

Public Document Pack



Tracey Lee
Chief Executive

Plymouth City Council
Civic Centre
Plymouth PL1 2AA

Please ask for Nicola Kirby, Democratic
Support
T 01752 304867
E nicola.kirby@plymouth.gov.uk
www.plymouth.gov.uk/democracy
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CABINET SUPPLEMENT

Tuesday 6 August 2013
2.00 pm
Council House (Next to the Civic Centre), Plymouth

Members:

Councillor Evans, Chair
Councillor Peter Smith, Vice Chair
Councillors Coker, Lowry, McDonald, Penberthy, Vincent and Williams.

I refer to the agenda for the above meeting and attach the draft Strategic Alcohol Plan for Plymouth and the reports on Adult Social Care referred to in items 9 and 10.

Tracey Lee
Chief Executive

CABINET

AGENDA

PART I (PUBLIC MEETING)

5. STRATEGIC ALCOHOL PLAN FOR PLYMOUTH (2013-18) (Pages 1 - 32)

The Director for People will submit a written report on a Strategic Alcohol Plan for Plymouth 2013-18 which sets out a strategic approach to tackling alcohol related harm whilst contributing toward Plymouth's ambition of being one of Europe's most vibrant waterfront cities where an outstanding quality of life is enjoyed by everyone.

A background paper to this report can be accessed at the Council's website Council and Democracy/ Councillors and Committees/Library/Cabinet background papers or using the following hyperlink –
<http://tinyurl.com/bdqgk2r>

Councillor Mrs Aspinall, former Chair of the Health and Adult Social Care Overview and Scrutiny Task and Finish Group has been invited to attend the meeting to present the scrutiny report on their review of the draft Strategic Alcohol Plan.

ADULT SOCIAL CARE: IMPROVING QUALITY AND OUTCOMES, INCREASING CHOICE AND CONTROL

9. Increasing choice and control in day opportunities (Pages 33 - 56)

With reference to the Cabinet meeting on 15 January 2013 which asked officers to undertake inclusive and meaningful consultation with service users, families and carers on proposals relating to day care opportunities, the Director for People will submit a written report on the outcome of the consultation process and making a series of recommendations designed to "Increase Choice and Control in Day Opportunities".

A background paper to this report can be accessed at the Council's website Council and Democracy/ Councillors and Committees/Library/Cabinet background papers or using the following hyperlink –
<http://tinyurl.com/bdqgk2r>

10. Improving quality in dementia care (Pages 57 - 70)

With reference to the Cabinet meeting on 15 January 2013 which asked officers to undertake inclusive and meaningful consultation with service users, families and carers on proposals relating to dementia care, the Director for People will submit a written report on the outcome of the consultation process and making a series of recommendations on "Improving Quality in Dementia Care".

A background paper to this report can be accessed at the Council's website Council and Democracy/ Councillors and Committees/Library/Cabinet background papers or using the following hyperlink –
<http://tinyurl.com/bdqgk2r>



PROMOTE RESPONSIBILITY, MINIMISE HARM.

A STRATEGIC ALCOHOL PLAN FOR
PLYMOUTH 2013–2018



Devon & Cornwall Police
Building safer communities together



**Devon and
Cornwall
Probation Trust**



NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group



PLYMOUTH
CITY COUNCIL

Over the last decade we have become well versed in the challenges that alcohol presents. In Plymouth we know that it is an important part of our economy. It presents numerous economic and employment opportunities and is central to many social, cultural and sporting events and occasions. We also know that it negatively affects the lives of too many of our residents and visitors. It contributes to anti-social behaviour, violence, harm to children and young people and a range of health problems. As well as the human costs, these impacts place a significant burden on public sector finances.

We are committed to facing these challenges head on.

This Strategic Alcohol Plan has been developed with input from a range of stakeholders and is informed by a public consultation. It draws on published evidence and best practice and demonstrates how organisations across the city will work together to realise the potential benefits of alcohol whilst minimising the harm to individuals, families and communities. It supports the city's strategic vision to become 'One of Europe's most vibrant waterfront cities where an outstanding quality of life is enjoyed by everyone'. It also supports the Health and Wellbeing Board's vision of Happy, Healthy, Aspiring Communities.

This is a challenging time for public services. Resources are under significant pressure and organisations are all expected to deliver better services with less funding. However, through defining a strategic approach and working collaboratively to make best use of our expertise and resources, we are confident we can make progress.

Councillor Sue McDonald
Cabinet Member for Public Health and Adult Social Care
Chair of Health and Wellbeing Board

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Everyone has a responsibility to reduce alcohol related harm

Alcohol plays a significant role in the city of Plymouth and is deeply embedded in the history and culture of the city playing a key part in many social and leisure activities. It provides the basis for a number of economic and employment opportunities.

However alcohol also exerts a heavy toll on the city. During 2011/12 there were 2,513 recorded crimes attributable to alcohol – and nearly 7,000 hospital admissions. Every year a significant number of children experience poor care and neglect due to parental alcohol misuse. In organisations across the city countless working days are lost due to alcohol affecting productivity and economic progress.

These tensions present an enduring challenge – how do we realise the potential benefits of alcohol in our local economy at the same time as minimising the harm that alcohol can cause to individuals, families and communities?

This plan defines a shared response to this challenge with key aims to:

- Build a strong, shared partnership response that will reduce alcohol related harm
- Change attitudes towards alcohol
- Provide support for children, young people and parents in need
- Support individual need
- Create a safer, more vibrant city

This is a long term challenge that requires consistent strategic focus, investment and action. The plan therefore directs action for the next five years and is informed by evidence and intelligence from a number of sources. This includes:

- The Strategic Alcohol Plan – A report from the Health and Adult Social Care Overview and Scrutiny Panel, 2013
- Plymouth Joint Strategic Needs Assessment, 2012
- Police Crime Commissioners Plan Devon and Cornwall – 2013/17 – Safer Together
- The Plymouth Community Safety Partnership Strategic Assessment 2012/13
- The Peninsula Community Safety Partnerships Strategic Assessment 2012/13
- Alcohol Attributable Hospital Admissions in Plymouth – South West Public Health Observatory, 2012
- Silent Voices Supporting Children and Young People affected by parental alcohol misuse, The Office of the Children’s Commissioner, 2012
- Findings from the Department of Health National Support Team - Alcohol Harm Reduction diagnostic visit, 2011

- Early Intervention: The Next Steps – A review of Early Intervention Services: Graham Allen MP, 2011
- Local Alcohol Profiles, North West Public Health Observatory
- National Institute for Health and Clinical Excellence (NICE) guidance, 2010 and 2011
- Signs for Improvement – commissioning interventions to reduce alcohol related harm, Department of Health, 2009
- Local Routes, guidance for developing alcohol treatment pathways, Department of Health, 2009.

The plan has been informed by feedback from a public consultation process that took place between January and March 2013; several quotes from the consultation responses are shown throughout this document.

The plan is directed by a number of national policy drivers that provide a framework for local action:

The Government's Alcohol Strategy, 2012. HM Government.

This signals a 'radical change' in the way that alcohol issues are addressed and promises to 'turn the tide against irresponsible drinking'. It has a clear focus to reduce binge drinking, drive down alcohol related crime and tackle health issues through sustained local and national action. Importantly the 'industry' is highlighted as a critical leader in changing the drinking culture from one of excess to one of responsibility.

Drug Strategy - Reducing Demand, Restricting Supply, Building Recovery, 2010. HM Government.

This sets out an ambition to support full recovery from addiction including alcohol dependence. It identifies that the provision of effective treatment for dependent drinkers offers the most immediate opportunity to reduce alcohol-related hospital admissions and NHS costs.

Healthy Lives Healthy People – Our strategy for public health in England, 2010. Department of Health.

This directs a new public health system that is responsive to the specific needs of local areas and communities. This is characterised by public health being led from local authorities with enhanced local freedoms and accountabilities. Within new arrangements local Health and Well Being Boards are responsible for oversight and leadership of the alcohol agenda. Working alongside the local authority, newly formed NHS Clinical Commissioning Groups are directed to contribute to local programmes to address alcohol misuse and harm.

Page 6

Improving Outcomes and Supporting Transparency; a public health outcomes framework for England 2013 – 2016, 2012.

Department of Health

This includes a number of indicators to support local action

- Improving the wider determinants of health – including sickness absence rate, violent crime and domestic abuse
- Health improvement – including alcohol related admissions to hospital and take up of the NHS Health Check programme
- Healthcare public health and preventing premature mortality – mortality from causes considered preventable, mortality from liver disease, hip fractures in over 65s.

Breaking the Cycle – Effective Punishment, Rehabilitation and Sentencing of Offenders, 2010. Ministry of Justice.

This sets out the government's approach to reducing prison numbers, breaking the cycle of crime and tackling the causes. It prioritises alcohol misuse and dependence among offenders and includes a focus on improving community and custody based alcohol interventions including liaison and diversion services in courts and police stations.

Police Reform and Social Responsibility Act, 2011. HM Government.

This has overhauled the Licensing Act 2003 (Rebalancing the Licensing Act) and will give local areas new powers including mechanisms to restrict opening and closing hours to control the density of licensed premises and to charge a late-night levy to support the costs of policing.

Selling Alcohol Responsibly: The New Mandatory Licensing Conditions 2010.

Home Office.

This guidance sets out new mandatory licensing conditions and directs local approaches to practices such as price promotions and age verification policies.

No Health without Mental Health: a cross-government mental health outcomes strategy for people of all ages, 2011.

Department of Health

This sets out a framework for achieving better mental health for all and improved chances in life for people with mental health conditions. It

highlights the issue of dual diagnosis (co-existing mental health and drug and alcohol problems) and stresses the importance of local co-ordination between alcohol and mental health services to achieve fully integrated care.

The Troubled Families Programme – Financial Framework for Payment by Results Scheme for Local Authorities. 2012

Department for Communities and Local Government.

The government's 'Troubled Families' agenda provides a framework and payment system for providing local interventions to families who have multiple needs and are involved in crime or anti-social behaviour. This includes providing more integrated support to families affected by alcohol misuse and dependency.

UNDERSTANDING THE LOCAL PROFILE

Alcohol is an important component of Plymouth's economy and is most notable within the city's Evening and Night Time Economy (ENTE). Analysis of the ENTE using 2011 data considered the scale and value of accommodation, restaurants (including unlicensed venues, take away food shops and mobile food outlets) and licensed clubs, pubs and bars. It estimated that Plymouth's overall ENTE supported approximately 6,400 employees and was worth around £93.2 million in terms of Gross Value Added (GVA). Licensed clubs, pubs and bars accounted for 2,000 of those employees and the largest share of the GVA at £28.6 million. Overall the ENTE accounted for 6% of the city's total employment; this compares to the UK average of 5.7%.

It is difficult to accurately record drinking behaviours and levels of alcohol consumption. Guidance from the National Institute for Health and Clinical Excellence (NICE)¹ suggests population benchmarking estimates of

Hazardous drinkers

24.2% or 24,200 per 100,000 population aged 16 years and above. This equates to 50,447 hazardous drinkers in Plymouth.

Harmful drinkers

3.8% or 3,800 per 100,000 population aged 16 years and above. This equates to 7,921 harmful drinkers in Plymouth.

Dependent drinkers

2.6% or 2,600 per 100,000 population aged 16 years and above. This equates to 5,420 dependent drinkers in Plymouth.

¹ Services for the identification and treatment of hazardous drinking, harmful drinking and alcohol dependence in children, young people and adults, Commissioning Guide. NICE, 2011

Whilst it is not possible to fully quantify the impact of alcohol misuse across the city a number of indicators provide evidence of harm.

Alcohol attributable hospital admissions – there are increasing numbers of people in Plymouth being admitted to hospital every year as a result of their alcohol use. Between 2002 and 2010 admissions increased by over 71%. During that time there has also been an increase in the medical complexity of those being admitted to hospital. This is particularly notable in relation to chronic liver disease and cirrhosis and reflects the national profile of a 20% increase in deaths from chronic liver disease and cirrhosis in under 65's between 2000 and 2009².

Alcohol related recorded crime – overall numbers of recorded alcohol related crimes have fallen over the last three years. However individuals, families and communities across the city are affected every day by alcohol related crime. During 2011-12 there were over 2,500 alcohol related crimes recorded in the city.

Violence – accounts for 70% of all alcohol related crime. Alcohol is a consistent feature in more than 40% of domestic offences and incidents.³

A number of additional intelligence sources help to inform our understanding further:

- Young people in Plymouth are more likely to drink alcohol than national counterparts. They are also more likely to have recently been drunk, compared to national and local counterparts⁴. This profile is reiterated by intelligence from specialist substance misuse services that show during 2011/12 young people in treatment were more likely to drink at harmful levels than young people in comparator areas.
- Plymouth's Hidden Harm needs assessment estimates that between 3,900 and 6,500 children are affected by parental alcohol misuse.⁵
- Domestic violence and abuse represents approximately 30% of all reported violent crime in Plymouth and alcohol is implicated in a high number of these cases. There is a strong correlation between sexual assault and rape and alcohol use by perpetrators and victims.⁶
- There is a strong association between deprivation and an increased burden of harm linked to alcohol misuse. People living in the most deprived areas of the city are nearly twice as likely to be admitted to hospital because of alcohol as those living in the least deprived areas⁷.
- The cost of alcohol related harm within Plymouth is estimated at approximately £80million a year⁸.

2 Chief Medical Officer Annual Report: Volume One, 2011

3 Devon and Cornwall Police Alcohol Harm Profile 2011

4 DCSF: Tellus4 Data. 2010.

5 Plymouth Safeguarding Children Board (2008). Hidden Harm Working Group Analysis of Need

6 Plymouth Community Safety Partnership Strategic Assessment (Crime and Disorder) 2011/12

7 Alcohol Attributable Hospital Admissions in Plymouth, South West Public Health Observatory, 2012

8 Plymouth Alcohol Joint Strategic Needs Assessment (2012): based on data from the Department of Work and Pensions

- In Plymouth alcohol has an approximate cost to the health economy of £9,630,000⁹.
- Based on police data the estimated annual cost of alcohol related crime in Plymouth is in the region of £27million¹⁰.
- It is estimated that between 5%-8% of dependent drinkers in the city currently access structured treatment each year.

There are a number of areas where our analysis and understanding is not as well developed:

- The true economic value of alcohol to Plymouth
- The extent of the impact of alcohol on mental health
- The impact of alcohol on local Black and Minority Ethnic communities
- The impact of alcohol misuse on workplace productivity and profitability
- The drinking patterns and impact of alcohol on older people

The city's 2012 Joint Strategic Needs Assessment identifies the following groups as those at most risk of harm from alcohol in Plymouth

- Adults 40-64 (peak 40-44 women and 45-49 men)
- Offenders
- Single homeless
- Young Adults (18 -25) including students
- People with mental health problems
- Children affected by parental alcohol misuse /alcohol misusing parents (including pregnant women)

It also identifies other at risk groups

- Young People (under 18)
- Older People
- Service men and women and veterans
- Street drinkers
- Victims and perpetrators of domestic violence and abuse
- People involved in risky sexual behaviour
- Neighbourhoods with high levels of deprivation

⁹ Department of Health 2007

¹⁰ Plymouth Alcohol Joint Strategic Needs Assessment (2012); based on data from Devon and Cornwall Constabulary



The roots of problematic alcohol use are obviously complex but I think pricing, marketing, education, policing, sentencing and treatment all need to reflect a much more serious approach than the somewhat ambivalent one they currently do

As described, alcohol impacts on the city in a number of ways. The complexity of this challenge demands a sophisticated response. We must ensure that all action taken is informed by evidence, is cost effective and will produce positive outcomes.

In order to achieve sustainable change our approach must be characterised by strong partnership action supported by political and executive leadership. We will develop and maintain partnerships across the sectors, organisations and departments that need to work together.

Our responses will be based on need – this will ensure that they are the most beneficial for individuals and communities across the city. Our commissioning processes will be collaborative and co-ordinated and make very best use of resources and investment. Our responses and initiatives will be guided by intelligence and evidence and will link to other policy and programme areas where appropriate.

The challenges facing Plymouth are common to many other cities across England. Where possible we will work with local and regional partners to learn from other areas that have achieved positive outcomes.

OUR AMBITION

The overall ambition of the Strategic Alcohol Plan is to

Reduce alcohol related harm in Plymouth

Specifically the plan aims to:

- Change attitudes towards alcohol
- Provide support for children, young people and parents in need
- Support individual need
- Create a safer more vibrant Plymouth

Our objectives are to reduce:

- The rate of alcohol attributable hospital admissions
- Levels of harmful drinking by adults and young people
- Alcohol related violence
- Alcohol related anti-social behaviour
- The number of children affected by parental alcohol misuse

It supports the city's strategic vision to become 'One of Europe's most vibrant waterfront cities where an outstanding quality of life is enjoyed by everyone'. It also supports the Health and Wellbeing Board's vision of Happy, Healthy, Aspiring Communities'.

The Strategic Alcohol Plan will contribute to a broader range of strategic aims for the city as defined by the Co-operative Council Corporate Plan 2013/14 – 2016/17

Growing Plymouth

The Strategic Alcohol Plan will lead to a safer, more vibrant Plymouth. This in turn should attract more visitors to the City and also support an increase in the numbers of citizens of Plymouth who will utilise the social, cultural and sporting offers available. Opportunities for increased levels of employment should follow.

Confident Plymouth

The Strategic Alcohol Plan will lead to a safer, more vibrant Plymouth. This in turn should attract more visitors to the City and also support an increase in the numbers of citizens of Plymouth who will utilise the social, cultural and sporting offers available. Experiences of those attending showcase events in Plymouth should be improved, building pride for those that live here and further establishing the City as an attractive destination both nationally and internationally.

Caring Plymouth

Through changing attitudes to alcohol, supporting parents, children and individuals in need, the Strategic Alcohol Plan will reduce inequality. Whilst alcohol misuse affects individuals from all sections of society, those from the most disadvantaged communities experience the highest burden of harm. By using local levers to manage the supply side of alcohol, changing attitudes to alcohol, identifying need earlier and having evidence based intervention available the Strategic Alcohol Plan will over time reduce inequality.

Pioneering Plymouth

By taking a strategic approach to alcohol across the key City priorities, namely health and well-being, growth and culture; the City will be able to use resources efficiently, maximise mutual impact across these priorities and so deliver best value.

- The supply of alcohol is strategically planned and well managed
- Alcohol plays a proportionate role in Plymouth's cultural, sporting and hospitality offer
- People socialise and relax in environments that feel safe and are family friendly
- Visitors to the city feel safe in the evening and night time economy and feel motivated to return
- More people drinking responsibly and within lower risk limits
- Fewer people being admitted to hospital
- Less alcohol fuelled crime
- Fewer children affected by parental alcohol misuse
- People in need of help can access the information, advice and support that they need

Impact Areas

- Prevent
- Protect
- Treat
- Enforce and Control

This approach provides a framework for addressing the complex challenges that alcohol presents. The **Impact Areas** are not isolated work streams but should be seen as a focus for an integrated approach to delivery. Alcohol is everyone's business and a multi-agency approach is essential to achieving outcomes in all **Impact Areas**.

There are a number of cross cutting principles that are relevant across all the Impact Areas. These are advocating for change, communicating with individuals and communities, particularly those most affected by alcohol, workforce development and improving intelligence and evidence. These are described in a later section of the plan.

PREVENT

CHANGING ATTITUDES TOWARDS ALCOHOL

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We cannot pretend that our lives are not touched and influenced by alcohol. We must all accept that a mind-set change is necessary

Preventing alcohol problems reduces harm and saves money.

Prevention activities are commonly grouped into population and individual level approaches. Population level policies and activities aim to reduce overall levels of consumption and consequent harm. Those directed at the individual focus on supporting people to drink at lower risk levels. We will follow this approach with a focus on both population or universal initiatives and more targeted initiatives.

A number of prevention approaches are being led at a national level. This includes work to look at the impact of alcohol pricing and the introduction of a minimum unit price and considering the impact of alcohol advertising on children and young people.

There are a number of policy and programme areas across the city that have the potential to contribute to preventing alcohol problems. Agendas concerned with economic development and growth are crucial. They are key to defining the role that alcohol plays in the city and are important in creating the conditions and cultures for the sale and use of alcohol.

Other important policy areas focus on the wider determinants of alcohol misuse and harm. These include initiatives to address child poverty, health inequalities and safeguarding children and adults.

Central government and other national organisations use social marketing techniques including audience segmentation and customer insight to inform alcohol campaigns and communications. These are generally focussed on specific groups of the population and stress potential health harms and encourage people to drink within safe limits. Examples include the government Don't let the drink sneak up on you campaign that is presented as part of the Change 4 Life programme.

Campaigns and communications are an important part of local efforts to promote responsibility and reduce harm. It is important that all communications are co-ordinated and provide consistent messages that amplify the national approach.

Prevention can also be seen as a component of the other Impact Areas defined in this plan. For example the Treat Impact Area presents Identification and Brief Advice as an evidence based approach to helping people drink less thereby preventing health harms and associated problems.

WHAT NEEDS TO BE DONE?

Alcohol is an important factor of the city's economic development and growth agenda. Wherever possible preventing alcohol problems must be considered as part of all developments. This has a broad reach from considering the overall development of the city, planning our spaces and events to strategic plans for improving health and wellbeing and reducing crime and disorder.

A co-ordinated approach to communicating about alcohol needs to be developed. Messages should amplify national communications and campaigns. Communications must provide consistent information and be accessible to communities across the city.

Groups at risk of alcohol misuse and harm must receive targeted information, advice and support. This can be delivered as part of the broad range of services provided across Plymouth including sexual health services, mental health services, services within police and other criminal justice settings and employment and training settings.

Strong partnerships with schools need to be in place to support the provision of high quality alcohol education and information including through schools achieving the Healthy Child Quality Mark. Young people must be able to access information, advice and guidance in other settings and environments such as youth services, leisure and entertainment facilities.

A partnership with higher and further education settings in the city needs to be established. This will ensure that information, advice and guidance are also accessible to young adults. This should also include information relating to the links between alcohol, violence and sexual vulnerability.

Alcohol misuse has a significant impact on performance and productivity within the workplace. Partnerships with local employers need to be established to maximise opportunities for communicating alcohol information and advice.

SUPPORTING CHILDREN, YOUNG PEOPLE AND PARENTS IN NEED

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There needs to be... More publicity raising awareness of how alcohol can affect the whole family not just the person

Public services have a responsibility to work together to safeguard and promote the well-being of children and young people and vulnerable adults. This Impact Area focuses on reducing the harmful use of alcohol by young people and reducing the number of children affected by parental alcohol misuse.

Alcohol misuse among young people can have serious consequences. There are strong links between high levels of consumption and other risk factors such as offending, teenage pregnancy, truancy, school exclusion and illegal drug misuse.

Evidence from national¹¹ and local surveys¹² indicate that young people in Plymouth, who report drinking alcohol, drink more often and become drunk more often than the national average. Young people in specialist treatment for alcohol misuse present with high levels of complexity compared to the national average¹³.

Parental alcohol misuse affects a significant number of children and young people in Plymouth. A 2012 report from the Office for the Children's Commissioner¹⁴ identified that nationally parental alcohol misuse is a more common problem than parental drug misuse. The report also highlighted that the problem is largely hidden and as a consequence there is often a delay in affected children and young people being identified and receiving the support they need.

Parental alcohol misuse and related domestic violence can adversely affect the physical, mental and psychological development and well-being of young people and lead to a range of poor outcomes.

Maternal alcohol misuse during pregnancy is linked to a number of mental and physical disabilities that can affect infants into adulthood.

Improvements in the evidence has helped raise awareness and understanding of these issues and informed responses at both the national and local level. Parental alcohol misuse is now firmly established as a risk factor that needs to be addressed within child protection and safeguarding work in the city.

In Plymouth, services have been increasingly designed to provide interventions in this context. This includes the work of Children Centres, Parenting Programmes, a Family Intervention Project, Youth Services and specialist treatment services. The city's Early Intervention and Prevention Strategy aims to progress this further with an enhanced offer of family support through identifying need and responding earlier. Underpinning this is the city's use of the Common Assessment Framework which aims to support children's outcomes through working with and alongside the family.

The Youth Service, working in partnership with The Zone has developed close links with the Emergency Department at Derriford Hospital. Through this young people who present due to alcohol intoxication can be seen by a youth worker who will provide information and support and, where appropriate, link the young person to specialist alcohol services.

11 Tellus4 2010: Department for Children Schools and Families

12 Children's Fund Consultation 2010: Routeways Plymouth

13 JSNA Support Pack for Strategic Partners. The data for young people Plymouth. National Treatment Agency for Substance Misuse. 2012

14 Silent Voices Supporting Children and Young People affected by parental alcohol misuse, The Office of the Children's Commissioner, 2012

WHAT NEEDS TO BE DONE?

A programme of education and awareness raising needs to be in place to ensure that parents are aware of the consequences and potential harms of alcohol use among young people. Parents must also be aware of the possible impact of their alcohol use on their children. This includes ensuring that parents are aware of the risks of supplying young people with alcohol.

Responses to young people's alcohol misuse must be integrated within other initiatives to improve outcomes for children and young people. Specialist services must be in place for those young people who need them.

All key services working with parents and their children need to be equipped to identify parental alcohol misuse.

The progress made through the Early Intervention and Prevention Strategy needs to be built upon. This will improve access for families to engage with Children Centres and ensure that Parenting Programmes have capacity to work with families where alcohol misuse is a key issue. It will also improve access and engagement of parents requiring treatment for alcohol misuse including those where there are child protection concerns.

Plymouth Safeguarding Children Board Hidden Harm training needs to be available to adult, children and family workers.

Programmes directed towards complex families including the Family Intervention Project and the Families with a Future work should have the capacity and skills to respond to alcohol misuse.

Links between specialist alcohol services and domestic violence services must be improved to promote collaborative and integrated service provision. Support must be in place for children and young people affected by parental alcohol misuse and domestic violence.

DELIVERING SUPPORT TO MEET INDIVIDUAL NEEDS



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*There should be treatment for young
people and adults in a variety of settings*

This Impact Area is concerned with improving the identification and treatment of alcohol misuse. We know that there are a significant number of people across the city who are drinking at levels that are harmful to their health. A proportion of these people are physically and psychologically dependent on alcohol. Hospital admission episodes due to alcohol have been rising year on year for the last ten years. In 2011/12 there were 6,942 hospital admissions resulting from alcohol misuse in Plymouth

Those experiencing more chronic and enduring alcohol problems often have other complex needs that require input and support from a number of services. Recent estimates suggest that over 60% of people known to mental health services in the city also use alcohol at levels that is likely to cause harm.

Guidance from the Department of Health¹⁵, the National Treatment Agency¹⁶ and the National Institute for Clinical Excellence¹⁷ suggests a whole systems approach to commissioning treatment interventions. A treatment system based on this approach will ensure that the city is able to provide the necessary services from opportunistic screening to more structured treatment programmes.

Identification and Brief Advice (IBA) is directed at people drinking at increasing and higher risk levels who are not typically seeking help for an alcohol problem. It is an opportunistic and cost effective intervention that can be delivered in a wide range of settings including Primary Care, hospital Emergency Departments and specialist settings such as sexual health clinics, fracture clinics, community pharmacies and criminal justice settings. It is key to strengthening the city's approach to prevention and early intervention.

The most significant and immediate reduction in alcohol attributable hospital admissions can be achieved through increasing the capacity and effectiveness of specialist structured treatment. Guidance suggests that local areas ensure the provision and uptake of specialist treatment for at least 15% of the estimated dependent drinkers in the area. Structured treatment must be commissioned to provide a range of options including community and inpatient assisted withdrawal programmes and psychological intervention. Specialist treatment services must link to the broader range of services that are necessary to support recovery including housing, education and employment services, mutual aid and peer support opportunities.

The Royal College of Physicians recommend that all acute hospitals employ Alcohol Health Workers or Alcohol Liaison Nurses to manage patients with alcohol problems within the hospital and to liaise with relevant community services¹⁸. As well as being key to the overall objective of reducing alcohol attributable hospital admissions these services have the potential to contribute to earlier hospital discharge, reduced hospital re-attendance and cost savings for the local health economy.

15 Signs for improvement – commissioning interventions to reduce alcohol-related harm: Department of Health 2010

16 Models of Care for Alcohol Misusers. National Treatment Agency, Department of Health. 2006

17 Services for the identification and treatment of hazardous drinking, harmful drinking and alcohol dependence in children, young people and adults, NICE, 2011

18 Alcohol – can the NHS afford it? London: Royal College of Physicians, 2001

There are approximately 100 young people a year requiring specialist alcohol treatment in Plymouth. Services for these young people must be commissioned as part of the whole system approach for the city as well as being integrated into wider children's services commissioning.

WHAT NEEDS TO BE DONE?

An evidence based treatment system needs to be commissioned. It must be outcome based, must promote recovery and demonstrate cost effectiveness.

Using the guiding principle of Every Contact Counts the delivery of alcohol Identification and Brief Advice needs to be embedded in a number of settings. This includes developing provision within health promotion services, primary care, sexual health settings and young people's settings.

A range of specialist interventions for at least 15% of dependent drinkers in the city needs to be commissioned. Capacity for community detoxification and assisted withdrawal programmes must be increased.

Specialist services need to be remodelled to provide a 'recovery hub' for the city. This should include an evidence based 12 week treatment programme and recovery support services to enable people to sustain gains made in treatment. The service also needs to provide defined pathways to training opportunities and work programmes, housing support, mutual aid groups and activities.

Building on the success of current approaches at Derriford Hospital, a sustainable hospital Alcohol Liaison Service must be commissioned. This needs to link closely to community based alcohol services.

Services for people with dual diagnosis need to be redefined and improved. Robust treatment pathways between specialist alcohol services and mental health services must be in place and both service groups must be adequately staffed and skilled to address these complex needs. The Improving Access to Psychological Therapies (IAPT) service must be available to people with alcohol related needs.

Alcohol identification and treatment services must be available at all relevant stages in the Criminal Justice System.

Integrated treatment pathways must be in place throughout the system to ensure timely access, effective multi-agency working and care co-ordination.

Specialist alcohol treatment must be available to young people who need it. Support must also be available within key young people's services such as the Youth Service and alternative education settings.

Processes for effective service user engagement must be established that provide opportunities for involvement in service design and improvement and the promotion of recovery.

ENFORCE AND CONTROL

A SAFER, MORE VIBRANT
PLYMOUTH

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If the crime rates and anti-social behaviour rates are reduced then people will be encouraged to come to the waterfront and feel safer

The strategy can contribute to economic growth by working together to ensure establishments in the city centre provide a safe environment for drinking

This Impact Area focuses on improving safety and creating vibrancy through the appropriate use of enforcement and control measures. Within this there is a specific focus on improving the city's Evening and Night Time Economy (ENTE) areas and ensuring that the ENTE sector is strategically planned and managed.

The ENTE is an important part of the city's character and its economic success. It provides entertainment for thousands of people every week and provides important employment opportunities. However it also contributes to some of the key challenges facing the city. Intelligence¹⁹ identifies that alcohol is the most significant contributor to violent crime in Plymouth and is a key factor in interpersonal offences including rape, sexual assault and domestic abuse.

Plymouth has a population of approximately 258,000 and a high proportion of young people in the under 19 and 20-24 age groups. It has a large student population of approximately 33,000. The city is a known destination for a night out with revellers travelling from Cornwall and the South Hams on a regular basis.

Alcohol fuelled crime and anti-social behaviour affects the lives of many Plymouth residents. Alcohol fuels crime and disorder and is linked to violence, criminal damage and domestic abuse. Drunken behaviour can make people feel unsafe and create a heightened fear of crime.

A range of enforcement measures are currently used to respond to incidents of alcohol related crime and anti-social behaviour. Police utilise all tools and powers at their disposal to prevent crime and are keen to deploy early intervention measures to reduce the risk of further nuisance and harm.

Strategic use of local intelligence can be employed to target specific crime 'hot spot' areas. In particular hospital Emergency Departments can make a significant contribution to reducing community violence through working with their local Community Safety Partnership to share data about alcohol related violence.

All premises engaged in the sale of alcohol – pubs, restaurants, clubs and shops – must be licensed by the local authority. Plymouth's Statement of Licensing Policy provides a framework for licensing decisions and defines its approach to promoting the objectives of the Licensing Act 2003.

¹⁹ Plymouth Alcohol Needs Assessment, 2012

Page 24 WHAT NEEDS TO BE DONE?

Enforce

All the relevant tools and powers must be used to address alcohol related crime and anti-social behaviour with a specific emphasis on early intervention. Plymouth should work with national and regional partners to engage in new and emerging programmes where there is evidence of effectiveness.

People who commit alcohol related crime must be supported to engage with relevant alcohol services. First time offenders attending court as a result of their alcohol misuse should be offered early interventions to reduce re-offending and address alcohol concerns early. For more persistent and chaotic offenders an Integrated Offender Management Programme (IOM) must be employed to address alcohol related offending and alcohol misuse.

All agencies responsible for commissioning alcohol treatment services for offenders must work together to ensure a full range of interventions.

Plymouth has worked to improve its response to domestic violence and abuse victims and offers an integrated domestic abuse service. A behavioural change programme is currently being piloted for perpetrators of domestic violence and abuse. This should be evaluated to identify evidence of effectiveness and outcomes and to inform future work in this area.

Robust data sharing protocols and processes need to be established with the hospital Emergency Department and Minor Injuries Unit. Intelligence should be used to improve responses to alcohol related violent crime.

Control

The Evening and Night Time Economy is an important part of Plymouth's continued economic development. An Evening and Night Time Economy Plan must be developed as a key strand of the Plymouth Plan. This must set out a clear vision for the future and consider all opportunities for diversification. All future developments must give due regard to the prevention of alcohol related harm. An ENTE Manager should be appointed to direct work in this area.

Business Improvement Districts must play a key role in the development and management of the Evening and Night Time Economy. They should work with the local authority to achieve a strategic approach to supporting continued growth of the ENTE as well as mitigating and managing the impacts of this.

Plymouth's Statement of Licensing Policy must be updated in response to recent changes in national licensing legislation. Within this consideration should be given to adopting new discretionary powers including Early Morning Restriction Orders (EMROs) to restrict the sale of alcohol and a late night levy that can be charged to licence holders to cover costs associated with the ENTE.

There must be a robust approach to promoting responsible retailing and discouraging underage sales in both on and off sales premises. Standards in the city's licensed premises should be improved by supporting the Best Bar None Scheme and by maintaining strong relationships with local groups, e.g. Pub and Club Watch²⁰ and the Purple Flag²¹ scheme.

²⁰ Local schemes operated by the on sales trade

²¹ An Association of Town Centre Management (ATCM) accreditation scheme awarded to areas that demonstrate they operate a vibrant evening night time economy between 5pm to 5am

DELIVERING FOR OUTCOMES

As alcohol impacts across a wide range of policy and service priorities, developing a robust partnership approach is essential to the successful delivery of the plan. The various policy and structural changes within public services over the last two years and the continued financial pressures accentuate the need for a cohesive approach.

Decisions around investment and commissioning intentions across the Impact Areas will be considered within this partnership approach. Decisions will be evidence based and represent value for money.

The plan will be supported by an annual delivery plan (Appendix I) outlining a partnership programme of actions to support defined outcomes and will be reviewed yearly to ensure that it remains current and is responsive to changing need, changes in national policy, legislation and evidence.

Delivery of the plan will be overseen by the Health and Wellbeing Board who will provide leadership and influence to other strategic agendas and programmes as appropriate. They will monitor and manage performance of the plan and address challenges and barriers to delivery. The overall implementation will be co-ordinated by the local authority with engagement from all key partners.

CROSS CUTTING THEMES

In addition to the Impact Areas and aims and objectives identified in the Plan delivery will be grounded in the following cross cutting principles and approaches.

Advocating for change

There are a number of issues relating to alcohol that require action beyond a local level, these include pricing and availability. Policies and actions led by central government, corporate organisations such as those involved in the alcohol industry and advertising all have an impact on local areas. Where appropriate we will advocate for policy and other developments to improve outcomes for the city.

Effective communication will support further development and implementation of the plan. In line with the values of a Co-operative Council the Health and Wellbeing Board will communicate with individuals and communities. We will seek their views on how alcohol impacts them, how we can improve our responses and how they can support action to address these issues. We will communicate with a wide range of partners and stakeholders including local councillors, local businesses and service providers in the public and third sector to ensure the successful delivery of the plan.

Workforce Development

We need to ensure that all organisations and services engaged in the implementation of the plan have sufficient staff with the knowledge and skills required to deliver the relevant services. This includes skills around Identification and Brief Advice and safeguarding young people and vulnerable adults affected by alcohol. We need to ensure that we promote workforce development through regular training and opportunities for skill sharing and exchange throughout the system.

Improving Understanding

We are committed to improving our understanding of how alcohol misuse impacts on the city.

We will collect and utilise data to inform our actions and use new evidence and guidance to help inform our approaches in Plymouth. We will evaluate new services and approaches to improve the evidence base about what works in reducing alcohol related harm.



Although some things could happen quickly others may take a long time - people should know that

YEAR I DELIVERY PLAN 2013/14

Overall strategic lead for delivery of Plan:

Director of Public Health

Delivery Plan to be reviewed annually

Aim 1	A strong, shared partnership response that will reduce alcohol related harm
Objectives	<ol style="list-style-type: none"> 1. Develop and sustain partnership structures to ensure successful delivery of the plan 2. Ensure effective performance management of delivery of the plan 3. Ensure effective communication with all key stakeholders 4. Ensure the city's Growth Board, Culture Board, Children and Young People Partnership and Safer Plymouth are engaged in strategic discussions and delivery of the Alcohol Strategic Plan.
Outcome Measures	<ul style="list-style-type: none"> ■ Successful delivery of the annual plan
Actions	<ol style="list-style-type: none"> 1.1 Agree governance and accountability within new Partnership structures 1.2 Establish a performance management framework including performance measures and reporting schedule 1.3 Develop a Communications Plan 1.4 Establish strategic dialogue between the Health and Wellbeing Board and Growth and Culture Boards

2 PREVENT

Aim 2	To change attitudes towards alcohol
Objectives	<ol style="list-style-type: none"> 1. Raise awareness of the impact of alcohol misuse on health, crime and well-being and promote a culture of safe, sensible drinking 2. Build intelligence and understanding of need among specific communities
Outcome Measure	<ul style="list-style-type: none"> ■ Reduce levels of harmful drinking by adults and young people
Actions	<ol style="list-style-type: none"> 1.1 Increase the number of schools participating in the Healthy Child Quality Mark which supports delivery of high quality alcohol education 1.2 Develop an alcohol Peer Support Programme within Schools 1.3 Develop a co-ordinated approach to the provision of alcohol information and advice to young people 1.4 Provide opportunities in university and further education settings for the student population to increase their knowledge and understanding of alcohol 1.5 Improve intelligence and understanding of alcohol related need among older people 1.6 Improve intelligence and understanding of alcohol related need among BME communities

Aim 3	Support for children, young people and parents with an alcohol related need
Objectives	<ol style="list-style-type: none"> 1. Increased understanding and identification of parental alcohol misuse among staff working directly with children and young people 2. Increased understanding and identification of parental alcohol misuse among staff working directly with parents 3. Enhanced joint working between adult treatment services and children's services to provide an integrated response to children affected by parental alcohol misuse 4. Improve access to relevant support for both children and adults in need
Outcomes Measures	<ul style="list-style-type: none"> ■ Improved identification of children living with parents with an alcohol problem ■ Improved identification of parental alcohol misuse ■ Appropriate referral for parents to specialist alcohol treatment services ■ Improved outcomes for children living with parental alcohol misuse
Actions	<ol style="list-style-type: none"> 1.1 Delivery of a workforce development programme to improve the capability to identify parental alcohol misuse amongst key services 1.2 Review the Alcohol Intervention Service for Parents to determine impact and to inform planning for an integrated treatment system from 2014 1.3 Commission Plymouth Safeguarding Board Hidden Harm training for 2014 -2016 1.4 Review use of parenting programmes for those affected by alcohol misuse

Aim 4	Supporting individual needs (adults and young people)
Objectives	<ol style="list-style-type: none"> 1. Mainstream the delivery of alcohol Identification and Brief Advice (IBA) within key health and social care services 2. Commission an evidence based, recovery orientated treatment system with capacity to meet the needs of the local population, both for adults and young people 3. Deliver an integrated system with clear treatment pathways to mental health services, adult social care services, children's social care services, criminal justice services and housing and employment services 4. Develop a strategic approach to addressing dual diagnosis 5. Develop a sustainable hospital alcohol liaison service
Outcome Measures	<ul style="list-style-type: none"> ■ Improved identification of drinking at increasing and higher risk levels in adults and young people ■ Appropriate referral to specialist alcohol treatment services ■ Increase in the number of people successfully completing structured alcohol treatment ■ Reduction in alcohol related hospital admissions
Actions	<ol style="list-style-type: none"> 1.1 Deliver a large scale alcohol IBA workforce development programme to key health and social care services 1.2 Develop localised screening and information tools to support the delivery of alcohol IBA 1.3 Develop alcohol IBA service monitoring system and processes 1.4 Develop a substance misuse commissioning and recovery plan providing a whole system model with defined treatment pathways 1.5 Undertake alcohol treatment service redesign to ensure comprehensive community detoxification and assisted withdrawal provision 1.6 Develop robust treatment pathways including access criteria and treatment protocols for dual diagnosis 1.7 Liaise with Clinical Commissioning Group and Plymouth Hospitals NHS Trust around further development of hospital alcohol liaison service

Aim 5	Create a safer more vibrant Plymouth
Objectives	<ol style="list-style-type: none"> 1. Develop a strategic approach to the further development and management of the Evening and Night Time Economy (ENTE) 2. Improve responses to alcohol related violent crime 3. Ensure engagement of all 'Responsible Authorities' in licensing processes 4. Create safer drinking environments 5. Improve off-sales retail practice 6. Engage Business Improvement Districts in community safety and crime reduction initiatives
Outcome Measures	<ul style="list-style-type: none"> ■ Appointment of an ENTE Manager / Coordinator ■ Reduction in the number of alcohol related crimes ■ Improved response rates for 'Responsible Authorities' in the licensing/planning process ■ Increase in number of members accredited to Plymouth's Best Bar None Scheme
Actions	<ol style="list-style-type: none"> 5.1 Define and agree the role, funding and governance arrangements for the appointment of an ENTE Manager 5.2 Establish data sharing process/protocols between hospital Emergency Department and Minor Injury Unit and the Community Safety Partnership 5.3 Develop a framework to support engagement of Responsible Authorities in licensing processes 5.4 Develop a Licensing 'toolkit' to assist Councillors' understanding of Plymouth's Licensing Policy 5.5 Utilise all tools and Police powers and licensing legislation available to reduce alcohol related crime 5.6 Utilise all tools and Police powers available to reduce crime 5.7 Support the work of the Best Bar None Scheme in increasing membership and driving up standards 5.8 Develop an evidence based approach to reducing the retailing of super strength lager and cider 5.9 To work with Business Improvement Districts to identify opportunities for their engagement in community safety and crime reduction initiatives

DRAFT

CONTACT

Office of the Director of Public Health

Plymouth City Council
Civic Centre
Plymouth
PL1 2AA

T 01752 307 346

Acohol Strategy 2013-18, published July 2013

PLYMOUTH CITY COUNCIL

Subject:	Improving Quality and Outcomes, Increasing Choice and Control- Increasing Choice and Control in Day Opportunities
Committee:	Cabinet
Date:	6 August 2013
Cabinet Member:	Councillor McDonald
CMT Member:	Carole Burgoyne (Director for People)
Author:	Dave Simpkins, Assistant Director of Joint Commissioning and Adult Social Care
Contact:	Tel: 01752 304407 email: dave.simpkins @plymouth.gov.uk
Ref:	
Key Decision:	Yes
Part:	Part: One

Purpose of the report:

On 15th January 2013, Cabinet approved a report which detailed a number of strategic projects designed to deliver improved quality and outcomes, and increased choice and control for people using our services.

Two of those strategic projects, "Improving the quality in Dementia Care and Improving the choice and control in day opportunities", required the Council to undertake inclusive and meaningful consultation with service users, families and carers. The consultation process started on the 27th January 2013, and in line with best practice ran for three months closing on the 30th April 2013.

Following this consultation process this paper sets out a series of recommendations designed to "Increase Choice and Control in Day Opportunities".

The Brilliant Co-operative Council Corporate Plan 2013/14-2016/17

These changes are in line with the development of Plymouth City Council as a Co-operative Council as it supports the aims of;

- Devolving power and encouraging greater community engagement
- Community ownership of assets and services
- Greater control for individuals of the services they receive
- Supporting social enterprises
- Strengthening the community/voluntary sector

In addition, the service will support the following priorities within the Corporate Plan:

- **Caring Plymouth:**
 - People are treated with dignity and respect.
 - We will help people take control of their lives and communities
- **Pioneering Plymouth:**
 - A council that uses resources wisely.
 - And the council provides and enables brilliant services that strive to exceed customer expectations

**Implications for Medium Term Financial Plan and Resource Implications:
Including finance, human, IT and land**

This project aimed to deliver efficiency savings of £403,000 over the period 2013-16 in line with the provisional delivery plan savings targets.

Finance

The total financial savings expected to be achieved for the decommissioning of St Georges Day Centre delivery plan across the 3years are £403k, a profile of savings is shown in Table I below.

Table I – Decommission St Georges Day Centre Delivery Plan Savings

2013/14	2014/15	2015/16	Total
£'000	£'000	£'000	£'000
30	151	222	403

The following assumptions have been made in respect of the delivery plan savings.

- 1) The savings are based on 2013/14 budgets;
- 2) The decommissioning of St Georges would happen during the next 12 months

Other Implications: e.g. Child Poverty, Community Safety, Health and Safety, Risk Management:

An initial Equality Impact assessment was carried out to support the Cabinet paper of the 15th January 2013 and as both consultations have progressed we have updated this to ensure we are capturing changes and gaps in the consultation process. In response to these recommendations a further Equality Impact Assessment has been completed which has been informed by the consultation process including one to one meetings with clients.

When considering these proposals Cabinet has a responsibility to make sure that it gives due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not. The proposals focus on meeting people's needs in high quality appropriate settings and enabling people to be part of their communities. As a result of our current equality impact assessments we are mindful of the unique characteristics of each person who may be directly affected by the proposals and any potential impacts will be managed through individual assessments and reviews and bespoke packages of care. The proposals focus on meeting people's needs in high quality appropriate settings and enabling people to be part of their communities. The recommendations are therefore in line with our Public Sector Equality Duties to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected Characteristics and those who do not. The full EIA is attached as appendix three

A risk register has been developed and we will continue to review, update and apply appropriate risk mitigation strategies. Through this process we will ensure quality and outcomes are not compromised.

Equality and Diversity

An Equality Impact Assessment has been completed. No adverse impact was identified as a result.

Recommendations & Reasons for recommended action:

It is recommended that:

- The Council will ensure that eligible needs continue to be met and clients that are assessed as needing centre based day care will continue to receive this form of provision in improved facilities.
- In light of the changing demand profile detailed in this report for the numbers of day centres provided by Plymouth City Council to reduce from three to two.
- The building St George's would close allowing for the community redevelopment plan on the site to proceed.
- Day Centre provision would be operated from the Woodfield/Reatch site with the services being remodelled to become centre based community hubs for those with multiple and complex needs. Such a move would bring economies of scale whilst still providing sufficient capacity to meet demand.
- We will bring forward proposals to seek additional resources to upgrade and modernise provision at the Woodfield/Reatch site.
- For these changes to take place over the next 12 months.

Although the majority of residents did express a view that they would prefer the existing service configuration to be maintained, there was also recognition that some element of change is inevitable. The wider context is that the numbers accessing traditional day care has fallen and is likely to fall further over the coming years as more community based activities are developed. It is recommended that day centre provision be consolidated on one site at Woodfield/Reatch as this will bring opportunities of scale and scope and also free up St George's site for redevelopment. This could deliver affordable housing and accommodation for people with a learning disability and/or profound physical disability.

Our approach to achieve this will need to be taken in a number of key steps as set out below:

- Work closely with and support the clients currently receiving a day service at Reatch, helping them to access community based services that will continue to meet their needs.
- Bring forward plans to seek additional resources to upgrade the services at Woodfield/Reatch.
- Work closely with and support the transfer of clients attending St Georges that wish to move to this new and upgraded service.
- Work with Commissioners, Service users and Staff to ensure we improve the service we provide and ensure it is fit for purpose.
- Work closely with staff across all day services and create a new staff profile appropriate for the new service.

Alternative options considered and reasons for recommended action:

Keeping the existing service configuration has been considered however this traditional approach delivered in out-dated facilities is becoming less popular particularly with younger people. It does not always deliver continuity of care and does not always provide value for money. Furthermore it will not meet the strategic aims of “Improving Quality and Outcomes, Increasing Choice and Control”

Published work / information:

Putting People First 2007: http://www.plymouth.gov.uk/putting_people_first.pdf

Think Local Act Personal 2010:

<http://www.thinklocalactpersonal.org.uk/Browse/ThinkLocalActPersonal/>

A Vision for Adult Social Care, Capable Communities and Active Citizens 2010:

<http://www.thinklocalactpersonal.org.uk/Browse/ThinkLocalActPersonal/>

Care and Support White Paper 2012:

<https://www.gov.uk/government/publications/caring-for-our-future-reforming-care-and-support>

Background papers:

Title	Part I	Part II	Exemption Paragraph Number							
			1	2	3	4	5	6	7	
Equality Impact Assessment	X									

Sign off:

Fin	TOCS\PeopleF AC1314 003\10/07/2013	Leg	LT 17425(2)	Mon Off	LT 17425(2)	HR		Assets		IT		Strat Proc
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Originating SMT Member: Dave Simpkins

Have you consulted the Cabinet Member(s) named on the report? Yes

1. Introduction:

On 15th January 2013, Cabinet approved a report which detailed a number of strategic projects designed to deliver improved quality and outcomes, and increased choice and control for people using our services.

Two of those strategic projects required the Council to undertake inclusive and meaningful consultation with service users, families and carers. The consultation process for both projects commenced in January 2013, and in line with best practice and guidance ran for three months.

This paper sets out the findings of the consultation process to date and makes a number of recommendations in relation to “Increasing Choice and Control in Day Opportunities”.

2. Context:

We have set out a new vision for day opportunities in the independent sector, with an aim of supporting greater social inclusion and access to community life for vulnerable adults and people with disabilities. This change has been reflected in Cabinet’s recent decision to award contracts for a Day Opportunities Framework and move away from purely ‘block’ purchased building based provision to a framework of 26 suppliers offering 200 different activities such as one to one enabling, training courses, employment support and access to mainstream leisure activities.

In response to this changing landscape, a paper was drafted and approved by Cabinet on the 15th January 2013, which included a number of strategic projects. The council has carried out detailed consultation with current service users in respect of two of these projects and this report sets out the findings and recommendations from this consultation exercise.

3. Increasing choice and control in day opportunities:

3.1 Background:

Cabinet made a recent decision to award contracts for a Day Opportunities Framework and move away from purely ‘block’ purchased building based provision to a framework of twenty six suppliers offering 200 different activities, such as one to one enabling, training courses, employment support and access to mainstream leisure activities. This is as a direct result of responding to the aspirations of younger people who have a physical disability. These young adults have different aspirations and are not choosing to attend such provision, but want to participate in community life as active citizens. Over time a range of disabled people of all ages have chosen alternatives to building based provision and this trend will continue. There is recognition, however, that some adults will continue to need building based care.

The Council has developed with its strategic partners the ‘Union Street Urban Framework’. The redevelopment plans could deliver affordable housing and accommodation for people with a learning disability and/or profound physical disability, together with employment and training opportunities. St George’s day centre is located in part of the Union Street plan and, subject to consultation, Plymouth City Council would wish to progress the redevelopment opportunity.

Day Opportunities: Service User consultation and engagement

The consultation for this project focussed on the future of the buildings which Plymouth owns and manages. These are:-

- REATCH in Whiteleigh supports service users with physical and sensory disabilities
- Woodfield in Whiteleigh supports service users with profound learning and physical disabilities
- St Georges in Stonehouse supports people with learning disabilities

3.2 Consultation Process:

The consultation sought feedback about the following issues:

- Whether the Council should give people personal budgets so that they can buy the services they would like to receive and the Council can close the buildings
- Whether the Council should close the buildings and merge the services onto one site
- Whether the Council should do nothing and keep all services running from Plymouth City Council Buildings

Day Centre: Service user consultation and engagement

Consultation with all users and carers has been undertaken and supported by dedicated social work and support staff; it has been conducted in a sensitive and supportive way. Every effort has been made to ensure fairness, consistency and equality of opportunity for all service users who are directly affected. All consultation communications and questionnaires have been produced in formats suitable for the client group.

The consultation process included the following:

Website

The Council's website has been refreshed and people have been able to complete a consultation questionnaire or email comments into the Council as part of the consultation process so that comments were recorded and taken into account.

Questionnaires

We have sent out 160 questionnaires to users and families in respect of the potential changes to Day Services. Questionnaires were available on the website for other interested parties. Staff at the day centres' have been able to feedback their comments in this way if they wished to do so and staff meetings were also arranged.

Stakeholders

Consultation took place with service user and stakeholder members of the Learning Disability Board and Plymouth People First.

Consultation Sessions

Consultation events have been carried out in order to give families and stakeholders an opportunity to discuss the future of the service. The events were held through February and March. Individual consultations were also carried out for people who would not benefit from, or contribute in a larger consultation event. These individual events were supported with keyworkers and advocacy services available as required.

We hosted 8 workshops in total across the 3 sites. A total of over a 100 people attended. Officers present at the event included:

- An independent person who facilitated the event.
- Head of Service Commissioning
- General Manager for In-house Services
- Social workers and support planners
- Independent advocates

Individual visits with families and people using the services

These have been offered as part of the consultation. Dedicated social workers and support staff made appointments to gather feedback and families were offered visits at their convenience. Information was provided on the availability of community based services via the day opportunities framework and support was offered to access direct payments/personal budgets. The aim was to ensure that people can make informed choices about future services.

Advocacy support

We commissioned Plymouth Highbury Trust to support the consultation events and, where people requested their involvement, they provided support to ensure we gathered feedback. Woodfield, St Georges and Reatch support people with complex needs and our aim was to enable everyone to contribute and be heard.

Engagement with people who use services

Separate events were carried out to engage people who use services. We ensured that all information was in accessible formats.

3.3 Consultation Feedback:

Overall people reported that they would prefer services to remain unchanged; however, they did recognise that due to the wider economic environment a degree of change would be inevitable. The most important consideration for people to date has been to remain in contact with friendship groups. Carers and families of people with complex needs felt very strongly that their relatives needed a building based service and skilled staff to provide good quality care and support. Other themes included:

- Ensuring good quality across all provision;
- Ensuring social inclusion;
- Maintaining relationships and wellbeing;

- A building based service makes people feel safe;
- Carers value the service as a break from caring responsibilities;
- Transport and personal care facilities are not always available or easy to access in the wider community;
- The buildings were felt to be in need of investment and refurbishment
- Some people who attend Reatch would consider the option of alternative provision.

3.4 Client Profile:

Service User Profile

In terms of the services that are affected by change latest data obtained on the 18/4/13 indicated the following:

Scheme	Number of Service Users	Male	Female	Age Profile	Client Group
Reatch	69	40	29	19 are 65 or over	63 Physical & Sensory Disability 4 Learning Disability 1 Mental Health 1 Vulnerable Adult
St Georges	40	17	23	All 18-64 and 1 service user is 70	40 Learning Disability
Woodfield	23	13	10	All 18-64	22 Learning Disability 1 Physical and sensory Disability

In addition the individual meetings with service users have indicated:

Reatch

At the time of starting the consultation Reatch had 73 clients, 4 clients have left the service during our consultation process either through choice or personal health issues. Whilst some people expressed a preference to continue to receive a day service at Reatch there has been some interest shown in alternative provision within the community. Approximately 10% of clients attending the centre are now actively engaged in seeking alternative options, with our continued support. Meeting the needs of everyone who attends this centre remains our primary aim and we believe that the overwhelming majority of clients, with our support, would benefit from the range of services offered through the Day Opportunities Framework. Over 80% of clients have been attending Reatch for more than 3 years with 30% having attended day services provided by the Council for longer than 10 years. 19% of clients make their own transport arrangements to access the centre. For those clients who access centre transport the pick- up points are shown at Appendix two

Woodfield

Woodfield provides care and support to 23 service users with 6 supported to undertake community activities that operate from the building. Due to the range of profound disabilities of those who attend all clients will continue to require a building based service to meet their needs. 20% of clients make their own transport arrangements to access the centre. For those clients who access centre transport the pick-up points are shown at Appendix two

St Georges

At the time of starting the consultation St George's had 44 clients, 3 clients have left to pursue alternative building based services. This service provides valuable social inclusion, support and essential carer respite; 63% of people attending St George receive no other services from the Council. 14% of clients make their own transport arrangements to access the centre. For those clients who access centre transport the pick-up points are shown at Appendix two

4.5 Day Centre Utilisation Levels:

As a result of the City's Councils strategic direction away from traditional forms of provision and the active commissioning of more community based activities the numbers using building based centres have reduced.

Dates period: from week end 03.06.2012 to week end 02.06.2013			
Centre	Total Days Booked	Total Days Attended	Utilisation Level
REATCH	7058	4977	70.52%
St. Georges	7616	6376	83.72%
Woodfield	5578	4802	86.09%

4.6 Overview of Buildings:

During the consultation both service users and staff highlighted that investment was required in the buildings if they were still to continue to offer high quality person centred services going forward and particularly if a decision was made to combine services onto two sites . As a result of the comments from both staff and families we have commissioned a review of the buildings and the plan would be to bring forward proposals to seek additional resources to upgrade and modernise provision.

4.7 Community Based Options:

In August 2012 Plymouth City Council let a Day Opportunities Framework which replaced existing block contracted services. The framework sets down pre-determined quality standards, service specifications and an open and transparent pricing structure. In total 26 suppliers qualified to be on the framework; 19 Third sector/Social Enterprise providers, 7 private organisations. Between them they will be offering a range of 214 group activities and 64 enabling opportunities for service users to choose from. Types of activities include, trips, employment opportunities, leisure and fitness activities, drop in's, one to one enabling services, horticulture and arts and crafts.

Service users decide which providers from the framework they wish to be supported by to meet their assessed needs and outcomes. Plymouth City Council then calls off the framework on behalf of Service users via their Personal Budgets. Service users who opt to deploy their Personal budgets through Direct Payments are able to access the list of suppliers on the Council's framework along with details of the services available, in order to enable them to make an informed choice when they or their representative purchase support directly from the market

5. Equality Impact Assessment:

An initial Equality Impact Assessment was completed to support the Cabinet paper of the 15th January 2013 and as both consultations have progressed we have updated this to ensure we are capturing changes and gaps in the consultation process. In response to these recommendations a further Equality Impact Assessment has been completed which has been informed by the consultation process. We are mindful of the unique characteristics of each person who may be directly affected by the proposals and will continue to assess for differential impacts throughout the process.

6. Staff Engagement:

Throughout the consultation period staff have been able to provide us with their views through the website and questionnaires. Meetings with staff have also been carried out to ensure they are both informed and consulted with. Where needed staff have supported our service users in engaging with the consultation process.

The recommendations set out in this report will have an impact on staff and a comprehensive human resource process and plan will be available and the relevant unions consulted with prior to formal consultation with staff if the recommendations are agreed by Council.

Our intentions are to support staff through the reconfiguration of Day Services; if the recommendation is agreed at Cabinet. This process will aim to find suitable alternative employment (through the redundancy avoidance policy) within the Council. Full use will be made of Plymouth City Council's resources, for example, redeployment and the employee assistance programme. However, it is anticipated that not all staff will be successful in finding alternative roles and that some redundancies will be unavoidable.

Appendix One Independent Consultation Reports

The Reatch Day Centre

Overview

Over the last few years, Plymouth City Council has made significant progress in introducing more personalised approaches in order to help people to have more choice and control over the care and support they receive, enabling them to live the life they choose.

Amongst the key projects that will deliver more choice is the introduction of a Day Opportunities Framework which moves away from the more traditional 'block' purchased building based provision to a framework of 26 suppliers offering 200 different activities such as one to one enabling, training courses, employment support and access to mainstream and specialised leisure activities.

Plymouth City Council has been tasked with creating a high quality care system underpinned by the principles of self-directed support and person-centred planning. As a result, it has been seeking views, through a consultation process, on ways to improve day services across the city for people with physical and learning disabilities. The focus for this consultation was on the future of the Reatch day service.

The consultation period ran for three months until the 30th April 2013.

At the beginning of February all 74 service users of Reatch were sent a questionnaire for completion and were invited to attend a consultation event. A total of 41 service users and 13 carers/family attended these events.

A total of four consultation events were held, the details of which are listed below:

Tuesday 26th February 2013 10.00am - 12.00 noon, Woodfield CRC

In attendance

Jean Humphries	External Facilitator
Craig McArdle	PCC Head of Service - Commissioning
Gary Walbridge	PCC ASC General Manager
Julian Moulard	PCC ASC Service Manager
Angela MacBlain	PCC ASC Project Officer
Franca Burge	Support Planner
Phil Fitzsimmons	The Highbury Trust (Advocacy Service)

Thursday, 28th February 2013 12.30 – 2.30pm Woodfield CRC

In attendance

Jean Humphries	External Facilitator
Craig McArdle	PCC Head of Service - Commissioning
Gary Walbridge	PCC ASC General Manager
Julian Moulard	PCC ASC Service Manager
Angela MacBlain	PCC ASC Project Officer
John Casey	Reatch Unit Manager
Nick Mucha-Cable	Community Support Worker
Phil Fitzsimmons	The Highbury Trust (Advocacy Service)

Tuesday, 5th March 2013 10.00am – 12.00 noon Woodfield CRC

In attendance

Jean Humphries	External Facilitator
Gary Walbridge	PCC ASC General Manager
Angela MacBlain	PCC ASC Project Officer
Nick Mucha-Cable	Community Support Worker
John Casey	Reatch Unit Manager
Phil Fitzsimmons	The Highbury Trust (Advocacy Service)

Friday, 8th March 2013 12.30 – 2.30pm Woodfield CRC

In attendance

Jean Humphries	External Facilitator
Craig McArdle	PCC Head of Service – Commissioning
Gary Walbridge	PCC ASC General Manager
Angela MacBlain	PCC ASC Project Officer
Danielle Bacon	Community Support Worker
John Casey	Reatch Unit Manager
Phil Fitzsimmons	The Highbury Trust (Advocacy Service)

The format for each event was as follows:

- ♦ **Introductions** - Gary Walbridge, the General Manager for PCC Adult Social Care introduced the facilitators and stressed the importance of impartiality so that service users could have confidence in the consultation process.
Jean Humphries, an independent facilitator, led the events and was responsible for collating feedback and comments and recording them in a report for Cabinet. Phil Fitzsimmons, the Highbury Trust, who provides an independent advocacy service was also in attendance.
- ♦ **Background**
Jean Humphries provided service users with background information to Plymouth City Council's plans to review building based day care provision. The consultation exercise would enable them, and their carers, to consider alternative options that would offer more choice and control over the care and support they receive.
- ♦ **Table top discussions, each led by an ASC facilitator** – to gather as many views as possible about current use of the service and key priorities for future services and then to consider options as follows:
 1. Give people who use Reatch the money to buy the day services they would like to receive and to close the building
 2. Merge the service to operate within another PCC day service building
 3. Do nothing and keep all services running from PCC buildings
- ♦ **Feedback** - summarised below on a separate sheet.

- ♦ **What happens next** – All service users attending the Reatch Centre would be offered a one-to-one meeting with a Social Worker or Support Planner to assess individual needs and options.
At the request of service users, Gary Walbridge agreed to organise an informal presentation at the Reatch Centre about personal budgets and the services on offer to service users, particularly in the city centre. He also informed service users of the decision making process and the timescales for submitting views prior to the Cabinet meeting, where results of the consultation would be discussed and a decision made on the future of the Reatch Centre.
- ♦ The external facilitator thanked the service users and families for their time and invited any attendees who felt their concerns had not been addressed adequately to speak with her separately after the event - or to contact John Casey directly.
Gary Walbridge also confirmed that extracts from table discussions would be written into a report for Cabinet and would be available to all service users attending the events if requested.

Summary of comments and views from table top discussions

The first six comments were expressed by all service users present

- ♦ Attending Reatch builds service users' confidence and has helped them to make and maintain friendships. Opportunities for social contact and keeping in touch with like-minded people was regarded as most important – prevents/limits loneliness and social isolation
- ♦ Quality of staff – the staff at Reatch treat service users with dignity and respect. They have a good understanding of each service users' needs and provide emotional support for the user and the carer. If a service user feels unwell or tired, staff will take them to a quiet room. This couldn't happen in the community.
- ♦ Provides much-needed respite for carers, especially as many of them are elderly
- ♦ The building helps them to feel safe – also peace of mind for carers knowing their loved ones are safe and happy
- ♦ A variety of activities tailored to service users' needs. These are highly valued and some couldn't be accessed in the community e.g. woodwork
- ♦ Difficulty of finding alternative services elsewhere and the logistics of getting there – many service users have wheelchairs so public transport is not an option and private taxi would be too expensive.

Other views

- ♦ Continuity of care is important – service users' state of health may deteriorate if moved to another centre or into the community
- ♦ Reatch offers stimulating activities for all
- ♦ Reatch provides a good recovery pathway

- ♦ Many service users have a poor experience of the enabling service
- ♦ If centres were to merge, there would not be enough room to fit everybody in so more staff would be needed.
- ♦ Worries about a domino effect – if one closes, others might follow
- ♦ Many service users recognised current financial constraints – some asked whether the 3 buildings were used to maximum capacity
- ♦ Building needs some TLC - often freezing cold as boiler breaks down, doors not big enough and problems with lighting
- ♦ Low staffing levels at times
- ♦ Would like Reatch to offer better catering facilities
- ♦ PCC doesn't communicate well – lack of knowledge amongst service users about services in the community/city centre

Whilst service users acknowledged and appreciated the financial constraints on local budgets, there was unanimous agreement that the Reatch Centre should remain open.

With regard to a possible merger of two services i.e. Reatch and St George's, the service users expressed concerns about the adequacy of the building to accommodate both groups and whether the mix of different users would cause a problem.

Quotes

MC (male) – *I have a feeling of usefulness and belonging which could not be matched elsewhere. I attend for social inclusion and emotional wellbeing. I get a break from my partner who is blind. This is good for both of us.*

Here we are given the opportunity to explore ourselves within the limits of our disability.

DC (male) – *I used to be a carpenter so I like woodworking.*

I forget everything so when I come here, my friends have to introduce themselves again, show me around and remind me what to do. They look after me, even the young ones. It's good to have a mixed age group because that's real life. I also like the crafts and allotment. We are encouraged to think outside the box and this is important for us and our recovery.

RB (male) – *I had a stroke 10 years ago. Since coming here, I have regained some of my speech because people take the trouble to speak to me and wait for the answer. This has helped my confidence and my independence.*

I like woodwork. We work together here and I feel part of a team.

MC (female) – *I love coming here, especially to do Art. I have hardly any sight but I can still paint and I've sold my work to raise money for charity. It's always meant a lot to me to contribute to my community.*

SM (female) – *If I had to go somewhere else, I'd feel afraid. I don't want to go out 'in the community' as people look at me differently and transport is a problem.*

DW (female) – *I wouldn't want to go to the Life Centre as I don't like crowded places. All these decisions to be made make people like me feel really anxious.*

J (carer) – *if the family had to find activities in the community, it would put them under even more pressure.*

G – *I would be stuck down at the garage with Dad every day if I didn't come here. The staff are great here.*

Report Author: Jean Humphries (Consultation event facilitator)

Date: 17th April 2013

Independent Consultation Reports St George's Day Centre

Overview

Over the last few years, Plymouth City Council has made significant progress in introducing more personalised approaches in order to help people to have more choice and control over the care and support they receive, enabling them to live the life they choose.

Amongst the key projects that will deliver more choice is the introduction of a Day Opportunities Framework which moves away from the more traditional 'block' purchased building based provision to a framework of 26 suppliers offering 200 different activities such as one to one enabling, training courses, employment support and access to mainstream and specialised leisure activities.

Plymouth City Council has been tasked with creating a high quality care system underpinned by the principles of self-directed support and person-centred planning. As a result, it has been seeking views, through a consultation process, on ways to improve day services across the city for people with physical and learning disabilities. The focus for this consultation was on the future of the St George's Day Centre.

The consultation period ran for three months until the 30th April 2013.

At the beginning of February all 44 families of service users of St George's were sent a questionnaire for completion and were invited to attend a consultation event. A total of 21 service user families attended these events.

Two consultation events were held, the details of which are listed below:

Wednesday 6th March 2013 10.00am - 12.00 noon, St George's Day Centre

In attendance

Jean Humphries	External Facilitator
Debbie Butcher	PCC ASC Strategic Commissioner
Fiona Gordon	PCC
Angela MacBlain	PCC ASC Project Officer
Cliff Morgan	Unit Manager, St George's
Nick Mucha-Cable	Community Support Worker
Phil Fitzsimmons	Plymouth Highbury Trust (Advocacy Service)

Tuesday, 12th March 2013 4.00 – 6.00pm Plymouth Highbury Trust

In attendance

Jean Humphries	External Facilitator
Debbie Butcher	PCC ASC Strategic Commissioner
Fiona Gordon	Commissioning Officer

The format for each event was as follows:

- ◆ **Introductions** – Debbie Butcher introduced the facilitators and stressed the importance of impartiality so that service users could have confidence in the consultation process. Jean Humphries, an independent facilitator, led the events and was responsible for collating feedback and comments and recording them in a report for Cabinet.
- ◆ **Background**
Jean Humphries provided the carers with background information to Plymouth City Council's plans to review building based day care provision. The consultation exercise would enable them to voice their views and concerns about the provision of day services but carers were reassured that whilst the buildings themselves might potentially be affected, service users would continue to receive services that met their needs.
- ◆ **Table top discussions, each led by an ASC facilitator** – to gather as many views as possible about current use of the service and key priorities for future services and then to consider options as follows:
 1. Give people who use St George's the money to buy the day services they would like to receive and to close the building
 2. Merge the service to operate within another PCC day service building
 3. Do nothing and keep all services running from PCC buildings
- ◆ **Feedback** - summarised below on a separate sheet.
- ◆ **What happens next** – Debbie Butcher informed the carers that all service users attending St George's would be offered a social care assessment as part of the consultation process to assess individual needs and options. She also informed them of the decision making process and the timescales for submitting views prior to the Cabinet meeting, where results of the consultation would be discussed and a decision made on the future of St George's.
- ◆ Jean Humphries thanked the carers for their time and invited them to speak with her separately after the event if they had any further concerns - or to contact Cliff Morgan directly.
A summary of the table top discussions would be written into a report for Cabinet and would be available to all carers attending the events if requested.

Summary of comments and views from table top discussions

Priorities identified by Carers

- ◆ St George's provides a safe environment which encourages socialisation and enables service users to develop and maintain friendships. Without St George's, service users would feel socially isolated.

- ◆ Quality of staff – the staff support the carers as well as the service users. Carers miss having a dedicated Care Manager, although St George’s staff often fulfil this role
- ◆ A replacement building for St George’s should be considered in the regeneration plans for the locality. Many carers feel they deserve some reward for tolerating significant problems in the area in the past. The current location of St George’s is central and accessible.
- ◆ Provision of staff who are well-trained to support service users, particularly those who have health problems e.g. seizures, asthma etc. and who can administer medication and deliver first aid.
- ◆ St George’s offers a range of activities, customised to suit individual needs
- ◆ The centre promotes integration into the local community through regular visits out
- ◆ Contingency planning when there is staff sickness – if a PA is sick, the day’s activity is cancelled often causing problems for carers, particularly if they work. St George’s provides continuity of care, even at times of sickness.
- ◆ More training is needed for PAs. Concerns were expressed about their motives to take on the role – i.e. ‘it’s a job’, and occasionally involving service users in inappropriate activities.
- ◆ Good communication – staff at St George’s know each individual well and the service users know and have confidence in them. Staff link closely with families to discuss care or issues

Quotes

Mr C – *My first choice would be to keep St George’s where and as it is. However, if the building does change, my one priority would be that T continues to receive day care for 5 days a week. We are getting older now, my wife is housebound, and we wouldn’t cope with T home all day. She has high needs.*

Mrs S – *A is a vulnerable person and is unsteady on her feet so is at risk of falls. She holds on to me if we go out which is difficult as I have had by-pass surgery. A enjoys all the activities at St George’s – e.g. sport, outings, disco. She has many friends there and the staff know and understand her. If a building were to close, I would prefer St George’s to stay open as it is closer to town.*

Mr H – *M attends for a half day a week. She has fun with the staff and her relationships with other service users are important to her. She does have a service at SCOPE so she could give up St George’s in return for more enabling time. I don’t have much faith in consultation events – look what happened to Welby.*

Mr T – *R attends St George’s 5 days a week. We rely on this service as my wife has a brain tumour and I care for her too. Continuity is very important to R. If he is upset, his behaviour changes and makes life very difficult for us. He needs a building based service to keep him safe. People like us should be helped not made to feel like pariahs. Some days it makes you feel like putting him in supported living and that would cost the Government a lot more. Best option is do nothing – if that is not possible, a merger with R continuing to get 5 days. We can’t manage with less.*

Report Author: Jean Humphries (Consultation event facilitator)

Date: 17th April 2013

**Independent Consultation Reports
Woodfield Day Centre**

Overview

Over the last few years, Plymouth City Council has made significant progress in introducing more personalised approaches in order to help people to have more choice and control over the care and support they receive, enabling them to live the life they choose.

Amongst the key projects that will deliver more choice is the introduction of a Day Opportunities Framework which moves away from the more traditional 'block' purchased building based provision to a framework of 26 suppliers offering 200 different activities such as one to one enabling, training courses, employment support and access to mainstream and specialised leisure activities. However, it is acknowledged that some service users will continue to need a building-based service.

Plymouth City Council has been tasked with creating a high quality care system underpinned by the principles of self-directed support and person-centred planning. As a result, it has been seeking views, through a consultation process, on ways to improve day services across the city for people with physical and learning disabilities. The focus for this consultation was on the future of the Woodfield day service.

The consultation period runs for three months until the 30th April 2013.

At the beginning of February all 23 service users of Woodfield were sent a questionnaire for completion and were invited to attend a consultation event. A total of 13 service users families attended these events.

A total of two consultation events were held, the details of which are listed below:

Tuesday 12th March 2013 10.00am - 12.00 noon, Plymouth Highbury Trust

In attendance

Jean Humphries	External Facilitator
Craig McArdle	PCC Head of Service - Commissioning
Gary Walbridge	PCC ASC General Manager
Angela MacBlain	PCC ASC Project Officer
Anne Smale	Carers Support Worker

Friday, 15th March 2013 12.30 – 2.30 pm Woodfield CRC

In attendance

Jean Humphries	External Facilitator
Craig McArdle	PCC Head of Service - Commissioning
Gary Walbridge	PCC ASC General Manager
Angela MacBlain	PCC ASC Project Officer
Francis Brian	Woodfield Unit Manager
Cliff Morgan	St George's Unit Manager
Kate Cowling	Plymouth Highbury Trust

The format for each event was as follows:

- ♦ **Introductions** - Gary Walbridge, the General Manager for PCC Adult Social Care introduced the facilitators and stressed the importance of impartiality so that service users could have confidence in the consultation process.
Jean Humphries, an independent facilitator, led the events and was responsible for collating feedback and comments and recording them in a report for Cabinet. Phil Fitzsimmons, the Highbury Trust, who provides an independent advocacy service was also in attendance.
- ♦ **Background**
Jean Humphries provided service users with background information to Plymouth City Council's plans to review building based day care provision. The consultation exercise would enable them, and their carers, to consider alternative options that would offer more choice and control over the care and support they receive.
- ♦ **Table top discussions, each led by an ASC facilitator** – to gather as many views as possible about current use of the service and key priorities for future services and then to consider options as follows:
 1. Give people who use Woodfield the money to buy the day services they would like to receive and to close one building
 2. Merge the service to operate within another PCC day service building
 3. Do nothing and keep all services running from PCC buildings
- ♦ **Feedback** - summarised below on a separate sheet.
- ♦ **What happens next** – All service users attending the Woodfield Day Centre would be offered a one-to-one meeting with a Social Worker or Support Planner to assess individual needs and options.
Gary Walbridge informed service users of the decision making process and the timescales for submitting views prior to the Cabinet meeting where results of the consultation would be discussed and a decision made on the future of the Centre.
- ♦ The external facilitator thanked the service users and families for their time and invited any attendees who felt their concerns had not been addressed adequately to speak with her separately after the event - or to contact John Casey directly.
Gary Walbridge also confirmed that extracts from table discussions would be written into a report for Cabinet and would be available to all service users attending the events if requested.

Summary of comments and views from table top discussions

Key priorities

The unanimous response was that service users could not rely on community activities alone - a day service was absolutely essential for stimulation and social engagement. It was equally important for carers in order to sustain their own well-being, especially as they were getting older and some had health problems of their own.

Some carers asked for information on usage of the centre.

A carer was concerned that if services merged, valued staff would be lost. Don't mind going to another centre as long as the staff go with them.

High personal needs, especially at mealtimes, so day service with experienced staff is essential.

Quotes

'My son has autistic traits so it is important that he has routine and structure which Woodfield can provide. As he has no speech, the staff here understand his signals.'

'He enjoys relaxation therapies and spends time in the sensory room which he finds relaxing'

'M must have a service for 5 days a week to keep him well emotionally – I need it too as he is hard work and I'm not in good health'

Mrs D and C

J's mobility is very poor, he falls a lot and has difficulty getting in and out of the car. A lot of forward planning is needed to take him anywhere so community activities would be difficult. He needs 2:1 support.

I would like to be able to speak to a social worker – I do not like this system of having a different worker every time.

I want a budget to buy my own continence pads for J – those supplied leak.

K K

The biggest loss would be the sensory room if Woodfield closed.

Whilst community access is really important, people's attitudes to disabled people have to change – it's a constant fight.

Mr and Mrs H (re K) and Y (re K)

Stability of a base and routine is important to K

When services go into the private sector, they often vanish or the quality reduces.

We will fight and explore every opportunity to keep day centres open. Our children are vulnerable and cannot get out into the community.

We trust Woodfield to care for K and K and to make good decisions on activities they wish to embark on.

Possible merger of services – significant concern over how the risks associated with service users are managed for the enjoyment of all.

Services should be kept open and improved.

F H – We have had very bad experiences over the past 15yrs with independent providers. Things only settled when we were informed about Woodfield. Since then, K is a different person. I am against the Council putting control of this service to someone else.

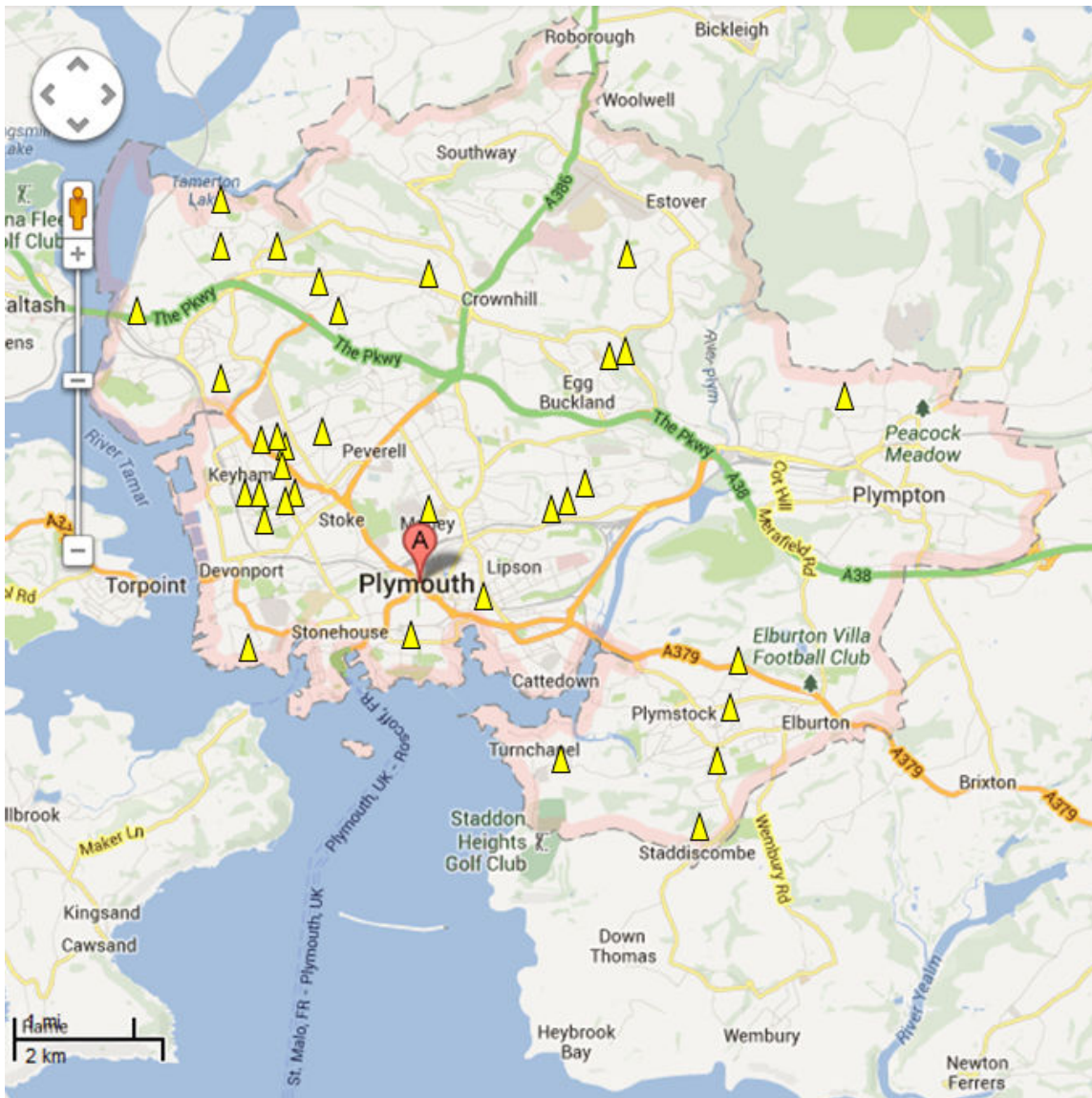
It is essential for people with complex needs to have a 'centre of excellence'.

Report Author: Jean Humphries (Consultation event facilitator)

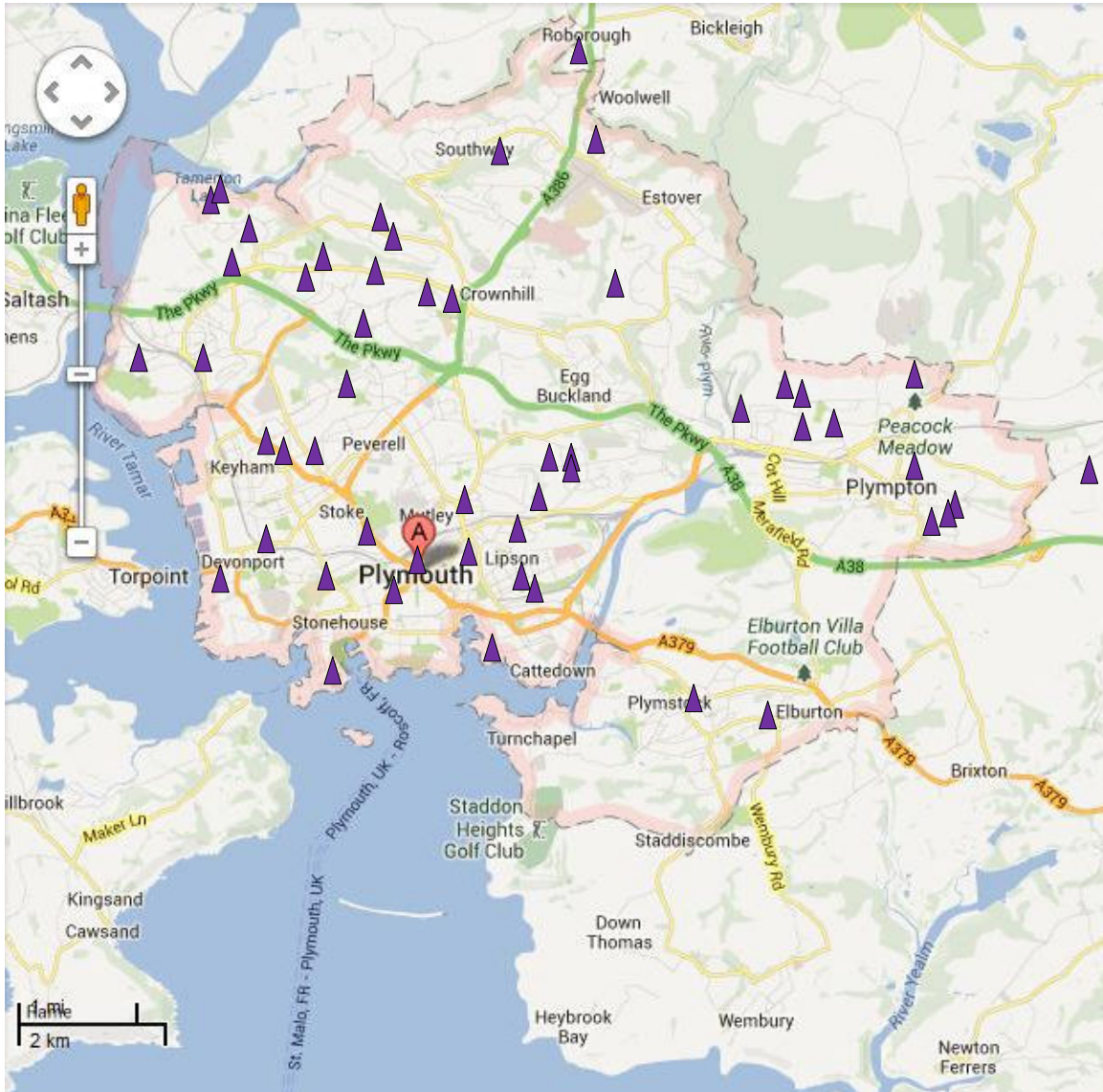
Date: 17th April 2013

**Appendix Two
Service Users Pick-up points**

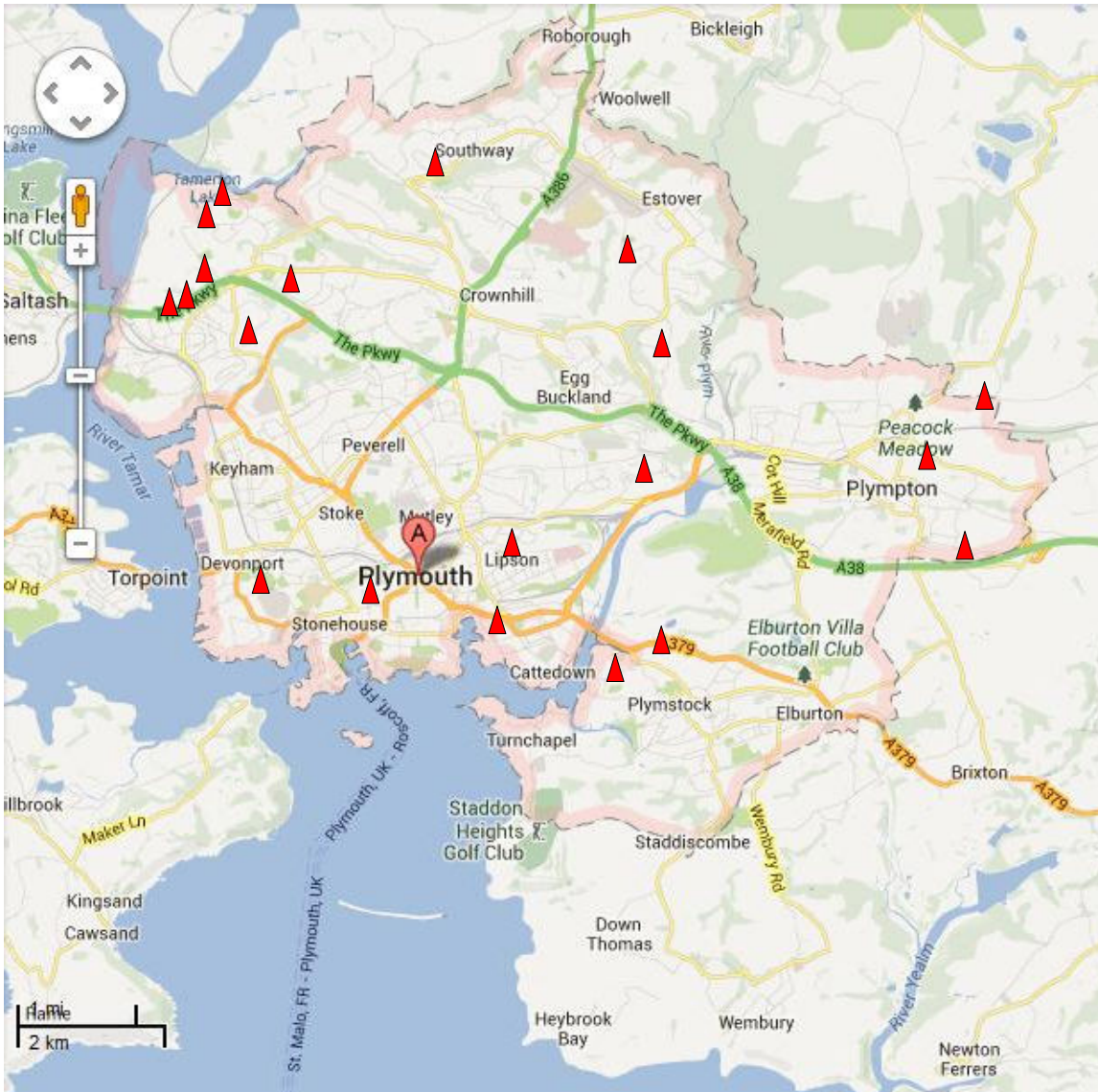
St George's service user pick up points



Reatch service user pick up points



Woodfield service user pick up points



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PLYMOUTH CITY COUNCIL

Subject:	Improving Quality in Dementia Care.
Committee:	Cabinet
Date:	6 August 2013
Cabinet Member:	Councillor McDonald
CMT Member:	Carole Burgoyne (Director for People)
Author:	Dave Simpkins, Assistant Director of Joint Commissioning and Adult Social Care
Contact:	Tel: 01752 304407 email: dave.simpkins @plymouth.gov.uk
Ref:	
Key Decision:	Yes
Part:	Part: One

Purpose of the report:

On 15th January 2013, Cabinet approved a report which detailed a number of strategic projects designed to deliver improved quality and outcomes, and increased choice and control for people using our services.

Two of those strategic projects, "Improving the quality in Dementia Care and Improving the choice and control in day opportunities", required the Council to undertake inclusive and meaningful consultation with service users, families and carers. The consultation process started on the 27th January 2013, and in line with best practice ran for three months closing on the 30th April 2013.

Following the consultation process, this paper sets out a series of recommendations in relation to one of those projects - "Improving Quality in Dementia Care".

The Brilliant Co-operative Council Corporate Plan 2013 /14 – 2016/17

These changes are in line with the development of Plymouth City Council as a Co-operative Council as it supports the aims of;

- The Charter for Older People
- Devolving power and encouraging greater community engagement
- Community ownership of assets and services
- Greater control for individuals of the services they receive
- Strengthening the community/voluntary sector

In addition, the service will support the following priorities within the Corporate Plan:

- **Caring Plymouth:** People are treated with dignity and respect.
- **Pioneering Plymouth:** A council that uses resources wisely and the Council provides and enables brilliant services that strive to exceed customer expectations

**Implications for Medium Term Financial Plan and Resource Implications:
Including finance, human, IT and land**

This project aims to deliver efficiency savings of £488,000 over the period 2013-16 in line with the provisional delivery plan savings targets.

A profile of savings is shown in Table I below.

Table I – Decommission Dementia Residential Care own provision at Lakeside

2013/14	2014/15	2015/16	Total
£'000	£'000	£'000	£'000
98	195	195	488

The following assumptions have been made in respect of the delivery plan savings.

- 1) The savings are based on 2013/14 budget;
- 2) The decommission of Lakeside would happen part-year during 2013/14;
- 3) The assumptions include the costs of providing suitable, good quality, alternative care.

A condition report concluded that to bring the building up to modern standards, including bedroom refurbishment would cost in the region of £850,000 in Capital investment

Other Implications: e.g. Child Poverty, Community Safety, Health and Safety, Risk Management

An initial Equality Impact Assessment was carried out to support the Cabinet paper of the 15th January 2013 was completed and as both consultations have progressed we have updated this to ensure we are capturing changes and gaps in the consultation process. In response to these recommendations, a further Equality Impact Assessment has been completed which has been informed by the consultation process including one to one meetings with clients.

When considering these proposals Cabinet has a responsibility to make sure that it gives due regard to the Council’s duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not. The proposals focus on meeting people’s needs in high quality appropriate settings and enabling people to be part of their communities. As a result of our current equality impact assessments we are mindful of the unique characteristics of each person who may be directly affected by the proposals and any potential impacts will be managed through individual assessments and reviews and bespoke packages of care.

A risk register has been developed and we will continue to review, update and apply appropriate risk mitigation strategies. Through this process we will ensure quality and outcomes are not compromised.

It is acknowledged that this proposal has the potential to interfere with residents and their families’ right to respect for their private and family lives. However, the proposal as a whole is in pursuance

of the aim to improve the quality of care for older people with dementia in the City within modern, purpose-built facilities, and this is a legitimate aim.

All efforts will be made to deal with the proposal in a proportionate and sensitive way.

Further Human Rights analysis will take place as part of future individual assessments should a decision be taken to close Lakeside. Following that analysis, any individual decision taken will focus on the individual's health and care needs as they change over time and detailed consideration will be given to the outcome of the Human Rights analysis. Any decision about appropriate care at that stage will be taken in consultation with the family and/or advocate and any other professionals as identified.

The Joint Commissioning and Adult Social Care Department is in the process of reviewing all care home contracts and this exercise will take account of the recently published guidance of the Equality and Human Rights Commission on how to embed Human Rights when commissioning for care. We anticipate that these contracts will be used when contracting with any care homes for new placements.

Equality and Diversity

An Equality Impact Assessment has been completed. This assessment identifies a number of potential adverse effects and actions to mitigate these and support people through the transition.

Recommendations & Reasons for recommended action

- The Council de-commission Lakeside over the next 12 months and support residents and their families and advocates to move to alternative homes of their choice.
- Taking into account feedback from consultation Cabinet is asked to make an exception to the general policy that no person currently residing in a Plymouth City Council owned residential care home will have to move if they wish to stay there.
- The Council will ensure there is support for families and users throughout this process
- Lakeside Residential Care Home should immediately stop taking new long term admissions.

Modernisation of dementia services across the City and increasing people's choice and control are in keeping with the Corporate Plan values of Responsibility, and objectives of Pioneering and Caring.

The Council will ensure there is no financial detriment to any resident or family member as a consequence of any move.

Whilst it is acknowledged that service users and their families expressed a desire to keep the unit open and available for new residents and the quality of care is considered good, this needs to be balanced against a number of other factors:

- the existing service does not have Nursing Care facilities and some residents are likely to need to move to a nursing home which can offer a different type of care for them as their condition progresses;
- the condition of the building and facilities at Lakeside does not meet modern standards and expectations. There are no en-suite facilities and would not meet the Care Quality Commission environmental standards if they were to re-register as a new care home;

- Lakeside is currently registered as a residential home and it would need to reregister as a dual registered home capable of providing nursing care to be able to meet the needs of all residents for life. The costs of doing so would be even higher than to simply upgrade the facilities as a residential care home and would be prohibitive. Plymouth City Council has not as part of its in house service, ever provided nursing care;
- there is other alternative good quality provision available across the City which is able to meet the needs of the service users at Lakeside;
- since 2005 the Strategic Direction of the City Council has been to move away from directly providing care services. This policy set out a new strategic direction to modernise older people's services over a 10 year period. This included the commitment that more people would be supported in their own homes and modern high quality extra care accommodation would be built in the immediate vicinity of our residential homes wherever possible;
- the 'Residential Care Update on Modernisation of Older People' Cabinet report July 2010 updated the 2005 strategy and set out the next steps. This included exploring partnerships to re-provide improved facilities for dementia care in the City. This was not about reducing the amount of short-stay (respite) or residential support, but offering a wider choice. This was in line with national strategies for both Carers and Putting People First. The recommendations above support this improvement and direction of travel;
- this strategic direction was in line with policy context set out in Independence, Wellbeing and Choice (2005) and subsequent policy initiatives such as Putting People First that promoted independent living, choice and control;
- Lakeside was historically used to provide short-stay (respite) on a limited basis, however this service has not been used in the past 11 months; and people are predominantly accessing respite in other independent homes across the City.

Alternative options considered and reasons for recommended action:

Keeping the existing service configuration has been considered however facilities in this home are out-dated and a significant investment would be required to modernise it. Lakeside cannot offer continuity of care for people with dementia as it only provides residential care rather than a combination of residential and nursing care. It cannot therefore provide value for money. Furthermore it does not meet the strategic aims of "Improving Quality and Outcomes, Increasing Choice and Control" .

Published work / information:

Putting People First 2007: http://www.plymouth.gov.uk/putting_people_first.pdf

Think Local Act Personal 2010:

<http://www.thinklocalactpersonal.org.uk/Browse/ThinkLocalActPersonal/>

A Vision for Adult Social Care, Capable Communities and Active Citizens 2010:

<http://www.thinklocalactpersonal.org.uk/Browse/ThinkLocalActPersonal/>

Care and Support White Paper 2012:

<https://www.gov.uk/government/publications/caring-for-our-future-reforming-care-and-support>

Cabinet Report July 2010: Residential Care: Update on Modernisation of Older People's Services (2005 – 2015)

<http://tinyurl.com/omco55c>

Background papers:

Title	Part I	Part II	Exemption Paragraph Number							
			1	2	3	4	5	6	7	
Equality Impact Assessment	X									

Sign off:

Fin	TOCS\PeopleF AC1314 002\10/07/2013	Leg	LT 17425/ 230713	Mon Off	LT 17425/ 230713	HR		Assets		IT		Strat Proc	
Originating SMT Member: Dave Simpkins													
Have you consulted the Cabinet Member(s) named on the report? Yes													

1. Introduction

On 15th January 2013, Cabinet approved a report which detailed a number of strategic projects designed to deliver improved quality and outcomes, and increased choice and control for people using our services.

Two of those strategic projects required the Council to undertake inclusive and meaningful consultation with service users, families and carers. The consultation process for both projects commenced in January 2013, and in line with best practice and guidance ran for three months.

This paper sets out the findings of the consultation process and makes a number of recommendations in relation to “Improving Quality in Dementia Care”.

2. Context

In November 2005, Cabinet approved plans to modernise older people’s services over a ten year period. Since that time we have achieved significant progress against the strategy set out in the Cabinet paper. We have de-commissioned a number of local authority homes in out dated buildings which did not meet current day expectations. We now have in the City 7 Extra Care facilities with 278 beds, providing high quality accommodation and support care. Plans for a further facility in the north of the City have been approved by Cabinet and are being progressed. We currently commission 15,000 hours per week of domiciliary care (5,000 hours per week in 2005). We have reduced reliance on residential and nursing care beds and now commission approximately 800 for older people (1,200 in 2005).

The City now has a jointly agreed Dementia Strategy “Living Well with Dementia” and has developed the market in line with this strategy, including the implementation of a “Dementia Quality Mark” for care homes. As a result of these improvements and increase in service provision, there are a number of independent sector care homes in Plymouth who now provide a mixed economy of care for people with dementia.

In response to this changing landscape, a paper was drafted and approved by Cabinet on the 15th January 2013, which included a number of strategic projects. The council has carried out detailed consultation with current service users in respect of two of these projects and this report sets out the findings and recommendations from this consultation exercise.

3. Improving Quality in Dementia Care:

3.1 Background

In July 2010, Cabinet agreed a number of recommendations detailed in a report ‘Residential Care; Update on Modernisation of Older Peoples’ Service 2005 -2015’, one of which was ‘to explore partnerships to re-provide an improved facility for dementia care’. The profile of people with dementia is becoming increasingly more complex, often requiring nursing care in the latter stages of their condition.

Plymouth City Council own and manage three residential care homes including Lakeside Residential Care Home a 29 bedded residential home in Ernesettle, which cares for people with dementia.

The building is out dated and does not have nursing facilities and so residents will need to move to other homes should they require nursing care in later stages of their condition.

In January, Cabinet agreed we could consult on the future of Lakeside.

3.2 Consultation Process

A full consultation process was followed in keeping with the Corporate Plan values of Fairness and Democracy.

The consultation asked for the following feedback:

- whether the Council should close Lakeside and the residents be supported to move to a dual registered home located close by;
- whether the Council should close Lakeside and move residents to other homes in the city
- whether there should be no change to the existing arrangement;
- the consultation exercise also asked stakeholders and those affected to provide alternative suggestions to the ones above.

Lakeside: Service user consultation and engagement

Consultation with all users and carers has been undertaken and supported by a dedicated social worker and support staff; it has been conducted in a sensitive and supportive way. The process has been carried out, with the aim to minimise disruption to service users wherever possible. Every effort has been made to ensure fairness, consistency and equality of opportunity for all service users who are directly affected.

The consultation process included the following methods.

Website

The Council's website was refreshed and people have been able to complete a consultation questionnaire or email comments into the Council as part of the consultation process so that comments were recorded and taken into account.

Written Questionnaires

We sent out twenty four questionnaires to families in respect of the potential service changes to Lakeside. We supported families to respond to the consultation through availability of a dedicated officer who was able to proactively contact families for their response. Questionnaires were available on the website for other interested parties. Staff at Lakeside were able to feedback their comments in this way if they wished to do so; staff meetings were also arranged. We also sent out information to key stakeholders including Healthwatch, the Alzheimer's Society, the Strategic Dementia Partnership Board and Plymouth Community Health Care and Primary Care.

Consultation sessions

Consultation events were carried out and arranged in order to give families and other interested parties an opportunity to discuss the future of the service. The events were held on the 12th and 14th February 2013.

Officers present at the event included:

- Independent facilitator,
- Head of Service Commissioning,
- Service Manager for the In-house Services,
- Independent advocates.

There were twenty six relatives who attended the consultation events.

An independent person was commissioned to ensure that the consultation was carried out in a fair and transparent way. They also created an independent report, summarising the outcomes of these consultation events. This report is available on the website:

<http://www.plymouth.gov.uk/homepage/socialcareandhealth/adultsocialcare/strategiccommissioning/serviceprovisionconsultation.htm>

Individual visits with families and people using the services

Families were offered visits at their convenience and anyone who was not able to attend the events were offered 1:1 visits from a social worker or advocate.

People who have stayed Lakeside over the last 12 months or who may be staying in the next 12 months as part of their planned short break have also been involved in consultation.

Advocacy support

To ensure that views were carefully captured, advocacy services were available and an advocate was present at all events. We completed mental capacity assessments and where service users lacked capacity to make decisions about the matters raised in the consultation we appointed an advocate to provide an independent report reflecting the views of the service users. The advocates were instructed to take into account all aspects of care and preferences unique to the individuals they represented. The advocacy support which has already been provided will continue as required if a decision is taken to close Lakeside.

Visits to an Independent Sector Home

In order for families to make more of an informed choice, we arranged a coffee morning visit to, a nearby independent sector dementia care home with on-site nursing support.

3.3 Consultation Feedback

An overview of the consultation report provided by the Independent Consultant is shown in appendix one however the consultation feedback can be summarised as follows:

- the families expressed a strong desire to keep the unit open;
- families acknowledged the limitations of the current facilities and particularly not having nursing care provision on site;
- there was a consensus amongst families that they did not want Lakeside to remain open for existing residents if the Council's decision would result in no new admissions to Lakeside and a gradual decline in numbers of residents and staff with the consequent impact from dwindling numbers on those who remain. (Families wanted to avoid a similar situation such as Frank Cowl House);
- families wanted a clear decision to be made by the Council;
- the standard of care at Lakeside was considered to be good, and families would want reassurance that any alternative care provision would also be good, should Council decide to close the unit;
- families stated that their priorities for any new or existing dementia service would be compassionate staff, a safe environment, and good quality of care with continuity of carers;
- if there was a decision to close Lakeside then families wanted enough time and support from the Council to find alternative provision.

3.4 Client Profile

Scheme	Number of Residents	Male	Female	Age Profile	Client Group	Other Info
Lakeside	18	6	12	all over 65 14 over 85	all dementia	6 service users have capacity and 12 lack capacity

Capacity assessments have already been completed for all service users by a qualified person, jointly with Health professionals. Work has been undertaken to take account of the individual's background, personality and interests. This will help to inform how we best communicate with them and determine what their preferences are.

Service users with dementia, including those who lack capacity will find it harder to contribute to the assessment process that determines where their future care needs are best met. Those who lack capacity will be unable to make final decisions about where their future care needs are best met.

We will meet with service users, their relatives or advocates as part of the individual assessment process to determine where their future care needs are best met.

For those who lack capacity, we will support their relatives and/or advocate to make a best interest decision in accordance with the legal processes under the Mental Capacity Act 2005.

3.4.1 Length of Stay

5 service users have been at Lakeside less than 1 year

6 service users under 2 years

7 service users more than 2 years (of these 3 have been at Lakeside for 5 or more years with a further one residing there for 10 years).

3.5 Condition of Lakeside

Lakeside Residential Care Home is a 29 bedded residential home in Ernesettle, which cares for people with dementia. The building is out dated and does not have nursing facilities and so residents will need to move to other homes should they require nursing care in later stages of their condition. As part of this consultation an inspection of the building was completed by asset management to ascertain the costs of bringing the building up to modern standards. The report concluded that to bring the building up to modern standards, including bedroom refurbishment would be in the region of £850,000.

3.6 Market Information:

Presently within the City there are 38 homes that provide dementia care, 26 of them have the Dementia Quality Mark.

There are a number of dual registered dementia care homes available in the City. There is also a new, purpose-built registered home in the vicinity of Lakeside, where there are currently 34 vacancies. There are therefore more than adequate dual registered facilities to meet the needs of the 18 service users currently at Lakeside.

In order to ensure the quality of provision is high and maintained, we have invested in a Quality Assurance & Improvement Team who proactively work with care homes to improve the quality of care.

4. Equality Impact Assessment

An initial Equality Impact assessment was carried out to support the Cabinet paper of the 15th January 2013 was completed and as both consultations have progressed we have updated this to ensure we are capturing changes and gaps in the consultation process. In response to these recommendations a further Equality Impact Assessment has been completed based which has been informed by the consultation process. We are mindful of the unique characteristics of each person who may be directly affected by the proposals and will continue to assess for differential impacts throughout the process.

5. Staff Engagement

Throughout the consultation period staff have been able to provide us with their views through the website and questionnaires. Meetings with staff have also been carried out to ensure they are both informed and consulted with. Where needed staff have supported our service users in engaging with the consultation process.

The recommendations set out in this report will have impact on staff and a comprehensive human resource process and plan will be available and the relevant unions consulted with prior to formal consultation with staff if the recommendations are agreed by Council.

Our intentions are to support staff through the proposed de-commissioning of Lakeside. This process will aim to find suitable alternative employment (through the redundancy avoidance policy) with the Council. Full use will be made of Plymouth City Council's resources, for example, redeployment and the employee assistance programme. However, it is anticipated that not all staff will be successful in finding alternative roles and that some redundancies will be unavoidable.

Appendix One

Consultation Report - the future of Lakeside Residential Home

Overview

Over the last few years, Plymouth City Council has made significant progress in introducing more personalised approaches which help people to have more choice and control over the care and support they receive, enabling them to live the life they choose.

Amongst the key strategic projects that will deliver “Improved Quality and Outcomes and Increased Choice and Control” is improving the quality in dementia care.

Plymouth City Council has been seeking views, through a consultation process, on ways to improve residential provision across the city for people with dementia. The focus for the consultation was on the future of Lakeside Residential Home.

Lakeside is an out-dated building and there are opportunities to consider other services which have better facilities - for example, en-suite bedrooms with greater personal space. Lakeside is not registered to deliver on site nursing care and as a result some people have had to move homes when nursing care has been required. Alternative options could offer continuity of care.

The consultation period ran for three months until the 30th April 2013.

At the beginning of February all 21 families of service users of Lakeside Residential Home were sent a questionnaire for completion and were invited to attend a consultation event. A total of 14 service user families attended these events.

In the interim, the manager of Lakeside had prepared profiles of the residents so that there was a clearer understanding of each individual’s needs.

Two consultation events were held:

Consultation Event 1 – Tues 12th February 2013 10am-midday St Budeaux Library

In attendance

Jean Humphries	External Facilitator
Debbie Butcher	PCC ASC Strategic Commissioner
Caroline Paterson	PCC ASC Quality Improvement Manager
Julian Moulard	PCC ASC Service Manager
Sherran Dean	PCC ASC Social Worker
Phil Fitzsimmons	The Highbury Trust (Advocacy Service)

Consultation Event 2 - Thurs 14th February 2013 2.00–4.00pm the Highbury Trust

In attendance

Jean Humphries	External Facilitator
Debbie Butcher	PCC ASC Strategic Commissioner
Caroline Paterson	PCC ASC Quality Improvement Manager
Julian Moulard	PCC ASC Service Manager
Sherran Dean	PCC ASC Social Worker
Phil Fitzsimmons	The Highbury Trust (Advocacy Service)

The format for both events was as follows:

- ◆ **Introductions** - Debbie Butcher, Strategic Commissioning Manager for Plymouth City Council stressed the importance of impartiality so that relatives of residents in Lakeside could have confidence in the consultation process. Jean Humphries, an independent facilitator, was in attendance to oversee the discussions and record feedback and comments. Phil Fitzsimmons, the Highbury Trust, provided an independent advocacy service for the process. In addition, Sherran Dean, Social Worker, provided support for service users and their families with a follow up social care assessment to assess individual needs.
- ◆ **First table top discussion led by an ASC facilitator** – to gather as many views as possible about current use of the service and key priorities for future services.
- ◆ **Feedback session** – led by external facilitator
- ◆ **Second table top discussion led by an ASC facilitator** - to consider options for residential care i.e. –
 1. Close Lakeside and be supported to move to a dual registered care home, located close by, that can also provide nursing care if needs change in future
 2. Close Lakeside and consider another home that is experienced in delivering care to people with dementia
 3. Remain living in Lakeside
- ◆ **Feedback session** – led by external facilitator
- ◆ **What happens next** – The external facilitator informed the group that whilst no further consultation events had been planned, individual meetings with family members could be arranged. In addition, relatives were invited to a coffee morning at Waypoints on the 20th February with an opportunity to have a tour of the home and to ask any questions. Debbie Butcher informed the group of the decision making process and the date of Cabinet when the results of the consultation would be discussed and a decision made on the future of Lakeside.
- ◆ The external facilitator thanked the families for their time and invited any attendees who felt their concerns had not been addressed adequately to speak with her separately after the event - or to contact Debbie Butcher directly. Debbie Butcher also confirmed that extracts from table discussions would be written into a report for Cabinet and sent to all families attending the events.

Summary of comments and views from Consultation events

Priorities for services

- Security of building to minimise wandering
- Shared rooms to accommodate couples
- Family members being close / having easy transport access to home
- Friendly and happy environment / friendly staff
- Well-trained staff
- Dignity and respect
- Good standard of care
- Good nutritious food
- Keep it simple – limit confusion by avoiding complex environments/facilities

Extracts from comments made by families

- Worried about losing home identity – staff at Lakeside consider residents as their second family. Likely to be too impersonal in a larger unit.
- Lakeside is in a good location with a nice outlook and close to the GP Surgery. It is open and airy with a separate dining room – very important that residents are encouraged to socialise and are not fed in their own rooms.
- En suite facilities provide very little added value as most frail elderly do not shower/bath on a daily basis and are often confused with different levers and knobs on bathroom hardware. The new wet room is ideal for residents.
- Lakeside staff know the residents very well and they provide excellent quality of care.
- The home seems to have a low staff turnover which is good – residents like familiarity.
- Families would like an opportunity to have a meal with a resident
- Fewer trips are provided now – perhaps another home would provide that
- Would like more consistency in staff members supporting residents
- Lakeside provides an excellent service, also offering manicures and hairdressing
- The home never smells
- There is a smell near the lift
- Rooms are beautifully decorated – the home was quite depressing years ago
- Having en suite facilities doesn't mean it's a good home
- Would like more people involved in her mother's care
- Has Lakeside got the DQM (Dementia Quality Mark)? – Yes
- Do Waypoints have vacancies? – Yes
- We just want the best for Mum
- Staff do a lot of different things with the residents and will often ring up family members to discuss care/issues
- Thinks Mum would like an en suite

In summary, family members expressed a strong desire for Lakeside to remain open. However:

- They didn't agree with keeping Lakeside open if no further residents were to be admitted - they do not want the service run down (quoting Frank Cowl House)
- Some family members agreed to attend Waypoints coffee morning or to arrange a separate visit to talk to staff and have a tour of the building.

Report Author: Jean Humphries (Consultation event facilitator)

Date: 17th April 2013

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