

Cabinet

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Day Care Review

Key Decision CAS/03/15



Report of Corporate Management Team

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Purpose of the Report

- 1 To present findings following a review of County Durham Care & Support (CDCS) in-house day services.
- 2 To report the outcome of a consultation on a proposed re-design.
- 3 To make recommendations for further reshaping of the services in light of the need to: make services more inclusive; improve outcomes for service users; ensure value for money; and meet the requirements of the Medium Term Financial Plan (MTFP) savings from 2016-17.

Background

- 4 Adult day services offer a range of opportunities to service users and carers, including meaningful activities; opportunity for socialisation; respite for carers and community integration. In house day services were first established in the 1970s, before the growth of services in the independent sector, and were traditionally offered from large day service buildings, often away from community facilities.
- 5 In house day services in County Durham provide care and support to a wide range of adult service users, including older people, those with physical disabilities and people with a learning disability.
- 6 The need to promote more person centred approaches within communities and maximise value for money, while meeting Medium Term Financial Plan (MTFP) requirements, prompted an initial review of CDCS day services in 2012-13. The review scrutinised services delivered in some of the larger day centre venues and focused on demand and occupancy, as well as the suitability of buildings.
- 7 A Cabinet decision in September 2012 approved the closure of five venues, with service users being accommodated in alternative CDCS day services, including

community locations. Seventeen in house venues remain within the CDCS establishment. Remaining venues also began to offer services to a variety of service user groups, e.g. those with learning disabilities alongside older people, or people with physical disabilities.

- 8 These changes allowed CDCS to contribute to MTFP savings requirements from 2013-14, as well as to avoid significant future liabilities in respect of repair and maintenance of day service building stock.
- 9 It was acknowledged at the time of the Cabinet decision that further work would be carried out on in house day services to monitor the changing picture on demand, attendance, staffing requirements and building stock. The Cabinet report outlined that, as the market changes, further reviews of the viability of in house day services would be undertaken. Appendix 2 shows the current CDCS day service venues and district locations.
- 10 In line with the CAS transformation and wellbeing agenda, preparation for the Care Act 2014 and the ongoing drive to increase choice and control for service users through personalisation, service users are moving away from in house service provision and seeking more individual, community based opportunities. These changing expectations, along with revised charging regimes for transport, have impacted on and reduced the demand for building based traditional day service models as provided by CDCS.
- 11 Many younger people in particular are choosing to access services in the community and independent sector, for example work or voluntary placements and services which offer bespoke outcomes which meet their individual needs. The recent growth in Direct Payments has allowed service users, particularly those with learning disabilities, to choose individual solutions to their care needs.

The profile of in house service users shows that few younger people are accessing the services in 2015 (see Appendix 6).

- 12 In addition, older people using day services are increasingly accessing more community based provisions which allow them to socialise and enjoy activities locally, such as luncheon clubs and local interest groups.
- 13 Appendix 3 details some brief case studies highlighting outcomes for people who have moved on from CDCS Pathways day services.

Day Service Budgets and MTFP Savings

- 14 The total 2015/16 budget for day services across all service user groups in County Durham (including Direct Payments) is £13.73m. Including direct payments, the total budget for independent sector day services is £8.13m with 1,412 people currently receiving a day service in the independent sector at end of November 2015.
- 15 The 2015/16 total budget for in house day services is £5.6m. A total of 250 service users receive in house day services. The service user breakdown at end of November 2015 shows 86.4% of service users (216 individuals) are people with a learning disability. People with physical disabilities and older people make up 12.8% of those using the service (32 individuals), and those with mental health issues account for 0.8% of attendees (2 individuals).

- 16 Institute for Public Finance information for 2013/14, calculated as an average across all day services (both independent sector and in-house) shows an indicative spend of £54 per head of population on day services in Durham against a national average of £27. In terms of volume, 6.5 older people per 1,000 of the population in Durham receive day services compared to a national average of 5 older people per 1,000 of the population. For learning disabilities, 3 people per 1,000 of the population receive day services in Durham compared to a national average of 1.2 people per 1,000 of the population.
- 17 Further MTFP savings relating to CDCS day services for the periods up to and including 2015-16 have been achieved on schedule. MTFP savings were achieved via staffing re-structures and minimising utilities and material costs.

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In House Day Services MTFP Budgets & Savings to date

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	Total
Net Budget	7,328,295	7,093,973	7,156,245	6,213,591	5,667,653		33,459,757
Net Budget less Redundancy	7,253,606	7,093,973	7,044,139	6,213,591	5,667,653		33,272,962
Day Care Savings				700,000	600,000	1,590,000	2,890,000

- 19 A savings requirement of £1.59m has been identified by CAS in respect of CDCS day services in 2016-17.
- 20 Usage within CDCS continues to reduce (see below) and this has helped the service to maintain its approach to rationalisation of costs in respect of both staff and buildings.

Unit Cost Comparison

- 21 Despite recent efficiencies, unit costs for CDCS day services remain high in comparison to independent sector provision:

Day Service Type	CDCS	Independent Sector
Standard Day Services	£74.25	£31.00 max
Day Services for those with additional needs (E.g. requiring more staff support due to challenging behaviour etc.)	£74.25	£55.00 max
Specialist day services for those with complex needs	£74.25	Not currently provided

Note that following the initial review of CDCS day services, some venues now cater for service user with mixed needs, e.g. older people and those with learning disabilities. An average unit cost has therefore been established for the overall service, rather than separate unit costs for differing categories of service

user. In-house unit costs are direct delivery only whereas independent sector rates cover all support services, management, profits etc.

Unit costs do not include cost of transport, which is commissioned separately.

- 22 The CAS Day Service Strategy for 2012 to 2014 established that CDCS day services should focus on service users with more complex needs, who require a 'specialised' service. Due to the significantly lower unit costs available in the independent sector, and in order to ensure CDCS could meet efficiency targets, it was agreed that those able to have their needs met outside of CDCS should receive their service in the independent sector. In line with the transformation agenda, service user reviews have been focused on assisting individuals to move to more appropriate services, both in terms of outcomes and costs.

Appendix 5 shows the criteria for standard and specialist day services in CDCS.

Day Service Demand

- 23 Demand for day services continues to fall. Over the last three years (Nov 2012 – Nov 2015) the number of recorded day service sessions delivered overall (independent sector and CDCS) has fallen from 41,392 sessions to 27,677 sessions per four week period, approximately a 33% drop.
- 24 For CDCS day services, the drop in demand has been even more pronounced. Over the same three year period, the number of in-house day services sessions has dropped from 18,344 to 6,294 per four week period; a drop of approximately 66%.

Day Services Occupancy and Usage

- 25 The following table shows sessions available at in-house day services in comparison with actual usage for the current financial year. While the review of CDCS service delivery venues in 2012 -13 led to improved usage in the large day centres affected by the review, as services merged and some spare capacity was removed, this effect was temporary. Continuing movement away from in house day services means that spare capacity remains a significant issue across the majority of CDCS day services. Only one of the seventeen services remaining on the establishment in 2015-16 has been running at more than 70% occupancy, in terms of actual cumulative sessions attended. Twelve of the services have an attendance of lower than half of the available sessions. Services are not being staffed to capacity, i.e. as demand drops staff numbers are also dropping.

Capacity & Usage: April – November 2015

Day Service	Available Sessions	Actual Sessions	% Actual
Ebony Woodwork Unit	5600	4133	74%
Crook Pathways	7000	4082	58%
Chester-Le-Street Pathways	14000	8077	58%
Durham Pathways	24500	13412	55%

Peterlee Pathways	24500	12254	50%
Proudfoot Centre	7000	3437	49%
Aycliffe Pathways	14000	6538	47%
Stanley Pathways	14000	5969	43%
Annfield Plain Pathways	7866	3054	39%
Harmire Unit	7700	2850	37%
Silver Street	6360	2317	36%
Consett Pathways	10500	3825	36%
Bishop Auckland Pathways	15750	4877	31%
Spennymoor Pathways	7400	2117	29%
Bracken Hill Centre	300	84	28%
Bede Day Centre	3532	747	21%
Stanhope Pathways	4590	824	18%
Grand Total	174598	78597	45%

26 It should also be noted that the Corporate Director, in conjunction with the Portfolio Holder for Adult and Health Services, has taken a delegated decision to close two day services (the PACE Shop at Newton Aycliffe and GAP Gardens Scheme) during the current financial year as a result of all attendees leaving the service. A number of other day services, including Bracken Hill Centre and Annfield Plain Pathways are at, or approaching, a similar position.

Proposals for Change

- 27 To address the issue of decreasing service user demand; the need to be more community inclusive; and improve value for money, in-house day services should be reshaped. Savings would allow CAS to meet the MTFP savings requirement of £1.59m in 2016 – 17.
- 28 For service users able to have their needs met and achieve their outcomes in the independent sector, the individual service user review process will continue to look for alternative services, outside of CDCS. In keeping with current trends, some of these service users may be able to access community based activities as an alternative to day services, or wish to access direct payments to make their own, bespoke, arrangements. Even if community services are not an option, an alternative service commissioned from the independent sector can be sourced at much lower cost than the CDCS unit cost, allowing significant efficiencies to be made. For many service users, a day service in the independent sector can be commissioned at approximately half the unit cost of CDCS day services.
- 29 CAS has an established Provider Panel of contractors for independent sector day services. Recent work has focused on increasing capacity and choice within the independent sector and a number of new services have opened during the past six months. Appendix 4 shows the locations of current in house and independent sector day services. CAS has a detailed contract and service specification in place with independent sector day services and confirms the quality of services through a robust monitoring process. Plans are in place to further develop the independent sector market when contracts are re-tendered ahead of the 2016-17 financial year.

Decommissioning of Services

- 30 Twelve day services would be decommissioned in order to achieve the £1.59m MTFP savings target for 2016-17 and to contribute to the further MTFP savings from 2017-18. It is expected that all services identified would be closed before the end of September 2016, depending on the time needed to complete individual reviews. Decommissioning would be focused on venues where the majority of service users do not have specialist needs and can therefore comfortably access opportunities outside of CDCS. Examples are services based on woodworking or gardening, where, in keeping with current trends, service users can access either an alternative service in the independent sector or choose to access a community provision, outside of formal day services.
- 31 Where service users do have specialist needs, an alternative CDCS service able to meet these needs is available in the local area and this can be comfortably accessed by those remaining with the in house service. Some internal service user moves, within CDCS, would therefore be required for those with specialist needs.
- 32 Staff in CDCS are experienced in this type of work and would use their knowledge to ensure a sensitive transition for all service users.

Services to be decommissioned would be:

Bracken Hill Centre, Peterlee	Chester-le-Street Pathways
Bede Day Centre, Barnard Castle	Harmire Unit, Barnard Castle
Silver Street, Spennymoor	Ebony Woodwork Unit, Consett
Annfield Plain Pathways	Bishop Auckland Pathways
Proudfoot Centre, Bishop Auckland	Consett Pathways
Crook Pathways, Crook	Stanhope Pathways

- 33 As attendance drops, services would close and buildings would follow the DCC corporate process for disposal. Some of the affected buildings are leased from private landlords and some are DCC owned (see Appendix 2). Of the services above, Silver Street is leased internally from Neighbourhood Services and decommissioning would result in a loss of recharge income for that service. Dilapidations costs will be incurred by CAS in this initial phase of work. Although the actual cost of dilapidations will not be known until each of the premises are inspected by the landlords it is envisaged that, providing notice is given on leases in a timely manner and break clauses utilised where possible, any dilapidations costs will be covered within budget. Where venues are leased from private landlords, termination clauses can specify notice of up to a year in advance, meaning that the earlier a decision is made the less the financial liability for the Council. Appendix 2 shows the current building lease end dates, where applicable.

Specialist Day Services

- 34 Work has been undertaken to understand the numbers of people requiring a specialist day service in CDCS, whose needs would best be met by remaining with the service at present. Estimates show that approximately 101 service users fall into this category. It should be noted that there may be some limited

variation in this figure as individual reviews are completed and needs are better understood.

- 35 At present, the external market is not able to meet the needs of this more complex service user group. This is a consequence of historical referral processes where those with the most complex needs were almost exclusively placed in CDCS day services. Future development of independent sector day services will give CAS the opportunity to address this issue.
- 36 In order to meet the needs of this group and make the required MTFP savings, CAS would reshape its CDCS day services purely to provide specialist services.

Proposed Service Model

- 37 Five venues would be used to deliver specialist day services, with a service being maintained across Durham localities to accommodate easy access for service users in terms of transport:

- Durham Pathways, Pity Me
- Spennymoor Pathways, Spennymoor Leisure Centre
- Newton Aycliffe Pathways, Aycliffe Leisure Centre
- Peterlee Pathways, Peterlee
- Stanley Pathways, Louisa Leisure Centre

CAS would retain the three day services co-located in Leisure Centres as these venues have received significant investment to enable them to meet complex service user needs. These sites are also at the centre of their local communities, offering significant social inclusion and opportunities to attendees.

- 38 Initially, the Easington service would be based in the existing Peterlee Pathways building, though the venue is much larger than would be required for the relatively small group of service users. If this model is agreed, work would commence to investigate both potential alternative delivery venues in the East Durham area for the group and possible additional / shared uses for the building which would improve its viability.
- 39 Indicative costs suggest a budget for the service based on five centres would be £2.24m with a projected unit cost of approximately £107.00 per day (based on 100% attendance and 101 service users in the specialist service, which may vary). A solution to the venue suitability issue in Easington may mean a limited reduction in these costs, though it is difficult to estimate the saving at this early stage.

Employees	Premises	Transport	Supplies & Services	Total	Approx. no of days p/wk	Days per annum (50.2 wks)
1,887,093	215,526	36,500	104,189	2,243,308	419	21,034
					Approx. unit cost	£107.00

- 40 While the projected unit cost is high, this would be a result of the level of need of the service users remaining with the reshaped service. Such individuals are those with the most complex needs, including profound intellectual and multiple disabilities, severe physical disabilities often with one or more sensory impairment and those requiring the use of specialist equipment and / or specialist medical support. Service users would require appropriate staffing

ratios to ensure complex needs are met and enable a quality service to be maintained, while training, adapted transport and equipment / supplies budgets would also be significantly more expensive than in a service for those with less complex needs.

Capital Expenditure

- 41 To ensure that Spennymoor Pathways is able to adapt to become a specialist CDCS day service, there would be a need to develop the existing internal lobby area and install an overhead hoist – funding for this work, estimated at a maximum of £40k, would be sourced from available capital.

Rural Areas

- 42 The impact on service provision in rural areas of the County, e.g. Teesdale and Weardale, has been assessed and CAS have worked to ensure that a number of alternative services are available from the independent sector in these areas. New day services opened in both Crook and Barnard Castle in December 2015, which have added to existing choice in these areas. There are also several alternative community or day services in rural areas, including Stanhope, which have been established in recent months, and some individuals previously attending Pathways services are now utilising their personal budgets to attend these services. Services now available across Teesdale and Weardale are able to cater for the full range of service user groups.

Impact on Staff

- 43 Reshaping of day services would mean a significant reduction in delivery venues within in house day services. A staffing restructure would take place ahead of the remodelling to five specialist services. Staff roles and locations would be assessed and some staff, like service users, would make internal moves to an alternative CDCS day service venue.
- 44 As demand for in house day services decreases, CAS has approved ER/VR applications in line with DCC policy, meaning a number of staff have already left the service. The following table summarises service staffing information at end of October 2015:

Category	No of Staff
No of individual staff who have left the service through ER/VR up to end of November 2015	60
Total no of individual staff in service at December 2015	141
No of remaining individual staff who have expressed an interest in ER/VR	80
Total no of individual staff members expected to be required for the revised, specialist service delivered from 5 venues	103

- 45 Though a significant proportion of staff remaining in the service have expressed an interest in ER/VR, it should be noted that there is no commitment from these individuals to accept such options in order to leave the service should the

opportunity to do so become available in the future. A number of such staff may simply be exploring their options and decide not to go ahead with an actual ER/VR application if the opportunity to leave the service did arise. CAS must also have a business case to allow staff to leave.

- 46 Though a reduction in services of the scale may therefore mean compulsory redundancies would be required, following a full HR consultation exercise, numbers would be kept to the minimum possible. The profile of staff remaining in the service and level of interest in future ER/VR opportunities mean CAS is confident that compulsory redundancies would be low in numbers, if required at all. In addition to CAS staff, approximately 7 cleaning staff operating in the buildings, and employed by Direct Services, would be at risk of redundancy if no alternative employment could be found. Direct Services have been made aware of plans and have informed their staff of proposals at an early stage.

Supporting Staff Alternatives

- 47 As service users have moved away from CDCS Pathways the service has been managing its staffing complement and, in line with DCC policy, supporting ER/VR applicants where a business case has been agreed.
- 48 A number of staff have also chosen to independently establish a day or community service outside of DCC, offering a range of diverse service and community opportunities to potential users. At December 2015, five groups of former CDCS staff have established new services in the independent sector. These services have subsequently played a role in increasing capacity and choice in independent sector and community provision.
- 49 Additionally, the Council, through the Assistant Chief Executive (ACE) directorate, has launched the 'Durham Ask'. This is an opportunity for local communities, organisations or staff to express an interest in taking over the management and delivery of Council services. A small number of groups have registered their interest in this initiative in relation to one or more CDCS Pathways day services, either through staff working at the services, parents / carers of attendees, or a combination of both. One of these initial expressions of interest is now being assessed to establish whether it can move to a more formal, business planning phase.
- 50 Work to understand the opportunity for service transfer is at a preliminary stage, and CAS / ACE would need to ensure that service sustainability and quality could be maintained, and savings achieved, before approving submissions. However, the possibility of services moving outside of Council control is being assessed thoroughly to minimise any disruption in service delivery for service users and carers, or employment for the staff involved. Commissioning staff and CDCS management teams will continue to work with interested parties to explore these potential developments on a case-by-case basis.

Independent Sector Market Testing

- 51 As outlined above, the independent sector market for day services is currently unable to provide services which meet the requirements of those individuals with the most complex needs. CAS must address this through future market development. In addition, projected unit costs for the CDCS specialist service would be high, at £107.00 per day, meaning that further efficiencies may be required in future.

- 52 To inform planning on future commissioning of day services for people with the most complex needs, a soft market testing exercise has been undertaken to determine interest from potential parties who may wish to deliver such services in the future. Soft market testing is an informal, information gathering exercise with no commitment given to any subsequent procurement exercise.
- 53 Five interested parties have responded to the soft market testing exercise. Three of the respondents are independent sector day services providers currently accredited with the CAS provider panel. The respondents are all interested in delivering specialist day services in the future and have given some information on how they would propose to do this. Some would prefer to deliver such services in their own venues while others would be interested in future delivery from the five sites which the Council proposes to retain, as these are adapted for the purpose and have the specialist equipment required. It may be that further parties would be interested in the opportunity to provide specialist day services for those with complex needs, but have not expressed an interest at this stage.
- 54 Should specialist day services be delivered outside of the Council in future, affected staff would be likely to have TUPE (Transfer of Undertakings Protection of Employment) rights, meaning they would retain their existing terms and conditions as well as their continuity of employment under a new employer. CAS will continue to investigate options for the future delivery of specialist day services.

Impact on Transport

- 55 As service users move away from CDCS day services due to decreasing demand, transport needs often reduce, or are met by independent sector providers, many of whom operate their own transport. This affects Sustainable Transport commissioning. Sustainable Transport operates a fleet of buses to provide service user transport to larger CDCS day services, as well as commissioning a number of commercial contracts with taxi companies for day service transport.
- 56 Sustainable Transport also has savings targets linked to the MTFP. If in house day services are rationalised, Sustainable Transport will need to review current transport delivery models. Commissioning staff liaise regularly with Sustainable Transport management on developments relating to in house day services.

Consultation

- 57 Clearly these changes will have an impact on people who use the services and raise concerns for some of these individuals and their families. The proposals to decommission some services and focus the remaining five venues on providing day services for those with complex, specialist care needs have been the subject of a consultation exercise. The consultation was carried out from 22nd July to 4th September 2015 and was targeted at service users and carers at affected day services; both those who might move to the independent sector or community provision and those who would remain in reshaped CDCS services.

Methodology

- 58 The main method of collecting views was via questionnaires. In recognition that some service users may have cognition issues, particularly those with a learning disability, the questionnaire was designed to be completed by either carers or service users themselves. A total of 398 questionnaires were sent out to service users / carers. In addition, consultation documents were published on the dedicated consultation webpage of the DCC website and CAS officers held cross-party briefings for elected members in affected wards.
- 59 Questionnaires were accompanied by information explaining the proposals. A total of 217 questionnaires were completed and returned, a response rate of just over 54%, though 7 of these were from people who had not specifically been sent a questionnaire as a service user / carer. Of these seven, two were from additional family members who had not received a survey as the main carer and five were anonymous. 55 responses came from service users and 150 from carers, with 12 respondents not identifying as either.
- 60 Dedicated advocacy support was offered, through Durham Citizens Advice Bureau, to those taking part in the consultation.
- 61 Consultation briefing / drop-in sessions were arranged at each of CDCS day services allowing service users and carers to discuss the proposals and receive assistance with completing questionnaires. Staff were also able to discuss issues relevant to them at the sessions. Individual meetings were offered on request and CAS staff attended carer meetings to discuss proposals, where requested.

Key Messages from Consultation

- 62 The following is a summary of responses received during the consultation. The consultation identified that a majority of service users believe that the changes proposed would have a negative impact on them (65.5% of those answering thought the impact would be major and a further 6% thought it would be minor). A full consultation report is available in the Members library.

Anxiety about change / leaving current service

- 63 The most common concern related to anxiety about change, including potential loss of the current service. 84 separate statements concerning anxiety about change were contained within the total number of returned questionnaires. 15 separate statements raised concerns specifically about transition arrangements to new services. Examples include:
- Concerns that services will be ended with no replacement provision, leading to people becoming isolated at home and losing independence.
 - The effect on people's routine and unsettling nature of changes for vulnerable people.
 - Concerns that people may become agitated / upset as a result of changes and that their confidence may be affected.

- The need to communicate effectively and let affected parties know about alternatives if changes occur.
- The need for changes to be appropriately paced and for individuals to be given time to adjust.

Friendships / Relationships

- 64 A total of 62 separate comments related to a desire to maintain friendships and relationships which have been established at CDCS day services. Many service users have been attending the services for a number of years and have built close relationships with their peers and staff.
- 65 Some service users and carers made reference to being anxious about losing these close links and expressed a desire to see the day services remain as they are. There is a significant level of trust in the current services and positive comments have been made about the suitability and safety of the services, the level of staff knowledge and skills and the friendships individuals have made.

Rurality / Transport / Service Availability

- 66 A total of 31 comments referred to the availability of alternative services in the independent and community sector. This was both in terms of alternative services offering particular activities currently offered by CDCS, e.g. woodworking, and service availability in more rural areas of the County. Linked to the issues of service availability and rurality, comments were also received in relation to the availability and cost of transport to alternative services. Some service users are currently able to walk to their day centre venue and are concerned about the need to travel on a vehicle, while others are concerned that distance and subsequently journey times would be longer. Comments were also received relating to people from the Teesdale and Weardale areas needing to travel to Spennymoor to access a service.

Retention of Carer Respite

- 67 There were 27 separate comments made in the questionnaire responses regarding the importance of carers being given an opportunity to have time to themselves while service users were at day services. The majority of respondents raising these points were, understandably, the carers themselves.
- 68 The need to retain carer respite was seen as crucial for such respondents. Individual responses referenced the importance of carers having time to themselves while the person they care for attends services, in order to relax, run errands or spend time with family. A number of carers were anxious that they would see an impact on their own health and wellbeing if they did not receive the element of respite offered by the day services. A number of carers are also elderly and are worried that any adverse effects would be amplified because of this.

Positive Comments

69 There were 9 positive comments made about the proposed changes, with some service users and carers welcoming the new opportunities / increased independence they expect to be offered outside of CDCS if the proposed changes are made. A number of comments identified alternative day services outside of CDCS which could meet an individual's needs and which were closer to home, or services where existing friends had already moved to. One comment identified that the service user had moved on from CDCS shortly after the consultation documents were received and that they were very happy in their new service.

Specialist Care

70 A total of 26 comments recorded sentiments about the need to maintain specialist care within the reshaped services. Some respondents made comment on the high level of staff skills and some expressed that they would need to maintain a specialist level of care. Some carers made reference to a need for remaining venues to still offer therapeutic services in the event of changes being approved. Some comments were also received relating to specialist equipment, including the need for storage space for physiotherapy equipment in the five potentially retained day services and the need for appropriate space to be available when equipment is in use.

Meals and Food

71 A small number of comments, eight in total, made reference to meals or food. Half of these were individuals identifying that they already take their own food to the day service, which is common in both the in house and independent sectors. CDCS day services have, in recent years, moved away from providing cooked meals in line with promoting service user choice and enablement, with attendees being supported to access / choose food from community options, bring their own food or be provided with a pre-prepared hot meal from a community provider.

72 Cooked meals are still provided in some circumstances in the Durham Pathways and Peterlee Pathways venues. These services would follow the rest of CDCS and the majority of independent sector day services in moving to a system of service user choice, as outlined above.

73 Where individuals accessing specialist services have particular needs or preferences relating to food, CDCS would continue to provide options, including pre-prepared hot meals where required. Service users would also receive full support with accessing meals from local shops etc., should that be their preference.

Managing Change

74 This section describes steps which would be taken to address the concerns identified through the consultation, should the decision be taken to go ahead with the proposed changes.

Anxiety about change / leaving current service

- 75 All service users receiving CDCS day services would be reviewed individually to reassess their needs relating to eligibility for services, in line with usual CAS review processes. CAS would continue to provide appropriate services for all eligible service users and the decommissioning of an individual day service would have no effect on a service users overall eligibility to receive services. For some individuals, the changes would mean their needs are met in a different way, outside of CDCS.
- 76 CAS staff understand that change can be very difficult for people and service users and carers would be supported through any change process should it be needed. Both social work teams and day services staff are very experienced with this type of work and have a number of sensitive methods to help with moves, including gradual introductions to new services and CDCS staff working into new placements to help the transition process. All changes would be handled individually, with transitional processes designed to suit the individual needs of the person in question and their carer(s).
- 77 The individual review process and allocated care coordinators would enable changes to be communicated effectively, building on the success of the briefing sessions already held during the consultation. Service users and carers would be given a choice of alternative options able to meet their needs and would be able to visit these, or arrange 'taster' days to aid selection.

Friendships / Relationships

- 78 The high number of individuals moving on from CDCS day services in recent years has seen a number of service users expressing similar concerns about losing long-standing friendships. In many cases, individuals who have reported strong peer bonds have been supported to move to alternative services together and CAS staff and alternative services have worked hard to accommodate these requests in terms of days attended etc.
- 79 Even where service users are unable to move services together, individual care plans have been adjusted where possible to allow for friends to spend time together, outside of day / community services.
- 80 Case studies of those moving on from in house services also demonstrate that many individuals quickly make new friends and build rapport with new staff. The support given to CDCS staff leaving the Council and establishing services in the independent and community sector also gives an opportunity for people to receive an alternative service from familiar staff.

Rurality / Transport / Service Availability

- 81 A range of activities are already offered within the independent and community sector, including some services with specific models such as work-based provision. CAS has recently developed the external market and a number of new services have been, or are in the process of becoming, established. This includes new services in the rural areas of the County such as Weardale and Teesdale. Individuals currently accessing CDCS day services in these areas have been assessed and it is expected that all would be able to access alternative services in the local area, with nobody needing the specialist level of service which would mean staying with CDCS and travelling to Spennymoor, or another specialist venue.

- 82 Individual reviews will also address service user eligibility for transport assistance, with CAS continuing to provide or commission appropriate transport services for all eligible service users. As with care needs, the proposed reshaping of day services would have no effect on a service users overall eligibility to receive assistance with transport. Many independent sector day services operate their own vehicles, which allows the Council and individual service users to commission transport directly from the service being attended.
- 83 CAS staff have estimated the increase in travel distance for those people who would need to move to an alternative CDCS day service to retain a specialist level of service. This estimation shows that the longest individual journey is expected to be approximately 9 miles to attend a day service and the greatest change in distance compared to current arrangements approximately 5.7 miles each way. These distances are within expected parameters for service user transport.
- 84 Direct payment and personal budget options are also available for individuals who wish to access a specific opportunity outside of the available CAS commissioning arrangements.

Retention of Carer Respite

- 85 The Care Act 2014 reinforced existing CAS practice in relation to meeting the needs of carers, recognising in legislation the need to assess and meet the needs of eligible carers, which may include offering respite services.
- 86 In a similar way to how assessments of the service users eligibility for care and transport would be unaffected by the proposed changes to individual day services, carer eligibility for respite day services would not change as a result of these proposals. The individual day or community services providing the respite element may change but the provision of respite services would not.

Specialist Care

- 87 Proposed new specialist service delivery venues have been assessed to ensure they have appropriate space to host the facilities and activities currently being accessed. Staff with the appropriate level of skills would be retained to deliver the specialist day services in the reshaped provision.
- 88 Plans for retained day services have been developed in order to ensure that appropriate space is available for therapeutic and physiotherapy services and plans have also factored in the need for the storage of equipment. All care interventions and activities currently provided to those with specialist, complex needs would be delivered in the retained services.

Equality Act 2010

- 89 DCC is committed to its responsibilities under the Equality Act and recognises it has the following duties:
- Eliminating unlawful discrimination & harassment;
 - Advancing equality of opportunity;
 - Promoting good relations between people who share a protected characteristic and those who do not.

- 90 An Equality Impact Assessment (EIA) has been undertaken to identify any potential negative consequences from proposed changes to day services, and to mitigate against these. The full EIA is at Appendix 6 of this report and the document sets out the specific steps that have and may be undertaken to ensure the Council complies with the above duties should the recommendations in this report be agreed. The mitigating actions are summarised in the paragraph below.
- 91 The EIA has identified the main impacts that would arise from the redesign of CDCS day services, and also the mitigating factors that could be put in place to reduce any negative impact. Examples are set out below and they indicate that there are potential impacts which would need to be managed in any transitional arrangements:
- There are more male than female service users potentially effected by the proposals and the population is predominantly older;
 - Some service users may be more likely to become anxious due to their disability, particularly those with a learning disability, and will need time and careful transition planning to adjust to change;
 - More community based facilities could lead to service users being able to more easily access community facilities, therefore having a positive impact on their health and wellbeing;
 - Staff whom have protected characteristics may be impacted by the proposals.
- 92 If the decision is taken to redesign CDCS services and decommission the identified day services, any users of those services would continue to have their assessed needs met. This would mean transferring to a different venue. There would be sufficient places available to meet the needs of people. Durham County Council would make any transition as smooth as possible and ensure that all replacement services were fully aware of care and health needs, personal preferences and any other important factors. Where required, service users would be introduced gradually to a new service to help them with the change process. Service users will also be offered the opportunity to choose a different type of service, by using Direct Payments for example.

Conclusion

- 93 To meet the challenges of reducing demand for in house day services as people seek alternative options, underutilisation of services and high unit costs, CDCS day services would be reshaped.
- 94 This would mean that 12 day service venues would be decommissioned by September 2016. Options for the future delivery of the remaining specialist service, consisting of 5 venues, would be investigated following this reshaping.
- 95 MTFP savings of £1.59m from 2016/17 would be achieved by redesigning CDCS day services. Any overachievement of MTFP savings in 2016/17, or additional savings after this date as a result of further redesign or potential alternative delivery options, would contribute to wider MTFP savings relating to in house services. Unless the service is permitted to rationalise its services and buildings, it is likely to continue to offer poor value for money.

Recommendations

96 Cabinet is asked to agree to:

- The implementation of the redesign of CDCS day services, meaning that CDCS would deliver specialist day services for those with the most complex needs only from the following venues:

1. Durham Pathways, Pity Me
2. Spennymoor Pathways, Spennymoor Leisure Centre
3. Newton Aycliffe Pathways, Aycliffe Leisure Centre
4. Peterlee Pathways, Peterlee
5. Stanley Pathways, Louisa Centre

The following day services would be closed:

1. Ebony Woodwork Unit, Consett
 2. Chester-le-Street Pathways, Chester-le-Street
 3. Crook Pathways, Crook
 4. Proudfoot Centre, Bishop Auckland
 5. Annfield Plain Pathways, Annfield Plain
 6. Silver Street, Spennymoor
 7. Consett Pathways, Consett
 8. Harmire Unit, Barnard Castle
 9. Bishop Auckland Pathways, Tindale Crescent
 10. Bracken Hill Centre, Peterlee
 11. Bede Day Centre, Barnard Castle
 12. Stanhope Pathways, Stanhope
- Note that further work will be carried out to monitor the changing picture on demand, attendance, staffing requirements and building stock. As the market changes, further reviews of the viability of in house day services will be undertaken and, as required, detailed proposals will be developed to ensure that CDCS day services are fit for purpose, represent value for money and are able to fulfil their strategic objectives.

Contact: Jane Robinson, Head of Commissioning
Tel: 03000 267368

Appendix 1: Implications

Finance – Implementation of the proposed changes will contribute to the MTFP in 2016/17 onwards.

Staffing – While consideration will be given to ER/VR applications within CDC&S if these proposals are approved, compulsory redundancies may also be required.

Risk – A move of service involves a variety of risks. Any moves will be subject to detailed risk assessments. Services in the independent sector must meet CAS specifications and are assessed against quality standards.

Equality and Diversity / Public Sector Equality Duty – A full EQIA has been completed with regard to the proposals in this report and will be updated at regular intervals.

Accommodation - There will be accommodation issues as services are decommissioned, and as staff and service users may move to alternative sites both within CDCS and the independent sector.

Crime and Disorder – N/A.

Human Rights - This has been taken into account as part of the EQIA.

Consultation – Consultation has been held on the proposals and findings are outlined in this report.

Procurement – N/A.

Disability Issues - Included in the EQIA.

Legal Implications – ER / VR issues will be considered with HR / legal services. Legal services were consulted on the development of the consultation process.

Appendix 2 – Current CDCS Day Services

Centre Name	Locality	Owned / Leased	Lease Expiry (where applicable)
Silver Street	Sedgefield	DCC - NS	1 year rolling
Ebony Woodwork Unit	Derwentside	Leased	8 th February 2017
Chester-Le-Street Pathways	Durham / CLS	DCC	N/A
Peterlee Pathways	Easington	DCC	N/A
Annfield Plain Pathways	Derwentside	Leased	1 st August 2015
Durham Pathways	Durham / CLS	DCC	N/A
Aycliffe Pathways	Sedgefield	DCC - NS	1 year rolling
Stanley Pathways	Derwentside	Leased	1 year rolling
Bishop Auckland Pathways	Dales	DCC	N/A
Proudfoot Centre	Dales	DCC	N/A
Crook Pathways	Dales	Leased	Immediate (dilapidations only)
Spennymoor Pathways	Sedgefield	DCC - NS	1 year rolling
Harmire Unit	Dales	Leased	1 month rolling
Consett Pathways	Derwentside	DCC	N/A
Bracken Hill Centre	Easington	Leased	29 th February 2016
Bede Day Centre	Dales	DCC	N/A
Stanhope Pathways	Dales	DCC	N/A

Note - Those marked DCC-NS are buildings owned by DCC where CAS have an agreement and pay rent to Neighbourhood Services (internal recharges).

Appendix 3 – Case Studies

‘Janice’

- Janice previously attended in house day services three days per week in a gardening scheme. Janice has learning disabilities and had been with CDCS Pathways day services for 27 years. Janice began a volunteer role in a retail environment in early 2015.
- Janice was supported through the transition by her Care Co-ordinator, CDCS staff and a WEA (Workers Educational Association) tutor.
- Janice’s new role has been highly successful, increasing her independence and self-esteem. Staff report that she is empowered and feels she now has a ‘proper job’ to go to.

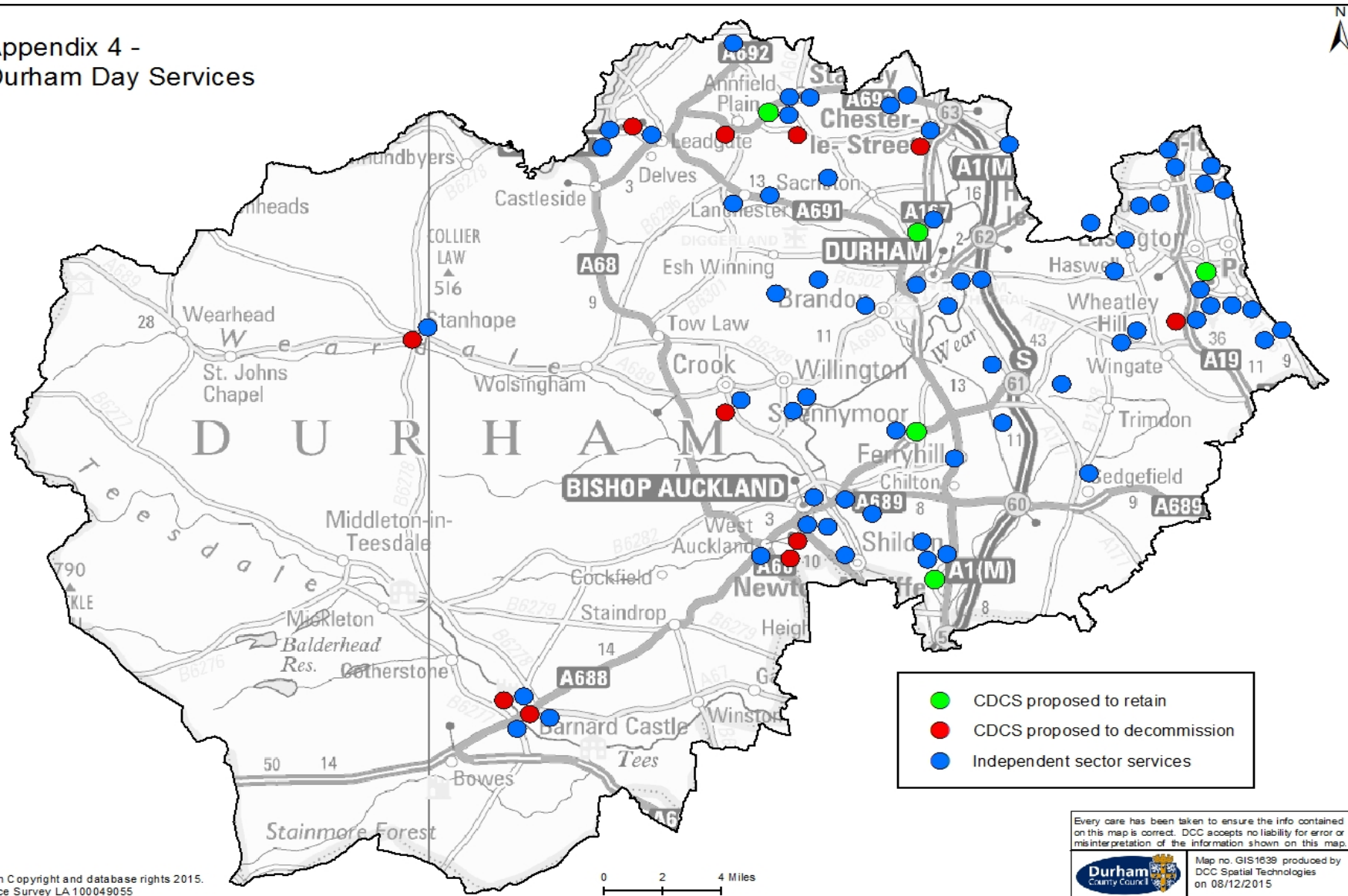
‘Diane’

- Diane previously attended CDCS day services twice per week. Diane is an older person with some physical disabilities. She began accessing a charitable community organisation in September 2014.
- Diane has made lots of new friends and enjoys getting involved in the various activities in the community.
- Diane has made the following comment on her change in service: “I am enjoying the change, I get involved with helping on lots of bits of work and get out to various places which I really enjoy”.

‘Simon’

- Simon is an older person with learning disabilities who has attended CDCS Pathways day services for 7 years. With support, he has now moved to alternative services.
- Simon now attends a service in the independent sector and also accesses community trips through his local ‘Hub’ provision in the Dales.
- Simon reports that he is enjoying the new services and especially getting ‘out and about’ and seeing new places with the group.

Appendix 4 - Durham Day Services



Appendix 5 - Criteria & Levels for In House Day Services

Standard Day Services (for individuals with a disability)

- Definition: Standard Day Services are those services that will meet the assessed needs of service users who have eligible needs and who may require support with medication, routine personal care, physical/sensory impairments, managing behaviours, social development issues etc. The requirement for appropriately trained staff, accessible facilities and resources will be provided as required.

Specialist Day Services (for individuals with a disability)

- Definition: Specialist Day Services are defined as being specialist due to the individual having profound intellectual and multiple disabilities, severe physical disabilities often with one or more sensory impairment (requiring the use of specialist equipment) and / or the requirement of specialist medical support. A highly skilled and trained workforce with access to, and current training in, specialist facilities/resources and equipment, such as hoists, postural care equipment, standing frames, Percutaneous Endoscopic Gastronomy (PEG feeding) etc. will be required.

Appendix 6 – Equality Impact Assessment

Durham County Council – Altogether Better equality impact assessment form

Section one: Description and initial screening

Section overview: this section provides an audit trail.

Service/team or section: Commissioning Team, CAS

Lead Officer: Denise Elliott / Neil Jarvis

Start date: 15.06.15

Updated: 16.12.15

Subject of the Impact Assessment: (please also include a brief description of the aims, outcomes, operational issues as appropriate)

Proposals to further reshape Council day services. The Council is seeking views on its plans for in house day services and wants to understand the issues for service users and carers and the ways in which the Council could assist the transition process if such a reshaping took place. Consultation is targeted to affected service users and carers.

County Durham Care & Support (CDCS - In House Provider) operates 17 day services across County Durham. Services are provided to people with a learning disability, people with poor mental health, people with physical disabilities / sensory impairment and older people from a range of venues, including large day service buildings, services co-located in community venues (e.g. leisure centres) and smaller, 'satellite' units. Service users are increasingly choosing alternatives to 'traditional' day services, including more bespoke arrangements through the use of personal budgets and community options. Demand for in house day services has dropped significantly in recent years and services are, in the main, under occupied.

The Council also has an MTFP savings target of £1.59m in respect of CDCS day services in 2016/17 and proposes to address these issues by reshaping the in house provider to provide specialist day services, for those with high level, complex care needs only. This will involve moving service users without such high level needs to alternative services in the community and independent sector. A total of 12 day services may be decommissioned and 5 retained to provide the specialist service. However, CAS will

investigate the possibility of making further savings by reviewing the remaining specialist service in future – a soft market testing exercise has been carried out to investigate possibilities.

Services proposed to close are: Bracken Hill Centre (Peterlee), Bede Day Centre (B Castle), Silver Street (Spennymoor), Annfield Plain Pathways, Proudfoot Centre (B Auckland), Crook Pathways, Chester-le-Street Pathways, Harmire Unit (B Castle), Ebony Woodwork Unit (Consett), B Auckland Pathways, Consett Pathways, Stanhope Pathways. (Note that the Corporate Director – CAS has taken a delegated decision to close GAP Gardens in Stanley since the consultation process, due to lack of use)

Services which would be retained are: Stanley Pathways, Durham Pathways, Spennymoor Pathways, N Aycliffe Pathways, and Peterlee Pathways.

The profile of in-house day services attendees at June 2015 was as follows (note that many individuals attend only part of the week, and some attend more than one service):

CDCS Overall

Age: Under 25 – 19. 25 to 39 – 76. 40 to 54 – 174. 55 to 69 – 110. 70 and over - 49

Gender: 226 male, 202 female

Ethnicity: 425 White British, 1 Mixed Race African, 1 Mixed Race Asian, 1 Other Ethnic Group

Service User (SU) Group: 351 people with a learning disability, 2 people with poor mental health, 75 older people / people with a physical disability and / or sensory impairment.

Breakdown by service is as follows:

Annfield Plain Pathways

Age: Under 25 – 0. 25 to 39 – 2. 40 to 54 – 7. 55 to 69 – 13. 70 and over - 1

Gender: 11 male, 12 female

Ethnicity: 23 White British

Service User (SU) Group: 22 people with a learning disability, 1 older people / people with a physical disability and / or sensory impairment.

Newton Aycliffe Pathways

Age: Under 25 – 2. 25 to 39 – 8. 40 to 54 – 13. 55 to 69 – 3. 70 and over - 0

Gender: 12 male, 14 female

Ethnicity: 26 White British

Service User (SU) Group: 26 people with a learning disability.

Bede Day Centre

Age: Under 25 – 0. 25 to 39 – 0. 40 to 54 – 0. 55 to 69 – 0. 70 and over - 8

Gender: 1 male, 7 female

Ethnicity: 8 White British

Service User (SU) Group: 8 older people / people with a physical disability and / or sensory impairment.

Bishop Auckland Pathways

Age: Under 25 – 0. 25 to 39 – 0. 40 to 54 – 14. 55 to 69 – 7. 70 and over - 1

Gender: 12 male, 10 female

Ethnicity: 22 White British

Service User (SU) Group: 22 people with a learning disability.

Chester-le-Street Pathways

Age: Under 25 – 2. 25 to 39 – 6. 40 to 54 – 29. 55 to 69 – 1. 70 and over - 1

Gender: 23 male, 16 female

Ethnicity: 38 White British, 1 Other Ethnic Group

Service User (SU) Group: 39 people with a learning disability.

Consett Pathways

Age: Under 25 – 0. 25 to 39 – 5. 40 to 54 – 7. 55 to 69 – 9. 70 and over - 0

Gender: 7 male, 14 female

Ethnicity: 20 White British, 1 Mixed Race African
Service User (SU) Group: 21 people with a learning disability.

Crook Pathways

Age: Under 25 – 0. 25 to 39 – 4. 40 to 54 – 10. 55 to 69 – 4. 70 and over - 0

Gender: 6 male, 12 female

Ethnicity: 18 White British

Service User (SU) Group: 17 people with a learning disability, 1 older people / people with a physical disability and / or sensory impairment.

Durham Pathways

Age: Under 25 – 1. 25 to 39 – 15. 40 to 54 – 35. 55 to 69 – 12. 70 and over - 5

Gender: 31 male, 37 female

Ethnicity: 68 White British

Service User (SU) Group: 58 people with a learning disability, 10 older people / people with a physical disability and / or sensory impairment.

Ebony Woodwork Unit

Age: Under 25 – 1. 25 to 39 – 7. 40 to 54 – 5. 55 to 69 – 7. 70 and over - 0

Gender: 20 male, 0 female

Ethnicity: 19 White British, 1 Mixed Race African

Service User (SU) Group: 20 people with a learning disability.

GAP Gardens Scheme (NOTE – closed November 2015. See above)

Age: Under 25 – 0. 25 to 39 – 0. 40 to 54 – 3. 55 to 69 – 4. 70 and over - 0

Gender: 7 male, 0 female

Ethnicity: 7 White British

Service User (SU) Group: 7 people with a learning disability.

Harmire Unit

Age: Under 25 – 1. 25 to 39 – 2. 40 to 54 – 7. 55 to 69 – 6. 70 and over - 0

Gender: 8 male, 8 female

Ethnicity: 16 White British

Service User (SU) Group: 16 people with a learning disability.

Peterlee Pathways

Age: Under 25 – 5. 25 to 39 – 19. 40 to 54 – 22. 55 to 69 – 11. 70 and over - 8

Gender: 32 male, 33 female

Ethnicity: 65 White British

Service User (SU) Group: 56 people with a learning disability, 9 older people / people with a physical disability and / or sensory impairment.

Proudfoot Centre

Age: Under 25 – 0. 25 to 39 – 5. 40 to 54 – 6. 55 to 69 – 4. 70 and over - 0

Gender: 12 male, 3 female

Ethnicity: 15 White British

Service User (SU) Group: 15 people with a learning disability.

Silver Street

Age: Under 25 – 0. 25 to 39 – 2. 40 to 54 – 7. 55 to 69 – 4. 70 and over - 1

Gender: 6 male, 8 female

Ethnicity: 14 White British

Service User (SU) Group: 14 people with a learning disability.

Spennymoor Pathways

Age: Under 25 – 1. 25 to 39 – 2. 40 to 54 – 3. 55 to 69 – 9. 70 and over - 9

Gender: 15 male, 9 female
Ethnicity: 23 White British, 1 Mixed Race Asian
Service User (SU) Group: 1 people with a learning disability, 21 older people / people with a physical disability and / or sensory impairment, 2 people with poor mental health.

Stanhope Pathways

Age: Under 25 – 0. 25 to 39 – 0. 40 to 54 – 0. 55 to 69 – 0. 70 and over - 8

Gender: 2 male, 6 female

Ethnicity: 8 White British

Service User (SU) Group: 8 older people / people with a physical disability and / or sensory impairment.

Stanley Pathways

Age: Under 25 – 0. 25 to 39 – 5. 40 to 54 – 15. 55 to 69 – 11. 70 and over - 7

Gender: 25 male, 13 female

Ethnicity: 38 White British

Service User (SU) Group: 20 people with a learning disability, 18 older people / people with a physical disability and / or sensory impairment.

(Note – Bracken Hill does not currently have any dedicated attendees and is being used as a supplementary service for the wider locality)

Estimates suggest approx. 101 people would remain in the reshaped, specialist day service provided by CDCS. However, it should be noted that there may be some variation in this figure as individual reviews explore service user need.

Aim

The overall aim of the exercise is to ensure in-house day services in County Durham represent best value by reshaping the current in-house service to become a specialist service, able to meet the needs of those with the most complex needs. Service users who are able to have their needs met outside of in-house services will be supported to access new opportunities in community or independent sector services. An individual assessment will determine the needs of individuals.

This work will further stimulate the private sector market for day services in County Durham, ensure that DCC service delivery venues are fit for purpose for the future in terms of location and facilities; and allow the in house provider to focus on its knowledge and experience in delivering specialist services.

Operational Issues

- Some in-house service users will move to alternative services - either community provisions, independent sector day services or a different in-house day service. A range of services, facilities and activities will be available and individuals will be able to choose from services available in their local area. This will continue current trends towards more community focused services and allow efficiencies to be made in CDCS.
- Transport arrangements for some service users will need to change and some service users may be travelling further to access their day service, though some will be closer.
- In house day services staffing complements will be affected by service remodelling. Staff will have the opportunity to express an interest in ER/VR, as per current DCC policy, with a number of individuals already having done so. A business case would be assessed for any applications. Some individuals and staff groups have also expressed an interest in the 'Durham Ask' where the Council transfers provision of buildings / services to third party providers. Possible opportunities are being explored. Though there is potential for significant ER/VR opportunities and Durham Ask opportunities may also mitigate some staffing impacts, the scale of the proposed changes mean that a small number of compulsory redundancies may also be required.
- Some remaining in-house staff will be travelling further to get to work when in house services become a specialist provision.
- Meals provision will be affected for some service users. Currently, a limited number of in house day services provide meals on-site, either through dedicated kitchen facilities or bought-in meals services. In keeping with the desire to be more community focused, these arrangements would change to a system where individuals who are able to are supported to choose their own meals from a range of options such as bringing a packed lunch or purchasing food from local shops. Where service user needs / care plans around food / nutrition are such that a provided meal is required (e.g. a need for pureed food) then these will continue to be supplied. Service users may also be able to access café facilities, depending on

the day service they attend. The majority of day services will have access to microwave facilities for warming up food and hot water for making drinks. These revised arrangements already apply to many independent sector and some in house day services.

- New services may not be as immediately accessible to service users as their current day services venue, though this will be factored into individual assessments and adjustments made where required.
- Security of service users may be a concern, particularly for carers, if individuals move to community or independent sector services which are potentially more accessible to the public and therefore not perceived as being as 'safe' as the original provision. Service users, parents and carers will need to be consulted and worked with sensitively. Robust risk assessment will be undertaken as part of individual reviews.
- All retained in house venues would be accessible and able to meet the complex needs of the specialist client group.
- A number of external organisations use in house day services venues for their activity, for example play groups and scouts at Chester-le-Street Pathways and a community gym at Bishop Auckland Pathways. These services may need support to move venue or make alternative arrangements if decisions are made to reshape services.

Who are the main stakeholders: General public / Employees / Elected Members / Partners / Specific audiences / Other (please specify) –

Affected service users and carers currently in receipt of services, potential service users, Pathways staff, independent sector day service providers, elected members in affected wards, operational staff (social work teams in CAS Adult Care), CAS commissioning staff, HR and legal staff (SU and employee issues), RED Transport Unit staff, Asset Management Staff (buildings issues), external partners, 'Durham Ask' / ACE staff, LD Parliament.

Is a copy of the subject attached? Yes / No

If not, where could it be viewed?

Initial screening

Prompts to help you:

Who is affected by it? Who is intended to benefit and how? Could there be a different impact or outcome for some groups? Is it likely to affect relations between different communities or groups, for example if it is thought to favour one particular group or deny opportunities for others? Is there any specific targeted action to promote equality?

Is there an actual/potential negative or positive impact on specific groups within these headings?

Indicate :Y = Yes, N = No, ?=Unsure

Gender	Y	Disability	Y	Age	Y	Race/ethnicity	Y	Religion or belief	Y	Sexual orientation	Y
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How will this support our commitment to promote equality and meet our legal responsibilities?

Reminder of our legal duties:

- Eliminating unlawful discrimination & harassment
- Promoting equality of opportunity
- Promoting good relations between people from different groups
- Promoting positive attitudes towards disabled people and taking account of someone's disability, even where that involves treating them more favourably than other people
- Involving people, particularly disabled people, in public life and decision making

If proposals are approved there will be a need for some SUs to move from one service, or service venue (for internal in house moves), to another. Each service user affected will have an individual review to identify their requirements relating to the changes, and a communication plan will be put in place to ensure service users and carers are kept fully up-to-date with the changes.

Any moves will be handled by operational and in-house staff sensitively and at an appropriate pace (service user transition). Advocates and care managers will be available to represent service user views as required. For those with a learning disability, support will also be available through the LD Parliament. It may be necessary to make changes to care plans and risk management plans following individual assessment of needs. Service users and carers will be supported through this process and sensitive arrangements will be made to account for any individual issues. Some individuals may also wish to take a personal budget in order to make their own arrangements, in line with increasing trends for people exercising choice and control over their

care through the personalisation agenda. Staff would support individuals through this process.

Related to this a move in location could also potentially increase travelling time / costs. Many service users are eligible for transport assistance from DCC and, where this is the case, transport arrangements would be amended to take into account service moves. For those moving to the independent sector, many providers operate their own vehicles and would be commissioned to transport service users. As well as lower service costs, independent sector transport tends to be less costly than transport arranged through the Council's transport unit, meaning some service users would see lower financial contributions to the cost of their services. An analysis of people likely to make internal moves within in house services, to access a specialist day service shows that the maximum increase in travel distance would be approx. 5.7 miles each way, with the longest revised journey 9 miles. This is within existing parameters, with a number of service users across day services making journeys of similar distances already.

The increased focus on community based provision will potentially lead to more opportunity for service users to access community facilities, activities and improve social interaction. This may lead to better outcomes for users of the service and improve their wellbeing. The increase in community based provision would also make users of the service more 'visible' in the local community and potentially have a positive impact in terms of promoting positive attitudes towards people with a disability. For example, a number of independent sector day services run community cafés or work on community gardening projects. Both operational and CDCS day services staff would do detailed, sensitive transitions work with service users to prepare for moves.

What evidence do you have to support your findings?

A 6 week consultation process ran between 22nd July 2015 and 4th September 2015.

This was a targeted consultation process with service users and carers in affected services.

Individual questionnaire and supporting material was posted to service users and carers (for people with a learning disability we followed our usual practice of writing to the carer) with a return envelope enclosed.

Briefing / information sessions for service users and carers was also held during the consultation period, to answer any questions and assist in completing questionnaires where required. At least one session was held per locality area.

A summary of key results relevant to this EIA is provided below

- Almost three quarters of responses (73.17%) were from a carer or family member on behalf of a service user, as opposed to 26.83% of responses from a day services user themselves. This likely reflects the fact that the majority of service users are

people with a learning disability. 12 respondents did not identify as either.

- The services with the most responses to the consultation were Durham Pathways at 15.49% and Peterlee Pathways at 13.62%. That almost 30% of responses to this question identified these services reflects that these are the two services with the largest number of service users attending. Eight responses identified that individuals attended one or more independent sector day services, either as well as an in house service or only an independent sector service. This may be because individuals attend more than one service, or have moved on from the in house service between receiving and returning the consultation questionnaire.
- Only 22.5% of respondents to the consultation were under the age of 40. This reflects the age profile of day service attendees. The age of 6 respondents was not specified.
- 78.5% of responses strongly agreed that the Council should provide care and support day services to those with specialist, complex care needs whose needs cannot currently be met elsewhere. Only 3.27% of responses strongly disagreed with this statement. 12 individuals (5.61%) did not know while 3 people did not answer this question. Perception may be an issue, however, as some respondents may identify themselves / the person they care for as meeting the criteria for a service catering for those with specialist, complex needs where this is not necessarily the case.
- When asked what would be most important to them when attending a new service in the independent or community sector, the factors rated highest by those responding were 'Being Somewhere Safe', which was rated as 'most important' by 95.83% of respondents, 'Friendly, Skilled Staff' which was rated as 'most important' by 94.93% of respondents and 'Travel and Transport Arrangements' which was rated as 'most important' by 81.69% of respondents. The factor rated lowest was 'Using a Personal Budget to do something different' which was rated as 'most important' by only 37.37% of those responding to this question and rated as 'least important' by 18.95%. Some respondents did not express a view on one or more factors.
- When asked what the Council could do help make things easier for individuals if it does decide to make the changes, 80.39% of those responding to this question wanted CAS to 'provide regular updates on the Council's proposals'. In a similar way to the previous question, the choice receiving the least response was 'Help you to use a Personal Budget to meet your care and support needs in a different way' at 52.94%. 13 respondents did not choose any of the given options.

- More than three quarters of those responding (76.47%) thought that having a social worker or care co-coordinator to talk to about services and options would help make things easier throughout the proposed changes.
- Almost two thirds (65.5%) of those responding to the question felt that the proposed changes would have a major negative impact. 6% felt they would be a minor negative impact. 19.5% of respondents felt the proposed changes would have either no impact or a minor or major positive impact, with 18 respondents (9%) saying they did not know. 17 respondents did not answer the question.

Some of the more significant differences in consultation responses in terms of protected characteristics are highlighted in Section 2.

Decision: Proceed to full impact assessment – Yes **Date: 15.06.15**

If you have answered ‘No’ you need to pass the completed form for approval & sign off.

Section two: Identifying impacts and evidence- Equality and Diversity

Section overview: this section identifies whether there are any impacts on equality/diversity/cohesion, what evidence is available to support the conclusion and what further action is needed.

	Identify the impact: does this increase differences or does it aim to reduce gaps for particular groups?	Explain your conclusion, including relevant evidence and consultation you have considered.	What further action is required? (Include in Sect. 3 action plan)
Gender	SU’s: It is not felt that this work will increase differences or reduce gaps. No-one’s assessed eligible needs would change because of a change in service or venue. Care & Support Plans would be adjusted to take into account any move to a new service.	SU Gender at June 15: Male: 226 Female: 202 Unknown: None (Total 428)	Consultation will be as accessible as possible and responses monitored for equality issues and update of EIA. Complete. If proposals are agreed, individual plans relating to moves will identify any needs

Consultation respondents – Sept

	<p>Operational staff (social work teams), provider staff (CDCS & independent sector) and advocates will be available to support the consultation process.</p> <p>Staff:</p> <p>There are significantly more female staff than male in the service, which means that potential job losses may impact the female staff group disproportionately. Female staff are significantly more likely to work part-time in the service.</p>	<p>15: Male: 117 (53.92%) Female: 96 (44.24%) Unknown: 4 (1.84%)</p> <p>(Total 217)</p> <p>Consultation results from all respondents revealed that:</p> <ul style="list-style-type: none"> • Slightly more female than male respondents strongly agreed that the Council should provide care and support day services to those with specialist, complex care needs whose needs cannot currently be met elsewhere (80.2% compared to 75.2% of all respondents) • More male respondents (52.1%) than female respondents (44.8%) rated mixing with new people and making new friends as the most important factor if they were to attend a new service. • 75.2% of all male respondents said that they wanted help to make decisions on future services, compared to 62.5% of all female respondents. As may be expected considering this response, 78.6% of all male respondents would like a social 	<p>in relation to gender. Changes will be monitored post implementation.</p> <p>Staff:</p> <p>HR processes will be designed to ensure fairness in staff changes. For example, ER/VR opportunities would be offered to staff and would be open to all to express an interest in. Suitability would be determined on an individual business case basis.</p> <p>Any compulsory redundancies would be decided on business need and follow appropriate HR processes to ensure legislative compliance.</p> <p>Business planning for change in services will follow legislative / DCC requirements to ensure staff working part-time are not disproportionately disadvantaged.</p>
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		<p>worker to talk to them about services and options compared to 63.5% of all female respondents.</p> <p>Staff Gender at June 15:</p> <p>Male: 38 (full-time 28, part time 10) Female: 169 (full time 67, part time 102)</p> <p>(Total 207)</p>	
Age	<p>It is not felt that this work will increase differences or reduce gaps. No-one's assessed eligible needs would change because of a change in service or venue. Care & Support Plans would be adjusted to take into account any move to a new service.</p> <p>Many carers of those attending in house day services are classed as older carers. The views of carers, including any specific issues for their caring role, are being sought as part of the consultation process Operational staff (social work teams), provider staff (CDCS & independent sector) and</p>	<p>SU Age at June 15:</p> <p>Under 25 – 19 25 to 39 – 76 40 to 54 – 174 55 to 69 – 110 70 and over - 49</p> <p>(Total 428)</p> <p>Consultation Respondents at Sept 15:</p> <p>Under 25 – 4 (1.8%)</p>	<p>Consultation will be as accessible as possible and responses monitored for equality issues and update of EIA. Complete.</p> <p>If proposals are agreed, individual plans relating to moves will identify any needs in relation to Age. Changes will be monitored post implementation. Communication plans and transitional arrangements will need to take the needs of older carers into account. Older carers needs will also be taken into account during individual reviews and care plans will</p>

	<p>advocates will be available to support the consultation process.</p> <p>Staff:</p> <p>The age profile of staff shows a majority of staff are over the age of 45, with significant numbers in the 55 to 64 age group. This may mean a high number of staff are eligible for early retirement opportunities as part of any ER/VR processes.</p>	<p>25 to 39 – 45 (20.7%) 40 to 54 – 83 (38.2%)</p> <p>55 to 69 – 57 (26.3%)</p> <p>70 and over – 22 (10.2%)</p> <p>Unknown – 6 (2.8%)</p> <p>(Total 217)</p> <p>Consultation results from all respondents revealed that:</p> <ul style="list-style-type: none"> • Of all respondents, 82.2% of those aged 25-39 and 88% of those aged 40-54 strongly agreed that the Council should provide care and support to those with the specialist, complex needs compared to 68.4% of those aged 55-69 and 54.5% of over 70's. • The older the respondent the generally less likely they are to think that using a personal budget to do something different is important when considering a new service – 27.3% of all over 70's and 26.3% of all 55-69 year olds considered this as a most important factor to them when planning for the future, compared to 40% of all 25-39 year olds. 	<p>address any specific needs identified.</p> <p>Staff:</p> <p>HR processes will be designed to ensure fairness in staff changes. For example, ER/VR opportunities would be offered to staff and would be open to all to express an interest in. Suitability would be determined on an individual business case basis.</p> <p>Any compulsory redundancies would be decided on business need and follow appropriate HR processes to ensure legislative compliance.</p>
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		<ul style="list-style-type: none">• Building confidence in a new or changed service was considered generally more important among younger respondent groups. Of all respondents, 100% of under 25's, 57.8% of 25 – 39 year olds and 74.7% of 40 – 54 year olds ranked this as a most important factor, compared to 54.4% of 55-69 year olds and 54.5% of over 70's.• 62.2% of all those aged 25-39 and 65.1% of all those aged 40-54 thought the proposed changes would have a major negative impact on them, compared to 54.4% of all 55-69 year olds and 59.1% of all over 70's. <p>Staff Age at June 15:</p> <p>16 to 24 – 1</p> <p>25 to 34 – 22</p> <p>35 to 44 – 42</p> <p>45 to 54 – 79</p> <p>55 to 64 – 61</p> <p>65 plus - 2</p>	
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		(Total 207)	
<p>Disability</p>	<p>All service users have a disability and impact of change will vary for people depending on circumstance and disability. For example people with a learning disability may find a change such as re-location of services difficult.</p> <p>The move to new services, whether community services, independent sector provision or alternative CDCS venues, may cause some anxiety for service users and carers.</p> <p>Accessibility and security in new services may be a concern for some service users and, in particular, carers.</p> <p>Some carers may see the issue of service user safety as a concern in new services.</p> <p>Some service users may see an increase in travel time / cost as a result of service changes.</p> <p>Staff:</p> <p>A significant proportion of staff</p>	<p>Service User (SU) Group at June 15:</p> <p>People with a Learning Disability - 351</p> <p>People with Poor Mental Health – 2</p> <p>Older People / People with a Physical Disability and / or Sensory Impairment – 75</p> <p>(Total 428)</p> <p>Consultation Respondents at Sept 15:</p> <p>People with a Learning Disability - 180 (83%)</p> <p>People with Poor Mental Health – 2 (0.9%)</p> <p>Older People / People with a Physical Disability and / or Sensory Impairment – 30 (13.8%)</p> <p>Unknown – 5 (2.3%)</p> <p>(Total 217)</p>	<p>Consultation will be as accessible as possible and responses monitored for equality issues and update of EIA. Briefing / information sessions will be held during the consultation process.</p> <p>Complete.</p> <p>If proposals are agreed, individual plans relating to moves will identify any needs in relation to disability. Changes will be monitored post implementation.</p> <p>Transition and monitoring arrangements. Transition arrangements in particular will be carefully and sensitively planned to mitigate issues around change of services and transport – e.g. phased introductions, new service / venue visits, carer liaison etc.</p> <p>Advocates will be made available for service users who require them. The Learning Disabilities Parliament will also be available for peer support.</p>

	<p>have not disclosed whether they have a disability. Of those that have disclosed, the numbers are within expected parameters.</p>	<p>Consultation results from all respondents revealed that:</p> <ul style="list-style-type: none"> • People with a learning disability (80% of all respondents) were more likely to agree that the Council should provide day services to those with specialist care needs than older people / those with a physical disability (70% of all respondents) or people with mental health issues (no respondents). • Those with a learning disability felt that getting to know a new or changed service venue was most important when planning for the future (64.4% of all respondents) compared to older people / those with a physical disability (46.7% of all respondents). • 70% of all older people / those with a physical disability said choosing the food they want and where to get it from was a most important factor compared to 50% of all people with a learning disability. • 62.8% of all people with a learning disability said the proposals would have a major negative impact on them compared to 50% of all older people / those with a physical 	<p>Security and accessibility issues will be considered as part of the change process. Any remedial work with new services / venues or extra support for individuals will be put in place.</p> <p>Where required, security and safety practices of new services / venues will be checked and revised arrangements put in place. Involvement of all stakeholders will be a priority to ensure any fears and concerns are addressed.</p> <p>Transport impacts will be minimised by arranging new or revised services close to existing provision wherever possible. Internal changes to CDCS will leave 5 day services, positioned across the County, for those with specialist needs. Modelling for potential moves to these services show a maximum additional journey of 5.7 miles, with the maximum revised</p>
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		<p>disability and none of the respondents with mental health issues.</p> <p>Staff Disability at June 15:</p> <p>Yes – 8</p> <p>No – 56</p> <p>Not Disclosed – 143</p> <p>(Total 207)</p>	<p>journey being 9 miles. This is within existing parameters for day service transport and can be seen as a reasonable adjustment.</p> <p>Staff:</p> <p>HR processes will be designed to ensure fairness in staff changes. For example, ER/VR opportunities would be offered to staff and would be open to all to express an interest in. Suitability would be determined on an individual business case basis.</p> <p>Reasonable adjustments will be made for staff with a disability if required.</p> <p>Any compulsory redundancies would be decided on business need and follow appropriate HR processes to ensure legislative compliance.</p>
Race/Ethnicity	Services are available to anyone who meets eligibility criteria, regardless of their known or	Service User Ethnicity at June 15: White British – 425	Consultation will be as accessible as possible and responses monitored for

	<p>perceived race / ethnicity.</p> <p>There are no day services commissioned specific to BME groups. However, individual needs in this area are considered through established care planning outcome work, and any changes identified will not disproportionately affect this group.</p> <p>It is not felt that this work will increase differences or reduce gaps.</p> <p>Staff:</p> <p>Staff ethnicity profiles show no minority group representation currently within service staffing teams.</p>	<p>Mixed Race African – 1</p> <p>Mixed Race Asian – 1</p> <p>Other Ethnic Group – 1</p> <p>(Total 428)</p> <p>Staff Ethnicity at June 15:</p> <p>White British – 204</p> <p>White Other – 1</p> <p>Not Disclosed – 2</p> <p>(Total 207)</p> <p>Consultation respondents:</p> <p>Consultation did not identify any additional factors relating to race which should be taken into account.</p>	<p>equality issues. Complete.</p> <p>Alternative formats are available as part of the consultation process.</p> <p>If proposals are agreed, individual plans relating to moves will identify any needs in relation to Race / Ethnicity. Changes will be monitored post implementation.</p> <p>Staff:</p> <p>HR processes will be designed to ensure fairness in staff changes. For example, ER/VR opportunities would be offered to staff and would be open to all to express an interest in. Suitability would be determined on an individual business case basis.</p> <p>Any compulsory redundancies would be decided on business need and follow appropriate HR processes to ensure legislative compliance.</p>
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<p>Religion or belief</p>	<p>Services are available to anyone who meets eligibility criteria, regardless of their known or perceived religion / belief.</p> <p>Individual needs in this area are considered through established care planning outcome work and any changes identified will not disproportionately affect this group.</p> <p>New services / venues will be expected to have provision for any service users, current or future, who have needs in relation to religion or belief – e.g. a private area for prayer etc. This is reflected in contracts with the independent sector.</p> <p>It is not felt that this work will increase differences or reduce gaps.</p>	<p>Insufficient data recorded in terms of religion and belief to fully analyse impact (in respect of both service users and staff).</p> <p>Consultation respondents:</p> <p>Consultation did not identify any additional factors relating to religion or belief which should be taken into account.</p>	<p>Individual plans relating to moves will identify any needs in relation to religion or belief.</p> <p>Transition and monitoring arrangements.</p> <p>New services / venues will be expected to make suitable arrangements for any religious needs to be observed. To be considered as part of change process. Contracts with independent sector providers reflect the need to accommodate SU needs in relation to religion / belief.</p>
<p>Sexual orientation</p>	<p>Services are available to anyone who meets eligibility criteria, regardless of their known or perceived sexual orientation. It is not felt that this work will increase differences or reduce gaps in respect of sexual</p>	<p>Data on sexual orientation is not currently collected (applies to both service users and staff).</p> <p>Consultation respondents:</p> <p>Consultation did not identify any</p>	<p>Individual plans relating to moves will identify any needs in relation to sexual orientation.</p> <p>Transition and monitoring arrangements will be put in place.</p>

	orientation.	additional factors relating to sexual orientation which should be taken into account.	
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How will this promote positive relationships between different communities?

This exercise will ensure day services in County Durham represent best value for the people who access such services across the county. The process will ensure a smooth transition to new service provision or venue where necessary.

The move towards community based venues will mean that service users have access to the best possible services and opportunities available across the county. Increased community integration will reduce social isolation, increase independence and give opportunities for better outcomes for service users to improve their wellbeing.

The increase in community based provision would also make users of the service more 'visible' in the local community and potentially have a positive impact in terms of promoting positive attitudes towards people with a disability

Section three: Review and Conclusion

Summary: please provide a brief overview, including impact, changes, improvements and any gaps in evidence.

It is likely that a high proportion of service user's currently attending day care have a disability and this will have an impact in terms of possible changes in provision which will vary for different people depending on their individual circumstance and disability. Individual assessments and plans relating to service / venue moves will identify needs and transition arrangements and try to mitigate any negative impact.

Moves will be handled in a sensitive way and service users and carers will be given time to adjust to the changes.

Extra resource in terms of care management, advocacy etc. will be available to assist those affected.

Any changes in staffing will follow established DCC processes for managing HR issues and be fully compliant with all relevant legislation to ensure no discrimination. All legal requirements with regard to staff changes will be followed.

This EQIA will be revisited and added to, in order to account for further developments.

A discussion of results from the consultation is provided in the Cabinet report. In addition, a full consultation report will be available to members at the same time as the Cabinet report.

Consultation Update:

The consultation process has shaped the proposals in the following ways:

- Planned transition arrangements have been further strengthened. If Cabinet agree to proposals, the process of individual transition and building confidence in a new or revised service will be planned carefully with service users and carers. This follows consultation and feedback at consultation briefing sessions. As well as introductory visits to new centres, there will also be joint activities with potential new services and / or in house services staff working into independent sector or alternative in house services during the transition process. This will aid transitions for individuals.
- CAS will provide more information to individuals and their carer's at their review about possible revised meal arrangements. If proposals are agreed, this will allow people to prepare for changes and start to think about how they access their meals in the future ahead of a transition process.
- It has been recognised that older service users are less likely to consider using a personal budget to do something different. Social work teams responsible for reviews of service users will continue to explain the advantages of using a personal budget and attempt to allay any lack of understanding or concerns about this process which older individuals may have.
- Consultation has taken place with officers responsible for social work teams, to reiterate the importance service users and carers have attached to having social work liaison available should proposals be accepted. Social work teams would ensure that service users and carers had a point of contact to discuss the changes with and would be able to assist with any concerns which may arise.

Service user attendance update – November 2015:

Since the consultation closed in early September 2015, further movement of service users has taken place with individuals moving away from in house services. The Corporate Director, Children & Adults Services has taken a delegated decision to close a service (GAP Gardens) through lack of use since the consultation began. The total number of service users now on the attendance register for in house services is 250 at end of November 2015. In terms of protected characteristics, these figures can be broken down as follows:

<p>Gender – 133 male (53.2%), 117 female (46.8%). Service User Group – 216 people with learning disabilities (86.4%), 32 older people and / or people with physical disabilities (12.8%), 2 people with mental health issues (0.8%). Age – 13 under 25's (5%), 56 aged 25 – 39 (22.5%), 106 aged 40 – 54 (42.5%), 57 aged 55 – 69 (23%), 18 over 70 (7%).</p>			
Action to be taken	Officer responsible	Target Date	In which plan will this action appear
Consultation will be as accessible as possible and any responses relating to equality will be monitored / analysed for update of EQIA. Other formats and / or languages will be available on request.	Neil Jarvis (CAS Commissioning)	22 nd July 2015	Consultation ran from 22 nd July – 4 th September 2015. Completed.
Update of EQIA for final Cabinet report (including update of service user numbers and analysis of responses for equality monitoring)	Neil Jarvis (CAS Commissioning)	16 th December 2015	Completed.
Individual plans relating to the change in service delivery venues	Adult Care / CDC&S Staff	TBC following Cabinet consideration	
Transition arrangements	Les Shaw / Karen Vasey (CDCS Management Team)	TBC following Cabinet consideration	
When will this assessment be reviewed?	Date: TBC following Cabinet process.		
Are there any additional assessments that need to be undertaken in relation to this assessment?			
Lead officer - sign off:			Date:
Service equality representative - sign off:			Date:

Please email your completed Impact Assessment to the Equality team - equalities@durham.gov.uk.