



LEEDS  
CITY COUNCIL

# Independent Living Project

A Summary of the main elements of the Outline business case for PFI credits to the Office of the Deputy Prime Minister and Department of Health. July 2005



**LEEDS CITY COUNCIL**

**A SUMMARY OF THE MAIN  
ELEMENTS OF THE  
OUTLINE BUSINESS CASE**

**FOR**

**INDEPENDENT LIVING PROJECT**

**TO SPONSORING DEPARTMENTS OF**

**OFFICE OF THE DEPUTY PRIME  
MINISTER**

**DEPARTMENT OF HEALTH**

# LEEDS CITY COUNCIL

## INDEPENDENT LIVING PFI PROJECT

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## 1. Executive Summary

### 1.1 Strategic Context and Business Need

The Independent Living Project (ILP) forms part of a Modernisation Programme to greatly increase opportunities for adults with a Learning Disability or Mental Health needs to live independently. The Programme aims to meet the accommodation, housing related support and care needs of current services users as well as providing greater flexibility to meet the changing needs of these service user groups over the life of the PFI Contract.

1. The Modernisation Programme has two main streams of work to secure an appropriate range of accommodation in which service users can be supported.

These are:

- Support some of the service users who currently live in the large traditional hostels to move into existing mainstream housing stock in the community; and
- Procure high quality purpose built properties across the City which will accommodate those service users with the housing related support and care needs appropriate for the need of each service user.

Many service users with a Learning Disability or with Mental Health needs are currently accommodated in either large scale traditional hostels or in out of Authority registered residential units. The ILP will extend the range of choices available to service users by procuring a range of housing in which service users can receive the housing related support and care that they need. The ILP will compliment existing housing and support services for these service user groups.

Leeds Social Services Department (LSSD) works in partnership with the five local Primary Care Trusts in the City to provide and procure a wide range of health and social care services to the people of Leeds. Within Learning Disability Services, Joint Commissioning arrangements between the City Council and the PCTs are in place using Section 31 of the Health Act, where lead responsibility rests with the Council.

Recent social care policy has been led by the Government's White Paper "Modernising Social Services" published in 1998. This requires Local Authorities to modernise and improve the quality of services, promote independence and to ensure that services provided meet the true requirements of the people who need them.

The national strategy for people with Learning Disabilities, set out in the Department of Health's "Valuing People", states that Local Authorities should give people with Learning Disabilities a choice about where, how and with whom they live. It supports the development of supported living and small scale ordinary housing, which are key aspects of the ILP.

For those with Mental Health needs, the Department of Health's "Modernising Mental Health Services", emphasises the need for services to be safe to protect patients and the public, provide effective care at the time when people most need it, offer choices which promote independence, offer continuity of care and are properly accountable to the public, users and carers. The National Service Framework for Mental Health (1999) translates these principles into seven standards and obliges health and social care providers to develop local delivery and improvement plans of which the ILP is one.

The strategic commissioning of housing related support is now led nationally by the Supporting People Programme, which contributes towards the delivery of strategies for people with Mental Health needs and Learning Disabilities. Within this, the Government has made a commitment to use Supporting People grants to increase the range and choice of housing available to both these user groups to enable them to lead independent and fulfilling lives. Whilst there has been considerable modernisation of services across all sectors within the City in recent years, a significant number of adults with Learning Disabilities or Mental Health needs have continued to be accommodated in 13 large traditional hostels across the City managed by Leeds Social Services.

The Government's Green Paper "Independence, Well-being and Choice" sets out the Government's vision for adult social care. This includes a much stronger emphasis on maintaining independence and providing a greater choice and control over the way in which individuals' needs are met. Services should also place more emphasis on prevention and ensure that Social Care, the NHS and the Voluntary and Community sectors work together to a common agenda of promoting the independence of individuals. The paper calls for the development of new and exciting models of service delivery.

## 1.2 Project Objectives

The Modernisation Programme and ILP have been developed with the full involvement of service users, family carers and partner organisations in the City. They form a local response to national strategy initiatives such as Valuing People, the National Service Framework for Mental Health and Independence, Well-being and Choice.

The ILP in particular and the Modernisation Programme in general have the following specific aims:

- To significantly improve the level of Social Inclusion for Service Users;
- To improve the availability of appropriate social rented housing
- To greatly increase the range of housing options of Service Users;
- To increase rights of tenure;
- To significantly improve the quality of the accommodation where care and housing related support services are delivered;
- To create the capacity to enable the delivery of new services;
- To expand the provision of some existing specialist services ;
- To develop more culturally sensitive services;
- To compliment existing services in the Statutory, Voluntary and Independent sector;
- To bring current services into line with Government and Local Strategic Policies;
- To create the capability for increased partnership working with other agencies; and
- To create flexibility to address future demand.

### 1.3 The Preferred Option

The Modernisation Programme and ILP will provide a range of more appropriate housing options in which the housing related support and care needs of service users can be met. This will include:

- New build flats, houses and bungalows;
- Respite and crisis accommodation;
- Specialist Dementia Care service;
- Autism specific services; and
- Transitional care units.

The proposed learning disabilities accommodation comprises:

Accommodation type	Number of properties	Number of bed spaces
4 Bed Detached Bungalows	28	112
3 Bed Detached Bungalows	2	6
4 Bed Detached House	8	32
Self contained flats (some 2 bed)	61	78
Respite accommodation (5 beds)	3	15
Emergency/assessment accommodation (5 beds)	1	5
<b>Total</b>	<b>103</b>	<b>248</b>

The proposed mental health accommodation comprises:

Accommodation type	Number of properties	Number of bed spaces
Transitional Care units	3	30
Respite/Crisis unit (3 bed)	3	9
Self contained flats	54	54
<b>Total</b>	<b>60</b>	<b>93</b>

Having identified that the option to re-provide the service on new sites is the Council's preferred investment option, the Council then evaluated different service delivery models in order to identify

the optimum procurement route to achieve its delivery. The various procurement options/service delivery models considered were:

- Traditional financing (a public sector comparator);
- Consortia approaches (public-public partnerships);
- Joint ventures; and
- PFI DBFO.

Following the appraisal of these options the Council considered that the PFI approach would deliver best value and the Social Services Management Team, Asset Management Group and Members of the Council agree that this should be the preferred procurement route.

#### 1.4 Commitment

At the Council's Executive Board meeting on 6<sup>th</sup> July 2005 Members considered and approved the submission of this OBC to the Office of the Deputy Prime Minister and the Department of Health.

The Council is highly committed to providing appropriate and sustainable community based services to service users. Member involvement in the development of the OBC is through the Lead Member for Social Services. The Lead Member is also a member of the Strategic Board.

#### 1.5 Project Delivery Arrangements

The Project Owner within the Council is David Page the Deputy Chief Executive; the Project Sponsor is John England Deputy Director for Strategy and Performance within Social Services. John England will have overarching responsibility for the successful delivery of this Project. In addition there will be a Project Director from Social Services and a Project Manager from the Councils PPP/PFI Unit to lead and manage the project on a day to day basis, supported by a project team and other specialists including external legal, financial and technical advisers.

The Council has a clearly defined Corporate Governance structure, with clearly defined decision making authority delegated to it by the Council's Executive Board. This Project will follow the successful Project delivery arrangements established within the Council. The Project Board will ensure that the appropriate resources are applied to successfully deliver this Project. The Project Board will be chaired by the Project Owner. Membership of the Board will also comprise the Project Sponsor, Programme Director and nominations of the Directors of Corporate Services, Development and Legal and Democratic Services. The City Council has long term Framework Agreements with PricewaterhouseCoopers (PWC) and DLA Piper Rudnick Gray Cary LLP (DLA) as the Council's Financial and Legal Advisers for PFI Projects. These Advisers will assist the Council to deliver an affordable, value for money Project that complies with the provisions of SOPC 3.

The Council has been involved in other PFI procurements and recognises the resource commitment involved in delivering these projects and has committed the appropriate budget for the procurement of this Project. The Project Programme is predicated on the basis that this OBC will be approved by Project Review Group in September 2005 with formal procurement OJEU notice being advertised shortly after the OBC is approved. It is programmed that the Preferred Bidder is selected by October 2006. The Council recognise that this is an ambitious procurement timetable but it believes that its commitment to this important Project and well established experience of procuring PFI Projects to challenging timescales that it will achieve a successful outcome for service users, the Council and the ODPM and DOH.

## 2. Strategic Context and Business Need

### 2.1 Background - The City of Leeds

Development of the Independent Living Project (ILP) in Leeds is being led by the City Council's Social Services Department. Leeds is the second largest Local Authority in England and Wales, serving a population of 715,400. Currently approximately 39,000 service users access the services provided by the Council.

As a City, the Leeds population is broadly representative of England as a whole, from its ethnic population mix to levels of employment. Nevertheless, it is a City of great contrasts. The City centre and some suburbs are areas of comparative wealth, whereas some inner-city communities contain high levels of economic deprivation, poor health, sub-standard housing and low educational attainment.

Leeds City Council has recently been rated 'excellent' in its Comprehensive Performance Assessment (CPA) report for 2004. This makes it one of the highest performing authorities, and the largest Unitary Authority in the Country to be rated as 'excellent'. The Audit Commission Report stated that there has been improvement in performance across most major service areas since the last CPA in 2002. The report notes the Council's successful use of the Private Finance Initiative (PFI) to provide capacity to improve the quality of its assets. Indeed the Council has recently been awarded Beacon Status for Asset Management with the work of the Facilities Development Unit (FDU) central to supporting client Departments successful delivery of PFI projects.

### 2.2 The Social Services Department

In 2003/4 the Department produced its own mission statement, called 'Our Shared Purpose'. This was produced with the active collaboration of staff members across the Department and represents its aspirations for the type and quality of services the Department wishes to provide for the people of Leeds.

The Social Services Department's key document which leads its work in modernising services for adults is the Adult Services Strategy 2003-2006, which takes into account the statutory obligations of the Department, as well as National and Corporate priorities. The Strategy identifies six priority areas for the Department's work:

- Promoting Independence;
- Protection;
- Fulfilling Lives;
- Involvement and Partnership;
- Social Inclusion; and
- Empowerment.

The Social Services Department Business Plan for 2005/08 develops this earlier work and identifies challenges and agreed targets towards modernisation. It sets out how these targets will be achieved and the resources required to achieve them. The Business Plan is guided by a trio of underlying principles:

- Fairness;

- Independence; and
- Affordability.

"Fairness" means that we will provide services to people who have needs, at a level appropriate to those needs and at a cost appropriate to people's personal circumstances.

"Independence" means that we will help people to remain independent for as long as possible, with the support they need to do so. It also means that we will discourage the kind of dependency culture that removes people's dignity, freedoms and self-determination. For example, through Direct Payments, people may opt to organise their own care and support if that is their choice.

"Affordability" means that in deploying the resources of the Department, decisions will be made about obtaining the best quality of service within the resources available. This means maximising the efficiency of services we provide directly and those which we procure, always ensuring that we can demonstrate best value regardless of who provides a service, how and where. The Three Year Business Plan is linked to the key strategies of the Council. Particularly important is the lead role the Department plays in the promotion of health and well being, the fundamental features in maintaining independence; work with people from all the diverse communities that live in Leeds and ensuring that this is done fairly through equality impact assessment in all areas of the Departments activity; and a commitment to promote and support community safety as part of ensuring community cohesion.

Social Services commitment to a program of continuous improvement and the change this will bring also involves a commitment from the Council as a whole to ensure that:

- There is a high performance and learning culture, with effective leadership at all levels; and
- Our service users and the wider community receive excellent services which are efficient, effective and meet their needs.

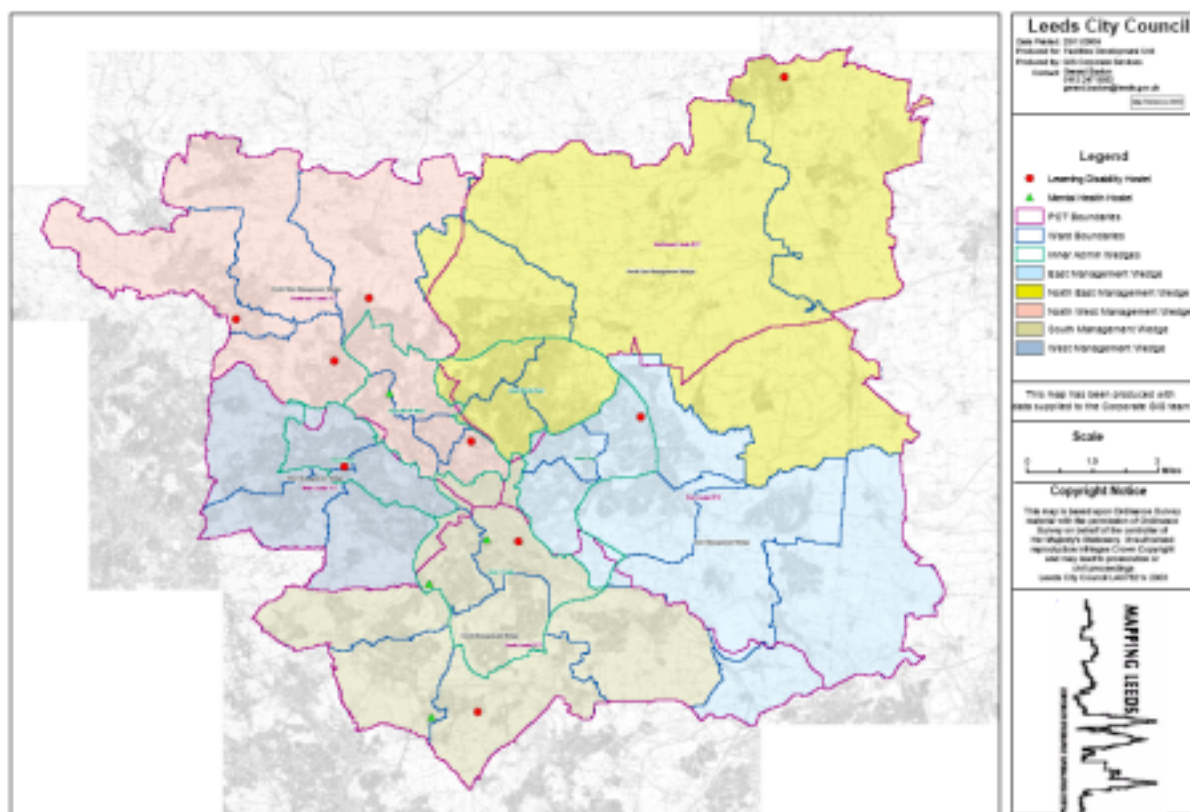
Specific priorities include the remodelling of hostels in Learning Disability and Mental Health services. The ILP thus forms part of a wider programme of service modernisation. Linked developments include a strategy to increase the take up of direct payments and the review of day services and activities. Indeed developing more appropriate housing within the community has been shown to change the demand for other services such as day care.

### 2.3 Analysis of need

People with Learning Disabilities and Mental Health needs are often some of the most excluded members of the community and in Leeds there remains a significant minority of service users who currently have limited access to a range of housing and support options appropriate to their individual need. It is now recognised that the hostel model of provision and the services provided within them are no longer appropriate to meet the needs and aspirations of people. They largely reflect the historical funding arrangements for supported housing which has tied services to buildings. This has meant that people have to physically move into the schemes to receive a housing related support service. The shortage of accessible housing in which housing related support and care can be provided also places continued demands on many elderly carers. An integral part of the modernisation programme has been to look at current and future housing, care and support needs alongside demographic trends, so that a picture can be drawn up of the range of services that need to be in place for those who currently access services and those who will need to do so in the future.

The following map of Leeds shows the location of statutory provision of Learning Disability and Mental Health services:

### Learning Disabilities and Mental Health Accommodation in Leeds



#### 2.4 Learning Disability Services – The Case for Change

There are currently 2,749 adults with moderate or severe learning disabilities living in Leeds ( Leeds LD JIP review 2002).

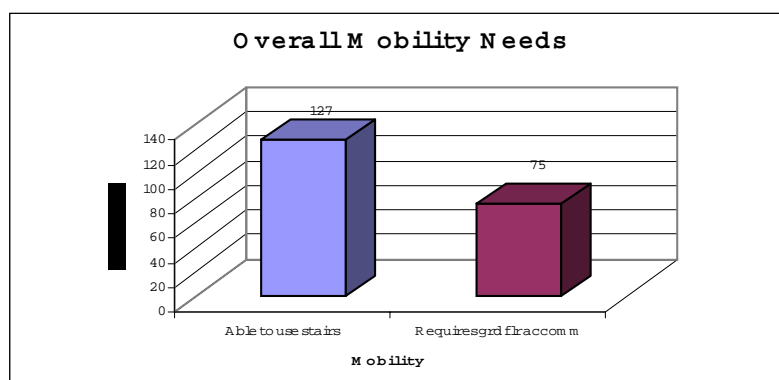
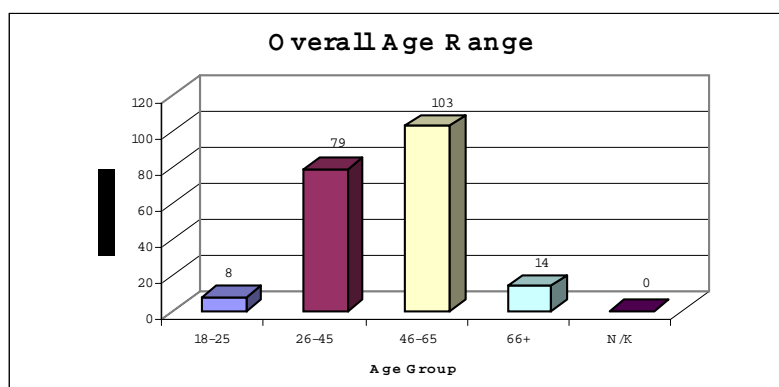
Demographic studies undertaken by the Learning Disability Taskforce using baseline figures from the 2001 Census predict that nationally the prevalence of Learning Disability will increase 8% by 2011 and 14% by 2021. These increases are based on three significant demographic trends:

- Increased survival rates of children with multiple and severe disabilities;
- Reduced morbidity of older adults; and
- Increase in the proportion of the South Asian population across the whole community.

Although the majority of adults with learning disabilities live with family members, in 2001, at least 900 were living away from their family home with varying degrees of care and support. Those living away from the family home are doing so in a range of settings and with varying degrees of support provided from all sectors. There has been a significant shift in recent years to modernise services across all sectors, including the closure of the old long stay Meanwood Park Hospital in 1996. There are 2 Key Ring services (a specific model of dispersed flats) in the City and many individuals supported to live in their own tenancies either by themselves or with small groups of friends. There are two specialist Nursing Homes and there continue to be over 30 Registered Care Homes – though a significant number have remodelled to provide Domiciliary Care services to individuals in recent years.

### 2.4.1 Existing Learning Disability provision

The largest single provider of services continues to be Social Services, who provide bedspaces to support 316 of the 900 individuals who live away from their family homes. Of these, 95 bedspaces support service users to live in accommodation provided by a variety of housing providers either as individuals or in groups up to four. The remaining 221 bedspaces continue to be provided in the 9 hostels that are identified in this OBC. These hostels also provide the care and support for the service users living in them. Typically the hostels were built in the 1970s and accommodate up to 30 people. The profile of the service users who live in these hostels is one of an ageing and increasingly immobile population. The following charts indicate age and mobility profile of the current hostel population:



In recent years the need to remodel the 9 Social Services hostels and implement a wider modernisation programme for adults with Learning Disabilities has become increasingly pressing, for the following reasons:

### 2.4.2 Policy

To bring existing hostel services up to the standards required by Government policy, which emphasises the need for services to promote independence and individual's social and economic participation, including people living in their own home wherever possible:

- 'Modernising Social Services', published in 1998, led the way in requiring Social Services departments to modernise, improve the quality of services, promote the independence of people and ensure the services provided meet all the requirements of the people who need them;

- 'Valuing People'. National policy in Valuing People aims to extend choices for people with learning disabilities and to enable more people to plan to live independently in their own homes. Local Authorities are expected to expand the range of housing, care and support services and recognise that people with learning disabilities can live successfully in many types of housing. The Policy envisages a much wider range of options being available to people, with individuals having more choice of flexible housing and support. The implication is that there will be less reliance on more institutional forms of provision as greater individual independence is developed;
- Leeds City Council's Corporate Plan. The proposals to re-provide hostel provision in Leeds fit closely with the vision for the future found in the Council's broader plans which are led by the vision for Leeds and the Council's own Corporate Plan; and
- The Leeds Housing Strategy for People with Learning Disabilities aims to 'Enable people with Learning Disabilities and their families to have greater choice and control over where and how they live.'

### 2.4.3 Expectations

To bring services in line with service user and carer expectations. A consultation with service users in the development of the Valuing People Housing Strategy in Leeds was undertaken in the summer of 2003, the results of which led to the following preferences being expressed by those who participated at the event:

- 11 people said they would like their own home;
- 23 people said they would like to share a house;
- 2 people said they would like to live in a care home;
- 1 person said they wanted to live in a hostel; and
- No one wanted to live in a village community.

### 2.4.4 Appropriate Regulation

To ensure that the models of service delivery are appropriately regulated by the Commission for Social Care Inspectorate (CSCI).

At present services provided to users within the existing 9 traditional hostels are in the process of being registered as domiciliary care services under the Care Standards Act. There is however, increasing concern expressed by CSCI that the provision of care and support services provided to users in such large settings where the accommodation and personal care are both provided by the same organisation – that an 'establishment' is being run. That being the case, there would be a need to register the 9 hostels as Registered Care Homes. The impact of registration would be significant for individuals in terms of decreased independence and decreased personal affordability and reduced revenue funding for the Council.

### 2.4.5 Personal Affordability

To ensure that service users continue to be eligible for welfare benefits that maximise their opportunities for social inclusion.

The Council is keen to ensure service users are able to access the communities within which they live in a meaningful way. One clear opportunity to do so is to have an appropriate level of income.

The impact of the hostels being registered as Care Homes would have a significant negative impact on service user's disposable income - and therefore their ability to play a meaningful economic role in the communities in which they live.

The Personal affordability model below indicates the differences for service users between living in care homes or their own homes:

		Severe Disablement Allowance	Income Support	Disability Living Allowance	Total
Case 1	Residential care	£62.25	£17.90	£16.05	£96.20
Case 2	Supported Living	£62.25	£17.90	£16.05	£96.20
Case 3	Supported Living	£62.25	£17.90	£32.10	£112.25
Case 4	Supported Living	£62.25	£63.40	£56.60	£182.25
Case 5	Supported Living	£62.25	£75.10	£76.65	£214.00

	Available Income	Food	Fuel/Water	Disposable Income
Case 1	£96.20	Inclusive	Inclusive	£34.85
Case 2	£96.20	£40.00	£10.00	£46.20
Case 3	£112.25	£40.00	£10.00	£62.25
Case 4	£182.25	£40.00	£10.00	£132.25
Case 5	£214.00	£40.00	£10.00	£164.00

## 2.4.6 Strategic Relevance

To ensure that the models of service delivery are strategically relevant to both the Joint Commissioning Service, who provide funding for the personal care and health care elements of services, and the Supporting People Programme, which provide funding for housing related support activity.

It is important that both the housing related support activity and the provision of personal care are provided to individuals through services that are strategically relevant. The Joint Commissioning Service and the Supporting People Team are developing a strategy for Learning Disability services which moves to a more flexible response to meeting the needs of adults with learning disabilities in a range of more appropriate settings. The move away from large scale institutional settings is central to that strategy.

### 2.4.7 Appropriate Funding

To ensure that the future models of service delivery continue to be eligible for an appropriate range of funding streams.

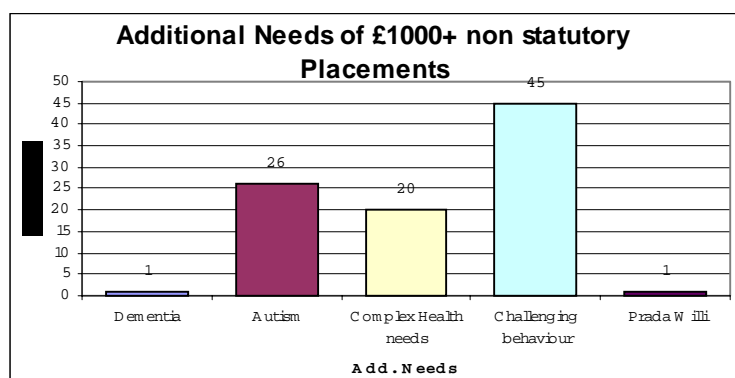
The services provided to users who currently live in the 9 large traditional hostels are supported by a range of funding streams; which include Housing Benefit and Supporting People. Registration of these services as Care Homes would make the service users within them residents and therefore ineligible for Housing Benefit and Supporting People Grant.

Income to the service would be reduced by:

Housing Benefit	£974,000
Supporting People Grant	£4,644,000
<b>Total</b>	<b>£5,618,000</b>

### 2.4.8 Out of Authority Placements

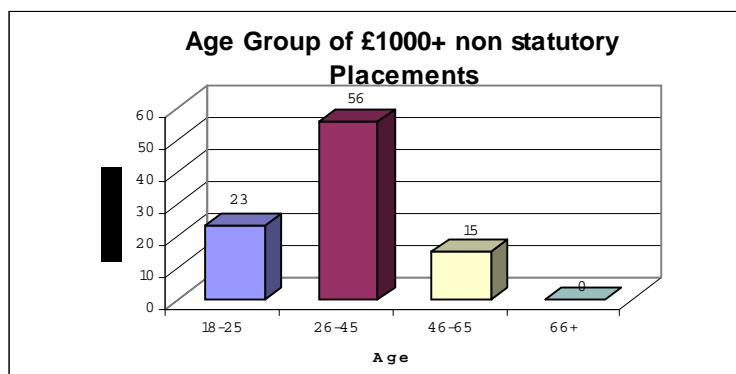
In recent years many people with the most complex needs have been placed in non statutory sector placements both within Leeds and in Out of Authority placements:



Notes:

- 93 placements are made in spot contracts in the Voluntary and Independent sector from the Joint Commissioning service pooled Budget at over £1000 per/week.
- 18 of which are over £2000 per/week.

3. The age profile of those service users in these spot contract placements is significantly younger than the age profile of those who live in the current hostels.



### 2.4.9 Culturally and Ethnically Appropriate Services

Currently there is an imbalance in the City where service users from black and minority ethnic communities are not accessing the Learning Disability services provided by the Council.

The black and minority ethnic population in Leeds comprises 6.82% of adults over the age of 18 and 12.79% of under 18s. However, of the 1,986 adults in Leeds with Learning Disabilities only 145 (7.30%) are from black and minority ethnic communities.

Of the 316 adults with Learning Disability in Social Services full time staffed Services only 6 (1.9%) are from black and minority ethnic communities. This under representation will be addressed through the new ILP service model.

### 2.4.10 Future Demand – Early Onset Dementia

There is an emerging trend that the early onset of dementia for those people who have Downs Syndrome is much higher than in the mainstream population. Downs Syndrome is the largest single causal condition within Learning Disabilities and, combined with the trends in the population as a whole for increased longevity this will create a significant increase in demand for dementia services for adults with a Learning Disability over the foreseeable future.

Age range	Prevalence of Alzheimer's disease in people with a learning disability who also have Downs Syndrome %
30 -39	2.0%
40-49	9.4%
50-59	36.1%
60-69	54.5%

Source: LMHST

#### **2.4.11 Future Demand – The Needs of Older Carers**

'The Housing Timebomb' (Mencap 2002) states that only half of local authorities are aware of the numbers of people living with older carers aged 70 or over and that many were not providing adequate support and services for this group of carers. In order to address such issues in Leeds, the following objective was agreed for the Leeds Learning Disability Joint Investment Plan 2002-2004:

"To research, plan, tender and establish a new support service for older carers of people with learning disabilities drawing on experience and best practice from across the country."

The commissioning process for this new service, now known as the Older Carers Support Service (OCSS) began in August 2002 with extensive consultation with older family carers in Leeds, and researching similar projects in other parts of the Country, including a visit by the project team and older carers to the successful Sharing Caring Project in Sheffield. After a formal procurement process (in which older carers were involved at every stage), an initial 3-year contract was awarded in March 2003 to Age Concern to run the new Service. Staff in the new service are working with older carers to ensure that appropriate planning takes place to meet the needs of their sons and daughters.

#### **2.4.12 Future Demand - Transitions**

There are an increasing number of children with Learning Disabilities who are surviving into adulthood. As a result of significant improvements in ante natal and post natal care, there are also an increasing proportion of those children who have profound and multiple disabilities. The points below show the increasing number of children with moderate and severe Learning Disabilities who will leave Special Education aged 19 over the next 5 years:

35 young people with learning disabilities leave school in 2005;

- 36 projected for 2006;
- 68 projected for 2007;
- 81 projected for 2008; and
- 89 projected for 2009.

### **2.5 Mental Health Services –The Case for Change**

It is estimated that 82,420 people in Leeds aged between 15 and 64 have some form of mental ill-health, representing 16% of the population in this age group.

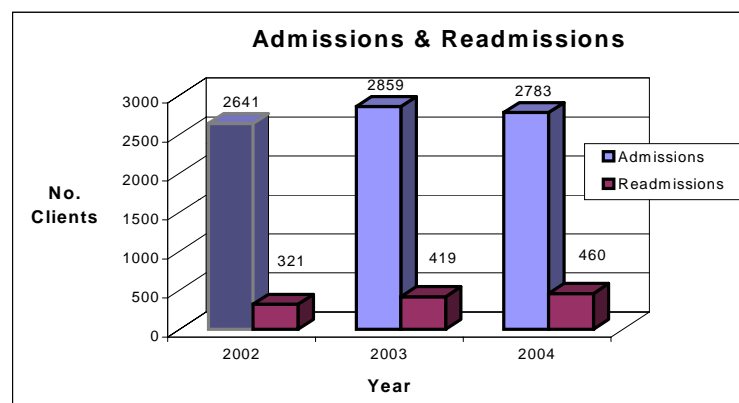
In 2004, 2,233 people were admitted to hospital in Leeds with a mental health need. The main reasons for admission were:

- Mood disorders (33%);
- Schizophrenia (28%);
- Neurotic and stress related conditions (15%);
- Substance misuse (11%); and

- Personality disorder (9%).
- Other causes (4%)

In 2003, 739 referrals to approved social workers were made, of which 83% resulted in a compulsory admission to hospital. The largest group of those referred lived alone (42%). There was a significant over-representation in this group of people from BME communities. The majority of people referred lived in Inner City areas, corresponding to areas with high levels of social deprivation.

The following chart shows, for the period 2002-2004, the number of admissions/readmissions within 28 days of discharge from mental health wards:



The reasons for readmission to hospital are often complex but a major factor is the absence of appropriate levels of formal and informal community support.

More than 4 out of 5 people with a severe and enduring mental health problem live in ordinary housing. This equates to some 26,600 people in Leeds. Half of this group with their own home live alone (Social Exclusion Report: ODPM 2004). Nationally 41% of people with a neurotic disorder living in their own accommodation report difficulty in completing one or more activities of daily living (The Social and Economic Circumstances of Adults with Mental Disorders ONS 2000).

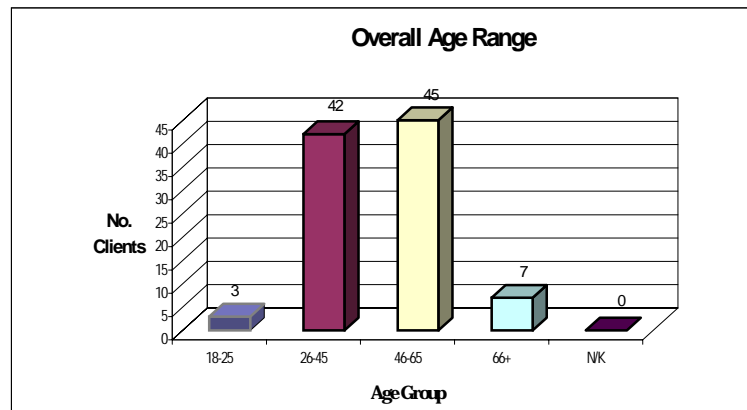
The report 'Mental Health and Social Exclusion' (ODPM: 2004) emphasises the importance of stable appropriate housing for people with Mental Health needs to enable them to work and engage in community life. Conversely, a lack of stability or unsatisfactory housing can lead to worsening mental health. The report suggests that people with Mental Health needs are particularly likely to have vulnerable housing. Plans to reform mental health day services to place a greater emphasis on promoting work opportunities and community engagement with targets to meet these goals are also set out.

### 2.5.1 Existing Mental Health provision

Social Services are a large provider of supported accommodation in Leeds, supporting 327 people. This comprises 97 individuals supported in hostels or satellite accommodation attached to these units and 230 individuals supported in their own tenancies by a team of housing support workers.

The hostels are owned by Leeds Social Services who also provide the care and support to the individuals who live in them. Most of the hostels were built in the 1960's and 1970's and each accommodate between 20-27 people.

As shown in the chart below, the profile of the service users who live in these hostels is one of an ageing population:



In recent years the need to remodel the four Social Services mental health hostels has become increasingly pressing for a number of reasons:

### 2.5.2 Policy

To bring Council services in line with Government policy which emphasises the need for services to promote independence and individuals social and economic participation, including people living in their own home wherever possible.

Mental health services operate within the framework of government policies linking social care with health, education, housing, employment and modern local and national government practices. The government's stated mental health strategy has three main strands:

- Substantially increased investment in mental health services;
- Developing new and innovative community services; and
- Improving mental health law.

(The Journey to Recovery, DH: 2001).

Specific Policy drivers are:

'Modernising Social Services', published in 1998, led the way in requiring Social Services Departments to modernise, improve the quality of services, promote the independence of people and make sure the services provided meet all the requirements of the people who need them.

'Modernising Mental Health Service' emphasised the need for services to be safe to protect patients and the public, provide effective care at the time when people need it, offer choices that promote independence, offer continuity of care and are properly accountable to the public, users and carers.

'The National Service Framework for Mental Health' (1999) translates these principles into seven standards and obliges health and social care providers to develop local delivery and improvement plans. Implications for the provision of local housing and support services include:

- The development of 'assertive outreach' teams;
- Sufficient community based 24 hour staffed facilities;
- Good risk management and investment in crisis responses;
- Improved joint working between health and Social Services; and
- Establishing a mental health grant to support the development of community services.

### **2.5.3 Delivery of the Local Mental Health Strategy**

The vision of the Leeds Strategy for Mental Health Promotion 2002-05

'...is for all people in Leeds to feel included within a mentally healthy society that enables them to fulfil their potential and for future policies and plans to have a positive impact on the mental health and well being of the whole population'. The strategy aims to ensure that Health and Social Services work effectively in partnership with others on the improvement of the mental health and well being of the people of Leeds.

Specifically, the action plan supports initiatives which promote mental well being, the social inclusion of people with Mental Health needs and the development of capacity and capability to enable a mental health promotion approach to be applied to wider health improvements.

The Leeds Local Implementation Plan (July 04) monitors progress in Leeds on the local NSF and NHS plans for mental health. Key local priorities are:

- Setting up crisis resolution services;
- Setting up early intervention services;
- Expanding assertive outreach services;
- Reducing inpatient bed occupancy and emergency readmission rates;
- Building capacity in primary care; and
- Implementing 'supporting strategies' (e.g. finance, human resources, information).

### **2.5.4 Expectations**

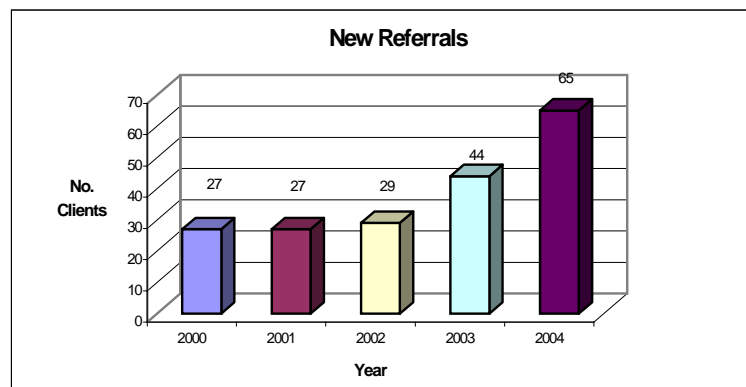
To bring services in line with service user and carer expectations.

Hostel accommodation has negative connotations for many service users. Many do not wish to live long term in accommodation with large numbers of people with similar difficulties. Living in ordinary housing increases opportunities to become full and active members of their local communities.

'Developing Services for Carers and Families with Mental Health Illness' (DH 2002) suggests that support and advice, information, psycho-social interventions, training and breaks for carers are the key needs of those caring for people with Mental Health needs. The guidance notes that there is some evidence that carers of people with a mental illness may have difficulty in accessing respite, compared with other carers. Carer support services and workers are seen as having a key role in ensuring carers are made aware of opportunities for breaks.

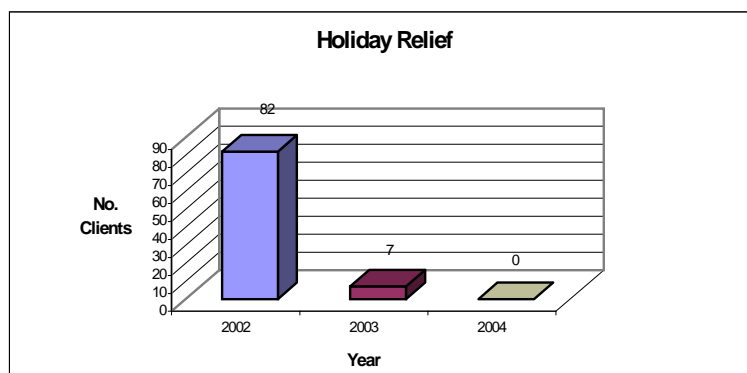
8,110 carers are supporting people with Mental Health needs in Leeds. 5,692 carers are working up to 19 hours each week on caring responsibilities; 881 carers are working between 20-49 hours per week; and 1,537 carers are working over 50 hours per week.

Demand for respite places has been increasing over recent years. The following chart shows the number of new referrals to respite/crisis beds in Social Services Mental Health hostels:



Mental Health services in the voluntary sector in Leeds are also experiencing similar high levels of demand for respite services

The availability of holiday relief for Leeds Mental Health Trust in patient services over the last 3 years is shown in the following chart:



### 2.5.5 Appropriate Range of Accommodation

The Mental Health National Service Framework (DH1999) suggests this should include short or medium term hostel accommodation, 24 hour staffed accommodation, crisis services, shared housing and individual tenancies.

Harker in "Working for Inclusion" Sainsbury Centre for Mental Health (2002) highlights current inadequate provision for the following groups:

- People with multiple needs such as those with drug or alcohol problems and mentally ill offenders;
- People in crisis and those with episodic high care needs;
- Those requiring intensive support and 24 hours supervision;
- Those requiring active programmes of skills development and rehabilitation.

### 2.5.6 Appropriate Funding

The Section 31 of the Local Government Act 2003 included a new power for local authorities to manage and distribute a Supporting People grant. Key features of the grant are:

- The promotion of independence, to prevent people from having to enter more institutional settings, and to assist with re-settlement in the community;
- Not tied to property, but focused on people;
- A single, co-ordinated budget for support needs;
- Incentives to promote value for money and independent monitoring and inspection; and
- The development of a local Supporting People plan for each user group.

'The Journey to Recovery' (DH2001) develops further the government's vision for mental health care. It emphasises the need to create an optimistic, positive approach to service users, and stresses that the vast majority of people have real prospects of recovery if supported by appropriate services, driven by the right values and attitudes. Mental Health services should support people in settings of their own choosing, enable access to community resources including housing, education, work, friendships or whatever service users think is critical to their own recovery. The report also recognises that public perceptions of mental health must be changed if service users are to gain full citizenship rights.

### **2.5.7 Out of Authority Placements**

Providing appropriately supported accommodation in local communities will reduce the need for people to be placed in expensive out of area placements. This is particularly the case with people with complex needs, including mentally disordered offenders.

### **2.5.8 Culturally and ethnically appropriate services**

There has been widespread concern about the mental health services received by people from ethnic minorities, especially Black and African Caribbean people for at least 30 years.

The Sainsbury Centre report 'Breaking the Circles of Fear' demonstrates that Black and African Caribbean people are over represented in mental health services and experience poorer outcomes than their white counterparts.

Many black people fear that engaging with mental health services will ultimately cost them their lives and that mental health services are seen as part of a coercive 'system'. At the same time stereotypical views of black people, racism, cultural ignorance and the stigmas and anxiety associated with mental illness often combine to undermine the way in which mental health services assess and respond to the needs of these communities. Responses tend to be dominated by a heavy reliance on medication and restriction.

'Delivering Race Equality in Mental Health Care' (2005) and 'Inside Outside: Improving Mental Health Services for BME Communities in England' (2003) address the inequalities that exist in the provision of mental health services to BME communities. 'Inside Outside' highlights how the Government aims to tackle this by:

- More appropriate and responsive services, achieved by action to develop mental health service and the workforce to improve services for specific groups;
- Community engagement in planning and developing services which will be supported by new community development workers; and
- Improved monitoring of ethnicity and better dissemination of information and good practice.

The two heads are better than one initiative in Leeds through a series of action learning groups has been working to improve adult mental health services for Black and African Caribbean people in the Chapeltown area of the City. Action learning groups have focussed on the following issues:

- Planning a training programme for ward staff on the family / carer perspective
- Improving practice on an in-patient ward: including discharge planning
- Making sure service user needs and wishes are central to the service they receive
- Engaging with Black and African Caribbean young people through arts and music

It is envisaged that initiatives such as this and the new ILP service model will encourage greater take up of community support services by BME communities.

### **2.5.9 Integrated Provision**

At present 18 people in psychiatric beds in Leeds are assessed as fit for discharge but are subject to delayed discharge. The reason for delayed discharge in 67% of these cases is a lack of appropriate accommodation. The proposed transitional care units will facilitate early discharge of individuals into supported accommodation. The Department has been running a successful pilot project at one of its existing hostels providing a crisis bed which can be accessed at short notice by the Mental Health Trusts Crisis Resolution and Home Treatment Team as an alternative to hospital admission his provision will be increased under the ILP proposals.

### **2.5.10 Improve Public Health**

Suicide is a major public health issue.

About 5,000 people take their own lives in England every year. Suicide is the most common form of death for men aged under 35 and suicide attempts by young people have risen by 170% since 1985. In addition people bereaved through suicide often experience a lack of support, making them more likely to have Mental Health needs and be at an increased risk of suicide themselves.

As part of the local mental health National Service Framework Leeds has set a target of reducing suicides by 20% by 2010.

Only 24% of adults with long-term Mental Health needs are in work - the lowest employment rate for any of the main groups of disabled people (ONS 03). The Mental Health and Social Exclusion report (ODPM 2004) acknowledges and decent and stable housing is critical to providing a sense of security in which people with mental health needs will feel confident about seeking employment.

Many people experience their first episode of Mental Health needs in their late teens or early twenties, which can have serious consequences for their education and employment prospects (Mental Health and Social Exclusion - ODPM 04).

### **2.5.11 Current and Future Demand – Dual Diagnosis**

'Dual Diagnosis Good Practice Guide' (2002) offers guidance on working with people with Mental Health needs who also misuse alcohol or drugs. It states that substance misuse is usual rather than exceptional amongst people with severe mental health problems. It emphasises that support should be delivered within mental health services by 'mainstreaming' drug and alcohol issues and that integrated care provided by one team appears to deliver better outcomes. Rates of co-morbidity of drug and alcohol use and Mental Health needs are rising. The national average is between 8-15% of the adult population. In Leeds the figure is 20% (Leeds Dual Diagnosis Report, Sainsbury Centre for Mental Health 2004).

### **2.5.12 Current and Future Demand – Personality Disorder**

'Personality Disorder: No Longer a Diagnosis of Exclusion' (NIMHE: 2003) suggests the development of specialist personality disorder teams to target those with significant difficulties. It also highlights the need to improve training to staff in personality disorder issues and to involve service users in its delivery.

The guidance stresses the importance of community hostels and supported accommodation, to provide step down care from medium secure provision. Again, the need for care co-ordination, continuity of care and clarity of responsibility is emphasised.

The Mental Health Trust in Leeds partnership with Social Services and Voluntary Sector have established a managed clinical and service network for people with a personality disorder in the city. The Project is funded from the Personality Disorder National Development Programme.

The network recognises the social importance of appropriate supported housing for this group and has established six support workers who enable people to access and maintain their accommodation and links with appropriate support agencies.

### 2.5.13 Current and Future Demand – Services for Women

'Women's Mental Health Strategy' ( DH2003) suggests the need to listen and involve women in planning and delivering services and highlights the need for action on the impact of violence and abuse on women's mental health. The local Leeds Women and Mental Health Strategy (2004) also highlights the need for 24 hour crisis provision, specialist housing and a better geographical spread of services.

### 2.5.14 Current and Future Demand – Mental Health Law/Mentally Disordered Offenders

'Improving Mental Health Law' (DH: 2004). The proposed law changes will offer greater legal protection to patients, extend the range of mental health professionals who can carry out key roles and would enable some patients to be treated in the community, reducing the risk of social exclusion that can result from detention in hospital under the current Act. Compulsion in the community will be focused on patients who are well known to services and who are prone to cycles of discharge, relapse and re-admissions to hospital.

In addition mentally disordered offenders who are not considered dangerous would be given a mental health disposal in the community as an alternative to a prison sentence on the basis that support and treatment to prevent a relapse to offending behaviour would be more accessible in the community. Research by the Leeds Supporting People Team has shown that a significant number of people entering mental health Supporting People services in Leeds have contact with the criminal justice system. Access to good quality supported accommodation is a key factor in preventing re-offending.

The Leeds Mentally Disordered Offenders Strategy (2001) also highlights the need for alternatives to hospital admission for this group and the need for more supported accommodation.

Some 49 Leeds residents are currently in medium or low secure forensic services and will require supported accommodation on discharge. The proposed Transitional Care Units which form part of the ILP will provide 24 hour supported accommodation for this group.

### 2.5.15 Current and Future Demand - Housing Support Services

Demand for housing support services continues to exceed supply.

Referrals to the mental health housing support team	
1999	129
2000	153

Referrals to the mental health housing support team	
2001	166
2002	248
2003	300
2004	316

Surveys of service users and referrers views indicate a high level of satisfaction with these services. The ILP will increase the number of service users supported by housing support with these services.

### *Current and Future Demand - Supporting People Analysis*

In January 2005 organisations providing housing related support services for people with Mental Health needs in Leeds were asked to complete a survey which would indicate levels of demand for these services. The aim was to gain a picture of demand for supported housing services for this client group across the city, in order to inform the Supporting People Five Year Strategy.

This indicated that there are 789 units of supported housing for this client group in Leeds.

Most services reported operating waiting lists and at the time of the survey 315 applicants were on waiting lists, this amounts to 43% of the capacity of the services which responded, of these 76% had been accepted in principle and were waiting for a place.

## **2.6 Existing Hostel Stock**

The ILP proposes to tackle concerns about the condition of the buildings and the institutional nature of services provided by 9 existing hostels for people with learning disabilities and 4 hostels for people with Mental Health needs. Built between 1965 and 1988, they mainly comprise single bedrooms, shared bathrooms and communal facilities. Indeed they would need substantial remodelling and refurbishment to meet CSCI standards, reducing capacity in the process.

An options appraisal to look at the best way to develop housing for people with Learning Disabilities and Mental Health needs was carried out before deciding on the Private Finance Initiative (PFI) route. This showed that unless the current hostels are redeveloped, they will fail to meet registration standards set by the CSCI and would have to close. This would also mean the loss of £5.6m revenue from Housing Benefit and Supporting People in Learning Disability services. Refurbishment would cost approximately £12m. At the same time this would involve re-housing 100 people on a temporary basis who could no longer be accommodated at the refurbished sites.

Registration as Care Homes would also mean that individual disposable income would drop to approximately £17 per person per week, this could have a dramatic affect on people's lives.

Given the Council's experience of working with housing providers to ensure the supply of a range of living options for disabled adults, the option chosen is to modernise the provision of housing currently delivered in hostels for people with Learning Disabilities and Mental Health needs. This is central to the Local Authority's commitment to strategies for service improvement which increase the life chances of disabled people.

## 3. Project Objectives

### 3.1 Introduction

The Council's Independent Living Project (ILP) forms a major part of a Modernisation Programme which aims to significantly improve housing, care and support services to adults with a Learning Disability and adults with Mental Health needs in Leeds. The Programme seeks to remodel services to provide the maximum opportunity for service users to live as independently as possible with increased choice and control over the way they live. The Programme also aims to meet the accommodation, housing related support and care needs of current services users and provide an infrastructure that is flexible and adaptable to the changing needs of these service user groups over the next 25 years.

One of the fundamental principles of the Programme is to separate out the provision of housing from that of housing related support and care services. Many service users with either a Learning Disability or with Mental Health needs are currently accommodated in either large scale traditional hostels or in out of Authority registered residential units. The Programme seeks to extend choice and control and promote social inclusion through a process of procuring a range of housing options in which service users can receive the housing related support and care they need in local communities.

The Programme has two main streams of work to secure an appropriate range of accommodation in which service users can be supported.

These are:

- Support some of the service users who live in the large traditional hostels to move into existing mainstream housing stock in the community; and
- Procure high quality purpose built properties across the city which will accommodate those service users with the most intensive housing related support and care needs.

Specifically, the range of accommodation to be procured will consist of the types and quality of accommodation in short supply for those with the most specialist needs. The ILP will provide accommodation in the social rented housing market that is accessible to some of the most disadvantaged members of society who historically have found it difficult to find accommodation appropriate to their needs that provides them with security of tenure. It is intended that ILP will deliver the mechanism to procure a range of flats, houses and bungalows across the city as well as specialist units for those with Autism, Challenging Behaviour or Early Onset Dementia within Learning Disability Services. Within Mental Health services it is intended that the ILP will also deliver the mechanism to procure three transitional care units for people leaving hospital who require more intensive support than can be provided to them in their own tenancies. Following a period of intensive rehabilitation it is envisaged that people will then be able to move into their own tenancies provided under the ILP respite. Both Learning Disability and Mental Health services aim to provide specialist Crisis Support services and accommodation that is sensitive and relevant to the needs of the black and minority ethnic communities in Leeds.

The accommodation to be procured will compliment the range of accommodation provided in the City for adults with a Learning Disability and adults with Mental Health needs whose housing related support and care needs are met by Health, Social Services and the Voluntary and Independent sectors.

The partnership approach to the implementation of the Programme in general and the development of the ILP in particular, will ensure that needs of service users can be met in high quality, appropriate

settings that are strategically relevant to the needs of the current population and those who will require accommodation related services in the years to come.

The Programme in general and ILP in particular aim:

- To significantly improve the level of social inclusion of service users;
- To improve the availability of appropriate social rented housing;
- To greatly increase the range of housing options for service users;
- To increase rights of tenure;
- To significantly improve the quality of the accommodation in which care and housing related support services are delivered;
- To create the capacity to enable the delivery of new services;
- To expand the provision of some existing specialist services;
- To develop more culturally sensitive services;
- To compliment existing services in the Statutory, Voluntary and Independent sector;
- To bring current services into line with Government and local strategic policies;
- To create the capability for increased partnership working with other agencies; and
- To create flexibility to address future demand.

### **3.2 National Policy Context**

On a wider stage, the ILP and Modernisation Programme sit within an array of government-led policies and good practice guidance for people with Learning Disabilities and Mental Health needs. These link social care with health, housing and other modernising strategies such as those around social inclusion, employment and community regeneration. (See Annexe A)

Recent social care policy has been led by the Government's White Paper, Modernising Social Services. Published in 1998, it required Social Services Departments to modernise and improve the quality of services, promote independence and ensure that services provided meet the true requirements of the people who need them. This, and subsequent guidance, puts an emphasis on developing choice and flexibility in housing provision as a way of supporting people to live as independently as possible. The National Strategy for people with Learning Disabilities, Valuing People, DH, 2001, states that local authorities should give people with Learning Disabilities a choice about where, how and with whom they live. It supports the development of supported living and small scale housing, which are key aspects of the ILP. (Valuing People, p.73)

For those with Mental Health needs `Modernising Mental Health Services` (1998) emphasised the need for services to be safe to protect patients and the public, provide effective care at the time when people most need it, offer choices which promote independence, offer continuity of care and are properly accountable to the public, users and carers. `The National Service Framework for Mental Health (DH1999) translates these principles into seven standards and obliges health and social care providers to develop local delivery and improvement plans. The more recent (2004) ODPM report on mental health and social exclusion stresses the importance of stable and appropriate housing for people with Mental Health needs to enable them to work and engage in community life. The report suggests that they are a group who are particularly likely to have vulnerable housing. The co-ordination of support to people with Mental Health needs is provided by the Care Programme Approach, introduced in 1991.

The strategic commissioning of housing related support is now led nationally by the Supporting People programme, which contributes towards the delivery of strategies for people with Learning Disabilities and Mental Health needs. Within this, the Government has made a commitment to use Supporting People Grant to increase the range and choice of housing open to people with Learning Disabilities with the aim of enabling them to live as independently as possible, and to help people with Mental Health needs lead independent and fulfilling lives. In Leeds, the Supporting People Team are represented in strategic planning arrangements for Learning Disabilities and Mental Health, so as to ensure that there is a consistent approach to service development across housing related support and social care services.

National policy also sets required standards and performance targets which oblige housing, health and social care organisations to develop local plans for improving the lives of people with Learning Disabilities and Mental Health needs and to support more of them to live independently. These are measured using performance indicators such as the Supporting People Indicator set around service users supported to live independently and Social Services PAF C31, Indicator which shows increases in the numbers of adults with Mental Health needs who live at home

The Government through the Prime Minister's Strategy Unit, has recently published its vision for improving the life chances of disabled people (January 2005), which emphasises the importance of independent living initiatives as does the recent government Green Paper on the future of adult social care. Independence Well-being and Choice. (DH, March 2005).

This sets out the Government's vision for adult social care. This includes a much stronger emphasis on maintaining independence and providing greater choice and control over the way in which needs are met. Services should also place more emphasis on prevention and ensure that social care, the NHS and the voluntary and community sector work to a common agenda of promoting the independence of individuals. The Green Paper calls for the development of new and exciting models of service delivery.

### 3.3 Local Strategic Priorities

This OBC has been developed in the context of the Leeds Community Strategy, the Vision for Leeds 2004-2020, which guides the work of the City's local strategic partnership, and the Council's own Draft Corporate Plan 2005-2008. The Corporate Plan describes the way that the Council will contribute to making the Vision for Leeds a reality. The Plan has been developed in response to both local priorities identified through consultation with local people, the Council's monitoring of its performance and in response to the Government's Agenda for Change. In terms of the overall corporate response, Central and Local Government have agreed shared national priorities for action: these have strongly influenced the Council's priorities. There are many detailed priorities but they cover five themes:

- Meeting local transport needs more effectively;

- Developing safer and stronger communities;
- Encouraging sustainable communities, that is, communities that have the right conditions for increasing employment and wealth and improving the quality, cleanliness and safety of local areas;
- Creating healthier communities, where people have healthier lifestyles and where health inequalities for all age groups are reduced; and
- Raising standards for all children and young people and enabling every child to achieve his or her potential.

The Corporate Plan goes on to articulate the following strategic objectives:

- All neighbourhoods are safe, clean, green and well maintained;
- All communities are thriving and harmonious places where people are happy to live;
- Our children and young people have healthy, safe and successful lives;
- At each stage of life, people are able to live healthy, fulfilling lives; and
- Leeds is a highly competitive, international city.

Under each of these strategic objectives the Corporate Plan has set out a programme of service modernisation. The Plan places this within its aim of ensuring that at each stage of life, people are able to live healthy, fulfilling lives, and live independently. The Independent Living Project is listed within the Corporate Plan as one of its key activities towards achieving this goal .

The Corporate Plan itself is one document in a 'family' of Plans that together explain what the Council does, why it is doing it, how it is doing it and how much it costs. Others such as the Council's Housing Strategy and the Social Services Business Plan also reflect the themes of developing safer, stronger sustainable communities and tackle social exclusion; encouraging people to develop healthier lifestyles, reducing health inequalities and promoting active citizenship.

### **3.4 The Independent Living Project**

In the past, housing options for people with Learning Disabilities and those with Mental Health needs have largely been based on an assumption of "dependency" and a need for care.

The proposals which are contained here are part of a Modernisation Programme to provide accommodation, housing related support and care services which focus on the promotion of independent living, choice and empowerment. The proposal aims to support people with Learning Disabilities and Mental Health needs to achieve their full potential by enabling them to access existing mainstream housing or new build accommodation which is designed to fit with other local housing and provide integrated, rather than separate, services. The aim being to ensure that accommodation, housing related support and care services are provided at the right level to meet the needs of vulnerable service users in the most appropriate way, and which allows people maximum engagement within the communities they live.

The ILP sits within a wider Modernisation Programme that will support service users to access a range of new build and existing properties in which their housing related support and care needs can be met.

The wider Modernisation Programme will support service users to access:

- Existing social housing;
- Leasing and renting direct from private landlords;
- A range of shared equity models, privately financed;
- Individuals accessing housing association shared ownership properties; and
- Family trusts or limited companies to procure, manage and maintain housing.

The Independent Living Project will secure a range of new build properties that are suitable to the needs of service users whose needs are unable to be met within available and appropriate current stock.

### **3.5 Learning Disability Services**

The proposed model within Learning Disability Services is to modernise accommodation related services for:

- Those who currently live within the existing Social Services hostels
- Those placed in expensive Out of Authority placements; and
- To meet demographic trends of a population that is growing in number and increasing in dependency.

There are two streams of work within this modernisation programme to secure the accommodation that service users will need in a remodelled service:

- Support 43 service users to access housing stock that is available to all sections of the community (ALMO/RSL/private rented/shared ownership).
- Through PFI bid to accommodate 248 service users:

By building a range of small scale flats, houses and bungalows designed to meet the needs of service users with a range of complex needs and for whom there is a lack of appropriate and available existing stock and refurbish two existing hostels to provide:

- Respite and Crisis support; and
- Registered Dementia Care.

#### ***Service Objective – Improve Standards of Accommodation***

The preferred model will substantially improve the quality of accommodation available to service users.

#### ***Service Objective – Security of Tenure***

The preferred model aims to deliver services to users in their own homes in which they have security of tenure wherever possible. A separation of the housing - from that of the housing related support and care functions would facilitate this.

### ***Service Objective – Appropriate Regulation***

In the preferred model, the care provided to users would be registered as Domiciliary Care under the Care Standards Act. There will be a small number of units which would provide respite care, a crisis function and one service for users with dementia which the Council intends to register as Care Homes under the Act.

### ***Service Objective – Personal Affordability***

The preferred model secures maximum income for service users, thereby ensuring their economic contribution to the communities in which they live.

### ***Service Objective – Additional Capacity – Specialist Services***

To create additional capacity for the delivery of specialist services for people with autism and those who present challenging behaviour.

Support the return to Leeds of service users who have been placed away from the communities they originate from.

Create additional capacity for the delivery of specialist services for people suffering with early onset dementia.

### ***Service Objective – Culturally and Ethnically Appropriate Services***

The Modernisation Programme in general and the ILP in particular offer the opportunity to work closely with those communities to ensure that service location, design and delivery are appropriate to the range of communities within Leeds.

To create additional capacity to ensure that services are sensitive to and in line with the aspirations of black and minority ethnic communities.

### ***Service Objective – Deliver Appropriate Respite and Crisis Services***

To create capacity to deliver respite care services in separate units and not in the homes of other service users. To create the capacity to provide emergency and crisis support to service users away from their ordinary place of residence.

### ***Service Objective – Address Demographic Trends and Future Needs***

To increase capacity to meet the needs of adults who are living with older carers

To create the capacity to meet the needs of the increasing numbers of young people in transition to adulthood.

## **3.6 Mental Health Services**

The Mental Health component of the ILP is designed to:

- Accommodate the existing hostel resident group in more appropriate housing with necessary support;
- Better meet likely future demands on the service;
- Meet both local and national mental health commissioning priorities; and

- Promote closer partnership working with all voluntary and statutory mental health services in the City particularly the Mental Health Trust.

The proposals will reduce reliance on large outdated hostels (current bed base 97) and support people to live in their own accommodation with appropriate support. The Department's existing Mental Health Housing Support Team has demonstrated that many people can be supported effectively in this way. Such a move is also emphasised in both national and local commissioning priorities.

At the same time it is recognised that some people require 24 hour, 7 days a week staffed accommodation prior to moving into their own tenancy or other supported accommodation. The proposals therefore include three transitional care units providing a total of 30 places built on the sites of the existing hostels. These will support people leaving hospital or those living in the community requiring additional support. These will provide a short term active rehabilitation programme to provide people with the skills required to live more independently.

There are two streams of work within this modernisation programme to secure the accommodation that service users will need in a remodelled service:

- Support 31 service users to access housing stock that is available to all sections of the community (ALMO/RSL/private rented/shared ownership); and
- Through the PFI accommodate 93 service users:

By building a range of small scale flats and specialist transitional units designed to meet the needs of service users who require intensively supported accommodation before moving on to their own tenancies.

#### ***Service Objective – Improve Standards of Accommodation***

The preferred model will substantially improve the quality of accommodation available to service users

#### ***Service Objective – Security of Tenure***

The preferred model highlighted in this OBC aims to deliver services to users in their own homes in which they have security of tenure wherever possible. A separation of housing from housing related support and care functions would facilitate this.

#### ***Service Objective – Additional Capacity – Specialist Services***

Create capacity for the delivery of specialist services. These include services for people with a dual diagnosis (a mental health problem and drug or alcohol use), people with a forensic history and those requiring single sex accommodation. In turn this will help:

- To reduce the length of stay of mental health service users in traditional care units by providing a rehabilitation programme designed to enable service users to move from these units into their own accommodation with appropriate packages of support;
- To support the early discharge of mental health service users from hospital and prevent inappropriate readmission back into hospital due to the lack of community support; and
- To increase the level of public safety through the better provision of services for specific service users.

***Service Objective – Deliver Appropriate Respite and Crisis Services***

To create capacity to deliver respite care services in separate units and not in the homes of other service users To create the capacity to provide emergency and crisis support to service users away from their ordinary place of residence.

***Service Objective – Culturally and Ethnically Appropriate Services***

This modernisation programme in general and ILP in particular offer the opportunity to work closely with those communities to ensure that service location, design and delivery are appropriate to the range of communities within Leeds.

To create additional capacity to ensure that services are sensitive to and in line with the aspirations of black and minority ethnic communities.

## 4. Options Appraisal

4.1 The Modernisation Programme and ILP will provide a range of more appropriate housing options in which the housing related support and care needs of service users can be met. This will include:

- New build flats, houses and bungalows;
- Respite and crisis accommodation;
- Specialist Dementia Care service;
- Autism specific services; and
- Transitional care units.

The proposed learning disabilities accommodation comprises:

Accommodation type	Number of properties	Number of bed spaces
4 Bed Detached Bungalows	28	112
3 Bed Detached Bungalows	2	6
4 Bed Detached House	8	32
Self contained flats (some 2 bed)	61	78
Respite accommodation (5 beds)	3	15
Emergency/assessment accommodation (5 beds)	1	5
<b>Total</b>	<b>103</b>	<b>248</b>

The proposed mental health accommodation comprises:

Accommodation type	Number of properties	Number of bed spaces
Transitional Care units	3	30
Respite/Crisis unit (3 bed)	3	9
Self contained flats	54	54
<b>Total</b>	<b>60</b>	<b>93</b>

Having identified that the option to re-provide the service on new sites is the Council's preferred

investment option, the Council then evaluated different service delivery models in order to identify the optimum procurement route to achieve its delivery. The various procurement options/service delivery models considered were:

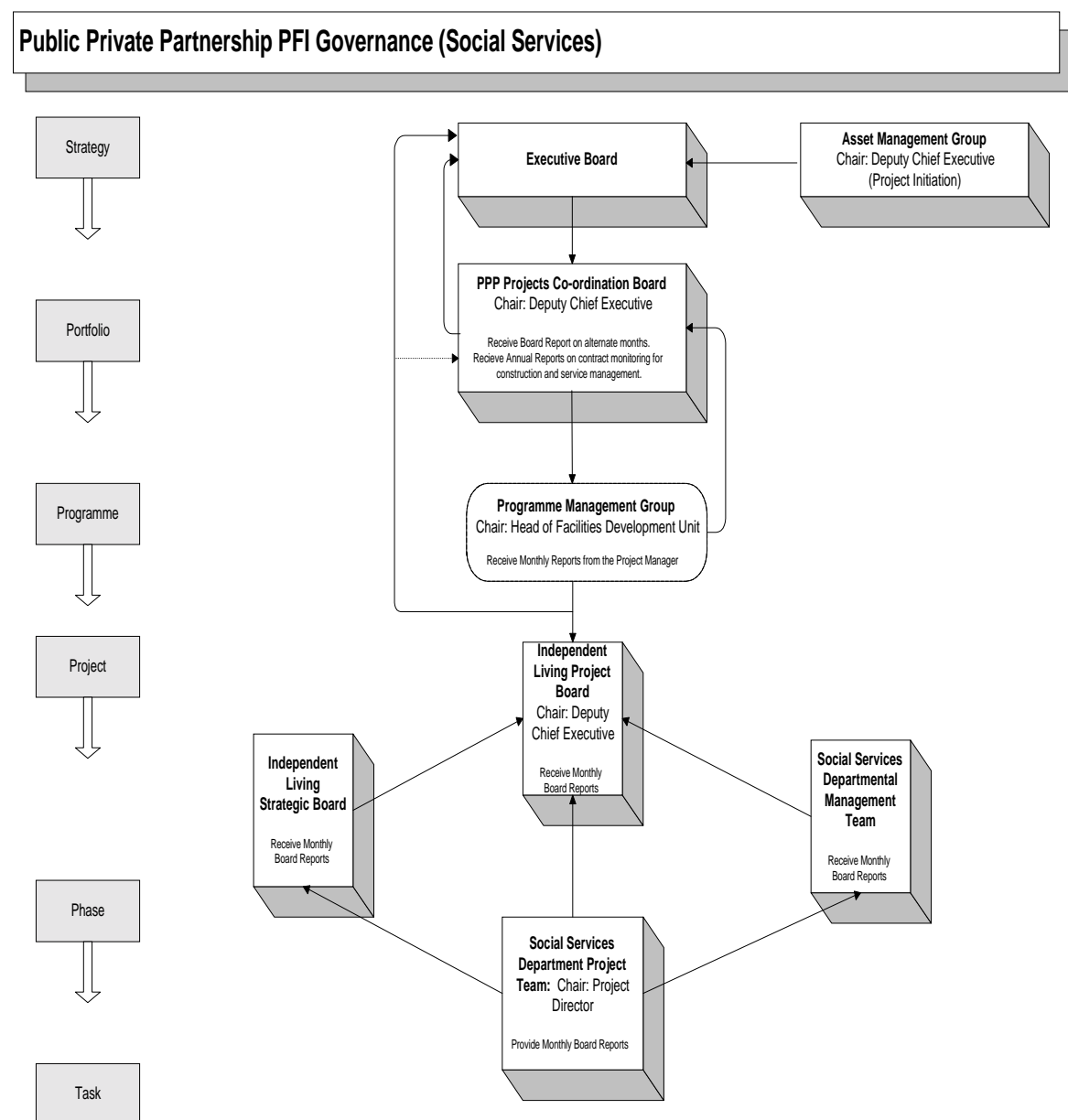
- Traditional financing (a public sector comparator);
- Consortia approaches (public-public partnerships);
- Joint ventures; and
- PFI DBFO.

Following the appraisal of these options the Council considered that the PFI approach would deliver best value and the Social Services Management Team, Asset Management Group and Members of the Council agree that this should be the preferred procurement route.

## 5. Project Delivery Arrangements

### 5.1 Project Management

To date, the City Council has four signed Schools Projects and one signed Social Housing Project. The Council is also in the procurement stages for its Street Lighting Project and Building Schools for the Future Programme. In response to the findings of a Gateway review conducted on the Leeds BSF Programme, the City Council's Executive Board has reviewed and approved new Corporate Governance arrangements within the Council to successfully manage and deliver PPP/PFI Projects within the Council.



## 5.2 The Project Board

The Councils' revised Corporate Governance procedures sets out a specific Project Management model to be applied to each of the Council's PFI Projects. An Independent Living PFI Project Board will be established with authority delegated to it by the Council's Executive Board to take delegated decisions on project specific issues. The Council's Executive Board has approved this OBC and retains responsibility for Affordability matters and approval of the Final Business Case .

It would be the responsibility of the Chair of the Project Board to recommend a report be tabled to the PPP/PFI Projects Co-ordination Board or to the Executive Board where there are proposed or actual significant changes in project scope (including content, cost, quality or programme).

The PPP Projects Co-ordination Board ensures resources are in place to deliver the portfolio of Projects and co-ordination of approach across projects. The Independent Living PFI Project Board will comprise:

- Portfolio Owner - Deputy Chief Executive (Chair);
- Programme Director - Head of the FDU (Deputy Chair);
- Project Sponsor - Deputy Director Strategy and Performance (Social Services);
- Representative Legal and Democratic Services;
- Representative Finance;
- Representative Development;

The quorum to be 3 of the above.

In addition, relevant partners will be invited to attend the meetings of the project board as non-voting members as appropriate.

The Terms of Reference of Independent Living PFI Project Board are to:

- Ensure reports are presented to the PPP/PFI Projects Co-ordination Board as required;
- Ensure reports are presented to the Executive Board as necessary;
- Determine the parameters within which the project is delivered;
- Control project delivery by monitoring progress, costs and quality;
- Promote the project within the Council; and
- Ensure the project team receives the required support and responses from other Council areas.

The delegated powers are:

- Approval of project specific issues (excluding project scope);
- Approval of evaluation criteria for the Pre Qualification Questionnaire (PQQ);

- Approval of the Information Memorandum (IM);
- Approval of long list of bidders;
- Approval of short list of bidders;
- Approval of evaluation criteria for ITN;
- Approval of the content and issue of the ITN;
- Approval to negotiate with bidders on ITN response;
- Approval of the content of any second stage of the ITN phase (Re-Submission or BAFO), if necessary; and
- Approval of appointment of Preferred Bidder.

### 5.3 The Project Team

The Council's Corporate Governance arrangements also sets out the day to day management and delivery of each Project within the Council. A Project Team is established for each PFI project and is responsible to the Project Board for delivery of the Project.

The Project team will utilise the skills and expertise that the Council has gained from successful implementation of other PFI contracts and partnering arrangements. The Project Team will be responsible for:

- Establishing the Project objectives within parameters set by Executive Board;
- Managing Programme and Project risks;
- Ensuring that the Project is adequately resourced;
- Managing all stages of the procurement of the Project within parameters set by Project Board;
- General management of the Project;

The Council has established a dedicated PPP / PFI Unit to manage the delivery of PFI Schemes. The primary role of the Unit is to take the lead on behalf of the Council with regard to PFI and similar public / private partnership opportunities, and to provide guidance and support client Departments on projects, such as this Independent Living Project. The Head of the Unit is Chair of the Programme Management Group which oversees and co-ordinates the delivery of the Projects and reports to the PPP Project Co-ordination Board.

The project management structure has a well developed structure that has successfully delivered three signed Schools Projects and is also in the process of procuring, in partnership with their clients, a Street Lighting Project and the Building Schools for the Future (Wave 1) Programme.

The Project Team is led by the Project Director within Social Services (Andrew Rawsley) who is supported by a dedicated Project Manager (Kevin Crotty) employed within the Council's PPP / PFI Unit.

**STAFF IN THE CORE PROJECT TEAM**

<b>NAME</b>	<b>JOB ROLE</b>	<b>FULL / PART TIME</b>
Andrew Rawnsley	Project Director	Full Time
Kevin Crotty	Project Manager	Full Time
David Miles	Mental Health Lead Officer	Full Time
Christine Clark	Hostel Manager	Full Time
Carol Benson	Project Support	Part Time
Steve Harris	Housing Officer	Part Time
David Graham	Property Manager	Part Time
Frank McDonald	Human Resources Manager	Part Time
Ann Hill	Finance	Part Time

<b>PPP / PFI UNIT STAFF ALLOCATED TO SUPPORT THIS PROJECT</b>	<b>PROFESSION</b>	<b>EXPERIENCE OF PFI CONTRACT / FINANCIAL CLOSE</b>
David Outram – Programme Director – PPP / PFI Unit	Town Planning	Yes
Philippa Toner – Executive Manager – Performance and Risk	Economist	Yes
Tim Hoskin – Commercial Manager	Solicitor	Yes
Andrew Eaton – Executive Legal Manager	Solicitor	Yes
Jacquiline Stringer – Project Solicitor	Solicitor	Yes
Fintan Bloomer - Executive Finance Manager	Accountant	Yes
Paul Hyde – Project Accountant	Accountant	Yes
Paul Kennedy - Technical Manager	Engineer	Yes
Administrative and clerical support staff		

The Project team will also include other technical specialists from within the PPP / PFI Unit, the Council's Development Department on design, planning and property matters and professional staff within the Social Services Department. In addition, advice will also be drawn from the Council's Corporate Services Department on employee, insurance and other relevant issues.

External stakeholders, such as the Primary Care Trusts, and Voluntary Sector organisations have been consulted over the scope of the Project and will continue to be consulted throughout the project primarily through the Strategic Board.

The Project Team will meet regularly, as determined by the workloads of each stage in the procurement. A full resource analysis over the procurement and construction timescale has been developed and, subject to the successful approval of this OBC, will be incorporated within the Council's Three Year Corporate Financial Plan.

#### **5.4 External Advisers**

The City Council has entered into long term Framework Agreements with PricewaterhouseCoopers (PwC) and DLA Piper Rudnick Gray Carey (DLA) for these firms to act as the Council's Financial and Legal Advisers respectively for PFI projects. Both of these firms have assisted the Council to successfully deliver the Leeds Primary and the Leeds Combined Secondary Schools PFI Projects over short and challenging timescales. These firms are also assisting the Council in the procurement of the Leeds Street Lighting and the Leeds Wave 1 Building Schools for the Future Programme (BSF). Individuals within these two firms and the Council's procurement teams have now worked together since 2003 and both of these advisers have assisted the Council in developing this OBC.

The Council has also employed Technical Advisers for the Leeds Combined Secondary Schools, the BSF Programme and the Street Lighting Programme and it is probable that the Council will procure an external Technical Adviser for this Project to supplement its existing in house expertise.

## 5.5 Programme

Procurement Stage	Target Date
EOI Approval	December 2004
OBC Approval by Executive Board	July 2005
OBC Submission	July 2005
OJEU Notice Publication	September 2005
Issue Information Memorandum, PQQ	September 2005
Preparation of Contract Documentation	June 2005 to October 2005
Evaluation of PQQ/ISOP	November 2005
Short-list for ITN Stage	December 2005
Issue ITN	December 2005
Submission of Bids	May 2006
ITN Clarification and Evaluation	May 2006 to June 2006
Negotiate with 2 Bidders and Assess Resubmission	June 2006 to July 2006
Agreement of Preferred Bidder Letter	October 2006
Appointment of Preferred Bidder	October 2006
Contract Signature	April 2007
Service Commencement Phase 1	February 2008
Service Commencement Phase 2	May 2008
Service Commencement Phase 3	July 2008
Service Commencement Phase 4	October 2008
Service Commencement Phase 5	January 2009
Service Commencement Phase 6	March 2009
Service Commencement Phase 7	June 2009
Service Commencement Phase 8	September 2009
Service Commencement Phase 9	November 2009
Service Commencement Phase 10	February 2010

The Council recognise that this is a challenging procurement timetable. However the Council has a track record of delivering Projects to tight Programmes. Both the Leeds Primary Schools and the Leeds Combined Secondary Schools Projects were each procured over an 18 month timeframe. The Council's Street Lighting project (currently at the ITN evaluation stage) is on target to be procured in a similar timeframe. The Council believes that improved standardisation and the use of experienced External Advisors, together with the Council's own commitment to applying the resources with the

right blend of experience and expertise in the field of PFI procurement to deliver this Project, which is of strategic importance to the Council for the future delivery of Mental Health and Learning Disability services to vulnerable people will succeed in achieving this challenging procurement timetable.

The Programme is predicated on the assumption that a formal BAFO bid stage will not be required. The Project Team will develop comprehensive ITN documentation, building upon the experience developed in previous successful PFI procurements.

Preparation of the initial documentation will continue during the period the OBC is being considered between submission at the end of July and anticipated approval by Project Review Group in mid-September. This will enable the OJEU notice to be issued very soon after the OBC is approved.

## 5.6 Design Quality

The Council has now well established procedures to advocate and realise design excellence in architecture and urban design through its PFI/PPP procurement process.

The procedure developed through its PFI Schools procurement utilises a 'Design Champion' working closely with a CABE enabler, representatives from the Council's Architecture Design Services and Leeds Architectural and Design Initiative (LADI).

The process provides bidders with a clear urban design and architectural brief to meet Leeds City Council Planning and Development guidance. The 'Design Champion' group will meet regularly with bidders to challenge their design proposals throughout the procurement process. Also at the key milestones for bid submission each bidders proposals will be subjected to rigorous review and evaluation.

## 5.7 Sustainable Development

In 2002, the Council achieved recognition for its accreditation to the EMAS (Eco-Management and Audit Scheme) standard for environmental management and has set out a clear policy in delivering the following environmental and sustainability requirements:

- Measure the quality of the environment and manage this in a systematic way;
- Promote environmental sustainability in development;
- Make more sustainable use of energy and reduce contributions to climate change;
- Sustainable Waste Management;
- Encourage and support more sustainable transport in Leeds;
- Improve the quality of neighbourhoods and local environments;
- Reduce the environmental impacts of goods and materials used;
- Maintain levels of biodiversity and promote nature conservation;
- Work to ensure high standards of environmental care and sustainability in the provision of education in the City.

The above policies and the OGC/ODPM guidance will be incorporated into the Output Specification where sustainability will be fully reflected in both the design and services requirements and the evaluation criteria.

In 2005 for the second year running, Leeds City Council was ranked as the top local authority in Yorkshire and Humberside for its environmental record. The Business in the Community Yorkshire and Humber Environmental index ranks both public and private organisations on how they control their own impact on the environment and takes into account how effective organisations are at recycling and reducing waste which goes into landfill.

## 5.8 Site and Planning Issues

The Council, as a Beacon Authority for Asset Management, including the use of its existing property portfolio, fully understands the risks that can be associated with any new development project.

The Council's intention is to secure the timely provision of sites necessary for the delivery of these services, to achieve this, the following approach has been adopted:

5.8.1 Agreement with all Stakeholders on the assessment criteria to be used in scoring potential sites. This has been agreed in a site assessment document which is used to evaluate and then compare potential sites.

5.8.2 The re-use of the majority of the 13 existing hostel sites which will host a large proportion of the new homes.

5.8.3 Working with Leeds City Council's Asset Management Unit, Regeneration teams and 5 Arms Length Management Organisations (ALMO's) who manage the existing Council Housing Stock to identify the most suitable sites. The search for further sites for the Project will be limited to land already in Leeds City Council ownership as this will remove the risks inherent in land purchase schemes, and in providing the sites into the Project at nil cost will further minimise the overall cost.

5.8.4 To identify a first preference and reserve site for each unit of accommodation to be built.

5.8.5 Obtain outline planning permission for the development of the sites and secure the necessary statutory approvals prior to the release of the ITN.

### Current Situation

5.8.6 The 13 existing core sites have had formal planning statements prepared by the Local Planning Authority and title searches and Stage 1 site checks for ground conditions, utility provision, etc are ongoing.

5.8.7 There are 43 first preference cluster sites have been chosen from a larger group and are now the subject of further consultation with officers of the Local Planning Authority ahead of undertaking title searches and Stage 1 planning checks.

5.8.8 In addition, there are 33 reserve sites that have been identified for consideration if they are required.

The Council is confident that sufficient suitable sites will be available from within the current Council asset base and that the processes underway, or proposed, will identify and secure those sites in the required timescale.

## 6. Employee Issues

The Social Services Department has discussed with the workforce and staff side representatives involved in Learning Disabilities and Mental Health Services the possible implications of PFI including the transfer of staff under TUPE. It is not envisaged that this project will result in significant numbers of staff transferring to the PFI service provider. The Department has a formal Workforce Consultation Process, which will be used to ensure that the workforce and staff side are kept informed and will also establish a consultation forum specifically for the Independent Living PFI

The Council has significant experience of transferring staff to new service providers. Since the year 2000 close to 1000 staff have been transferred successfully. This includes education services, voluntary /care sector and Arms Length Management Organisations (ALMOs). By September 2005, over 100 staff will have transferred to strategic partners Aquamen and HBS through Private Finance Initiatives (PFI) and approximately 680 staff transferred to ALMO's.

The Council will utilise its experience of transferring staff in developing a consultation strategy with both employees and trade unions to ensure that they are fully involved in every stage of the procurement process for the Independent Living PFI project.

Should this OBC be approved, the Council will ensure that staff consultation continues in accordance with Two Tier Workforce guidelines and will seek to implement the requirements of the Code of Practice on Workforce Matters. The process for selecting the commercial partner will include an appraisal of the prospective partner's employment policies including its industrial relations track record, training and staff development policies, consultative machinery and ability to ensure that the TUPE regulations are to be applied.

## 7. Other Issues

### 7.1 Partnership Working

There is a long and successful tradition of partnership working within Leeds. Both Learning Disability services and Mental Health services have worked towards joined up and integrated services with the PCTs and other specialist healthcare providers in the City. There is a considerable level of Voluntary Sector activity in both fields of service delivery.

Key to the success of the Modernisation Programme and the delivery of the proposals within this OBC will be the continued local strategic and operational partnerships to deliver the objectives of the Programme. To facilitate this a Strategic Board has been established to provide advice and guidance on the proposed strategic direction and ongoing implementation of the Project (see Structure Section 6.5). The Board's membership reflects the wide range of stakeholders affected by the Modernisation Programme and the proposals contained in this Project. Membership of the Board includes representatives from:

- Service Users;
- Advocates;
- Carers;
- Councillors;
- Leeds Social Services;
- Primary Care Trusts;
- Learning Disability Partnership Board;
- Mental Health Modernisation Team;
- Leeds Mental Health Trust – Learning Disability Services Directorate;
- Leeds Mental Health Trust – Mental Health Services Directorate;
- Voluntary Sector Forums;
- Supporting People Team;
- Housing Benefit;
- CSCI; and
- Director of Public Health.

### 7.2 Learning Disability Services

There is a long tradition of integrated working practices within Learning Disability services with Specialist Nurses and Social Workers working within integrated fieldwork teams in the City since the early 1980's. At a strategic level, Health and Social Services began to work more closely in the latter part of that decade as plans were jointly agreed to close Meanwood Park Hospital and replace this with more appropriate services. The emergence of a Joint Commissioning strategy for the

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Learning Disability services developed as a consequence of the closure of the Hospital in 1996. This led to the Voluntary Sector undertaking an increasingly important role in the planning and provision of services for people with Learning Disabilities. The success of joint working through the Hospital closure process led to the development of a Joint Commissioning Board in 1997 which, with the publication of "Valuing People", developed into the Learning Disability Partnership Board. The Partnership Board has wide representation from all sectors within Learning Disability and mainstream services and is Co-Chaired by a Service User and a former Chief Executive of a NHS Trust. Pooled budget arrangements have been in place since April 2000 with a Joint Commissioning Service hosted within the Local Authority tasked to ensure that the commissioning strategy meets the objectives of Valuing People. An integrated Care Management service comprising of Social Workers and Nurse trained Care Managers works with individuals to ensure that the strategy becomes a reality for service users and their families.

The Joint Commissioning Service has sought to support organisations across all sectors to modernise services to provide more person centred outcomes for service users. A significant remodelling of Learning Disability provision within the Leeds Mental Health Services Trust in 2003 led to the development of a robust Community Nursing Service and supported 91 of the most dependant service users in the City to live in their own homes for the first time in their lives. The Joint Commissioning Service also supports many Independent and Voluntary Sector services to modernise. It is currently working with three specific organisations to disaggregate the provision of housing from that of care and support within their services in order to realise greater Social Inclusion for those who use their services.

This approach to working in partnership with the wide range of stakeholders in the City has been at the forefront in the development of this project ; not only through the development of the Strategic Board and an active consultation process with stakeholders but also through direct engagement of staff from the Health and Voluntary Sectors. The PCTs and the Mental Health Services Trust are providing resources to support the development of the Output Specification. Support from partners within the User Involvement Project (within the Voluntary sector) continues to be invaluable in the consultation process with Service Users.

### **7.3 Mental Health Services**

Mental Health Services are similarly well integrated with Health and Voluntary Sector provision. Direction at a strategic level is provided by the Leeds Mental Health Modernisation Team which oversees the implementation of the Mental Health Delivery Plan. The current priorities include the development of a Crisis Resolution Team; developing assertive outreach services; establishing an early intervention service; reducing in-patient bed occupancy and emergency readmission rates; building capacity in Primary care and implementing `supporting strategies` in relation to finance, human resources and information within Social Services.

The Modernisation Team has representation from the following organisations:

- PCTs;
- Leeds Mental Health Trust;
- Social Services;
- Users and carers;
- Housing; and
- The Voluntary Sector.

Joint working between Health and Social Services has been consolidated by the appointment of an Integration Manager who has co-ordinated a number of integration workstreams. Many of these have either been completed or are near completion. These include:

- Service user and carer involvement;
- A City-wide information sharing agreement;
- Day Services Modernisation;
- Unified assessment;
- A review of home support services;
- An ethics committee;
- An integration guide;
- Joint training initiatives;
- A Communications strategy;
- Corporate governance;
- Clinical governance; and
- Integration of CPA and care management.

Community Mental Health Teams operate with integrated social work and health staff with integrated management. Joint management meetings between the Mental Health Trust and Social Services mental health managers have also been established.

Pooled budgeting arrangements have been used to support the development of a comprehensive carer service in the City and day service modernisation.

## **7.4 Consultation**

The proposals contained within this Business Case are the result of consultation with all key stakeholder and partner organisations as well as the views of users and carers. A Consultation Strategy has been drawn up which identifies how users and carers will be involved in different stages of the implementation of the Project. This strategy is currently being implemented with formal consultation underway with the following stakeholders:

- Service Users;
- Carers;
- Primary Care Trusts;
- Learning Disability Partnership Board:
  - Person Centred Planning Task Group;
  - Ethnicity Task Group; and

- Housing Task Group.
- Mental Health Modernisation Team;
- Leeds Mental Health Services Trust;
- Voluntary Sector Forums;
- ALMOs;
- District Partnerships;
- Supporting People Team;
- Union Representatives;
- CSCI; and
- Staff teams.

## 7.5 Learning Disability Services – Service User and Carer Consultation

The Valuing People Housing Strategy Task Group undertook wide scale consultation with service users and other stakeholders in 2004 which confirmed the demand for a more flexible range of accommodation to be available to service users regardless of their level of need. Indeed, as a result of those consultation sessions the Leeds Housing Strategy for People with Learning Disabilities was drawn up with the strategic aim:

***'To enable people with Learning Disabilities and their families to have greater choice and control over where and how they live'***

The overall Modernisation Programme in general and the opportunity provided by the new build proposals contained within this OBC in particular, will extend the range of choices available to adults with Learning Disabilities and their families for both current service users and those who will require both accommodation along with care and support in the future. The proposals in this OBC will assist in the objectives within the Leeds Valuing People Housing strategy and Valuing People being met.

Consultation with key stakeholders has informed the work of the Project. There has been a widespread positive response from key stakeholders and this is evidenced by the letters of support for the Project. Letters from other stakeholders supporting this Project are attached in Appendix 12.

One of the key areas of sensitivity in a Project of this type is the consultation process with service users and carers about the proposals. This is particularly the case for those service users who live in the 9 hostels and their relatives. Many of the service users have lived in large congregate settings for the majority of their adult life. Many relatives believed that the hostels would in effect be a placement for life when their sons/daughters/brothers/sisters moved there, in some cases up to 40 years ago.

Considerable effort and resource has been allocated to this process in order to support service users and their carers through the change process. Experience from other projects has indicated that energy committed to this stream of work can not only support individuals to minimise any anxiety that they may have at the prospect of change, but also contribute to a process in which all stakeholders feel included throughout the project.

Considerable work was put into the planning of consultation with service users and the User Involvement Project, Asking You! Team has supported the development and implementation of this work. The Asking You! Team is housed within Leeds Advocacy, which is based within the Voluntary Sector and ensures that the voices of service users are heard within the consultation process. In order to support service users with limited capacity to understand the need for change, members of the Project Team and the Asking You! Team produced a DVD in which service users who had, themselves moved from large scale congregate settings to their own homes, shared their experiences on film. This DVD then formed part of the consultation sessions that took place in each of the hostels – with copies of the DVD left with service users so that they could revisit the recorded experiences of others at a later date should they wish to do so. This format has proved to be a particularly powerful mechanism that people with Learning Disabilities have been able to relate to in a meaningful way.

To date consultation events have taken place at each of the 9 hostels attended by 161 of the people who live within them. Further consultation events are planned throughout the procurement of the Project in a series of both hostel based and City wide events.

In order that each service user can be fully involved throughout the modernisation programme, a Planning Team is to be established to ensure all those facing significant change in their lives are able to develop Person Centred Plans. The Learning Disability Partnership Board has agreed that the establishment of a Planning Team that draws down resources from the wide range of agencies in the City will be a priority area from the Valuing People Development Fund.

A similar approach has been taken in the consultation that has taken place with families and carers. The Project Team approached carers whose sons or daughters had experienced significant change in the type of accommodation they had lived in and asked whether those carers would be willing to share their experiences with other carers through the medium of DVD. Two of the carers who volunteered to be interviewed had their experiences captured on film and shared with other carers at the consultation events with carers. The experience of other carers has proved to be the most powerful way to address issues of concern for carers.

To date two consultation events have taken place specifically with families and carers. These have been attended by 89 relatives of service users who live in the hostels. The responses to the consultation process summarised in the tables below:

Issue Consulted Upon	Learning Disability Service Users – 72 returns		
	% Happy	% Uncertain	% Unhappy
The case for change	67	6	27
The proposed models of service delivery	69	13	18
The site selection criteria	71	22	7

Issue Consulted Upon	Learning Disability Carers – 20returns		
	% Happy	% Uncertain	% Unhappy
The case for change	95	0	6
The proposed models of service delivery	70	27	6
The site selection criteria	80	16	6

## 7.6 Mental Health Services – Service User and Carer Consultation

From service user feedback questionnaires a number of concerns regarding current hostel provision have been highlighted. These include:

- Poor security;
- Lack of privacy;
- Limited personal space;
- Poor facilities; and
- The institutionalising effects of hostel living.

Feedback from service users and carers on the ILP have been very positive. To date, four briefing sessions have been held for service users (attended by 77 residents). Four briefing sessions have also been held for carers (attended by 23 carers). It is intended that further briefings will be held as the Project develops.

The Mental Health Advocacy Group, a service user run voluntary sector organisation and a user involvement facilitator employed by Leeds Social Services, and a group of seven service user volunteers, have been involved in designing and delivering briefing sessions on the proposed changes, gaining service users' views and supporting them through the early stages of the change process. Resources are being sought to meet the training and support needs of the group to enable them to work effectively. A member of the group who has recently moved from one of the hostels into his own flat spoke to residents about his experiences, both positive and negative, as part of the consultation sessions. This was very well received by residents.

A number of service users have been involved in visits to other parts of the Country to organisations that have remodelled their Mental Health housing services. The information and insights gained from these visits have contributed to the development of the OBC. The responses to the consultation process summarised in the tables below:

Issue Consulted Upon	Mental Health Service Users – 72 returns		
	% Happy	% Uncertain	% Unhappy
The case for change	92	2	6

Issue Consulted Upon	Mental Health Service Users – 72 returns		
	% Happy	% Uncertain	% Unhappy
The proposed models of service delivery	89	7	4
The site selection criteria	89	11	0

Issue Consulted Upon	Mental Health Carers – 18 returns		
	% Happy	% Uncertain	% Unhappy
The case for change	86	0	14
The proposed models of service delivery	66	14	20
The site selection criteria	86	7	7