.

**10.0 Consultation with those directly affected**

10.1 Consultation undertaken with people currently living in residential care homes, day service users and their carers identified the following:

**10.2 Strategic**

- People using services with dementia and their carers emphasised the need for ensuring that the council maintains specialist services for people with dementia

**10.3 Finance**

- The council should maintain expenditure in Adult Social Care for the most deserving and vulnerable with care for older people being a priority

**10.4 People**

- Ensure that alternative services are as local to where people live as possible with consideration to the distance to travel to alternative day care; the distance for relatives and carers to travel to visit people in residential care and ensuring that people remain living in their own communities

10.5 An analysis of the responses from those directly affected and other key stakeholders is included in the Consultation Report attached

**11.0 Equality Impacts Identified**

11.1 The table below highlights the range of impacts on equality characteristics, stakeholders and other potential barriers.

11.2 Data on current users indicate that the proposed options potentially give rise to impacts mainly in respect of age; gender, disability, carers and socio-economic. Future users of these services will cover all equality characteristics

<b>Equality characteristics</b>					
<input checked="" type="checkbox"/>	<b>Age</b>	<input checked="" type="checkbox"/>	<b>Carers</b>	<input checked="" type="checkbox"/>	<b>Disability</b>
<input checked="" type="checkbox"/>	<b>Gender reassignment</b>	<input checked="" type="checkbox"/>	<b>Race</b>	<input checked="" type="checkbox"/>	<b>Religion or Belief</b>
<input checked="" type="checkbox"/>	<b>Sex (male or female)</b>	<input checked="" type="checkbox"/>	<b>Sexual orientation</b>		
<input checked="" type="checkbox"/>	<b>Other</b>				
	<b>Low socio-economic groups</b>				
<b>Stakeholders</b>					
<input checked="" type="checkbox"/>	<b>Services users</b>	<input checked="" type="checkbox"/>	<b>Employees</b>	<input checked="" type="checkbox"/>	<b>Trade unions</b>
<input checked="" type="checkbox"/>	<b>Partners</b>	<input checked="" type="checkbox"/>	<b>Members</b>	<input checked="" type="checkbox"/>	<b>Suppliers</b>

**Potential barriers for current users**

**Built environment**

**Location of premises and services**

**Information and communication**

**Customer care**

**Timing**

**Stereotypes and assumptions**

**Cost**

**Consultation and involvement**

**specific barriers to the strategy, policy, services or function:**

- **Staffing**
- **Capacity of the Independent Sector**

11.3 The following provides an overview of the relevance of the proposals to the equality characteristics and where identified, action to mitigate any impact.

11.4 **Age:** The proposals for change are aimed at providing improved services to older people of the 65+ age group. The overall aim of this proposal is to reform and modernise services for older people. It is embedded in key modernisation strategies and strategies specific to older people which highlight the importance of enabling older people to remain in their own homes for as long as possible.

11.5 **Disability:** By the nature of the residential service, all residents are older people and have disabilities associated with ageing. As part of the review, the council will consider that its role in ensuring the need for specialist provision in key areas such as the increasing need for dementia services and intermediate care is met.

**Action:** In relation to day services, service user profiling will be undertaken to identify those people with personal care and high dependency needs to ensure that their needs are continued to be met.

11.6 **Gender:** Compared with the general population, statistical data of current service users suggest that the service reflects the gender profile across the city. In terms of current users 71% of residents and 70% of day care users are woman.

90% of staff employed in the homes are women. The full equality profile of staff will be considered as part of the EIA on organisational change.

11.7 **Race:** Statistical data of current service users indicates lower usage by people from BME groups and further consultation with BME communities are needed to understand why this is.

**Action:** Understand BME usage of residential and day care facilities and ensure appropriate provision of accessible services. The service will be monitored to ensure that the uptake of services by older people from different ethnic backgrounds is relative to the ethnic make up of the population of Leeds.



- 11.8 **Religion or belief:** The services will be provided to people irrespective of, but with respect for religion and belief
- 11.9 **Sexual orientation:** The services will be provided to people irrespective of, but with respect for sexual orientation and accommodating same sex partnerships. The Joint Strategic Needs Assessment (JSNA) provides data and intelligence to support commissioning activity so that it reflects the needs of older lesbians and gay men.
- 11.10 **Carers/ families:** The review will seek to identify changes which promote independence and choice
- 11.11 **Cohesion:** Integrating people into communities wherever possible will enable them to access universal services and make links with their own communities
- 11.12 **Social Exclusion:** The service proposals will need to ensure that socially excluded people are not disproportionately disadvantaged as a result of these changes.

# Section One

## Impacts - for people living in the general population

### Residential

- The proposals around residential care support the national view that a strategic resource shift is needed from residential care to services to support people in their own homes and live independently in their own homes for longer.
- It is expected that the proposed programme of change will result in improved, personalised services to be delivered for older people with dementia and their carers, with improved outcomes
- Residential care homes managed by the council are provided alongside a well developed independent sector care home market. Services commissioned by the council will retain the focus on quality of service to all our diverse service users

### Day Care

- The review of day care service is in line with personalisation of adult social care services. Future delivery of adult social care will see an increased use of personal budgets and a reduction on people using traditional day services.
- Currently a high level of resource is committed to a service which is underused. The impact of this is that it locks up resources in the existing service which could be used to support older people's day activities in other ways. The proposals aim to free up this resource to be reinvested in services for future and current users who would prefer to receive an alternative to a centre based day service.
- There would be additional economic benefits to bring investment into the area as well as improving the quality of public services.
- Supporting older people with care needs must be seen in the context of other work which is being done to promote the independence, well-being and choice of older people in Leeds. This service review links therefore with other strategies and initiatives which are intended to achieve this, for example re-ablement, assistive technology and personal budgets. The proposals will allow resources to focus more on increased take-up of preventative services which will enable older people to remain living safely and independently in their own homes for longer.

### Respite and Specialist Services

- If homes close there will be a loss of respite beds and pressure will be put on the capacity available across the city for older people with dementia. However based on an analysis of 2010/11 data, the city –wide occupancy level for respite beds was 58% which indicates that there is an over-provision. It is assumed that should the decision go ahead to decommission the six homes, the decrease in respite beds could be comfortably absorbed by remaining provision.
- The council's proposals are to retain and develop a core provision of dementia services delivered through some of the existing specialist residential homes and linked to a redefined day service. This would provide an integrated dementia service, offering both a day service as well as residential care, in each of the three locality areas. The service would continue to be delivered by qualified and experienced council staff.

- The proposals to phase-out permanent admissions to statutory residential homes could impact on potential residents in the general public.

**Action:**

- The development of new community based preventative services and the development of Intermediate Care will enable older people to remain living safely and independently at home.

Traditionally day services for older people have provided an important respite function for carers, providing them with a significant, regular and reliable break from caring.

**Action:** Impact on carers will be minimal as all those eligible will continue to be offered a service. Even if day activities are organised in a different way, ensure that the respite needs of carers is considered.

The potential for a 2 tier system – those who can afford to pay and those who can't.

**Action:** Ensure that commissioning of services takes full account of equalities and that places purchased through the Independent Sector are of a consistent, good quality

**Actions to ensure mitigation is in place are outlined in the Equality Diversity and Integration Action Plan on Page 31**

## Section 2

### Equality Impacts Assessments on proposed options

#### Residential Decommissioned Proposals

##### Westholme/Kirkland House/Grange Court/Dolphin Manor/Knowle Manor/Spring Gardens

Westholme, Kirkland House, Dolphin Manor, Knowle Manor and Spring Gardens provide generic residential care

Grange Court provides a mix of generic residential and intermediate care

#### Bed profile

	Westholme	Kirkland	Grange Court	Dolphin Manor	Knowle Manor	Spring Gardens
Permanent generic residential	39	29	23	30	27	28
Respite/short stay	1	2	9	5	2	2
Current occupancy	26	23	20	28	22	25

#### Resident Profile

	Westholme	Kirkland	Grange Court	Dolphin Manor	Knowle Manor	Spring Gardens
Age 100+	0	0	1	0	1	0
Age 90 -99	11	10	8	16	8	11
Age 80-89	12	10	10	12	8	12
Age 65 -79	3	3	1	0	5	2
Physical disability or age related frailty	25	23	16	21	20	25
Male	6	4	1	2	4	5
Female	20	19	19	26	18	20
Ethnic Origin White British	26	23	20	28	20	25
Ethnic origin BME	0	0	0	0	0	0
Ethnic Origin Not Given	0	0	0	0	2	0

**Westholme****Address by ward**

Beeston and Holbeck	1
Bramley	3
Cleverly	3
Farnley and Wortley	2
Hyde Park and Woodhouse	1
Kirkstall	2
Morley South	2
Pudsey	11
Weetwood	1

**Number of Independent sector beds in the area**

Total = 228 beds, 40 of which are available for dementia.	Amber Lodge EMI	40
	Corinthian House	70
	Rievaulx House	48
	Simon Marks Court	40
	The Manor House	30

**Kirkland House****Address by ward**

Adel and Wharfedale	2
Chapel Allerton	1
Guiseley and Rawdon	5
Horsforth	3
Kirkstall	2
Otley and Yeadon	4
Wetherby	1
Blanks	5

**Number of Independent sector beds in the area**

32 beds	Primrose Court	32
36 beds	Olive Lodge (also known as Bedford Court)	36
77 beds, 1 of which is available for dementia.	Tealbeck House	50
	Brooklands	27
32 beds. 30 additional specific dementia beds.	Adel Grange EMI	
	Ashcroft House	32

**Grange Court****Address by ward**

Beeston and Holbeck	1
Burmantofts and Richmond Hill	2
Cross Gates and Whinmoor	3
Garforth and Swillington	5
Killingbeck and Seacroft	1
Kirkstall	1
Morley North	1
Temple Newsam	1
Blanks	5

**Number of Independent sector beds in the area**

Total = 167 beds, 67 of which are available for dementia. 14 additional specific dementia beds.	Meadowbrook Manor	23
	Springfield	67
	St Armands	40
	The Coach House	19
	The Hollies	14
	Moor Leigh Villa	4

**Dolphin Manor****Address by ward**

Alwoodley	1
Ardley and Robin Hood	2
Armley	1
Beeston and Holbeck	1
Burmantofts and Richmond Hill	1
Garforth and Swillington	2
Hyde Park and Woodhouse	1
Killingbeck and Seacroft	1
Kippax and Methley	2
Middleton Park	2
Moortown	1
Morley South	1

**Number of Independent sector beds in the area**

Mulgrave House	33 beds
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Pudsey	1
Rothwell	8
Blanks	3

### **Knowle Manor**

#### **Address by ward**

Ardsley and Robin Hood	2
Middleton Park	1
Morley North	3
Morley South	6
Rothwell	1
Blanks	9

#### **Number of Independent sector beds in the area**

62 beds, 31 of which are available for dementia	Summerfield Court	15
	Vivian House	31
	Ferndale	16

### **Spring Gardens**

#### **Address by ward**

Adel and Wharfedale	2
Alwoodley	1
Headingley	1
Horsforth	3
Kirkstall	1
Otley and Yeadon	14
Weetwood	1
Blanks	2

#### **Number of Independent sector beds in the area**

77 beds, 1 of which is available for dementia.	Tealbeck House	50
	Brooklands	27

### **Consultation**

Informal and formal consultation has been undertaken with all services users over a period of 12 weeks.

**The Consultation Report provides a full analysis of responses.**

#### **Key themes from the consultation**

The majority of comments related to the risk to the health of residents brought about by any move and that any changes would have an unsettling and damaging effect on the most vulnerable. Concerns were expressed over the potential loss of friendships and support networks for residents and their carers. There are fears that residents will not receive the same levels of the care in the independent sector and that the safety and security of residents will also be an issue. A lack of knowledge of alternative provision and the quality and capacity of the independent sector to provide alternative care services was emphasised. Comments also related to the degree to which community and local needs have been taken into account particularly where there are limited local community facilities or in areas where there are other closures of public facilities

The emerging key themes to alleviate the impact of the proposed closures are that the following are important:

- Alternative provision is of a similar nature and quality
- Alternative provision is local where appropriate
- Keep friends together

#### **Potential impact identified from decommissioning these services**

##### **Built environment**

The older age and physically frail are likely to find changes more difficult to cope with both physically and mentally in terms of changes in routine and to their care needs. The built environment may dictate some of these changes.

**Action:** An assessment of every service user will be undertaken in accordance with the Assessment and Closure Protocol and the recommended ways to minimise stress factors will be put in place

**Action:** Continued negotiations with voluntary sector partners relating to proposals to establish an independent charitable organisation to both own and provide services with a view to a community asset transfer.

**Action:** Approve immediate commencement of dialogue with interested community groups and stakeholders with regard to future building use.

### **Location of premises**

Where people move there may be a particular impact on residents who have lived at the home for a considerable length of time. Residents may have strong friendships and be fearful of the impact of the proposed changes on their lives, and whether they are able to maintain the relationships they have established. It may also impact on carers and relatives and whether they can maintain visiting etc

**Action:** Give consideration to methods of ensuring continued contact between people, in line with the Assessment and Closure Protocol. Focus on local alternative provision.

### **Communication and Information**

Some residents may not be able to make their own decisions, or may need 1-1 help in understanding the proposed changes.

**Action:** Clear and timely communication to all residents, particularly which provides information about alternative provision. Steps will be taken to ensure independent advocates are available for those who need one.

### **Customer Care and staff training**

Staff will play a lead role in understanding the concerns of residents, helping them understand the proposed changes and helping them make the right decisions for themselves.

**Action:** Provide appropriate support to staff through awareness raising events

### **Timing**

There are proposals to change other Adult Social Care Services that affect older and disabled people

**Action:** Adult Social Care to ensure a joined up approach and effective coordination and communication of the various change programmes

**Action:** Provide service users and their carers with opportunities to let us know what impact all changes may have on them.

### **Cost**

Carers may be reliant on the home for respite from their caring role, and so may need to make other arrangements, which could involve additional costs.

There is a risk that the changes to care provision could increase social inequality among older people as some users may be financially worse off as a result of a move.

**Action:** Offer all current service users alternative residential care

**Action:** Ensure that a full benefit and financial review is undertaken as part of service user assessment to ensure any financial detriment is minimised

**Action:** Work with officers in City Development to advertise for residential/nursing care development at the earliest opportunity

### **Stereotypes and assumptions**

Assumptions may be made in connection with residents with dementia and extremely frail residents who have co-existing illnesses

**Action:** A full reassessment of all service users and carers will be undertaken by qualified social workers to ensure that current, individual needs are properly understood. Individuals and their relatives/carers will be supported by their managers or a dedicated resource to seek appropriate alternative services following a reassessment of their needs and will be given comprehensive information on cost, quality and all alternatives in order to make an informed decision



## Residential Homes Recommissioned Proposals

### Middlecross, Siegen Manor, and The Green

#### Proposal: Recommission as specialist dementia facilities

##### Bed profile

	Middlecross	The Green	Siegen Manor
Permanent generic residential	25	29	23
Respite/short stay	7	8	7
Current occupancy	22	24	23

##### Resident Profile

	Middlecross	The Green	Siegen Manor
Age 100+	0	1	0
Age 90-99	7	8	9
Age 80-89	12	10	13
Age 65-79	3	5	1
Physical disability or age related frailty	21	4	23
Male	7	3	4
Female	15	21	19
Ethnic Origin White British	21	23	22
Ethnic Origin Black or Black British	1	0	0
Ethnic Origin Other	0	1	0
Ethnic Origin Not Given	0	0	1

##### Consultation

Informal and formal consultation has been undertaken with all services users over a period of 12 weeks.

**The Consultation Report provides a full analysis of responses.**

**Key themes from the consultation**

The majority of comments related to the risk to the health of residents brought about by any move and that any changes would have an unsettling and damaging effect on the most vulnerable. Concerns were expressed over the potential loss of friendships and support networks for residents and their carers. Carers need assurance about new services in terms of respite provision.

The emerging key themes to alleviate the impact of the proposed recommissioning are that the following are important:

- Alternative provision is of a similar nature and quality
- Alternative provision is local where appropriate
- Keep friends together

**Potential impact identified from recommissioning these services**

The proposals will result in a comprehensive and integrated dementia service in these areas and improved services for people with dementia and their carers.

The current resident profiles have high to medium levels of need and dependency with the homes currently providing dementia and generic care. The proposals to re-commission as specialist dementia care homes means that there may be some changes to the home as new models of dementia care are developed which focus on helping people regain or maintain independence. This service will be developed in the longer term however and there will be no immediate changes. People currently living at these homes will therefore be able to keep their place there, if they wish. Given this, it is assessed there to be no impact on current residents.

Staff members are already experienced in providing dementia care in line with the council's strategy to retain dementia care provision.

## **Proposal: Recommission as specialist intermediate care facility**

### **Richmond House**

Richmond House is the largest provider of intermediate care among the Local Authority home with 20 beds funded jointly with the NHS. .

The aim of Intermediate Care is to prevent admission to and facilitate discharge from hospital by working with individuals to provide specialist care.. This will allow more people to access the service and achieve better outcomes.

There are opportunities for further shared funding arrangements and partnership working with the NHS

Richmond House is already a dedicated specialist provider of residential Intermediate Care. There are no permanent residents. Given this, it is assessed there to be no impact on current users.

Staff members are experienced in providing Intermediate and short term care. This staff group would be well placed to deliver Intermediate Care in line with the strategy for Leeds City Council to retain Intermediate care provision

### **Harry Booth House and Amberton Court**

Further consultation with the NHS in relation to Amberton Court has led to recommendations to defer the decision on its future long term use pending further work and negotiations with partners. Amberton Court remains under further review and given this, there is no immediate impact on current users.

Harry Booth House currently provides generic residential care. The proposal is that it is redeveloped as a facility for specialist intermediate care, providing short-term support for people who need intermediate care rather than residential care. This means that there will be some changes to the home and 30 will be registered as a care home with nursing and the remaining 10 acting as step down beds and provided residential care.

<b>Bed Profile</b>	<b>Harry Booth House</b>
Permanent generic residential	38
Respite/short stay	2
Current occupancy	21

<b>Resident Profile</b>	<b>Harry Booth House</b>
Age 100+	2
Age 90 -99	7
Age 80-89	6
Age 65 -79	5
Age 41-64	1
Physical disability or age related frailty	4
Male	5
Female	16

Ethnic Origin White British	21
Ethnic Origin Asian	0
Ethnic Origin Other	0
Ethnic Origin Not Given	0

### Harry Booth House

Address by ward – Not all previous addresses are known

Ward	Service Users
City & Hunslet	2
Middleton Park	2
Hyde Park & Woodhouse	1
Beeston & Holbeck	2
Moortown	1
Ardley & Robin Hood	1

### Number of Independent sector beds in the area

Beeston and Holbeck	84 beds, all are also available for dementia	Sunnyview	84
Middleton	94 beds, 44 of which are available for dementia.	Acre Green	50
		Nesfield Lodge	44
City and Hunslet	288 beds. 30 additional specific dementia beds.	Copper Hill	150
		Larchfield	40
		Victoria House	36
		Pennington Court	62

### Consultation

Informal and formal consultation has been undertaken with all services users over a period of 12 weeks.

**The Consultation Report provides a full analysis of responses.**

### Key themes from the consultation

Responses indicate that people are in agreement with proposals for the home to develop as a specialist facility however current residents should be allowed to remain there if they wish. Concerns were expressed over the potential detrimental impact and potential risk to the health and well-being of residents brought about by any move and that any changes would have an unsettling and damaging effect on the most vulnerable. Concerns were also raised around the loss of friendships and the need to ensure that the needs of carers are considered.

The emerging key themes to alleviate the impact of the proposed option is that the following are important:

- Alternative provision is local, of a similar nature and quality – ‘find somewhere as good as Harry Booth House’
- Run the intermediate care service alongside a residential service
- Keep friends together
- Carers need assurances about alternative provision in terms of respite

## **Potential impact identified from recommissioning this service**

The current resident profile has high to medium levels of need and dependency. The proposal to re-commission as a specialist intermediate care home means that there will be some changes to the homes as new models of care are developed that focus on helping people regain or maintain independence and return to their own homes. Given this, it is assessed that there are impacts on current residents.

### **Built environment**

The older age are likely to find changes more difficult to cope with both physically and mentally in terms of changes in routine and to their care needs. The built environment may dictate some of these changes

**Action:** An assessment of every service user will be undertaken in accordance with the Assessment and Closure Protocol which includes actions to minimise changes to routine. Also visits to new buildings to lessen confusion

### **Location of premises**

Where people move there may be a particular impact on residents who have lived at the home for a considerable length of time. Residents may have strong friendships and be fearful of the impact of the proposed changes on their lives, and whether they are able to maintain the relationships they have established. It may also impact on carers and relatives and whether they can maintain visiting etc

**Action:** Give consideration to methods of ensuring continued contact between people. Focus on local alternative provision

### **Communication and Information**

Some residents may not be able to make their own decisions, or may need 1-1 help in understanding the proposed changes, and the communication and information provided will help minimise issues

**Action:** Clear and timely communication to all residents and their carers, particularly which provides information about alternative provision. Steps will be taken to ensure independent advocates are available for those who need one.  
Steps

### **Customer Care and staff training**

Staff will play a lead role in understanding the concerns of residents, helping them understand the proposed changes and helping them make the right decisions for themselves.

**Action:** Provide appropriate support to staff through awareness raising events

### **Timing**

There are proposals to change other Adult Social Care Services that affect older and disabled people

**Action:** Adult Social Care to ensure a joined up approach and effective coordination and communication of the various change programmes

**Action:** Provide service users and their carers with opportunities to let us know what impact all changes may have on them.

### **Cost**

The proposals could negatively impact on carers who are reliant on the home for respite

from their caring role, and so may need to make other arrangements.

There is a risk that the changes to care provision could increase social inequality among older people as some users may be financially worse off as a result of a move.

**Action:** Offer all current service users alternative residential care

**Action:** Ensure that a full benefit and financial review is undertaken as part of service user assessment to ensure no financial detriment

### **Stereotypes and assumptions**

Assumptions may be made in connection with residents with dementia and extremely frail residents who have co-existing illnesses

### **Action**

- A full reassessment of all service users and carers will be undertaken by qualified social workers to ensure that current, individual needs are properly understood. Individuals and their relatives/ carers will be supported by their managers or a dedicated resource to seek appropriate alternative services following a reassessment of their needs and will be given comprehensive information on cost, quality and all alternatives in order to make an informed decision
- Ongoing negotiations to be undertaken with NHS Leeds and Leeds Community Healthcare aimed at developing an integrated service model.

## Day Care Services

### Recommissioned Proposals as specialist dementia facilities

#### Middlecross, Calverlands, The Green and Laurel Bank Day Centres

Middlecross Day Centre provides a specialist dementia service along side a residential dementia unit. It is proposed that this would therefore offer a comprehensive and integrated dementia service in the area.

Calverlands Day Centre provides a specialist dementia service. It is proposed that it become part of a comprehensive and integrated dementia service in the area.

The Green provides a specialist dementia service alongside a residential dementia unit. It is proposed that it become part of a comprehensive and integrated dementia service in the area.

Laurel Bank currently provides generic day care although over half of service users have dementia. It is proposed that it become part of a comprehensive and integrated dementia service in the area.

Older People use these services because of care needs and disabilities, including dementia

	<b>Middlecross</b>	<b>Calverlands</b>	<b>The Green</b>	<b>Laurel Bank</b>
<b>Days open per week</b>	7 days	7 days	7 days	7 days
<b>No on register</b>	37	60	49	72
<b>No places per day</b>	20	30	23	30
<b>Attendance rate</b>	89%	98%	89%	58%

#### Profile of current users

	<b>Middlecross</b>	<b>Calverlands</b>	<b>The Green</b>	<b>Laurel Bank</b>
<b>Age 80+</b>	20	42	35	46
<b>Age 65-79</b>	17	18	14	24
<b>Age 41-64</b>	0	0	0	2
Physical disability or age-related frailty	37	60	49	28
Dementia diagnosis	37	60	49	36
Male	10	10	19	16
Female	27	27*	30	56
White British	37	60	Not known	69
BME	0	0	Not known	3

## **Consultation**

Informal and formal consultation has been undertaken with all service users over a period of 12 weeks

**The Consultation Report attached provides a full analysis of responses.**

## **Key themes from the consultation**

The majority of concerns related to the need to ensure day care for people with dementia is retained to support older people to remain independently at home and for respite for carers.

## **Potential Impact from recommissioning these services**

The programme of change will result in improved personalised services for people with dementia and their carers with improved outcomes.

## **Middlecross, Calverlands and The Green**

The current user profile has high levels of need and dependency with the centres providing significant or exclusive levels of dementia care. People currently attending these centres will therefore be able to keep their place there, if they wish. Given this, it is assessed there to be no impact on current service users.

Staff members are already experienced in providing dementia care in line with the council's strategy to retain dementia care provision

## **Laurel Bank**

The current user profile has medium levels of need and dependency with the centre providing generic day care and dementia care. The proposed specialist dementia service will be developed in the longer term and there will be no immediate changes. People currently attending Laurel Bank therefore will be able to keep their place there, if they wish. Given this, it is assessed there to be no impact on permanent current service users



## Proposal Recommission as specialist intermediate care services

### Springfield and Wykebeck Valley Day Centres

Springfield and Wykebeck Valley Day Centres provide both generic day care and some specialist short term rehabilitative support. It is proposed that these specialist services are enhanced in partnership with the NHS.

	Springfield	Wykebeck Valley
Days open per week	7 days	4 days
No on register	81	64
No places per day	30	30
Attendance rate	62%	53%

### Profile of current users

	Springfield	Wykebeck Valley
Age 80+	56	36
Age 65-79	25	27
Age 41- 64	0	1
Physical disability or age-related frailty	79	61
Dementia diagnosis	2	8
Male	19	19
Female	62	45
White British	37	Not known
BME	0	Not known

### Consultation

Informal and formal consultation has been undertaken with all service users over a period of 12 weeks. Service users, relatives and carers of Wykebeck Valley Day Centre were given the opportunity to participate in the consultation; however none chose to do this. This is likely due to reassurances that they will be able to keep their place at the centre.

**The Consultation Report provides a full analysis of responses.**

### Key themes from the consultation

Concerns were expressed over the risk to the health and well-being of day care users brought about by any move and that any changes would have an unsettling and damaging effect on the most vulnerable. Concerns were also raised around the loss of friendships and the need to ensure that the needs of carers are considered.

### Proposed impact from the re-commissioning of these services

The programme of change will result in improved rehabilitative services, for example for older people following an accident or period in hospital, to support them living independently in their own homes.

The proposed specialist intermediate care services will be developed in the longer term and there will be no immediate changes. People currently attending these centres therefore will

be able to keep their place there, if they wish. Given this, it is assessed there to be no impact on current service users

### **Proposal – Recommission as specialist BME facilities**

#### **Apna and Frederick Hurdle Day Centres**

Apna and Frederick Hurdle Day Care Centres are currently providers of specialist day services for people from Black and Minority Ethnic (BME) backgrounds. Older People use this service because of care needs and disabilities, including dementia

	<b>Apna</b>	<b>Frederick Hurdle</b>
<b>Days open per week</b>	5 days	6 days
<b>No on register</b>	49	88
<b>No places per day</b>	55	30
<b>Attendance rate</b>	90%	66%

#### **Profile of current users**

	<b>Apna</b>	<b>Frederick Hurdle</b>
<b>Age 80+</b>	21	45
<b>Age 65-79</b>	22	43
<b>Age 41- 64</b>	6	0
Physical disability or age-related frailty	6	28
Dementia diagnosis	4	18
Male	17	21
Female	32	67
White British	0	
BME	100%	75
Other		13

#### **Consultation**

Service users, relatives and carers of both these centres were given the opportunity to participate in the consultation however as there are no changes to services as a result of the review no questionnaires were completed.

#### **Proposed impact from the recommissioning of these services**

The proposals will result in personalised services for older people from BME backgrounds and their carers. People currently attending these centres therefore will be able to keep their place there, if they wish. Given this, it is assessed there to be no impact on current service users.

## Day Care Services

### Decommissioned Proposals

#### Lincolnfields, Firthfields, Rose Farm, Spring Gardens,

Lincolnfields, Rose Farm and Spring Gardens provide 'generic' day care activities and no specialist services

Firthfields Day Centre provides a specific dementia service 2 days per week.

	Lincolnfields	Firthfields	Rose Farm	Spring Gardens
<b>Opening</b>	5	7	5	2
No on register	25	48	45	9
No places per day	25	30	25	10
Attendance Rate	32%	38% Generic 66% Dementia	67%	19%

### Resident Profile

	Lincolnfields	Firthfields	Rose Farm	Spring Gardens
Age 90 -99	5		10	4
Age 80-89	5	34	28	3
Age 65 -79	15	13	6	2
Age 41-64	0	1	1	0
Physical disability or age related frailty	25	31	45	8
Male	6	16	14	2
Female	19	32	31	7
White British	23	48	44	9
Black/Black British	2	0	1	0

### Lincolnfields

#### Address by Ward

Ward	Service Users
Armley	1
Killingbeck & Seacroft	2
Hyde Park & Woodhouse	1
Gipton & Harehills	6
Temple Newsam	3
Burmantofts	12

#### Alternative Provision

Organisation
Wykebeck Valley Day Centre (LS9)
Doreen Hamilton Day Centre (LS9)
Burmantofts Senior Action - St Agnes' Church Hall
Richmond Hill Elderly Action - Richmond Hill Community Centre
Halton Moor and Osmondthorpe Project for Elders (Hope)

## Firthfields

### Address by Ward

Ward	Service Users
Crossgates & Whinmoor	6
Garforth & Swillington	24
Killingbeck & Seacroft	3
Kippax & Methley	13
Moortown	1
Rothwell	1
Wetherby	1

### Alternative Provision

Organisation
Dementia Care
Alzheimers Society
Luncheon Clubs at St Benedicts and Halliday Court Sheltered Housing
Meals on Wheels
Neighbourhood Elders Team, Main St Garforth
Rothwell and District Live at Home scheme
Shared Lives

## Rose Farm

### Address by Ward

Ward	Service Users
Rothwell	33
Kippax & Methley	5
Ardsley & Robin Hood	7

### Alternative Provision

Community Support Team - ASC
Parklees
Laurel Bank Middleton
South Leeds Live at Home Scheme
Rothwell Live at Home
Shared Lives
St Annes Respite Service

## Spring Gardens

### Address by Ward

Ward	Service Users
Guiseley & Rawdon	1
Otley & Yeadon	7

### Alternative Provision

Organisation
Otley Action for Older People
Shared Lives

## Consultation

Informal and formal consultation has been undertaken with all services users over a period of 12 weeks.

**The Consultation Report provides a full analysis of responses.**

### Key themes from the consultation

The majority of comments related to the detrimental impact and potential risk to the health and well-being of service users brought about by changes to their day care. That this will have an unsettling effect and could lead to disorientation, particularly among the very old and most vulnerable. Concerns were raised around the loss of friendships and fears around social isolation. Transport issues and travel arrangements to alternative day care were also raised. The importance to recognise the needs of carers was emphasised

The emerging key themes to alleviate the impact of the proposed closure are that the following are important:

- Alternative provision is local and of similar nature and quality
- Keep friends together
- Consider individual needs
- Make the transition as stress free as possible and provide ongoing support to older people to access alternative provision

### **Potential impact identified from decommissioning this service**

An important criteria of the proposal is that the change does not mean a reduction in service for service users, or that the Council's statutory duties are not being delivered, however it is recognised that there may be some barriers to this being the case. The following have been identified with actions to mitigate their impact:

#### **Built environment**

The older age are likely to find changes more difficult to cope with both physically and mentally in terms of changes in routine and to their care needs. The built environment may dictate some of these changes. The emphasis of the proposals is to reduce barriers to day activities for older people so that older people with care needs can remain involved in their local communities and pursue activities like other people. The proposals also have the potential for improved access to other health and social care services - through community based activities.

Whereas day care centres inadvertently tend to foster the stereotype that older people with care needs move into segregated settings to receive care and support the new service model will provide a more flexible approach. For example. Outreach will make it possible to support older people in different situations, improving their access to a wider range of activities in more socially inclusive settings. Accessing these service may not depend on travelling to a centre.

The service will support older people in working out personalised activities plans and will be proactive in ensuring that older people benefit from the opportunities available through Self Directed Support arrangements.

**Action:** An assessment of every service user will be undertaken in accordance with the Assessment and Closure Protocol

**Action:** Minimise changes to routine

**Action:** Provide visits to new building to lessen confusion

#### **Location of premises**

Changes to transport arrangements may be required and a longer journey time and/or different route could have an adverse effect. Also potential difficulties for those with high dependency needs if they choose mainstream services with less support for their disability, or are dependent upon less reliable support services (e.g. accessible transport is not available or unreliable). In addition potential difficulties for carers dropping off service users. There may also be concerns about loss of contact with friends etc

**Action:** Give consideration to methods of ensuring continued contact between people, in line with the Assessment and Closure Protocol. Focus on local alternative provision

**Action:** Transport needs to form part of each current service user's assessment. Make more effective use of community transport. Review in-house transport provision

#### **Communication and Information**

Some service users may not be able to make their own decisions, or may need 1-1 help in understanding the proposed changes through the use of independent advocacy. Also older people affected by age-related conditions or limited mental capacity will have to take on more control of their care than they would choose. Traditionally day services for older people have provided an important respite function for carers, providing them with a significant, regular and reliable break from caring. Even if day activities are organised in a different way the respite needs of carers must be considered.

**Action:** Clear and timely communication to all service users and carers, particularly which provides information about alternative provision

**Action:** The impact on carers respite should be minimal as all current service users would be offered alternative day care, however in managing the change it is important to consider and engage with carers throughout.

**Action:** An assessment of every service user will be undertaken in accordance with the Assessment and Closure Protocol by qualified social workers to ensure that current, individual needs are properly understood. If they wish, individuals and their relatives/carers will be supported by their managers or a dedicated resource to seek appropriate alternative services following a reassessment of their needs and will be given comprehensive information on cost, quality and all alternatives in order to make an informed decision

### **Customer Care and staff training**

Staff will play a lead role in understanding the concerns of service users, helping them understand the proposed changes and helping them make the right decisions for themselves. Staff will need to address issues, particularly for older people about having to adapt to a new environment, different staff, concerns for friendship groups, concerns over changes in routine and that their care needs will not be met by new staff and concerns over disruption to relationships/friendships

**Action:** Provide appropriate support to staff through awareness raising events

### **Timing**

There are proposals to change other Adult Social Care Services that affect older and disabled people

**Action:** Adult Social Care to ensure a joined up approach and effective coordination and communication of the various change programmes

**Action:** Provide service users and their carers with opportunities to let us know what impact all changes may have on them.

### **Cost**

The proposals could negatively impact on carers who are reliant on the centres for respite from their caring role, and so may need to make other arrangements.

There is a risk that the changes to care provision could increase social inequality among older people as some users may be financially worse off as a result of a change to day care.

**Action:** Review carers respite to ensure that they are not negatively impacted upon

**Action:** Ensure that a full benefit and financial review is undertaken as part of service user assessments to ensure no financial detriment

## Equality, diversity, cohesion and integration action plan

The following outlines actions to be addressed as part of the implementation plan described in section 14 of the main report

Action
<p><b>Customer Care</b> An assessment team will be established to undertake assessments of service users in accordance with the council's Assessment and Transitions Protocol ( A&amp;TP)This work will be overseen by an Assurance Group who will monitor and advise during the process.</p>
<p><b>Customer Care</b> Give consideration to methods of ensuring continued contact between people, in line with the Assessment and Closure Protocol. Focus on local alternative provision</p>
<p><b>Customer Care</b> Commissioning to take full account of equality issues and to ensure that the quality of services is consistent and of good quality</p>
<p><b>Customer Care</b> Understand the low take-up of services by, and representation of, ethnic groups</p>
<p><b>Customer Care</b> Further and more detailed negotiations to be undertaken with NHS Leeds Care Services aimed at developing an integrated service model</p>
<p><b>Customer Care</b> Older people with physical disability/frailty who are in need of high level support and personal care, including adapted facilities, will be identified and offered 'taster' sessions to try alternative services which provide this level of care</p>
<p><b>Customer Care</b> Ensure that existing service users are matched to day activities that support the well-being and independence in friendship groups or independently within the wider community. Organise a timetable of 'taster' sessions in alternative services throughout the community with health, leisure and VCFS partners.</p>
<p><b>Customer Care</b> Ensure alternative community services are aware of the needs of service users with high dependency needs and disabilities. Consider access to specialist services in the city where appropriate</p>
<p><b>Customer Care</b> Ensure robust procedures are in place to identify and manage safeguarding concerns as they arise. All staff and volunteers to be trained in recognising and responding to safeguarding concerns</p>
<p><b>Customer Care/ Information &amp; Communication</b> Increase the take-up of preventative services such as reablement and assistive technology which will ensure that more older people can remain living independently and safely in their own home</p>
<p><b>Customer Care/ Information &amp; Communication</b> Further work undertaken to ensure that the range of universal and preventative services are developed to meet the needs and</p>

<b>Action</b>
outcomes of people across all cultures and communities. This to be developed in partnership with a range of stakeholders in the statutory, voluntary and private sectors
<b>Location of Premises and Services</b> Give consideration to methods of ensuring continued contact between people, in line with the Assessment and Closure Protocol. Focus on local alternative provision
<b>Stereotypes and Assumptions</b> All equalities considerations will be considered in the planning and commissioning of services. All services will be monitored to identify where there is disproportionate impact and action taken to understand and where appropriate address
<b>Information and Communication</b> Ensure that the access and inclusion team and residential home staff are aware of the full range of alternative services available and that information is available in a range of formats
<b>Information and Communication</b> Involve service users and carers fully in the decision making process when considering alternative services. Ensure carers receive regular information on the change process. Sign post to carer support networks
<b>Information &amp; Communication</b> Provide service users with an opportunity to let the council know what impact the changes may have on them
<b>Information &amp; Communication</b> Ensure that the Leeds City Council website contains a range of information relevant to all communities. Information should be available in a range of accessible formats and main community languages. Work should be undertaken to ensure information is available in locations that are appropriate for target communities. Involve communities and their representatives in identifying gaps.
<b>Information &amp; Communication</b> Establish communication and information strategy about the new service and explore and promote opportunities and activities in local communities in order to improve choice and facilitate access. This to be integrated as part of an overall approach to information so that the message about ASC day services fits with wider messages about personalisation and promoting independence
<b>Built Environment</b> Continue dialogue and negotiations with stakeholders and interest groups with regard to future building use.
<b>Built Environment</b> Negotiations with voluntary sector partners relating to the future use of existing buildings as community facilities
<b>Cost</b> Work with officers in City Development to advertise for residential/nursing care development at the earliest opportunity
<b>Cost</b> Ensure that a full benefit and financial review is undertaken as part of service user assessment to ensure no financial detriment



