



Executive
13th September 2006

**Report from the Director of
Housing and Community Care**

For Action

Wards Affected:
ALL

Promoting Day Opportunities for Adults with Disabilities

Forward Plan Ref: H&CC-06/07-06

1.0 Summary

1.1 This report sets out the issues concerning the need to promote day opportunities and modernise day services for people with mental health difficulties, physical and sensory disabilities and learning disabilities and change current ways of providing services within Community Care. It details the policy background and recent objectives contained in the DoH white paper (2006) 'Our Health, Our Care, Our Say' which sets out the vision for health and Social Care Services and local joint commissioning strategies between health and social care. It describes the work already undertaken in different service areas, describes current services and resources and provides options for further consultation.

2.0 Recommendations

2.1 To note the progress made and agree for formal consultation with stakeholders on the options to modernise day opportunities and services for adults with disabilities, taking account of user and carer needs and views, impact of direct payments and individual budgets and strategies with adult education providers.

2.2 Mental Health:

2.2.1 To implement the community network proposals as set out in para 3.10.20.

2.2.2 Option 2 to continue to re-provide services no longer viable at 9 Willesden Lane and John Wilson and ACRC development of new services at Brondesbury Road.

2.2.3 At Kingsbury Manor reassess users' needs for transport and to consider options for Kingsbury Day Service to incorporate Joint Community Mental Health Team by January 2007.

2.3 Learning Disabilities:

2.3.1 Undertake detailed costed options analysis on all options set out in paragraph 3.11.16, from doing nothing, to refocusing day services to smaller accessible community bases, and refocus projects and employment opportunities.

2.3.2 To continue to develop Albert Road Day Centre options as part of the South Kilburn Regeneration Strategy.

2.4 Physical Disabilities:

Undertake detailed costed options analysis on all options as detailed in paragraphs 3,12.9 to consider need for current in-house services, ranging from doing nothing, to developing an Independent Living Centre, or using direct payments on individual budgets.

2.5 That the Director of Housing and Community Care report back on all the recommendation in April 2007, (except for 2.2.2.).

3.0 Detail

Background details to provision to day opportunities

3.1 Social Services have traditionally been responsible for arranging and/or providing access for people with disabilities to a range of opportunities to participate in activities, employment, or educational resources, usually based in day centres. Since the 1970s these services have changed and developed in line with changing needs and government objectives.

The traditional approach, and Brent is no exception, has been to provide services in day centres during weekdays 9 – 5. Transport is provided free of charge, hence users of centres typically only attend from 10.30 – 3pm because of the timings of transport. Some Brent services, specifically learning disabilities and mental health have also developed project based services to enhance and develop individual's employment skills. Day centres for people with mental health and learning disabilities, were extended in the 1980s when long-stay hospitals closed and people moved into the community. For people with physical disabilities, the concept of 'sheltered workshops' (covered by the National Assistance Act 1948) were developed to provide work for users, who were often paid a low daily attendance rate. A separate report on Brent's sheltered workshop, Carlyon, is on the Executive agenda for December.

3.2 Recent policy changes

The most recent policy documents, the White Paper, 'Our Health, Our Care, Our Say' (2006) sets out the latest vision for adults health and social care. The overarching vision is to promote independence and choice through a range of services both to prevent the need for costly health and social care.

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services, and to maximise the potential for each individual to have fulfilling lives, and to increase use of direct payments (see 3.5).

Each service area for mental health, physical disability and learning disability, has joint health and social care commissioning strategies that have been developed which refer to the strategic developments needed and good practice, all of which support the white paper objectives (outlined in the DoH Green Paper 2005 'Independence, Well-being and Choice').

3.3 Eligibility criteria

A key driver for change since 2002 has also been the implementation of the DoH 'Fair Access to Care' (FACS) criteria for social care. This allows a Local Authority, in determining the overall needs it can afford to meet, to take account of budget considerations when setting the level of needs it can meet. In line with the vast majority of local authorities, Brent agreed it could afford to meet needs falling into the critical and substantial band. (Executive March 2003 report). This meant those with moderate and low levels of needs could not be met within the existing budget. However FACS encourages preventative services which traditionally Brent has funded through the voluntary sector.

3.4 How needs should be met

Another key objective of 'Fair Access' is to move from prescribing what a person needs, e.g. needs to go to a day centre, to defining the type of eligible need the outcome required and then how best to meet it. For example a physically disabled person might be suffering from severe depression and loneliness, so to combat social isolation and provide job skills, a direct payment may be offered so the person can employ someone to assist them in accessing a computer skills course.

The traditional approach would have been to say what is needed is to attend a day centre, and whilst staff in day centres work hard to be innovative, it is nonetheless an institutional approach that cannot focus sufficiently on individual needs, or move people on.

Day Centre staff have done their best to ensure activities promote independence and many benefit enormously from the contribution from North West London college providing tutors in centres to provide classes leading to certificates. Developments are limited and constrained by the type of building, staffing levels, limited accessibility, and budget, and crucially, the lack of accessible community resources to move people on. This has resulted in all day services having a large proportion of regular attendees in 'older' age groups with no incentive to move on to access wider community resources, and creates a cycle of dependency.

3.5 Direct payments and individualised budgets

Legislation on direct payment requiring Social Services to provide direct payments to all eligible users was introduced by the Community Care (Direct Payments) Act 1996, and is now provided for under the Health and Social Care Act 2001. A direct payment is an alternative to arranging direct provision, so instead of offering a day care place, a user is offered a specified payment

to purchase their own care through directly employing a carer or arranging this through an agency. The DoH has said it will seek to extend the availability of Direct Payments to those groups currently excluded under legislation (e.g. some mental health users). Brent has been a poor performer in this, although the numbers have trebled over 3 years and now are 105. This is a key performance indicator measured by the Commission for Social Care Inspection and affects the star rating. The increase has been due to a strategic approach to increase user demand and to the funding of an external support agency for users, the Penderells Trust, who provide advice on direct payments. A key commissioning issue is that direct payment cannot be used to purchase in-house services (or long term residential care). As more users want direct payments in-house services need to be decommissioned to release resources to fund direct payments. Direct payment users find it gives more choice and control over care and support provided.

3.5.1 Individual budgets

The DoH white paper recognises not everyone wants, or is capable of managing, direct payments, even with Trust fund arrangements.

DoH has set up pilot projects 'In Control' to look at developing individual budgets. It is proposed these will bring together not just local authority funding but Access to work, independent living funds, disabled facilities grants and supporting people programme. The idea is that an individual entitled to funds from some, or all of the above, will have the money account. They can choose to have the money as a lump sum as direct payment, and/or payment for services.

Brent has signed up to the support network so that services can learn from the ongoing pilots. This will also require radical changes to the ways services are organised and developed and stimulate the social care market. However it raises issues of how to commission services with a range of providers, whether in-house or independent or the voluntary sector, using contracts/service level agreements, when more users will want to buy their own services directly with the money they will have, either in direct payments or individual budget bank accounts. All the day opportunity strategies will be considering this in future options.

3.6 Changing demands

Each service has done more detailed analysis of demands as described below. This shows how needs have changed and the challenge of meeting the full range of needs in a diverse community and people with mental illness. Generally there is a similar pattern. Current users of day care, some of whom have attended for 20 years and unsurprisingly find it hard to see why change is needed tend to be in the 40 – 60 age group. Others do see the limitations of what is currently provided and want more flexible services. Crucially, across all areas, new users do not want to have their needs met in the traditional way through day centres, particularly younger learning and physically disabled people in transition from Children's Services.

Whilst the overall pattern of current users in day centres is that they are 'ageing' over 40, some are in their 60's, and stay on. Older people's services focuses on higher level needs for the over 80's. Age related services can be

seen as discriminating and not meeting needs appropriately. Solutions therefore need to be found for this age group who have become very dependent on a traditional service because choices available to younger people now, were not available to them several decades ago.

3.7 Commissioning Strategy and Resource Implications

Each service area describes below the specific strategies below developed with health partners, and national service frameworks which inform joint commissioning strategies. Overall there is identified a need to modernise services, to move away from traditional day centres, to provide more of a resource centre approach, and to increase the use of direct payments, and consider the implications of individual budgets, (which are currently being piloted) which allow users to dictate how they want 'their' budget spent, instead of getting a cash direct payment. This also involves a more integrated approach with the voluntary and independent sector who also provide a range of day opportunities across all groups, such as MIND, Mencap, BADP, some under specific SLA's.

This provides a clear strategic commissioning challenge and conflict. Currently most budget resources are tied up in in-house day centres or external providers, with fewer people wanting to attend these services and more users wanting direct payments. As direct payments cannot be used for the purchase of in-house services, this means that some services will have to be decommissioned to release resources for the increasing number of direct payment requests. Existing in-house services also have to change to provide more flexible outreach support, to develop more person-centred approaches and to focus on those meeting the current criteria.

Current day centre users may not have received a review under Fair Access to Care, due to limited review officers. This means it is estimated some users may no longer meet the fair access eligibility criteria. Any assessment involving the withdrawal of a service would need to be handled sensitively and links made with other organisations to provide support. The development of individual tailored person centred planning, which may be staff/resource intensive, has resource implications which need profiling over the next 5 years. As the services will change over time, with fewer people wanting centre based care, the traditional service will not be provided in the same way. Where carer support is needed with an individual user, carers have the right to an assessment at the same time. Any strategy option must address the needs of carers for regular, reliable care and this has come through strongly in consultations.

3.8 Corporate strategy

Developing a co-ordinated strategy for promoting independence for people with all types of disability is a key part of developing day and employment opportunities. However the duty to promote opportunities for people with disabilities is also a corporate requirement. Traditionally strategies and services have developed in isolation from each other, but with the emphasis on assessing needs and agreeing outcomes, there is considerable overlap and synergy between all service areas 'users' needs. However for those with complex or dual needs there is likely to be a need for more specific and

targeted provision, such as for those with dual sensory impairment, for certain types of specialist input.

The levels of need can be categorised broadly, depending on the reason and nature of the disability. However the overall objective is to ensure all can access community resources and employment skills/training are provided, and for those with complex needs to be maintained to live at home for as long as possible. Opportunities could be developed through sharing of similar resources. An obvious example is training in computer skills. Centres have benefited from computers installed by North West London on-line and Colleges. Use is limited because of the limited opening hours/days. To maximise use it is proposed that a future model should be a number of multi use resource centres (number to be determined based on financial options viability) where classes could be open to all disabled users rather than one client group. This would also need to be subject to negotiation with Colleges, who provide considerable support and classes in all the day centres.

3.9 Strategic approach with North West London Adult Education Colleges

A strategy group has been set up between community care and NWLC to take forward a co-ordinated approach to developments. Colleges are having to re-focus their provision in line with learning skills requirements, to meet performance indicators on outreach and move on. This means they are funded to provide outreach to day centres who have benefited significantly from their regular training input and funding of computers.

Users have acquired a range of NVQ certificates. However there is concern that many acquire more and more NVQs but do not move on from these achievements. Whilst the community care objective is normalisation, and to advocate that Colleges provide more access for people with disabilities, they require capital funding to achieve this which is not a central government priority. It is therefore proposed that further plans be developed with NWLC to contribute to the strategies outlined below and for them to have a presence in new or changed resource provision. The same applies to BACES and East Berkshire College. However they are required to ensure that users move through, and out of adult education, and do not just rotate around different classes. The maximum is likely to be 5 years with appropriate NVQ's being awarded. This means day centres who have relied on its users having long term educational input will need to review how to meet ongoing needs after the 5 years of input. The term time curriculum approach also means there are holiday periods when centres have no organised educational input and have to develop their own activity programmes. In addition, learning disability has input from East Berkshire Colleges and Brent Adult Community Education services, who are also involved in similar developments.

3.10 Specific Services Developments and Strategies for Mental Health Provision

Mental health day care services are delivered through the Brent Mental Health Partnership (BMHS), via a Section 31 agreement between CNWL Mental Health Trust and the council's Social Services. There is an integrated management structure, and pooled budget, for management staff who are employed through the Trust. The day services described below, are Council buildings, with community care staff funded by the Council and managed

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within BMHS. There is a jointly funded commissioner post between the Brent teaching Primary Care Trust (tPCT) and Housing and Community Care, responsible for the overall joint commissioning strategy, reporting to the Mental Health Local Implementation Team (LIT), and the Health and Social Care Partnership Board.

3.10.1. The redesign of the day care services are well under way and came about in response to the Government's 2004 Social Exclusion Unit Report on mental health, which requires the modernisation of traditional day care to provide service users with opportunities to participate more fully in society through closer working between service providers in the statutory, voluntary and private sectors. As such it was agreed with the Mental Health Local Implementation Team that there would be a shift in the focus around day centres to the provision of flexible, tailored services and activities provided by the mainstream community in Brent, taking account of the cultural and spiritual needs of service users. A BMHS Day Services Modernisation Strategy was devised and agreed by the LIT, this called into question the traditional building based approach.

3.10.2 Direct Payments

The vision for increased choice is underpinned by direct payments for individuals to control and to pay for their own care packages. The mental health strategy aims to implement this policy to assist the individuals in Brent have greater choice and control over their own lives and to be able to make their own decisions about what care and how this is provided. Take up of Direct Payments locally has been very poor, (nationally also) for mental health users.

3.10.3 Joint Commissioning Strategy

Brent's Joint Commissioning Strategy for adults with mental health problems, -2005-2008, outlines a pro-active framework and approach for mental health service users to realise their full potential as ordinary citizens of the community. The Joint Commissioning strategy is a blueprint for the future of mental health services in Brent and underpins integration of health, social care and housing provision based on both national and local priorities. Brent tPCT, the London Borough of Brent's Housing and Community Care Department, the Supporting People Department, Brent Mental Health Services, Brent Carers and Brent User Group together with other key organisations in the Borough have been involved in the strategic plan to improve services for those experiencing mental ill health. Vital to the recovery and successful integration of those with mental health problems will be the improvement of mental health and well being, increased support to carers and families, access to independent and supported housing, opportunities for work and training, modernisation of Day Services and social inclusion to prevent isolation. A sub group of the LIT 'Unlocking Potential' has taken forward the modernising day services agenda.

3.10.4 Joint Commissioning Intentions

The vision for day services provision is about flexible inclusion and choices enabling individuals to purchase their own care packages to reduce dependency and empower and assist service users take control over their

own lives in modernising day services means reversing the trend of reliance on institutional care and optimise rehabilitation and recovery.

3.10.5 Current Brent In-House Services

BMHS currently has four Day Service teams, two of which are generic. John Wilson House, at 167 Willesden Lane (83 service users) and the Wembley High Road Project - *formerly 543 High Road* - (58 service users) and two specific services for black minority ethnic communities the African Caribbean Resource Centre (ACRC) in Harlesden (85 service users) and Kingsbury Manor for Asian people (65 service users).

Services offered include a wide range of courses (in partnership with colleges), leisure activities, sport, confidence building activities to support independent living and vocational skills. Some of these activities are already delivered in community settings and some are on Day Service premises. Recent changes have been to develop a Community Network service focusing on accessing community opportunities enabling people to use libraries/leisure/education facilities, rather than being in a day centre.

There is currently no health provision or funding for day services. Under the NHS mental health modernisation programme it no longer provides traditional day hospitals. Instead BMHS has reconfigured its services and now provides acute day treatment under the Crisis Resolution Service based at the Wembley Centre for Health and Care site and at the Willesden Centre for Health and Care. The new community networks day service is currently developing its links with CRS and the Community Mental Health Teams to facilitate the patient journey from acute to community services.

Service users travel independently to three out of the four day services, whilst Kingsbury Manor provides transport at a cost of approximately £74,918k. This is historical and needs to be reviewed as the needs of users are no different from other service users.

3.10.6 Building Issues

At the time of this initiative Social Services day centre buildings at John Wilson House (JWH) and 9 Willesden Lane were assessed as non-compliant with the Disability Discrimination Act 1995 in terms of disabled access and it was unfeasible to make them so without considerable capital cost.

They therefore needed to be reprovided but in a different way. This fitted into the service strategy. The lease on another day centre site, 543 High Road in Wembley expired in September 2005 and services were temporarily relocated to JWH and a voluntary sector community site, the Patidar Centre in Wembley. With the planned relocation of Brent Older People Services from 13/15 Brondesbury Road to MG House it was agreed at the capital board that BMHS would occupy the entire building, and the ground floor redeveloped as the main base for the modernised day services. It is intended this will be a base only with outreach and access to community resources being developed. The base will provide a 'haven' for those in crisis, as a response to users consultation for access to a staffed service. Overall this will achieve a net capital receipt for the Council through the disposal of sites.

3.10.7 Staffing Issues

The integrated service, *Community Networks*, has social care funded staff, employed by community care. Since the new service model will be focussing more on supporting people to access community resources, staff will be working more autonomously in the community and interfacing with community organisations. As such all Job Descriptions are to be reviewed and subject to consultation with unions. Staff will be given the opportunity of applying and developing their skills in different ways.

There are currently 26.2 wte staff including team leaders and administration support plus 13 sessional staff. The salaries budget for 06/07 is £842,630, the total day care operational budget is £1,073,663 (including transport).

3.10.8 Consultation

A LIT Sub-Group was formed in May 2005 to oversee the 'Unlocking Potential Project' and a project group was set up to take the work forward. A project plan was devised. The project was launched at a conference in July 2005 at Brent Town Hall, attended by over 300 service users, carers and staff. Valuable feedback on service users' views of what they wanted from the new service was received and used to formulate a service user questionnaire. The aim was to seek the views of service users currently using day services, those who had used them in order to find out what people wanted day opportunities to look like in the future. The survey was widely distributed across BMHS and completed in December 2005.

During this time other consultation work with service users was taking place locally in the day centres and through separate service user and staff representative groups.

3.10.9 Current Position in Day Service Developments and consultation

Service user survey questionnaires were independently analysed by the Brent User Group and the results reported to the LIT Sub Group in June 06. Feedback generally reflected the national findings of the social exclusion unit, with Brent service users indicating that they wanted a balanced approach to mental health day services, having access to a range of mainstream community activities and services, whilst retaining supportive elements such as local drop-ins. A new Implementation Team has been set up with membership from BMHS, Brent User Group and the Brent Carers Centre to implement the new model in line with the survey results, social inclusion model and activities and timescales of current project plan. An early task of the Implementation Team will be to agree the most effective ways of communicating the outcome of the survey and the service model to service users and carers.

3.10.10 Current implementation

The services at 543 High Road, Wembley are now provided from John Wilson House and the Patidar Centre following expiry of the lease at 543 in September 2005. The buildings at John Wilson House and 9 Willesden Lane are to close due to DDA non-compliance and the staff and services will relocate to 13/15 Brondesbury Road as soon as it is available in January 2007.

The staff and services provided at the ACRC will also be transferring to Brondesbury Road following the expiry of 1 Manor Park Road lease in January 2007.

The services provided at Kingsbury Manor are part of the day services modernisation strategy to develop socially inclusive services and as such many of the activities currently held at Kingsbury Manor can be delivered in the community, for example the education classes can be more appropriately delivered in college settings. However there will be implications for some carers during holiday breaks and this is currently being considered. This will therefore free up space at Kingsbury Manor, which could enable BMHS to develop a new CMHT on the first floor, serving the Kingsbury area (as this is a joint health and social care provision more analysis is at Kingsbury Manor, which will continue to provide advice, support and a drop-in facility to service users on the ground floor, but there needs to be an overall review of the continuing suitability of the building grade 2 listed manor house in its own grounds with a small, unused, thatched summer pavilion. Ongoing building maintenance and access for people with disabilities is likely to be an issue.

3.10.11 Transport

Unlike other day services, no users receive social care funded transport to day services in mental health except for Kingsbury Manor. The mobility of users at Kingsbury are no different to other users and transport has been provided for historical reasons. This needs to be reassessed to determine whether individuals have a need for transport and if so how best to provide it. This could impact on Brent Transport Service, but provide additional revenue to offset current pressures on Mental Health budgets.

3.10.12 External Day Care

There are currently 18 spot-purchased day care placements meeting specific vocational needs cost £66,081. The majority of the service users are in out of borough residential placements with the remainder attending the Somalia Mental Health Link Project in Brent.

3.10.13 Future Developments

The Implementation Plan will take into account the fact that service users value the safe environment currently offered by day services. It will also further develop the range of community-based activities with an emphasis on individual personal development planning. The Brondesbury Road and other Community Networks sites will continue to provide a number of in-house support sessions. A comprehensive programme of work is now taking place within BMHS to progress the new model informed by the service user survey and conference feedback:

3.10.14 Finalising new buildings bases

There will be a reduced amount of in-house space as services shift to a more community-focused model. However, some space will remain available for staff bases and in-house sessions. This will be at 13/15 Brondesbury Road,

the recognised 'HQ' of the new Community Networks Service, 36 London Road, The Courtyard and Kingsbury Manor.

The lease on the building used by ACRC will be expiring in early 2007. Sessions at Brondesbury Road will be open to people from across the service, but it is planned that some African and African Caribbean specific sessions will be run in addition to this.

3.10.15 User involvement

Working groups consisting of staff, service users and carers will be set up to support further development of aspects of the new service. Reviewing current users of services needs in accordance with FACS will help inform the next stages of the process including moving on those who no longer need the service and contingency plans for those with higher needs to ensure that they receive the right support.

3.10.16 Impact on current service

There will be a smaller number of in house sessions on areas prioritised in the survey, providing a safe place to go and build confidence. These sessions will provide a stepping-stone to community based services. Staff and managers will strengthen links with Community Mental Health Teams the Crisis Resolution Service and Inpatient Wards and aim to increase the proportion of people supported with more complex needs. Staff will meet with service users to determine what their life goals and aspirations are and draw up a personal development plan with them.

3.10.17 Equality and Diversity

Brent's Mental Health Day services have developed a good capacity to deliver services to the diverse population of Brent including staff with skills and abilities to work with Asian, African and African Caribbean people. The aim will be to further build on this and to support diverse groups to access community resources. Work to raise awareness of mental health issues across community groups will be a key part of this. Access figures show that a good proportion of people currently using day services are from BME groups, reflecting the population. However, the proportion of people under 35 from all ethnic groups using day services is low, standing at 11.4%, underlining the trend for younger people not wanting to use traditional services. This is compared to 26.8% of people accessing Brent adult Mental Health Services who are under 35. By improving referral links with acute services and offering a more tailor-made package of care, the service will work to provide appropriate support to a wider age-range of people. Community Networks services will also need to work to ensure that appropriate services are offered for women.

3.10.18 Communications

A communications plan will be produced by the Implementation Team, which will specify the need for regular written updates to be used by BMHS staff and managers as they hold briefings for staff teams and service users. The Operational Manager and Service Manager will visit each of the sites to discuss the changes. Representatives of Community Networks will also

attend CMHT meetings and link with the Crisis Resolution Service and Inpatient Wards.

3.10.18 Monitoring and outcomes

The aim is for network staff each to support approximately 15-20 users once the service has been fully reconfigured. However, the makeup of these caseloads and the type of work being undertaken with individuals will be crucial and this will be monitored alongside information about numbers. Methods will be devised to collect this monitoring information and to determine and monitor both high level and user led outcomes, to feed back into continually improving services.

3.10.20 Options

(1) Maintain the status quo

It is not a feasible option for reasons set out above, with lack of user choice, flexibility and inadequate buildings that do not meet disability or service requirements. Considerable capital required to invest in buildings.

Modernisation of day services began last May 2005. Much progress has since been made with extensive service user and carer consultation. To halt the modernisation now would be a huge backward step for service users. Plans are already underway to move older people's teams out from Brondesbury Road to Mahatma Gandhi House, to release space at Brondesbury Road to provide for Brent Mental Health Service staff and the Community Network. Furthermore it is not financially viable to upgrade John Wilson House over the current development of Brondesbury Road. The 543 High Road service is also being delivered in rented accommodation which is a cost pressure to the service. The ACRC building at Manor Park road is environmentally poor and under utilised and as such it is not viable to renew the lease with the private landlord.

(2) Take forward the community network proposals

This involves the strategy to continue to relocate John Wilson House and 9 Willesden Lane ACRC and the previous 543 service, and develop Community Network approach and use part of Brondesbury Road as a day service base.

This involves taking forward the government agenda of developing socially inclusive services in the mainstream community, services tailored to the individual rather than group approach, extended choice for service users; increased throughput of service users through BMHS using more focussed, time limited interventions; greater number of service users accessing day services, freeing up of revenue for direct service provision instead of maintaining buildings.

(3) Review the users need for transport to attend Kingsbury Manor. Consultation with users is necessary to identify any individual needs for transport but no other mental health service provides this. This would release revenue for pressures in the Mental Health budget. As₁₂

funding with Brent Transport Service the impact on their budget will need to be discussed.

- (4) The Kingsbury Manor building is also under utilised in terms of numbers of service users attending. An options analysis is proposed to consider best use of the building for locating a CMHT and the current day service. Options to be reported back to a future Executive by January 2007.

3.11 **Learning Disability Provision**

3.11.1 Brent Learning Disability Partnership provides statutory learning disability services in Brent and was established as an integrated learning disability service on 1st April 2002. It combines Brent tPCT staff and community care staff, with integrated management led through community care, and with a pooled management budget. The management of Council and PCT provider services is under the Head of Service, responsible for integrated services.

3.11.2 **Commissioning Strategy And Intentions**

Key government documents such as 'Valuing People' 2001, 'Improving Life Chances of Disabled People', and the White Paper 'Our Health, Our Care, Our Say', all give a clear direction for day services for people with learning disabilities. Services should not be sending people to large segregated settings which can be seen as promoting dependence on services. They should be supporting people to

- develop and maintain their independence by increasing opportunities for employment, accessing ordinary facilities and using services of their choice
- increase social inclusion into their communities through strengthening social networks and opportunities for integration.
- DoH provided additional funding through the Learning Disability development Fund (LDDF) for the overall development of valuing people and day modernisation process. This is allocated to Brent tPCT and is in a pooled budget, allocated through the partnership board. Additional capital funds were bid for and Brent was awarded funding to set up an autistic unit, in a portakin in Strathcona day centre grounds.

These aims require services to move away from building based services, block contracts, be person centred, flexible and use a variety of funding mechanisms such as direct payments and anticipate individual budgets. This is fundamental to a key principle of giving people more choice and control over their lives. Valuing people also started Learning Disability Partnership Boards should prepare modernisation programmes and show the steps needed to achieve modernisation by 2006 with particular reference to existing large day centres. Since then development and increase in direct payments necessitates a more fundamental consideration of the overall service.

3.11.3 Consultation – Users

The Learning Disability Day Service Modernisation Strategy came from consultations in a series of workshops with key stakeholders – people with learning disabilities, advocates, families, carers, staff, and voluntary sector organisations. Whilst many people value aspects of the current service model, such as an opportunity to meet friends access to education classes, it is clear that some people do want change and that the service does not meet the aspirations of new users, young people with learning disabilities and their families. The strategy recognises the need to review staff roles, hours of service, transport and use of buildings. The intention is to balance the needs of families for carer ‘breaks’ and the wishes of people with learning disabilities. The challenge is to do this within a fixed budget. A modernised service for people with learning disabilities would have local community based day opportunities teams and use local buildings and services. A number of initiatives are being undertaken to move aspects of the service forward. These include mapping service users interests, transport needs and community resources and the Life Planning Project.

3.11.4 Current In-House Services

In Brent, there are 3 day centres in-house funded by community care. One day centre, Neasden Resource Centre, is funded by Brent tPCT. One day centre (not part of BDLP) is based at Kingsbury Hospital and is managed by Brent PCT. This provision is part of the specialist tertiary re-provision of service in Brent, and it is intended that the day services team will form part of a community based service. Employment services in BLDP have been reviewed separately by the National Development Team. The report raises issues about the link with wider strategies, the need to ensure best value for money, and consider options for development. BLDP also run a Day Options Project Team which places people into paid and unpaid work, college and with independent travel and also provides work projects.

3.11.5 The centres provide a range of day opportunities to 360 service users across the following sites:

Strathcona Centre 5 Strathcona Road, Wembley
Stonebridge Centre Twybridge Way, NW10
Albert Road Day Centre 5 Albert Road, NW10
Neasden Resource Centre Balencraig Avenue, Neasden (Brent tPCT)
Day Options Projects across 6 community based sites.
BLDP also provide a service for 11 people with autistic spectrum disorders at ASSPECTS, located within the grounds of Strathcona Centre
ASSPECTS was the first local authority day centre unit in England to gain accreditation from the National Autistic Society Accreditation Services in 2002, an accreditation it has continued to receive every year since.

3.11.6 Education/Employment

The service work closely with local further education providers College of North West London, BACES, East Berkshire Colleges, who deliver accredited educational and vocational courses at the centres. Day Options Projects

currently support 42 people in paid work, 30 people have been supported to move on to College. Projects also run work training projects in catering, retail and horticulture. Services are currently provided between 9am – 4pm (but actual use is limited by transport times). However a small number of activities are being piloted in the evenings and weekends. For this to be achieved a consultation process will need to take place with staff and trade unions, as part of the modernisation process.

Nationally, there are difficulties in the recruitment and retention of staff in the social care sector and historically BLDP has experienced similar difficulties in recruiting to key posts. Locally a recruitment strategy is being developed to try to address this issue. BLDP is one of the pilots for the Gateway project, a joint initiative with Brent Council, Brent tPCT and Fair Cities to provide skills development and career pathways for local residents into health and social care posts.

3.11.7 Budget

The 2006/7 operational budget for day services is £3,012,623.

Transport

Transport is provided to 87% of day service users with only 13% being able to travel independently using public transport. Most of the transport costs are in a block contract with Brent Transport Services. The cost of 2006/07 is £813,364. Transport is also provided by Brent Community transport and taxis. The current transport contract does not provide the flexibility to enable service users to access community based activities during the day, evenings and weekends which is the basis of future service development. The service will require a range of different modes of travelling including supporting people to use ordinary transport. The costs of this need to be examined.

3.11.8 Service User Profile

There are 360 day centre users. Analysis of the data from centres shows the following trends:

187,52% of people receiving services are male, 173,48% female. There is an ageing population with 162 45% of service users aged between 40 – 64. 11,3% are 65+.

The impact of this includes an increase in health needs and age related illnesses e.g. dementia. Balancing the needs of longer term and ageing service users with differing needs and aspirations of younger service users coming into the service will be a challenge in coming years. 61% of service users are from black and minority ethnic groups.

The support needs, of the 360 people currently receiving day service, range from 23.6% with a sensory impairment, 31.3% a physical disability, 14% are wheelchair users, 9.7% have mental health needs 29% epilepsy and 43% require support with personal care. Only 3% live independently with 58% living at home with family members, the rest in residential or supported living.

3.11.9 Staffing

BLDP currently employs 107 day service staff, including managers, and support staff. The role of staff is being reviewed to reflect changing requirements in service delivery. A new job description has been written and is currently being re-evaluated. A change in working hours to enable the service to be provided at evenings and weekends, would need to be subject to consultation and would have resource implications. For this to be achieved a consultation process will need to take place with staff and trade unions as part of the modernisation process, subject to availability of budget, and the overall direction of day services.

3.11.10 External Day Care

People with learning disabilities also use day services provided by private, independent and voluntary providers located both in and outside Brent. These usually provide specialist services which cannot be met in-house, for people with sensory impairments, need support with their behaviour or are culturally specific services for people from minority ethnic communities. There are currently 52 people with learning disabilities living in Brent receiving external day care. Of these 28 live at home with family carers. The projected cost of these external day care places for 2006/07 is £354,430. The remaining 24 people live in residential provision. Of these, there are a further 24 people living in residential services out of borough receiving day services. The budget for the 107 placements is £401,000 and is experiencing pressure.

3.11.12 Direct Payments

The number of service users receiving direct payment has trebled in the last year in line with government targets. This reflects a national trend. These tend to be used to provide support for college and other community based activities. 8 of the transition cases for 2006/07 will use direct payments. The total cost of direct payments for day opportunities is £168,737, for 17 users.

3.11.13 Current Position On Developing Day Services

In recent years significant progress has been made in line with DoH 'Valuing People' requirement. To develop day services to be more 'person-centred' moving away from traditional models of group activities. Key achievements include: The widening of person centred planning (PCP) with increased number of trained PCP facilitators within day services at Albert Road. The development of multi media project to find out interests and choices of people with more complex needs and communication difficulties. Staff skills development in new ways of working through community capacity building training. A mapping service of user 'interests', a detailed piece of work mapping out what people do now, what they like, what they want to do, transport needs and carers needs. A full analysis is to be completed in a few months, to inform the modernisation programme. New community based initiatives have been developed, allotments and Monks Park to provide a retail outlet, 12 people gained a new building in employment last year and 14 people received support to travel more independently. A Transport Steering Group is looking at more flexible transport options and currently running 4 transport

pilots with BTS. Valuing people proposed improved targets to assist people into employment.

3.11.13 A review of employment services run by Brent Mencap and BLDP was undertaken by the NDT and completed July 2006. This review highlighted the need to refocus the BLDP employment services through its projects with the likely increase in demand for 'real' employment and opportunities to meet this demand, opening up employment to people with more significant disabilities and higher support needs. Ensuring that the needs of women and younger people are addressed and ensuring that services are target orientated, and changing the style of support. The NDT concluded that there are two main ways of achieving this change, either by making significant changes to current provision or by opening the provision of employment support to tendering for a partner to take on a more diverse approach with employment initiatives. A review group is to be set up to analyse options and best value considerations.

3.11.14 South Kilburn/Albert Road

Albert Road has been subject early on, to analysis regarding its focus because of its location in south Kilburn part of the regeneration area. The centre provides for more dependent users in wheelchairs, some with autism and others with significant communication needs and considerable support for carers.. Over 2 years consultation with relatives has resulted in concern about any loss of a traditional service, and a commitment to reprovide a similar service (subject to individuals continuing to meet FACS criteria). The centre has good support from the local community and is known in the area. However, very few users come from South Kilburn or the surrounding area. Nonetheless, in terms of modernisation it was concluded there was a opportunity to develop a resource to provide a range of services and develop a person centred approach, whilst continuing to meet the needs of relatives/carers dependent on regular care in a day centre. The current proposal, subject to further consideration as part of the South Kilburn overall development, is for the centre to be relocated within the area.

3.11.15 Future Developments

The aspiration is that service users who meet the FACS criteria and have critical/substantial needs for support will have care package reflecting their interests and activities which will influence and inform the main direction of the modernisation plan. Ideally this means people who live at home being supported by existing day services staff to outreach the community and people who live in residential care having support packages that enable them to live fulfilling lives without having to daily attend day centres because of lack of alternatives. Community capacity building needs to develop significantly. Work has been carried out within the service to effect some changes, staff are supporting service users more flexibly in terms of transport to the service, times of service and activities. These need to be built on through an agreed strategy. An action plan is attached to the modernisation strategy and once the vision is agreed, this requires planning in terms of moving, from existing models/buildings and properly costed to ensure services are accurately budgeted for and are affordable. Providing outreach services tends to be more costly than providing services in centres for large numbers of users. A

rationalisation of current buildings, to release land/capital into smaller bases is the next stage, subject to consultation, and a further report to Executive.

3.11.16 Options

(1) Do nothing. Buildings have continued high maintenance costs, are large and institutional. However they do provide rooms for colleges to have a base and to provide education classes. Increasing disability requirements could not be easily met in older buildings. Lack of user choice, flexibility and low demand from younger adults.

(2) Develop smaller bases and increase access to mainstream services e.g. employment, education, leisure, volunteering and community based activities thus in the long term reducing dependency on day centre buildings, increase number of direct payment users.

(3) Change usage of existing buildings by developing multi purpose facilities that can be accessed during the day, evenings and weekends by all service user groups, further education providers, voluntary groups and the wider community.

(4) Consider future direction of employment projects as part of analysis of work opportunities for all users groups, and take account of NDT recommendations. It is recommended that detailed options and budget issues are developed, in consultation with users and carers on options 1 – 4.

(5) Continue with option to re-provide Albert Road as part of South Kilburn Regeneration Strategy.

3.12 Physical Disability

3.12.1 Background

Brent's day services for adults with physical disabilities are essentially based on the traditional model of service users being transported to a centre where they are supported and cared for during the day and then transported back home in the afternoon. It provides considerable support and continuity for carers. This model tends to create dependency and social exclusion and limits opportunities for the individual. Some specialist day care places are externally purchased. The in house service benefits considerably from adult education classes from NWLC, which has provided computers for user development.

3.12.2 Commissioning Strategy

There is a draft joint commissioning strategy for people with physical disabilities which will be consulted on in the autumn. This will build on the future of the White Paper and NSF for long term conditions to promote independence, employment and educational opportunities. The use of direct payments both nationally and locally is highest with this group who also can access the governments Independent Living Fund (ILF), which, similar to direct payments provides cash for people to be supported in their daily lives. The method and way of funding ILF is being reviewed and could impact on how disabled people are supported. It is also linked to the overall review of

disability benefits. 'Welfare to work' initiatives are a key driven for improving and maximising the ability of disabled people to lead normal lives and more co-ordinated corporate strategy. There are obvious links with neighbourhood renewal and regeneration opportunities linked to leisure, education and employment which enhance life changes and minimise independence.

3.12.3 In-house service provision

Brent's only in-house day service provision for adults with disabilities who meet FACS criteria is a the New Millennium Day Centre, 1 Robson Avenue, Willesden. This purpose built single storey centre was opened in 1981. Regular activities at the centre include I T, dressmaking, current affairs, art, cookery, gardening, cards and games. The centre has the capacity to accommodate 50 service users per day. An average of 41.2 places per day are filled (82.4%) although actual average daily attendance is only 30.3 service users. The total number of service users attending New Millennium is 85. Breakdown for these service users is as follows: 55 from black minority ethnic groups and the age range is 17, (26-40), 20, (41 -55), 35, (56-64), 13 (65+) The transport budget is £213,656pa. All bar three of the service users are transported to and from the centre using Brent Transport. The hours of actual attendance are therefore limited.

3.12.4. Budget

The total cost of the in-house service is £435,443, The total cost of purchasing external day services is £135,220.

3.12.5 Staffing

The staffing establishment comprises of 15 staff of whom 9 are day centre/support workers. There are limitations to their ability to access community services because of the high care needs of some users, and staff numbers.

3.12.6 External Service Provision

Specialist day care provision is purchased for 11 individuals from a range of specialist voluntary sector and local authority providers including RNID, Sense. See Ability, Alzheimer's Southward Council and West Sussex Council (residential). Additionally 9 service users receive day care at APDA (specialist provision for Asian users) and 5 service users at the Central Middlesex Skills Development Centre in Harrow. The total spend on externally purchased day care in 2005/6 was £146,162.

3.12.7 Current position on developing day services and consultation

A steering group has been established to oversee modernisation of day services for adults with physical disabilities. There has been initial consultation with existing service users at New Millennium, some of whom would welcome the opportunity to broaden activities at the centre such as skills training, links to a variety of other activities including studying at college, flexible opening hours and attendance, others are more wary of, or oppose any change, and want things to remain as they are. Some are also concerned the centre

would be closed with no alternatives offered. It has been made clear that no changes could be made without consultation and user involvement, and re-provision for those meeting FACS criteria. This resulted in a user group looking at improvements and visiting other day services considering a 'resource' model. A larger open, public consultation event is planned for November this year. A further consultation event for service users at New Millennium is planned for January 2006. These will be facilitated by the NDT. Given the older age group attending different solutions will be needed, than for the younger age group, who chose direct payments.

3.12.8 Future Developments

It is clear from the age profile of the existing users that traditional day care services no longer appeal to younger disabled people. This alongside the impact of further promotion of direct payments and development of individual budgets as required by the recently published White Paper, means without change, way the service is provided, the number of service users attending New Millennium is likely to continue to drop resulting in the service not being cost effective, or viable long term.

3.12.9 Options for future development include:

(1) Do nothing. Restricts user choice and flexibility, service model does not meet white paper objectives and very low demand from younger adults.

(2) Changing the focus of the present service from a day care unit to an independent living centre with information and support services for disabled people to enable them to access mainstream community resources and employment initiatives. Develop integrated approach with voluntary and independent sector providers for ILC.

(3) Moving away from service user group provision to an outcome based activities focussed approach open to all service user groups (e.g. one resource offering I T, another focussing on helping service users secure employment etc). This links with the learning disability employment project and Carlyon options.

(4) Re-provision of in-house provision with service users being offered direct payments or individual budgets to purchase/arrange their own provision (with all necessary support).

It is recommended further consultation is needed on the above options on a preferred model for the future service. This will be developed following the consultation events in November and January and an action plan will then be drawn up to develop costed options.

4.0 **Financial Implications**

4.1 The overall budgets for day services are under pressure because of the growth in demand for direct payments. This needs to be factored in when developing services which have budgets tied up in buildings and staff, and the need to anticipate requirements for individual budgets.

4.2 The total budgets for each service area for in house provision are as follows.

Mental Health	£998,745
Transport	£74,918
Learning Disability	£2,572,582
Transport	£813,364
Physical Disability	£435,443
Transport	£213,656

4.3 Any redirecting of the transport budget from Brent Transport Service would have an impact on their service and discussions will be needed as to the implications of this.

5.0 Legal Implications

5.1 The duties and powers to provide facilities, resources and support for people with disabilities are predominantly set out in the National Assistance Act 1948 and the Chronically Sick and Disabled Persons Act 1970. These duties can be fulfilled by the Local Authority directly (in-house provision), by pooling resources with the Health Authority (Section 31 of the Health Act 1999) or by making arrangements with voluntary organisations (Section 26 of the National Assistance Act 1948) provided the correct arrangements are entered into. The Health and Social Care Act 2001 enables the Local Authority to provide finance to individual users to purchase the services they are assessed as requiring. Their carers are also entitled to services under the Disabled Persons (Service Consultation and Representation) Act 1986, the Carers (Recognition of Services) Act 1995 and the Carers and Disabled Children Act 2000.

It is for the Local Authority to determine through eligibility criteria who is to be regarded as having eligible needs, taking into account its resources to meet needs. Having set the criteria, individuals should be assessed, and if found to be in need, services to meet those needs must be provided in one of the forms set out above. This approach is required both under Statute and under the Government Guidance, Fairer Access to Services (FACS).

The Department of Health White Paper “Our Health, Our Care, Our Say” sets out the Government’s views on how the above mentioned powers and responsibilities should be carried out.

Where it is proposed that current services be ended or altered, current service users must be consulted as part of the decision making process, and where appropriate, clients should be reassessed and provided with alternative services.

The options being considered by the Local Authority include the possibility of sale of property, change of use of premises, changes in staffing and new arrangements with other organisations. These will potentially raise legal issues of planning permission, contracts, employment issues and asset disposal which will need to be considered when deciding which options to pursue.

6.0 Diversity Implications

- 6.1 All service users have some type of disability and the emphasis on services is to promote independence and maximize opportunities to access community facilities. Users reflect the diversity.
- 6.2 The commissioning strategies will identify the need to ensure race and culture needs are identified to improve the relevance of services to Brent's diverse communities.
- 6.3 The main objectives of improving day service provision is to ensure services are appropriate for all disabled users, promote social inclusion, independence and choice and they enable disabled people to maximize life chances. The implications of modernizing day services are therefore to improve access to services and promote equalities. Each service development will need to analyse in more detail for an equalities impact assessment.

7.0 Staffing/Accommodation Implications (if appropriate)

- 7.1 There are considerable H R staffing implications as detailed in the specific service areas. All involve current discussions with staff and unions. The accommodation, as detailed above, will need to be reviewed with the need to move from large building bases to smaller centres from which staff will provide outreach. There are strategic issues concerning difficulties in recruiting into the social care workforce, particularly day services workforce planning will inform the developing of commissioning strategies, skill mix and health and social care competencies. Joint initiatives within Northwest London, such the gateway project to recruit and train local people are being developed.

Background Papers

DoH White Paper 'Our Health, Our Care, Our Say' 2006
DoH National Service Framework for Mental Health
DoH Valuing People. Improving Services for Learning Disability 2001
DoH Long term Conditions 2005

Contact Officers

Martin Cheeseman, Director of Housing & Community Care,
Mahatma Gandhi House, 34 Wembley Hill Road, Wembley Middlesex
HA9 8AD tel: 020 8937 2341 email: martin.cheeseman@brent.gov.uk

Christabel Shawcross, Assistant Director Community Care, Mahatma Gandhi
House, 34 Wembley Hill Road, Wembley Middlesex HA9 8AD tel: 020 8937
4230 email: christabel.shawcross@brent.gov.uk

MARTIN CHEESMAN
Director of Housing and Community Care