

Central Bedfordshire
Council
Priory House
Monks Walk
Chicksands,
Shefford SG17 5TQ

**This meeting
may be filmed.***



**Central
Bedfordshire**

please ask for Paula Everitt
direct line 0300 300 4196
date 15 November 2018

NOTICE OF MEETING

SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE

Date & Time

Monday, 26 November 2018 10.00 a.m.

Venue at

Council Chamber, Priory House, Monks Walk, Shefford

Richard Carr
Chief Executive

To: The Chairman and Members of the SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE:

Cllrs P Hollick (Chairman), P Downing (Vice-Chairman), Mrs A Barker, R D Berry, P A Duckett, K Ferguson, Mrs S A Goodchild, Mrs D B Gurney and G Perham

[Named Substitutes:

J Chatterley, Ms A M W Graham, P Smith, A M Turner and M A G Versallion]

All other Members of the Council - on request

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MEETING**

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AGENDA

1. **Apologies for Absence**

Apologies for absence and notification of substitute members

2. **Minutes**

To approve as a correct record the Minutes of the meeting of the Social Care Health and Housing Overview and Scrutiny Committee held on 17 September 2018 and to note actions taken since that meeting.

3. **Members' Interests**

To receive from Members any declarations of interest and of any political whip in relation to any agenda item.

4. **Chairman's Announcements and Communications**

To receive any announcements from the Chairman and any matters of communication.

5. **Petitions**

To receive petitions from members of the public in accordance with the Public Participation Procedure as set out in Part 4G of the Constitution.

6. **Questions, Statements or Deputations**

To receive any questions, statements or deputations from members of the public in accordance with the Public Participation Procedure as set out in Part 4G of the Constitution.

7. **Call-In**

To consider any decision of the Executive referred to this Committee for review in accordance with Part 4D of the Constitution.

8. **Requested Items**

To consider any items referred to the Committee at the request of a Member in accordance with Part 4D of the Constitution.

9. **Executive Members' Update**

To receive a brief verbal update from:-

- The Executive Member for Adults, Social Care and Housing Operations
- The Executive Member for Health and
- The Executive Member for Assets and Housing Delivery

Part A: External & NHS matters

To review and scrutinise any matters relating to the planning, provision and operation of health services in Central Bedfordshire commissioned by the NHS or external organisations (such as the Clinical Commissioning Group).

Reports

- | Item | Subject |
|------|--|
| 10 | Extended Access to GP Services

Members will receive an update on extended access to primary care services in Central Bedfordshire. |
| 11 | Stroke Services

This Bedfordshire Clinical Commissioning Group paper provides Members with an outline of the direction in which the CCG would like to take stroke services. The update also provides details on current progress to improve outcomes for patients who have experienced a stroke. |

Part B: Public Health, Social Care & Housing matters

To review and scrutinise any matters that fall within the remit of the Council's Social Care, Health and Housing or Public Health Directorates.

Reports

- | Item | Subject |
|------|---|
| 12 | Annual Safeguarding Board Report 2017-2018

Consider and comment on the annual report of the Safeguarding Adults Board 2017/18, with a particular focus on how awareness raising and knowledge of adult safeguarding could be improved for the public and within the wider community. |
| 13 | Future of Ampthill Older Persons Day Centre and the Public Consultation Outcome

To consider the outcome of the consultation into the future of the Ampthill Day Centre and make recommendations to a future meeting of the Executive. |
| 14 | Customer Relations Adult Social Care and Public Health Annual Report 2017/18

To consider and comment on the Customer Relations Adult Social Care and Public Health Annual report. The report provides statistics on the number of compliments and complaints received; complaint outcomes (upheld/not upheld); performance; issues complained about; and learning and improvements resulting from complaints for 2017/18. |

Work Programme 2018/19 and Executive Forward Plan

The report provides Members with details of the currently drafted Committee work programme and the latest Executive Forward Plan.

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CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE** held in Council Chamber, Priory House, Monks Walk, Shefford on Monday, 17 September 2018.

PRESENT

Cllr P Hollick (Chairman)
Cllr P Downing (Vice-Chairman)

Cllrs P A Duckett
K Ferguson

Cllrs Mrs S A Goodchild
G Perham

Apologies for Absence: Cllrs Mrs A Barker
R D Berry
Mrs D B Gurney
Ms C Maudlin
Mr D Simpson
B J Spurr

Substitutes: Cllrs M A G Versallion (In place of Mrs A Barker)

Members in Attendance: Cllrs E Ghent Executive Member for Assets and Housing Delivery
Ms C Hegley Executive Member for Adults, Social Care and Housing Operations (HRA)
Mrs T Stock Deputy Executive Member for Health

Officers in Attendance: Mr N Costin Head of Housing Service
Mr B Douglas Tenant Involvement Leader
Mrs P Everitt Scrutiny Policy Adviser
Mrs J Ogley Director of Social Care, Health and Housing
Ms C Rooker Head of Housing Management

Others in Attendance Mrs E Hunt-Smith Assistant Director of Unplanned Care, BCCG
Mr S King Senior Locality Manager, East of England Ambulance Trust (EEAST)
Dr J Kirkham Clinical Lead Unplanned Care, BCCG
Mr A Streets Accountable Officer, BCCG
Mr G Tolliday Senior Lead, EEAST

SCHH/18/102. **Minutes**

RESOLVED that the Minutes of the meeting of the Social Care Health and Housing Overview and Scrutiny Committee held on 04 June 2018 be confirmed and signed by the Chairman as a correct record.

SCHH/18/103. **Members' Interests**

Cllr Mark Versallion declared an interest at item 11 in his role as a Non-Executive Member of the Luton and Dunstable Hospital.

SCHH/18/104. **Chairman's Announcements and Communications**

The Chairman advised the Committee of recent news that included:-

- Plans to undertake a Housing Inquiry had been put on hold and the Committee would look to reinstate the Inquiry once proposals for a Development Company had been established.
- IT issues at the East and North Herts NHS Trust had resulted in GP's not receiving patient records. The Committee would seek reassurances from the Trust that the issue had been addressed.
- The Chief Executive of the East of England Ambulance Service Trust had advised of his impending retirement from the role. Interviews for his replacement were in hand.

SCHH/18/105. **Petitions**

None.

SCHH/18/106. **Questions, Statements or Deputations**

None.

SCHH/18/107. **Call-In**

None.

SCHH/18/108. **Requested Items**

None.

SCHH/18/109. **Executive Members' Update**

The Executive Members' for Assets and Adult Social Care (ASC) and Housing Operations (HRA) were delighted to advise The Executive had approved in principle the award of the contract for Houghton Regis Central.

A presentation on the scheme was delivered and both Executive Members were confident the scheme would be delivered on time. Regular updates on progress would be provided at future meetings. The Committee were shown a video make about the scheme.

A Team in Housing Services and Executive Members had met and prepared a bid for Housing Revenue Account funds made available by the Government.

The Deputy Executive Member for Health advised the Committee of recent activity that included:-

- A Health and Wellbeing Board development session
- Visits to the stop smoking and drug and alcohol teams
- The success of group sessions for Year 6-11 to learn how to avoid 'unhealthy relationships'. Following the introduction of the session there had been a fall in teenage pregnancies recorded.

SCHH/18/110. Update on the Non-Emergency Passenger Transport Service Contract

The Senior Responsible Officer (SRO) for the East of England Ambulance Service Trust Bedfordshire delivered a presentation that outlined the Services' performance for the Non-emergency Passenger Transport service contract awarded to them in January 2018.

With plans to recruit additional staff and the relocation of the control room to Bedford to provide a localised service to patients, the SRO was confident Key Performance Indicators could be met. In addition, there would be a move to re-establish the help of voluntary drivers. A Member commended the work of the Good Neighbour Scheme that provided transport to hospital for local residents who request it. There was the potential to coordination with the Good Neighbour Groups amongst other voluntary groups to help secure the voluntary help they required.

In response to a question on how the Council might help the Service, Members were asked to raise the profile of the Ambulance Trust in the Bedfordshire area with a positive voice. The Committee was reassured that plans put in place would see the Ambulance Service reach its goal and achieved an excellent service for patients.

RECOMMENDED that:-

- The direction of travel and good performance within Bedfordshire be welcomed.
- The Trust be encouraged to fill outstanding vacancies in order to enhance performance.
- The Committee wished to see an early resolution concerning the appointment of a new Chief Executive who, when in post, would provide continuity and improved services.

SCHH/18/111. Urgent Care Treatment Update

The Assistant Director, Unplanned Care at Bedfordshire Clinical Commissioning Group (BCCG), Acting Accountable Officer, BCCG and Clinical Lead for Unplanned Care, BCCG, provided an update on the provision of an Urgent Care Treatment Centre. The BCCG would continue to raise the public awareness of the much improved 111 service through its campaign to avoid

Winter pressures. The Deputy Executive Member advised that the proposed Hubs in Central Bedfordshire would help to ease the pressures on hospitals.

In response to questions raised by Members, representatives from the BCCG provided the following responses:-

- That patients suffering from drink and drug related symptoms would be triaged before being transported to Hospital A&E departments.
- That clinical staff engaged in the running of 111 services would signpost residents to the most appropriate place for help or care, which could include a range of facilities as Central Bedfordshire does not have its own General Hospital.
- Negotiations with a local landlord to increase car parking capacity at Bedford Hospital were taking place.
- The reduced service that would continue to be provided at the Putnoe Walk-in centre.
- That services provided by the Urgent Team Centre followed NHS England guidance and would be reviewed and revised at the end of the pilot. A similar approach would be applied to services for hubs.

RECOMMENDED that:-

- 1. The Urgent Treatment Centre at the Cauldwell Centre was more appropriate for use by Mid and North Central Bedfordshire residents.**
- 2. More publicity and guidance on the use of the 111 Service be provided, particularly outlining where residents in Central Bedfordshire can access those services.**
- 3. The Committee be provided with a greater insight into the design of services which could go into a future Hub and how proposals were coming forward.**

SCHH/18/112. Tenant Scrutiny Panel - Homelessness Report

The Tenant Involvement Team Leader introduced the Inquiry into Homelessness on behalf of the Tenant Scrutiny Panel. The report sets out the aims and objects of the Inquiry and examines homelessness pressures on the service, studies the journey faced by residents who are at threat of being made homeless and how the service offer could be improved under the Homelessness Reduction Act 2017.

A review of the existing process had resulted in recommendations that had been actioned by the Housing Solutions team, however, the challenge to find additional accommodation and affordable housing remained.

In light of the report Members queried what steps had been taken by the Housing Service to ensure residents at risk of losing their home were offered temporary housing. In response the Head of Housing Services advised the Council had temporary accommodation available and had set up its own Letting Service. The Council worked closely with private landlords to provide a housing solution for some residents. A tenant reward scheme had also been devised as an incentive for tenants to move to the right size of house for their needs and free up accommodation for families in need.

It was requested that information packs be provided to Ward Members, local churches, community and voluntary sector groups who regularly supported residents facing the prospect of homelessness, be provided with information packs.

The Executive Member for ASC and Housing Operations extended thanks to the Tenant Scrutiny Panel for the excellent report and the insight into the tenant's perspective. It was important to note that the number of working families threatened with homelessness was a cause for concern and called for all Members to support the provision of affordable housing in Central Bedfordshire.

RECOMMENDED that:-

- 1. The well drafted and informative report from the Tenants' Scrutiny Panel be received along with the Housing Service response.**
- 2. Information about the Homeless Service be made more accessible to vulnerable residents and voluntary groups.**
- 3. The Housing Service take account of the Tenant Scrutiny Panel's recommendations.**
- 4. A formal Housing Inquiry be undertaken in 2019.**

SCHH/18/113. Discharge of Homelessness Duty to a Suitable Private Sector Home Policy

The Head of Housing Solutions Service introduced the revised Discharge of Homelessness Duty to a Suitable Private Sector Home Policy and presentation. The revisions had been made to take account of the Homelessness Reduction Act 2017 that saw a greater emphasis on prevention, relief and a duty to provide temporary accommodation. The policy also ensured that a level of safeguard to ensure the health and well-being to homeless applicants was maintained. Detailed records would be kept and maintained by officers that reflect that due care was taken.

A Member sought clarity on the complex legislation and deficit of affordable homes and whether the chance of success for the Policy was achievable. In response the Head of Service advised the plan would ensure the Council followed the right direction to provide homes and temporary solutions. There was a risk that some residents would be placed away from an area in the initial stage, but final settlement would see residents hopefully living in a place they would like to stay.

The Committee fully supported the Discharge of Homelessness Duty to a Suitable Private Sector Home Policy and no changes were proposed.

RECOMMENDED that the Discharge of Homelessness Duty to a Suitable Private Sector Home Policy to the Executive be fully endorsed.

SCHH/18/114. Work Programme 2018/19 and Executive Forward Plan

The Committee considered the current work programme and Executive Forward Plan. The Work Programme was agreed subject to the addition of the following items:-

- Future consideration of the Townsend Centre,
 - Adult Social Care Green Paper and NHS England Plan.
- (Note: The meeting commenced at 10.00 a.m. and concluded at 12.55 p.m.)

Chairman.....

Dated.....

Central Bedfordshire Overview and Scrutiny Committee

Date: 8th November 2018
Subject: Extended Access to Primary Care Update

Summary

An update on extended access to primary care services in Central Bedfordshire. Extended access services are available to 100% of the population every weekday 6:30-8:00pm and at weekends. The service went live in Chiltern Vale on 1 September, in Ivel Valley and West Mid Beds on 17 September and in Leighton Buzzard on 22 September.

Options

The committee are asked to note the update.

Background

The General Practice Forward View (GPFV) sets out an ambition to strengthen and redesign general practice, including delivering extended access in primary care. The trajectory and requirements for Improving Access to General Practice were first outlined in the *NHS Operational Planning and Contracting Guidance 2017-19*. At this time NHS England requirements were 100% national population coverage by March 2019.

NHS England since changed the mandate to 100% coverage of Extended Access to General Practice services for the population of Bedfordshire by September 2018.

Extended Access to primary care is pivotal to increasing capacity and resilience within general practice in addition to reducing demand on the wider system. The service will lay the foundations for Primary Care working at scale, long-term resilience and improved patient experience.

The requirements for extended access are detailed below:



What have we got to deliver: seven core requirements

Timing of appointments	<ul style="list-style-type: none"> Commission weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6.30pm) – to provide an additional 1.5 hours every evening Commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs Provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week
Capacity	<ul style="list-style-type: none"> Commission a minimum additional 30 minutes consultation capacity per 1000 population per week, rising to 45 minutes per 1000 population
Measurement	<ul style="list-style-type: none"> Ensure usage of a nationally commissioned new tool to be introduced during 2017-18 to automatically measure appointment activity by all participating practices, both in-hours and in extended hours. This will enable improvements in matching capacity to times of great demand
Advertising and ease of access	<ul style="list-style-type: none"> Ensure services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity into the community, so that it is clear to patients how they can access these appointments and associated service Ensure ease of access for patients including: <ul style="list-style-type: none"> All practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services Patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments
Digital	<ul style="list-style-type: none"> Use of digital approaches to support new models of care in general practice
Inequalities	<ul style="list-style-type: none"> Issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place
Effective access to wider whole system services	<ul style="list-style-type: none"> Effective connection to other system services enabling patients to receive the right care the right professional including access from and to other primary care and general practice services such as urgent care

The funding (£3.34 per head in 2018/19 and £6.00 per head in 2019/20) and requirement (30 minutes provision for every 1,000 registered patients) is based on a weighted population of 452,471.1.

Supporting papers

N/A

Services overview

Patients have access to appointments 6:30-8:00pm on weekdays and at weekends (morning-lunchtime). The service is available to all registered patients and appointments are accessed through their registered practice. The locations of services are listed below:

Locality	Bases
Ivel Valley	Ivel Valley Medical Centre, Shefford Medical Centre
Leighton Buzzard	Leighton Road Surgery
West Mid Beds	Flitwick Surgery, Asplands
Chiltern Vale	Rotational model between CV practices

The CCG is required to provide 905 additional appointments each week across the CCG area, currently around 80% of these are being delivered weekly. As services scale up to deliver the required number of appointments there are some evenings where not all bases are open, where this is the case appointments in other Localities are opened up to ensure patients have access to appointments.

The workforce in the services is largely made up of existing Bedfordshire practice staff (both clinical and non-clinical).

The providers of the extended access services in Central Bedfordshire Localities are as below.

Locality	Provider
Ivel Valley	BEDOC
Leighton Buzzard	BEDOC
West Mid Beds	BEDOC
Chiltern Vale	Chiltern Vale Health Community Interest Company (CIC)

The service went live in Chiltern Vale on 1st September, in Ivel Valley and West Mid Beds on 17th September and in Leighton Buzzard on 22nd September.

94% of BCCG practice websites currently advertise the service, this is expected to rise to 100% soon. National promotion of services is expected before the end of the year as well as increased promotion from BCCG following successful launch.

Utilisation of appointments

September

Locality	Available appointments	Booked	DNA	Utilisation
Ivel Valley	228	159	13	66.20%
Leighton Buzzard	85	81	3	92.90%
West Mid Beds	154	103	9	63.00%
Chiltern Vale	622	535	71	68.09%

- In September 81% of appointments in Central Bedfordshire were booked
- 11% DNA rate ('did not attend')

October

Locality	Available appointments	Booked	DNA	Utilisation
Ivel Valley	276	213	16	73.20%
Leighton Buzzard	261	224	30	81.20%
West Mid Beds	336	230	28	64.90%
Chiltern Vale	670	621	52	79.90%

- In October 83.5% of appointments in Central Bedfordshire were booked
- Around 10% DNA rate ('did not attend')

Next steps:

- Develop direct booking into extended access from 111 service
- Connecting extended access into Hospital Pathology systems
- Increase clinical shift fill in service, rotation of some bases being discussed

End

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Central Bedfordshire Health Overview and Scrutiny Committee

Date: 12 November 2018
Subject: Stroke Services

Summary

Bedfordshire Clinical Commissioning Group is committed to improving outcomes for patients in Bedfordshire, who have experienced stroke. This paper provides Members with an outline of the direction in which the CCG would like to take stroke services and provides an update on current progress, to ensure that Members are informed in a timely fashion about potential service changes, which would affect residents in Central Bedfordshire.

Options

The Committee is asked to consider, if so minded, whether it has any recommendations to make to Bedfordshire Clinical Commissioning Group on:

- Future plans for stroke services,
- The impact this will have on patients.
- Whether continued engagement with patients and the public in the coming months is a reasonable way forward for the project progression.

Background

The National Stroke Strategy (2007) provides the foundation for defining stroke services and outlines what is needed to create the most effective stroke services in England. The strategy identifies major stages in the stroke patient's pathway and stresses a need to reorganise the way in which stroke services are delivered, from prevention through to support for those who have experienced a stroke.

A whole pathway approach to the provision of stroke services is crucial to maximising the clinical outcomes for patients, the resultant quality of life and their experience of stroke services. The first 72 hours of care is vital to ensure the optimum clinical outcome for stroke survivors. This needs to be underpinned by an effective whole system pathway for assessment, discharge and repatriation to local stroke services, subsequent rehabilitation and longer term support.

The stroke pathway is broken down in different phases below:

A. Primary prevention - lifestyle causes, risk factors, prevention and symptoms

B. Pre-hospital - A fast response to stroke reduces the risk of mortality and disability – “Time is Brain”. The identification of potential stroke and TIA patients and their timely admission to an appropriate stroke centre is a critical stage of the care pathway

C. Acute phase

i. Hyper Acute Stroke care

ii. Acute Stroke care (including in-hospital rehabilitation services)

iii. Transient Ischaemic Attack (TIA) services

iv. Tertiary care services (e.g. neuro and vascular surgery referrals)

D. Community rehabilitation

i. Early Supported Discharge (ESD)

ii. Stroke specialist community rehabilitation

E. Long term care and support - Stroke survivors and their carers should be enabled to live a full life in the community over the medium and long term (>3 months)

F. Secondary prevention - Healthy lifestyles and management of specific risk factors reduce the risk of an initial stroke and the risk of a subsequent stroke

G. End of life

Improving outcomes in stroke services is core to the NHS Bedfordshire’s ambitions to provide access to the highest quality services

In 2012, a comprehensive review of Stroke Services was undertaken, which set out that across the Midlands and East NHS area the number of Stroke Hyper Acute Units should be reduced from 4 to 3 with units remaining at the Lister Hospital, Luton and Dunstable Hospital and Watford General.

This recommendation was based on evidence which demonstrated that units with at least 600 stroke admissions a year have sufficient volume to make a 24/7 hyper acute stroke unit (HASU) service clinically sustainable and able to maintain the expertise required to ensure good outcomes for patients.

This meant that the Stroke Unit at Bedford Hospital would no longer provide assessment, diagnosis and treatment of stroke in the first 72 hours following a stroke which included thrombolysis treatment. Patients from the Bedford Hospital catchment area would be taken to the nearest 24/7 Hyper Acute Stroke Unit. After 72 hours patients would be repatriated back to Bedford Hospital Stroke Unit if further medical and/or nursing stroke care was required. This ensured a safe, high quality patient pathway, ensuring that patients would receive the best possible clinical care in a 24/7 unit and moving back to their local hospital once stabilised.

Change under emergency measures

In 2016, Bedfordshire CCG developed commissioning plans for stroke, which moved the Hyper Acute Stroke Unit (HASU) from Bedford Hospital to the Luton and Dunstable Hospital, under emergency measures, as a result of a lack of stroke consultants at Bedford Hospital (BHT). This arose following the resignation of the stroke consultant at Bedford Hospital, who resigned in September 2016.

The new pathway would ensure that inpatient and community stroke rehabilitation was delivered safely and meet our four priorities for stroke, which Are:

- Prevention initiatives to reduce the incidence of stroke;
- Reduce mortality from stroke;
- Minimise disability as a result of stroke;
- Commission best practice care pathways.

Since then Bedford Hospital Trust has appointed a stroke consultant under a long term locum arrangement. However, there is not currently, a dedicated stroke ward and stroke patients are now spread across the hospital site, sharing a ward with Fracture Neck of Femur patients. This is not in line with national guidelines.

What's our vision?

Our vision is to provide a dedicated 20 bedded unit for stroke rehabilitation survivors as set out in the *National Stroke Strategy* which is:

'For those who have had a stroke and their relatives and carers, whether at home or in care homes, to achieve a good quality of life and maximise independence, well-being and choices'.

This was derived from a recent clinical needs assessment. This will provide additional capacity for 173 patients per year into the system which will reduce the need to spend on spot purchasing beds.

This will enable people to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional levels.

Rehabilitation provides stroke survivors with the tools they need to attain independence and self-determination. This is built on the premise that rehabilitation should begin as soon as possible after a person has a stroke, and continue for as long as is clinically appropriate, to ensure the best possible recovery whilst also allowing our health and social care teams to use resources effectively and prevent patients from being placed out of area. We believe that by developing the stroke rehabilitation service, we will deliver improved outcomes in the following areas:

- Reduced levels of disability following a stroke;
- Reduced lengths of stay in bed based services;
- Improved patient experience through access to long term support and follow up;
- Improved value for money through the most effective use of resources;
- More equitable service provision across the region;
- We meet NICE guidelines and the service standards and specifications for rehabilitation, set by the Royal College of Physicians.

We've listened to our patients

As part of the work we've undertaken to review stroke services, we have taken the opportunity to speak to patients and listen to their views on the care they want after they have had a stroke.

We undertook two workshops in September and November 2017, which included Healthwatch, the Stroke Association, Bedford Borough Council, Central Bedfordshire Council, patient representatives, voluntary organisations and clinicians from across the pathway, and we also started to hold monthly stroke meetings with a number of stakeholders and patient representatives, so that they could start to influence and co-design the stroke pathway.

Patients told us they wanted

- To receive rehabilitation care closer to home – so the families of patients can visit and be part of their rehabilitation;
- To be looked after in an appropriate clinical setting when they are acutely poorly, but able to leave that level of care when well enough.
- Continuity of care – with therapists rotating from the acute setting into rehabilitation and then into the community, to ensure that patients can build up a relationship and trust with their clinicians.

How have we responded?

Having listened to our patients and given our commitment to delivering optimum stroke care in Bedfordshire, the aim of the CCG is to develop a new rehabilitation centre in Bedford. This means that central Bedfordshire residents will be able to receive optimum rehabilitation care closer to home, regardless of whether they live in the north or south of the Local Authority area and flow into either the L&D or Bedford Hospital.

What have we done to progress this?

Suitable premises are being sought with one potential site being John Bunyan House, at the Archer Unit, on the north wing of Bedford Hospital, as it provides the right space, layout and location to meet the specification of a stroke rehabilitation unit, and also the requirements identified by patients.

The premises are currently occupied by Headway which supports patient in an outpatient setting. Headway is a voluntary organisation which support brain injury patients and supports life after stroke which is part of the stipulated national pathway. They provide longer-term rehabilitation for patients following discharge from the Acquired Brain Injury, Neuro-Rehab Teams or other health professional services, allowing patients to achieve

their potential. This could be a return to employment, accessing work, education, or volunteering, accessing social support or transferring to day care more appropriate to the patients need.

Our impact assessment shows that 100 patients a year use the service, receiving 6 sessions usually delivered over 6 weeks. The core hours of operation for attending patients are from 11am -3pm Mondays to Thursdays. The services provided by Headway is an important component of the pathway for those who have had a stroke or other acquired brain injuries.

How have we taken this forward?

Since undertaking the workshops and listening to patient views, we have been working closely with partners, including NHS Property Services, Bedford Hospital and Community Therapy teams to better integrate care and look for opportunities to develop a rehabilitation Centre.

We have also undertaken further engagement with residents, Stroke survivors and carers with the help of Stroke Association, staff engagement and undertaken meetings with Headway.

Before we progress further with this work, the CCG wanted to take the opportunity to share this proposal with the Central Bedfordshire Overview and Scrutiny Committee to understand if there were any comments or recommendations from Members that should be considered and factored into our engagement programme and plan.

Central Bedfordshire Council

Overview & Scrutiny Committee

20 November 2018

Safeguarding Adults Board Annual Report 2017/18

Report of: Terry Rich – Independent Chairman, Bedford Borough and Central Bedfordshire Council Safeguarding Adults Board.

Responsible Director(s): Julie Ogley, Director of Social Care Health and Housing
Julie.ogley@centralbedfordshire.gov.uk

This report relates to a decision that is Non-Key

Purpose of this report

1. The Safeguarding Adults Board (Central Bedfordshire and Bedford Borough) presents its statutory annual report.
2. The report covers the period 01 April 2017 to 31 March 2018.
3. It details the achievements, challenges and plans going forward and provides detailed information about the effectiveness of safeguarding adults arrangements across the two councils.

RECOMMENDATIONS

The Committee is asked to:

1. To consider and comment on the Annual Safeguarding Adults Board Report.

Appendices

Appendix A Bedford Borough and Central Bedfordshire Council Safeguarding Adults Annual Report 2017/18.

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Safeguarding Adults from Abuse, Maltreatment and Neglect in
Bedford Borough and Central Bedfordshire



Annual Report of the
Bedford Borough and Central Bedfordshire Adult Safeguarding Board

April 2017- March 2018

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1. Independent Chair's report by Terry Rich

The Bedford Borough and Central Bedfordshire Safeguarding Adults Board has had a busy year which focused on a number of priority areas identified at our Business Planning Day in April last year. Later in this report details of progress against each priority area is recorded along with areas where further work is required.

Areas of strength:

i) Partnership Working:

The Board has benefited from strong and positive co-operation and partnership working across all agencies. There has been regular attendance at a senior level from all agencies and a marked willingness to bring issues of concern to the Board and to be open in discussing challenges. This has assisted us in seeking to address areas of weakness that have been identified during the course of the year.

ii) Operational effectiveness

The continued work of the Safeguarding Adults Operational Group provides the Board with regular assurance that professionals from statutory partners regularly meet to monitor performance, troubleshoot issues and identify trends. Their reports to the Board ensure that appropriate issues are escalated.

An example of this during the year was an identified fall in performance in one area in the completion of Deprivation of Liberty Safeguards (DoLS) assessments. The Board was able to examine the issue and seek assurance that corrective action was being taken. It is gratifying to note that performance has returned to its previous high level.

iii) Numbers of safeguarding concerns not leading to enquiries

Last year, the Board identified that there were numerous concerns being reported to the local authority safeguarding teams which did not meet the criteria for an enquiry. Many were welfare concerns or mental health concerns picked up by police or ambulance crews. The Board had been concerned that some of those referrals might a) be taking up valuable time and resources within the safeguarding teams, and b) might be delaying that referral reaching the more appropriate destination.

Bedford Police have initiated a series of workshops which aim to clarify the issues and to look to improve pathways of referral. The Board will monitor the impact of this work on figures over the coming period.

Areas of concern:

i) **Mental Health and the AMHP service:**

The Board has been concerned that several cases referred for consideration of a Serious Adults Review have related to service users with mental health needs. There have been several cases where the response of the Approved Mental Health Professionals Service (AMHPs) has been a significant factor. It is though the case that in all the cases referred, the view was that a single agency investigation was the most appropriate outcome. However, the Board will need to continue to have close oversight of the way in which people with mental health needs are safeguarded.

We have been partially reassured by the instigation of an independent review of the AMHP service commissioned by the ELFT and are keen to see evidence of improvements as a result. We are also pleased to note the establishment of the AMHP Governance Group chaired by Kate Walker, DASS (Director of Adult Social Services) in Bedford Borough Council. The Board will be keeping in touch with this group to ensure that the service is operating in a way that keeps people in mental health crisis safeguarded.

ii) **Mental Health provider organisation:**

The Board has throughout the year been concerned at the number of safeguarding concerns arising from a privately owned ("Accomplish" previously known as Tracscare) mental health facility within the Bedford Borough area – previously known as Milton Park and recently renamed Lakeside. A Safeguarding Adults Review in respect of a patient/resident of the facility who tragically died when she was hit by a vehicle on the nearby A1, was conducted over the course of 2017-18. The findings identified significant shortcomings in her care and support and the Board is closely monitoring multiagency actions plans arising from the recommendations.

Safeguarding concerns have continued to be raised regarding the facility and regular oversight is maintained by the CCG, Bedford Borough as well as the regulator, CQC. As Chair, I also visited the facility and met with senior managers to hear about how they have addressed difficulties and plan for further progress.

The SAR identified an issue in relation to residents discharged to the organisation's own residential care facility on a neighbouring site. Such residents in effect become resident in Bedford on discharge and their access to local Mental Health services appears to be ambiguous. The Board has been assured that the residential facility is now separately managed and that full discharge planning takes place when a patient moves into the residential facility. However, there remains a concern that all residents of that facility "Pathway House" should be known to and have access to the support of local mental health services if required. This issue is being monitored through the SAR Action Plan.

Emerging Issues:

i) Risk management:

The Board's business planning day this year focused on the issue of managing risk – particularly in respect of people who are either not receiving formal care and support services or who are perhaps putting themselves at risk through their lifestyle. The Board is keen to see the development of a Risk management tool which is common and shared across Bedford, Central Bedfordshire and Luton.

ii) Exploitation

The Board has been briefed by partners – and, in particular, by Bedfordshire Police regarding the growing risk of exploitation of vulnerable groups through issues like modern day slavery and "County Lines" drug gangs. Whilst there have only been a small number of cases recorded locally to date, all partner agencies recognise the importance of working together when such cases emerge. Similarly, the Board has been briefed on issues arising from the Prevent strategy, and in particular are concerned that agencies are ready to manage the potential for people with care and support needs returning from Syria.

Board Management:

i) Board Business Manager

Last year, I highlighted the benefits of a dedicated SAB Business Manager. I'm delighted that partners have agreed to fund the post and even more pleased to report that a Business Manager has now been appointed and will take up her post in September 2018.

In the meantime, the Board has been well supported by Viv Reynolds Bedford Borough Council Adult Social Care Department and from Leire Agirre who joined Central Bedfordshire during the year taking over from Emily White who left to join the Care Quality Commission. They have continued to be assisted by Natasha Smith our SAB Support Officer.

ii) Web site

Preparatory work has been undertaken on developing the SAB website – and it is hoped that progress will be made on this once the new Business Manager is in post.

iii) Common Data Set

This is another area where more work is required to ensure that the Board is sited with the appropriate data set which enables a good oversight of activity and performance. Currently, the Board has good comparative information from the two local authorities but is less sighted on activity and performance on safeguarding from other partners. This is an issue that the Business Manager will need to work on in the coming year – aiming for a consistent approach across Bedford Borough, Central Bedfordshire and Luton.

In summary:

The arrangements made by local authorities and strategic partners to safeguard people with care needs remain robust and effective. There is continued evidence of good multi agency working and the Board's Operational sub group which reports to the main Board is an effective forum for identifying tensions and issues.

The Board has also kept track of the numbers of safeguarding concerns and enquiries and their source. Work has been initiated to review referral pathways to ensure that concerns reach the most appropriate destination without delay.

Demand for DoLS assessments and reviews continue to be an area of pressure, but is well managed and there are no undue delays for assessments or reviews.

The Board's business plan is attached at the end of this report and will guide the work of the Board in the year to come.



Terry Rich
Independent Chair,
Bedford Borough & Central Bedfordshire Safeguarding Adults Board

2. The Safeguarding Context in Bedford Borough & Central Bedfordshire

2.1 This annual report covers the work of the Bedford and Central Bedfordshire Safeguarding Adults Board during the year April 2017 to March 2018. It aims to inform residents of the Bedford Borough and Central Bedfordshire areas, including those who use social care and health services, their families and carers, elected members of each Council and those who work in social and health care across all partner agencies, about the work of the Board and safeguarding activity across the area.

2.2 Central Bedfordshire, a predominantly rural area in the East of England, is considered to be a highly desirable place to live and work. As a consequence, the population is growing, rising from 254,400 in 2011 to approximately 280,000 in 2017. Further estimated growth of 16% will see the population rise to 325,000 by 2031.

2.3 The population is aging as well as growing. Between 2016 and 2031 the number of people aged 65 and over is projected to increase from 48,500 to 71,200, a 47% increase. The main drivers of population growth are:

- Increasing life expectancy
- A rising birth rate, which exceeds the mortality rate
- A net migration gain due to more people arriving in the area than moving away

Life expectancy at birth provides a good overall indicator of health and wellbeing. Life expectancy for men (81.5 years) and for women (84.0 years) which continues to remain significantly better than the England average.

The gap in life expectancy between the least and most deprived areas of Central Bedfordshire is 6.4 years for men and 5.4 years for women.

2.4 Bedford Borough has a vibrant and diverse population and in recent years there has been a significant increase in migration from Eastern European countries. Bedford's Black, Asian and Minority Ethnic population has increased substantially in recent years from 19% in 2001 to 29% in 2011.

The population in Bedford Borough is 169,900. An estimated 62,000 people in Bedford Borough are over the age of 50, of whom 29,800 are over 65 and 4,300 are over 85. Between 2016 and 2031 the number of people aged 65 and over is projected to increase from 29,300 to 42,000, a 43% increase.

Average life expectancy in Bedford Borough is 80.1 years for men and 83.4 years for women but there are large inequalities in life expectancy depending on where people are born. The gap in life expectancy between the least and most deprived areas of Bedford Borough is 11.1 years for men and 11.0 years for women.

3. Governance & Accountability

3.1 The Care Act 2014 and its accompanying statutory guidance provides the framework for Safeguarding. It put safeguarding adults on a legal footing and required Safeguarding Adults Boards to be set up across local authority areas to encourage partner organisations to work together and ensure local arrangements effectively help and protect adults in the local area so that everyone can live safely, free from abuse and neglect. Our Board is well established with strong support from both statutory and partner agencies.

3.2 The Care Act 2014 also required all agencies to promote individual wellbeing with a multi-agency approach to achieving a focus on positive outcomes for people who use services and on person centred practice. Making Safeguarding Personal required a change in practice and organisational culture to allow the person who may be at risk to be put in charge of their own life and to be able to state their wishes.

3.3 The Care Act 2014 requires all local authorities to report and safeguard adults suspected to be at risk of, or experiencing exploitation and abuse. As well as promoting and safeguarding the mental and emotional wellbeing of adults and protecting adults from abuse and neglect.

3.4 Safeguarding is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, having regard to their views, wishes, feelings and beliefs in deciding on the course of action to take. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. Safeguarding is concerned with;

- achieving the desired outcomes for people subject to abuse within communities whether they are in their own home or in a health or care service setting,
- ensuring appropriate advocacy is available for people who may need safeguarding,
- effective multiagency interventions are planned and delivered for vulnerable people whose life-style may place them at risk of significant and foreseeable harm (for example self-neglect or hoarding)
- monitoring the quality of local care and support services and their awareness of safeguarding
- supporting more provider organisations to be able to undertake Safeguarding Enquires (S42 enquiries)
- making connections between adult safeguarding and domestic abuse and adult exploitation and focusing on those with care and support needs.

3.5 The Safeguarding Adults Board (SAB)

The Safeguarding Adults Board leads adult safeguarding arrangements across its locality and it is its role to oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies.

The SAB duties are as follows;

- identify the role, responsibility, authority and accountability with regards to the action of each agency and professional group should take to ensure the protection of adults.
- establish a way of analysing data that increase the board's understanding of abuse and neglect locally.
- establish how it will hold partners to account and gain assurance of the effectiveness of its arrangements.
- determine its arrangements for peer review and self-audit.

The SAB does this by;

- establishing a framework of subgroups in place to assure ourselves that local safeguarding arrangements are in place as defined by the Care Act 2014 and its statutory guidance.

- prioritising Making Safeguarding Personal (MSP) in the Business Plan as well as within the multiagency audits and in the in depth individual Agency Self-assessment to assure itself that safeguarding practice is person centred and outcome focused.
- working collaboratively to prevent abuse and neglect, strengthening our escalation policy to ensure strong multiagency response where required.
- assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in it's area, aligning strategic objectives to training and undertaking multiagency themed audits.

As part of the SABs core statutory duties, we have:

- developed a two-year Business plan which sets out the boards objectives and how they will meet their objectives including collaborative work with partners.
- published an annual report detailing how effective our work has been.
- commissioned one Safeguarding Adults Review (SAR) and we have a SAR subgroup in place to consider any cases which meet the criteria.

4. Finance & Resources

4.1 There is no national formula for Safeguarding Adults Board funding, therefore levels of contribution are agreed locally. This year, the Board agreed to increase the level of contributions to facilitate the appointment of a dedicated part time board manager. The positions of the Independent Chair and the Business Support Officer (three days per week) are funded as follows: one third Central Bedfordshire Council; one third Bedford Borough Council and shared third Bedfordshire Clinical Commissioning Group and Bedfordshire Police.

4.2 There is no budget provision within the SAB Budget for the cost of undertaking a Safeguarding Adult Review and therefore each Local Authority has funded any SAR related to an individual within their locality. The costs of this year's commissioned Safeguarding Adults Review has been met by Bedford Borough Council.

5. Safeguarding Activity 2017 - 2018

5.1 For Central Bedfordshire Council, safeguarding reporting received 2178 contacts, a similar amount to the previous year. The reporting does not include phone calls where advice and information is provided. Out of the 2178, 425 cases or 19% were treated as a S42 enquiry. This signifies an increase of 24% in S42 enquiries when compared to the previous year. Concerns reported by the police have seen the biggest increase from the previous year from 506 in 16-17 to 662 in 17-18 or a 30% increase in numbers received from the Police. Out of the 662 concerns received, 27 resulted in a S42 enquiries being undertaken. Bedfordshire Police has been working closely with the safeguarding team to understand the rise and nature of the referrals and we have initiated a piece of work across Bedfordshire to agree referral pathways.

5.2 In the previous year, physical, psychological abuse and neglect and acts of omission, were the most common types of abuse resulting in enquiries reported. This year, neglect and acts of omission has been the most common, followed by physical abuse, financial, emotional. In the previous year, there had been a rise in enquiries related to domestic abuse of people with care and support needs with 9 cases in 15/16, rising to 59 in 16/17. Whilst partner agencies have continued to report an increase of Domestic abuse, the number of incidents for people with care and support needs resulting in S42 have remained almost the same than the previous year with 56 S42 enquiries in 17-18.

5.3 There has been a noticeable increase of 50% more cases featuring self-neglect. In response to this increase, CBC is offering additional training in this area and a multiagency task and finish group working under the Operational Subgroup of the board has initiated the undertaking of a Pan Bedfordshire Self Neglect and Hoarding Protocol.

5.4 The trend in terms of location of abuse continues to be a person's own home as the primary location and care homes accounting for the second highest. There has been an increase in the numbers of cases taking place in a person's own home and a rise in incidents taking place in public spaces. There has been a decrease in the number of cases of organisational abuse as well as a decrease in professionals causing harm, but an increase in harm being caused by other people either known or unknown to the person. Known people would be family members which is consistent with the primary location of abuse being the person's own home. Although in the previous year there had been an increase in the numbers of enquiries related to a person with a learning disability, from 40 in 15/16 to 62 to 16/17, the number has reduced to 48 this year.

5.5 In terms of outcomes, 39% of people did not express a desired outcome at the outset of the safeguarding enquiry. However, for those who did express a desired outcome, 83% reported that this had been wholly or partially met.

5.6 Bedford Borough has received 2702 safeguarding contacts to the team for this reporting year, this is an increase 35% from the 1997 contacts the team received the previous year. This does not include phone calls where advice and information is provided. The number of Section 42's resulting from those concerns were 212 cases or 8 % which is an increase of 54% from the previous year. This is likely to be a result of increased numbers of referrals to the team and a greater awareness of partners to report concerns.

5.7 Bedford Borough has seen a significant increase in contacts to the team that do not result in being managed under safeguarding. The majority of these contacts are received from the police and ambulance service where a risk or concern has been identified but is not of a safeguarding nature.

5.8 Police contacts to the team have increased from 298 in 16/17 to 771 for 17/18, of which 39 progressed to a S42 Enquiry. A large proportion of the police contacts relate to persons deemed to have mental health needs and ongoing work is in place to look at referral pathways.

5.9 Own home remains the location where abuse is most likely to take place. This year has seen an increase in the level of cases that have progressed to a S42 Enquiry. The majority of the enquires are related to financial abuse where the person causing harm is most likely to be a family member, friend or partner.

5.10 Second most prevalent place is care homes, Bedford Borough has 73 residential and nursing homes within it's locality and this is reflected in the continuing high number of safeguarding concerns received from this source. Only a small proportion of the concerns result in a S42 Enquiry 8.8%, with the majority of the concerns being managed through providers reviewing their care plans and risk assessments or a review of the individuals care package.

5.11 Safeguarding reporting patterns remain similar to previous years, but there has been an increase in the reporting of domestic abuse, with 26 S42 Enquires carried out compared to 5 in the previous year. Increased awareness to both the public and professionals through the media and training on this topic is likely to have resulted in this increase. Ongoing awareness raising means it is probable that domestic abuse concerns to the team will increase in the next reporting year. Across both localities, other partners including mental health services have throughout the quarterly reporter a higher incidence of domestic abuse for people with mental health needs and a result have increased the training to staff in this area.

5.12 This year, Bedford has seen an increase in numbers of alleged exploitation by others often where drugs are involved. Cases of alleged exploitation by others has risen from 4 in 16/17, to 23 cases in 17/18 of which 10 cases progressed to a S42 enquiry.

5.13 Across two local authority areas, there has been increased understanding of the issues and awareness raising about exploitation and the risk of cuckooing requiring multi-agency approach and forum involving police, housing, mental health services and the council to share information, identify vulnerable adults and agree safeguarding measures.

5.14 Where individuals expressed an outcome for the S42 Enquiry relating to them, 40.4 % felt their outcomes were fully achieved, with 26.2% feeling their outcomes were partially achieved and 9% feeling outcomes were not achieved.

5.15 Serious Incidents(SI's) seek to improve the way services are provided and to minimise the risk that incidents of concern will reoccur through lessons learnt. As part of the initial review of a Serious Incident and integral to the process, each health provider is required to consider if there are any associated safeguarding concerns. This information is routinely shared with Bedfordshire Clinical Commissioning Group (BCCG) and where required, BCCG will challenge/ seek further assurance that safeguarding has been considered. In total, 11 serious incidents reported to BCCG were raised as safeguarding alerts and 7 were progressed through to a S42 enquiry, no themes have been identified.

Case scenarios

A case of Financial and Emotional Abuse by unpaid carers who took over the informal support of a person with a mild learning disability when his mother passed away. Despite working full time, the individual had no access to his own money, there were numerous bills on his account for the unpaid carers and their relatives, he was not allowed access to his finances if he wanted to go out, and if he needed something new, the unpaid carers would buy themselves the new item and give him their old one. All aspects of his life were controlled by the carers including shopping tasks.

As part of the safeguarding process the police were alerted due to the level of theft from the individual's account which has resulted in a criminal prosecution. The individual was supported to have his bank account stopped and with his agreement it is now managed by Bedford Borough Council, enabling the person to have access to his finances including wages, and to be able to go out and do what he chooses. With support the person changed his phone number and moved to a Supported Living tenancy nearer his work and where the unpaid carers did not know where he had moved to.

The individual is undergoing counselling for his bereavement and also to support with what has happened. He is happy and settled in his new home and has made friends who he regularly spends time with. He is able to buy what he wants for his home or himself, go out with his friends, and has accrued savings which he used to go on holiday with. He has some support from care staff but is mainly independent now. He has developed in confidence and is able to ask people for help when he needs it, as previously he was too scared to speak for himself for fear of repercussions.

A 63 year old gentleman living alone in a privately rented two-bedroom bungalow. He had a right below knee amputation, he was diabetic and had a prosthetic limb. When able to wear the prosthesis, his poor balance prevented him from walking more than one or two steps. He relied on a manually propelled wheelchair to mobilise. The Safeguarding team receiving information from a neighbour that he had alerted her by banging on the window from the inside of his home requesting support to purchase food because he had not eaten for 3-4 days, he had no access to money. Neighbours reported that his main carer, his son, had not been seen for several weeks. Workers took time to build rapport as he did not want an intervention and only expressed a need for food. He presented as dishevelled and unkempt, his clothes were dirty. Reluctantly, he allowed the worker access to the property which was infested with flies, there was an overwhelming smell of urine and cat faeces covered the hallway. There were piles of rubbish on every surface and on all the floors. The kitchen appeared not to have been used for some time, the bathroom appeared not fit for purpose with bags of faeces and bottles of urine in the bathroom and under his bed. Mobility around the bungalow was restricted due to the clutter, and he crawled on the floor due to the lack of space to manoeuvre the wheelchair. The worker was able to start to build a rapport, purchasing essential shopping for him and arranging a hot meal and packed tea the worker explained we were there to help and to support to make changes at his pace.

He disclosed his son and main carer "got sick of things" and left. He had a mobility car which his son used and they shared a joint Post Office account which he no longer had access to. He agreed that his current accommodation was no longer suitable for his needs and the landlord had been trying to evict him for over a year. Rapport was built up to gain his trust and engagement. The initial need was to provide meals on a daily basis and to co-ordinate support with him ensuring he had control over the decisions made. Contact made with private Housing sector for advice and they allocated a worker, joint visits were carried out to introduce this worker who was able to build a rapport with him and plan an intervention. The Housing worker visited and arranged for the work to be managed sensitively with cleaning contractors, he was involved in the plans and was adamant he wanted to co-ordinate the packing of his items. Referral made to Independent Living Prevention Team to support with re-establishing benefits and to assist with the housing application. The worker supported a move back to Scotland to be near family who were aware and supportive and instrumental in this move. Referral made to Occupational Therapy for support with equipment, replacement wheelchair, profile bed whilst at respite and a full report to support accommodation needs. Referral made to Safeguarding regarding concerns about son, access to his vehicle and post office account. He had disclosed his son had anger issues and it was felt appropriate to undertake further work once he was moved into a safer environment. He did not want any action taken against his son. He had agreed we could disclose where he now lived to his son and wanted him to know that he was safe and well. Referral was made to a community service which provided food parcels, bedding, new clothes and toiletries to go into respite care. A referral was made to the Limb fitting service for assessments for a new prosthetic limb. Allocated worker established that the individual had full capacity and he was fully involved in all decision making and took an active role in all plans. As a result outcomes were;

-Reduced health risks due to living in squalid housing conditions.

-Re-establishing contact with GP and other health professionals improving health and well-being.

-Improved confidence being out in the community. Improved Mental Health and well-being. He has expressed our intervention has given him "A new lease of life" he became more motivated during our continued involvement

- Improved engagement with services as trust was built and outcomes were positive.

-Improved Quality of life with plan for new accommodation re-establishing contact with family in Scotland as well as financial independence and control.

5.16 Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS)

5.16.1 The reporting year 2017/18 has seen a continuation of increasing numbers of Deprivation of Liberty Safeguards (DoLS) requests to both authorities. Compared to the previous reporting year of 2016/17, Central Bedfordshire Council (CBC) has experienced a 23% increase in the number of DoLS applications and Bedford Borough Council (BBC) has experienced a 3% increase.

5.16.2 Nationally, the number of requests continues to rise with a large number of supervisory bodies experiencing a backlog of cases. For 2016/17 there was a reported backlog of 108,545 cases in England. To date, CBC and BBC do not have a backlog.

5.16.3 According to national statistics for 2016/17, the average number of days from applications being received to being completed across England was 120 days. This means that many people assessed under the safeguards are potentially subject to a period of unlawful deprivation, if a decision is made that a standard authorisation is required to lawfully deprive of liberty. Both CBC and BBC remain committed to ensuring assessments are undertaken within the statutory timescales, where possible.

5.16.4 Many Supervisory Bodies nationally have backlogs going into the 1000's and are using a prioritisation tool, others have also de-prioritised some environments such as acute hospitals meaning people in these settings do not get assessed, whilst others have been using 'desk-top' assessments in some circumstances meaning people may not actually be seen by a BIA at each authorisation. In Central Bedfordshire and Bedford, we currently have no backlog, every setting is treated as important and every assessment and authorisation involves a Best Interest Assessor visiting the actual person.

5.16.5 Impact and Numbers 2017/18:

	CBC	BBC
Number of Applications received in reporting year	1581	1319
Number of Applications completed in reporting year	1497	1251
Assessments in progress (as of 31 st March 2018)	57	68
Requests accompanied with an Urgent Authorisation (assessment to be completed within 7 days)	983	693
Number of Authorisations granted	1017	994

5.16.6 Government updates

Liberty Protection Safeguards (LPS) - The Law Commission published its final report and draft legislation in March 2017. In March 2018, the Government published its response to the proposals and draft bill. They acknowledged there was a 'pressing urgency' to reform DoLS, and this would be considered 'when parliamentary time allows'.

In June 2018, The Mental Capacity (Amendment) Bill was published and this starts the reform of the current system. This is a somewhat different Bill to the Law Commission's report. It is not anticipated that Royal Assent would be granted before early next year, and, given that a transition period will be required before the DOLS can be replaced by the LPS, it is likely that the amended Act would not be fully in force until 2020 at the earliest, and potentially 2021".

6. Bedfordshire Commissioning Group (BCCG)

6.1 Safeguarding Adults continues to be a high priority for Bedfordshire Clinical Commissioning Group (BCCG). BCCG is represented on the Safeguarding Adults Board (SAB) and SAB subgroups.

6.2 As a commissioning organisation, BCCG has embedded safeguarding and associated performance indicators in the contractual requirements of commissioned health services. BCCG requires and obtains assurance that commissioned health services are meeting safeguarding requirements, and this formed part of the quarterly quality contract monitoring processes. In addition, regular meetings took place between the Designated Nurse for Safeguarding Adults and providers lead and named safeguarding professionals.

This year BCCG has:

- Revised the Safeguarding Adult & Children policy (2018). This was approved by the CCG Governing Body, and was disseminated across the local health economy.
- Supported NHS England (NHSE), in both developing and piloting a Safeguarding Assurance Tool (SAT). This is an online tool developed to assist CCGs in providing compliance assurances around safeguarding adults and children. This tool has now been rolled out widely across the region, with arrangements in place for reviews, including peer reviews.
- Ensured the recognition and management of domestic abuse continues to be a priority across the local health economy. BCCG has reviewed internal policies around domestic abuse and encouraged all providers to do same. BCCG attends the local operational multi agency domestic abuse groups where local pathways and training are being developed. BCCG has worked with the local authorities to develop an 'Aide Memoir' for GPs around Domestic Abuse.

- The BCCG safeguarding team have delivered training to CCG staff, GP and primary care practitioners on a range of safeguarding themes. For example, sessions have been delivered on WRAP (workshop raising awareness of prevent), prevent basic awareness, safeguarding adults including domestic abuse, human trafficking and modern slavery and the Mental Capacity Act (MCA) and deprivation of Liberty safeguards (DoLS). In addition, level 1 and 2 training has been delivered to student midwives from the University of Bedfordshire.
- BCCG has undertaken joint quality assurance visits with the local authorities to nursing and care homes. This was to identify areas of concern before they reach the threshold for safeguarding or to identify areas for improvement following alerts being raised. BCCG has monitored for trends and has offered support and guidance on making improvements where required.
- The BCCG safeguarding team has provided a safeguarding health advisory and support role for GP and primary care colleagues; Adult Social Care; CQC and NHS provider services.

Our focus for the next year is to:

- Continue our work around domestic abuse by holding a learning event for GPs and raising awareness of and embedding MARAC (multi-agency risk assessment conferences) processes into GP practices.
- Ensure learning from current Domestic Homicide Reviews and Safeguarding adult reviews is shared, incorporated into training and is being considered within BCCG commissioned services.
- Respond to the forthcoming 'NHS England Roles and Competencies for Healthcare staff' document and consider the implications for the learning and development needs of NHS staff locally.

7. Bedfordshire Police

7.1 Our strategic priorities have focused on understanding the needs of our diverse communities with a particular focus on safeguarding adults and children with vulnerabilities that may put them at increased risk of harm.

7.2 This year, the 'Signposts Hub' was launched within Bedfordshire Police. The purpose of Signposts is to ensure that we engage with every victim of crime and conduct an individual needs assessment which is used to understand what support individuals feel they need to overcome the impact of the crime and to prevent them from becoming a victim again.

7.3 Bedfordshire Police have successfully worked with the SAB partnership to review our adult safeguarding referral process. The beginning to end process has been reviewed and redeveloped placing the vulnerable adult at the centre of the process and improving ways of carrying out effective and responsive safeguarding in partnership.

7.4 Bedfordshire Police are delighted to have led the Mental Health Street Triage Partnership for a second year and this pilot initiative is now embedded as a dedicated service which ensured that people experiencing mental health crisis receive an appropriate and sensitive emergency response from the joint team of police, paramedics and mental health nurses.

7.5 Bedfordshire Police were the first Police Force to pilot the College of Policing Vulnerability Training in 2017 and we also developed and introduced 'An Officer's Guide to Vulnerability' handbook which has been issued to all police officers and staff. All officers have received the Domestic Abuse Matters Training and all Response officers have receiving mental health awareness training.

7.6 Our communications team have worked with subject matter experts and have developed a series of electronic interactive toolkits for subjects including Domestic Abuse and FGM. Our intranet hosts a rich variety of practical advice and information for subjects including modern slavery, coercive control, 'cuckooing' and County Lines, HBA and CSE. These resources also include access to supporting online training and awareness which all officers are able to access. Several of these training packages are mandatory such as modern slavery and coercive control.

7.7 We work in partnership within the Vulnerable Adult Risk Assessment Conferencing to support some of the most vulnerable adults in Bedfordshire according to their specific needs. Similarly, we work with partnership boards and problem solving groups focusing on modern slavery, county lines, MARAC.

8. Safeguarding Adults Reviews reporting during the year

8.1 Safeguarding Adult Review (SAR) within the Bedford Borough.

The Safeguarding Adult Board took the decision to commission a Safeguarding Adults Review into the circumstances leading up to the tragic death of Miss A who died in as a result of a road traffic accident in August 2016 whilst residing at a nearby residential home.

The placement in Bedfordshire was commissioned and monitored by Sussex Partnership NHS Foundation Trust. The purpose of the SAR was to establish whether there were any issues in relation to interagency working in line with the Bedford Borough and Central Bedfordshire Multi Agency Policy and Procedures, whether anything could have been done differently to prevent the abuse and neglect, and whether there are any lessons to be learned to enhance partnership working, improve outcomes for adults and families, and prevent similar abuse and neglect occurring in the future.

8.2 The SAR highlighted a number of concerns around the effectiveness of multi-agency involvement, contribution to assessment and understanding of risk;

- At key stages of Miss A's care and at the time of the decision to move Miss A from a private hospital setting to a residential setting.
- In the way information relating to risk and support needs was shared with staff directly responsible for Miss A's care and support.
- In the referral to and responses from the AMPH service.

The terms of reference also included involving and supporting Miss A's family and throughout the SAR and the family were invited to contribute to the report.

8.3 The SAR report whilst acknowledging the complexity of Miss A's support needs, highlighted learning across agencies and recommendations were made to address these, including actions for the commissioner, service provider, local mental health trust, and the Police. Recommendations were made to improve practice in risk assessing and care planning, risk management and escalation, use of the Mental Capacity Act 2005, access to local mental health services and support, and consideration of the diagnosis of Autism and good practice in working with adults with autism.

The implementations of the recommendations will be monitored through the SAB SAR Subgroup.

The SAR Report, Executive Summary and Addendum have been published on the Bedford Borough Website http://www.bedford.gov.uk/health_and_social_care/help_for_adults/safeguarding_adults/safeguarding_adults_reviews/published_sars.aspx

9. Sub Group Activity

9.1 Safeguarding Adults Review Sub Group

The SAR Subgroup is now well developed and meets on a quarterly basis. The purpose of the group is to consider whether referrals meet the criteria as defined by the Care Act 2014 for a Safeguarding Adult Review. Whilst not all cases meet the criteria for a formal SAR, the group is able to identify trends and issues that need highlighting to the Board. This has included concerns for people using mental health services and of the performance of the Approved Mental Health Professional (AMHP) service. The group also receives reports relating to Learning Disability Mortality Reviews and Serious Incidents of relevance to the Safeguarding Adults Board.

9.2 PAN Bedfordshire Sub-Group

The PAN Bedfordshire sub group holds two meetings annually to focus on training across agencies, agree priorities and plan joint events across Bedfordshire.

All agencies have an individual safeguarding training programme and common themes this includes, Domestic Abuse, PREVENT and Self Neglect amongst others.

Bedford Borough Council and Central Bedfordshire Council, provide a programme of safeguarding training, using commissioned trainers and training is aimed at all levels with a rolling program of basic/introductory training for Safeguarding and Mental Capacity Act through to more advanced training for practitioners undertaking S42 enquires and for managers who are chairing case conferences. Specific training is also offered to providers conducting S42 enquiries, to support them in undertaking enquires into their service.

The Bedfordshire Clinical Commissioning Group currently provide training for GP's across Bedfordshire. This training is also for all clinical staff and safeguarding leads within the practice surgeries. The training has been opened up to their own employees and to paramedics. It covers a range of topics such as Domestic Abuse, Modern Slavery and PREVENT. Additional training has been planned on Domestic Abuse for GP practice surgery staff to attend.

Bedfordshire Police have also introduced dementia awareness training for all officers and in addition to this the Office of the Police and Crime Commissioner for Bedfordshire has funded training on “County Lines, Gangs and Young People” and in “Modern Slavery”.

The MCA and DoLS leads from both local authority safeguarding teams and the Bedfordshire Clinical Commissioning Group have provided MCA and DoLS awareness training to a variety of agencies across Bedfordshire, including bespoke training for agencies when specific issues in these areas have been identified.

A number of joint events have taken place through the year including a learning event on Legal Literacy, Human Rights Training and an MSP Conference with key note speaker Dr Adi Cooper OBE, held in November 2017 which was well attended. As part of the Bedfordshire MSP conference, workshops addressed what was needed to work in a personal centred way.

The PAN Bedfordshire group discussed that it would be useful to develop and establish a multi-agency safeguarding training plan to include training which would be implemented countywide, the proposals for this are currently being developed.

The group have also overseen the completion of the Mental Capacity and Deprivation of Liberty Safeguards Competency Framework and have been involved in the review of the Mental Capacity Assessment forms including practice guidance to support more evidence based mental capacity assessments.

9.3 Operational Sub Group

Key activities of the Operational Sub Group during the year have included:

- A multiagency staff confidence survey around safeguarding was undertaken in order to identify gaps in training and training needs in particular organisations. It showed that there were training needs and the board has considered a multi-agency training proposal which would maximise training opportunities for local authorities and partner agencies.
- During the SAB development day in 2017, partner organisations suggested potential data that they could individually provide to include within their quarterly reporting in order to show a more detailed picture of safeguarding activity. This work is still in progress across Bedfordshire and task and finish groups are currently being held to review the dashboard.
- Reviewing the volume and pathway of incident reporting to better understand where risks and challenges lie, which has led to focused work being undertaken with the police.
- Continuing to monitor on a quarterly basis the activity of the statutory members of the SAB.

- Reviewing agency activities on a quarterly basis which forms the operational quarterly report.
- Partner agencies are required to produce single agency in depth report to provide assurance about safeguarding arrangements.
- Considering high risk complex cases to ensure appropriate actions are in place.
- Providing a forum to discuss issues relating to provider concerns to ensure appropriate measures are in place.
- Discussing emerging themes, topic, issues at both national and local level.

Below are highlights of how partner agencies have participated in a variety of task and finish groups have done during the year to implement the strategy.

9.4 Task and Finish Groups

- Escalation Policy Task and Finish Group

A Task and Finish group was held including operational sub group members in order to review the CBC and BBC Escalation Protocol following a case in which the Escalation procedure failed. Changes were made to the protocol to ensure that it was more detailed and clear including a clear instruction outlining at which stage the formalisation of the protocol occurs.

- Themed Audit Sub Groups

Themed Audit sub groups are being held in line with the thematic business plan. Two to three cases are being selected and audited on both a single agency and multi-agency level to identify good practice and possible learning for the board. Attendance of these groups include the operational group members. So far, audits have been conducted on cases regarding the Quality in the Care Market and the Exploitation of People with Care and Support needs including Domestic Abuse and Modern Slavery. As the business plan progresses audits will be conducted on cases involving People in Positions of Trust, Young People Transitioning into Adulthood, End of Life Care and Making Safeguarding Personal.

- Policies and Procedures – PAN Bedfordshire Approach

In September 2017, the CBC and BBC Policy and Procedures were reviewed and updated by the authorities and partner organisations. Additionally, it was agreed that a PAN Bedfordshire approach should be adopted and Luton Borough Council were invited to be a part of the reviewing process. CBC, BBC and LBC now share the Safeguarding Policies and Procedures.

- People in Positions of Trust Protocol Task and Finish Group

A Task and Finish group was held in order to develop a protocol around dealing with concerns and allegations regarding People in Positions of Trust (PiPoT). Attendance to this meeting included operational group members. A PiPoT protocol has now been developed and this can be located within BOX for board members to enforce should a concern arise.

- Self-Neglect and Hoarding Task and Finish Groups

Self-Neglect and Hoarding Task and Finish groups are being held in which the Fire Service and Housing are in attendance as well as operational group members. The purpose of these Task and Finish groups are to create both a Self-Neglect and Hoarding Policy adopting a PAN Bedfordshire approach across CBC, BBC and LBC. This work is currently in progress and organisations are contributing to multiple sections to include within the policy.

- Data Dashboard Task and Finish Group

The Data Dashboard work is still in progress and Task and Finish Groups are currently being held to review the Dashboard in order to make it more achievable. Attendance to this group includes Pan Bedfordshire group members and the local authority's performance team. The Task and Finish group is currently reviewing the four stages of the safeguarding journey and considering what data can realistically be collected under each stage within each organisation to effectively inform the quarterly report.

10. Safeguarding Adults Board Business Plan

10.1 The 2017 - 2019 Business Plan covers:

- Theme 1 – Safeguarding Adults Board Resilience - board members understand and deliver their roles and responsibilities
- Theme 2 – Emerging Challenges – the Safeguarding Adults Board develops greater understanding of common challenges, including high risk in the community, quality in the care market, safeguarding young people moving into adulthood and responses to safeguarding issues related to people in positions of trust
- Theme 3 - Making Safeguarding Personal – the Safeguarding Adults Board develops ownership of personalised responses to safeguarding

The 2017 - 2019 Business Plan is attached to this report on Appendix B.

10.2 Throughout the year, the Business plan is reviewed and updated at the board as well as at post board meetings and the development day. Ongoing activities are as follows;

- The board are undertaking quarterly themed quality audits in line with our thematic board meetings to identify good practice and areas for improvement.
- Single Agency Reviews are now being completed in every Operational Subgroup of the board and a timetable is in place.
- A staff survey has been conducted to identify gaps in safeguarding training. More training is now taking place and multi-agency approach to training is currently under discussion and development.
- Across Bedfordshire, work has started considering the data set being reported to the SAB and the PAN Bedfordshire task and finish group are currently undertaking a review. More work is required to further define data requirements.
- The board is considering issues relating to the PREVENT agenda and is sourcing information on a national basis whether this informs local practice.
- The requirements have been drawn up for the development of the planned SAB website.
- There has been development of multiagency forums ongoing sharing intelligence regarding modern slavery, exploitation, domestic abuse, county lines and cuckooing to ensure that these matters are better identified amongst professionals.

- The Board has been provided with assurance on the current picture of the care market within Bedfordshire. Reports were provided by Central Bedfordshire Council, Bedford Borough Council and the Bedfordshire Clinical Commissioning Group.
- A multiagency task and finish group has developed a “Persons in position of trust “(PIPOT) guidance.
- The development of Mental Capacity Act 2005 competency framework has been completed.
- The escalation procedure has recently undergone a review and was agreed by all partner organisations and SAB members.
- A Pan Bedfordshire conference focused on Making Safeguarding Personal (MSP) was held in November 2017, headlining a national speaker.
- The Pan Bedfordshire multiagency Safeguarding Adults policy and procedures were reviewed in September 2017. For the first time Luton Borough was involved making it relevant across Bedfordshire.
- There has been an embedding of the Safeguarding Adults Review (SAR) subgroup and the remit has been widened to get reports on Serious Incidents and Learning Disability Mortality review of relevance to the Safeguarding Adults Board.
- The Board commissioned a Safeguarding Adults review in line with the Care Act 2014. Please refer to section 11 of this report.
- Following presentations to the Board regarding the development of the Vulnerable Adults Risk assessment conference, multiagency meetings are now in place.

11. Looking forward, priorities for 2018-2019:

- Summary of Making Safeguarding Personal stocktake undertaken by agencies.
- Produce a report to assist the SAB in considering a partnership wide approach to risk enablement, building on lessons learnt from the VARAC and other multi agency risk assessment approaches as well as the development of a Risk Framework.
- Ongoing development of a Self-Neglect and Hoarding protocol.
- Ongoing programme of themed audits to be conducted on topics linked to our business plan.
- Focus on End of Life Care, invite commissioners and Better Care Fund leads to present to the SAB on developments in end of life care provision.
- Review transition pathways in relation to young people who have been victims of serious abuse such as CSE or domestic abuse
- Annual Review of Pan Bedfordshire Policies and procedures.
- To further understand local protocols in relation to modern slavery and exploitation relating to people with care and support needs.
- Collate and review current mechanisms for collecting feedback from people who have been through safeguarding across partner agencies, considering how this information is used to effectively coordinate and deliver safeguarding arrangements.
- Using past MSP reports, research the approaches taken by other SABs or single agencies on engagement with people using services to produce a set of proposals for the SAB.

12. Appendices

APPENDIX A: Safeguarding Adults Board Membership & Attendance 2017 – 18

HMP Service Bedfordshire have recently joined the SAB as a partner agency and have attended SAB meetings to which they were invited.

Organisation	Number of Meetings Attended (4)
East London NHS Foundation Trust	4
Children's Board	2
Police	4
Ambulance	2
Fire	0
Bedford Hospital	4
Luton and Dunstable Hospital	1
Healthwatch Bedford Borough	3
Healthwatch Central Bedfordshire	3
Clinical Commissioning Group	4
POHWER Advocacy	3
Community Safety	1
Probation	4
HMP Service	2(2)

APPENDIX B: SAB Business Plan 2017-2019

	Action	Outcome	Steps Required	Timescale and progress	RAG Progress at May 2018
1.1	Develop and implement a SAB dedicated website	Accessible website is available which provides public visibility of safeguarding and also provides space for sharing of professional material between partners and agencies.	New website to be commissioned. Functionality/ specification to be defined and developed Initiate CBC procurement process	January 2019 (revised timeframe from September 2018)	Some work undertaken to determine key functionality. Research undertaken into websites used by other SABs Further progress dependent on appointment of SAB Business Manager
1.2	The SAB develops a programme of themed audits/reviews of key safeguarding issues to test effectiveness of arrangements	The SAB is sighted on the quality of practice across partners in delivering safeguarding, and is better able to identify areas where learning and development is required.	SAB to agree the schedule of themed audits. Set up meetings and venues to coincide with Operational Sub Group and SAB; publish a programme of themed audits to run through year.	September 2017 Complete	Complete
1.3	Single Agency in Depth Reviews to continue to be conducted regularly at Sub Groups to promote learning.		Ensure reporting to Ops Sub Group and SAB Develop timetable for Single Agency Reviews to be reported to Ops Sub Group		Complete, now part of business as usual
1.4	The SAB establishes a mechanism to regularly review priorities common to the LSCBs, CSPs, and HWBs.	A regular report comes to the SAB which sets out the priorities of all strategic partnerships and areas of joint working. SAB Members feel confident that they understand the local community, including its strengths and challenges	Establish a mechanism in Bedford to regularly review priorities common to SAB, LSCB's, CSP's and HWB's. Ensure relevant community profiling activities undertaken by partner agencies are shared with SAB for information and action Liaise with the CSP analysts to explore possibilities for sharing community profiling and other data.	September 2018	Awaiting date for annual strategic Chairs meeting. Increase share of information and data across partnerships.

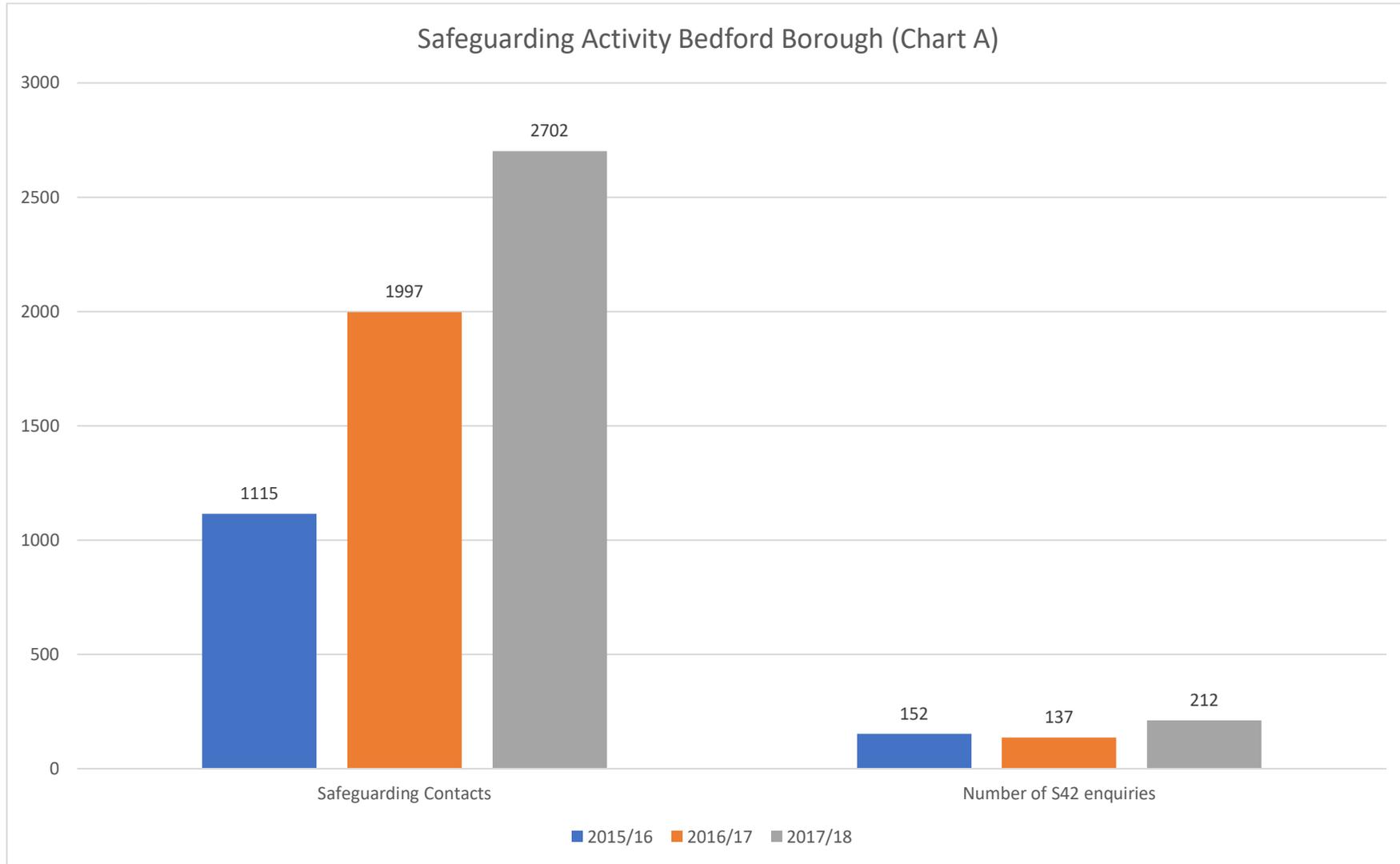
	Action	Outcome	Steps Required	Timescale and progress	RAG Progress at May 2018
1.5	Work towards a multi-agency approach to safeguarding training and improving understanding of gaps and emerging topics	The SAB is better able to determine where there are gaps in current training and to identify where there is a need for additional multi agency training.	Complete, analyse and report on the staff confidence survey. SAB to decide whether the confidence questionnaire is distributed beyond the SAB members organisations	June 2017 Complete June 2017 Complete	Complete
1.6	To develop an annual multi-agency safeguarding requirement for safeguarding training and improving understanding of gaps and emerging topics	Capture an annual training plan Focus on the areas that we need on a multi-agency level	Continue to collect data on provision of safeguarding training across partner agencies by updating the current programme through the bi annual pan Bedfordshire sub group Work with Luton BC to scope potential for a multi-agency training programme	September 2018	Aim to produce an annual multi-agency training/learning programme.
1.7	A SAB dataset is developed that collates relevant information via agreed outcome statements to support the SAB to understand local issues.	The SAB has a dataset that provides a ready insight into the current activity and performance in the delivery of safeguarding both current, and over time. Through this it is able to interrogate areas of variation or concern. The dataset signposts to areas of good practice and concern, and proposes action and further activity, enabling SAB Members to have a good understanding of performance across the local area	Refine the current draft dataset to key areas for the SAB Present draft report to the SAB for approval Develop routine methodology and schedule for following up and interrogating data so as to inform quarterly reporting to the SAB and operational sub group. Prepare quarterly reports of the dataset to the SAB, including progress, areas of concerns, trends and direction of travel Work with Luton BCI to scope potential for a cross SAB approach to data collection	June 2017 Complete June 2017 Complete April 2019 Under development/ongoing April 2019	Improvements have been made to quality and comparability of data being reported to the SAB. More work required to further define data requirements.

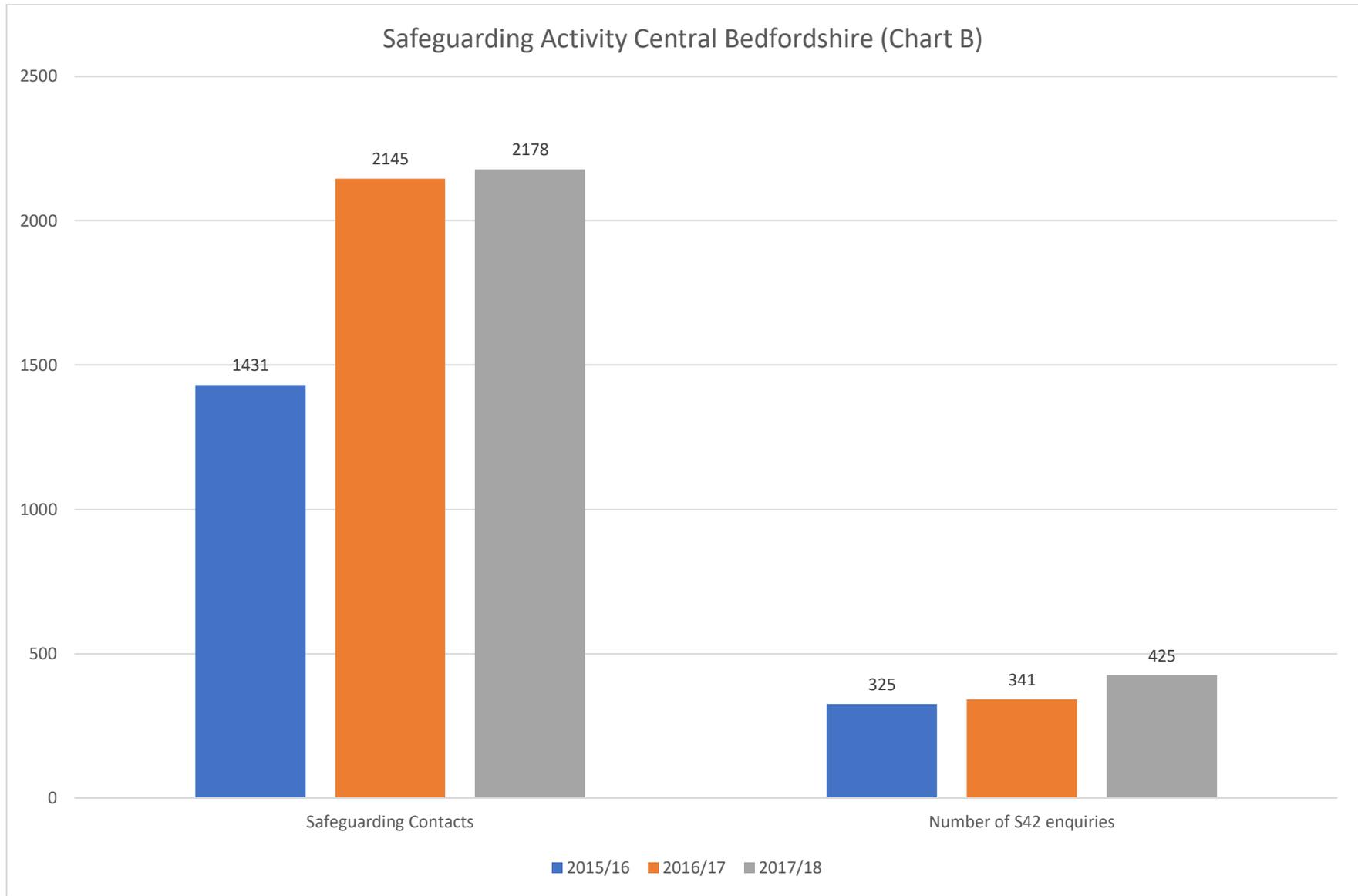
	Action	Outcome	Steps Required	Timescale and progress	RAG Progress at May 2018
2.1	Develop the SAB's knowledge of working with high risk issues in the community	<p>The SAB develops a greater understanding and oversight of the risks faced by vulnerable groups.</p> <p>The SAB develops a greater understanding of the risk of exploitation of people with care and support needs</p>	<p>Maintain SAB involvement in the development and implementation of the VARAC.</p> <p>Conduct an engagement exercise with housing providers and local housing forums to establish gaps in knowledge, local intelligence and planning. Produce a report for the SAB with recommendations to further develop the interface with housing services.</p> <p>Develop intelligence on and staff awareness of people with care and support needs affected by Domestic Abuse, Modern Slavery, and Cuckooing/ County Lines. Analyse existing data in these three areas to identify themes and patterns in reporting and response. Compare with national data and themes. Produce a report for a thematic SAB meeting which focuses on the safeguarding data as well as good practice across partner agencies. Invite member organisations to prepare and contribute to a thematic SAB meeting on this area.</p>	<p>September 2017</p> <p>December 2018</p> <p>June 2018</p>	<p>Focus of June 2018 Board meeting</p>
2.2	Develop the SAB's knowledge of safeguarding quality in the care market	The SAB develops a greater understanding of the current risk associated with the care market and its implications for safeguarding adults.	Analyse existing data relating to adult social care providers to identify themes and patterns in reporting and response. Produce a report for a thematic SAB meeting which focuses on the safeguarding data as well as good practice across partner agencies. Invite member organisations to prepare and contribute to a thematic SAB meeting on this area	June 2018	<p>Partners have reported to Board meetings on issues around quality and fragility of care market.</p> <p>Assurance that systems are in place to oversee quality issues.</p> <p>Access to appropriate care currently not compromised by market fragility factors.</p>

	Action	Outcome	Steps Required	Timescale and progress	RAG Progress at May 2018
2.3	Develop the SAB's knowledge of safeguarding end of life.	CCG to focus on palliative care strategy and safeguarding implications,	Focus on end of life care. Undertake a themed review of end of life care safeguarding cases. Produce a report on themes and learning. Invite commissioners and Better Care Fund leads to present to the SAB on developments in end of life care provision.	January 2019	Scheduled for Jan 2019 Additional questions identified for exploration: <ul style="list-style-type: none"> - arrangements for review and safeguarding of CHC funded patients - How many CHC patients are funded out of area and mechanisms for reviewing those?
	Develop the SAB's knowledge of safeguarding young people moving into adulthood.	SAB develops a greater understanding and oversight of the risks faced by young people who have experienced abuse as children and who may continue to be at risk as adults. Input from LSCB on how young people transitioning into adulthood is tackled.	Review transition pathways in relation to young people who have been victims of serious abuse such as CSE or domestic abuse Invite Luton BC to present to the CBC and BBC SAB on the progress of the integrated MASH.	December 2018 December 2018 December 2018 December 2018	Scheduled for future Board meeting Additional questions identified for exploration: <ul style="list-style-type: none"> - Are special needs schools, and children's disability services aware of adult safeguarding? - How are young people without specific care and support needs leaving children's social care services safeguarded as young adults? - Where does the safeguarding responsibility lie for care leavers aged 18-25? Are Leaving care teams equipped to undertake section 42 enquiry, are there training needs?
2.5	SAB leads on agencies' responses to safeguarding issues related to people in positions of trust	Confidence and competence in dealing with safeguarding issues related to people in positions of trust is boosted. SAB is reassured agencies are able to take appropriate action in respect of their staff who are implicated in safeguarding concerns	Develop lessons learnt from recent cases involving people in positions of trust by audit. Identify what actions partners take from abuse within their organisations. Review national guidance and develop a local policy and procedure.	December 2018 December 2017	Possible audit sub group Complete

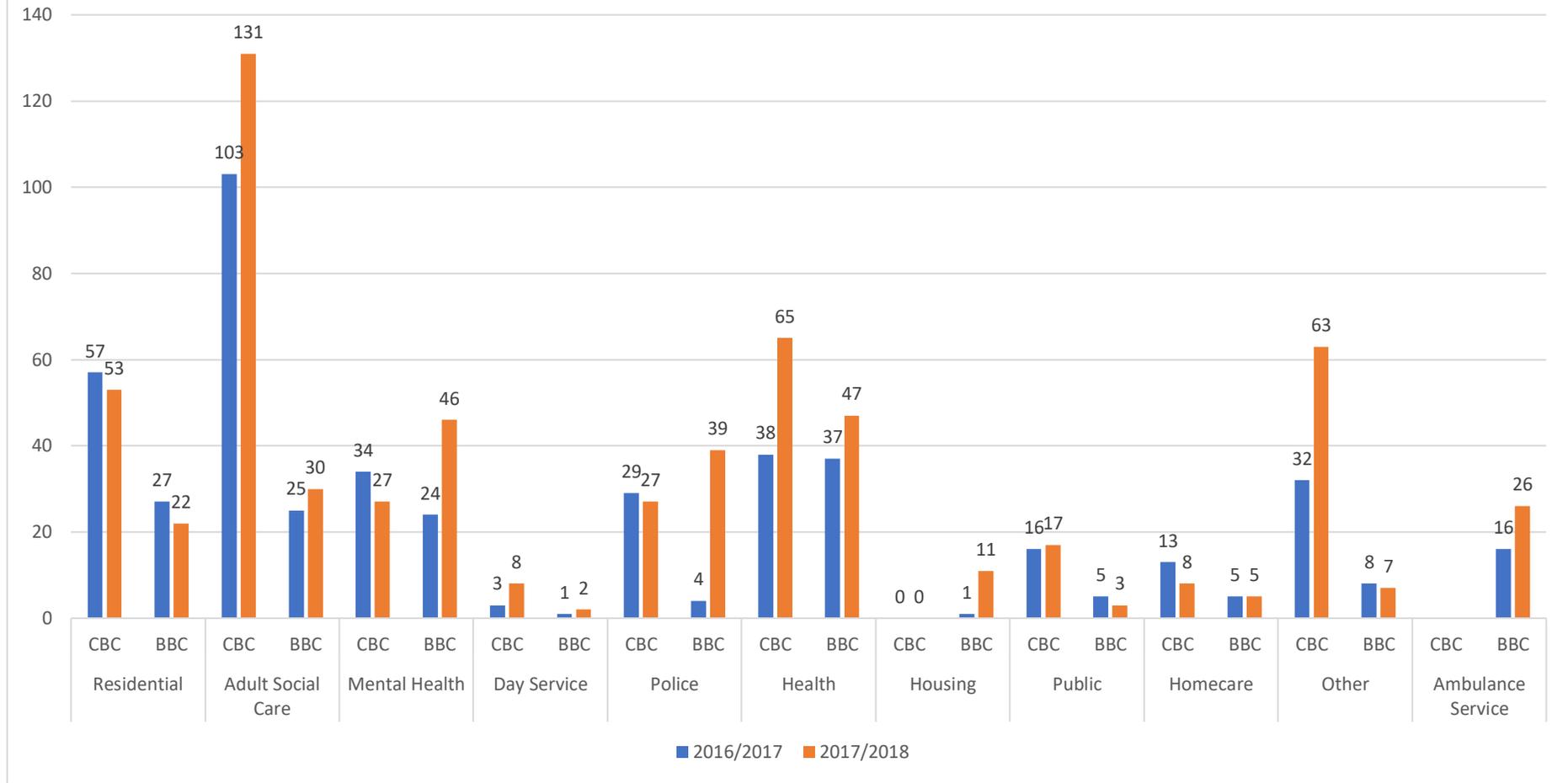
	Action	Outcome	Steps Required	Timescale and progress	RAG Progress at May 2018
3.1	SAB member organisations to take stock of progress in embedding personalised responses to safeguarding situations	The SAB is confident that its members understand personalised responses to safeguarding situations and are taking steps to address risk adverse cultures where they persist.	Undertake making safeguarding personal stock take or self-assessment. Produce a report for a thematic SAB meeting which focuses on safeguarding intelligence as well as good practice across partner agencies. Invite member organisations to prepare and contribute to a thematic SAB meeting on this area.	September 2018 September 2018	MSP Conference held in Nov. Workshops addressed what was needed to work in a personal centred way. Ongoing audits. MSP Stocktake – SAB Development Day.
3.2	SAB to consider strategies and approaches used to 1. support front line staff in person-centred methods for working with risk and 2. support staff to enable a shift in culture	The SAB is confident that staff working in safeguarding or high-risk situations have the tools and skills to respond in a personalised way.	Collate and review current mechanisms, such as toolkits, policies and procedures, quality improvement projects and pilots in use across the partnership to assess the degree of support currently in place Undertake survey with staff to understand how they approach working with risk. Produce a report to assist the SAB in considering a partnership wide approach to risk enablement, building on lessons learnt from the VARAC and other multi agency risk assessment approaches.	December 2018 September 2018 September 2018	
3.3	SAB to consider how partner agencies meaningfully engage people using services and vulnerable members of the public in planning and shaping safeguarding services.	The SAB has greater visibility to discharge its functions in co-production with people who use services, their representatives and members of the public.	Collate and review current mechanisms for collecting feedback from people who have been through safeguarding across partner agencies, considering how this information is used to effectively coordinate and deliver safeguarding arrangements. Using past MSP reports, research the approaches taken by other SABs or single agencies on engagement with people using services to produce a set of proposals for the SAB.	December 2018 December 2018	

APPENDIX C

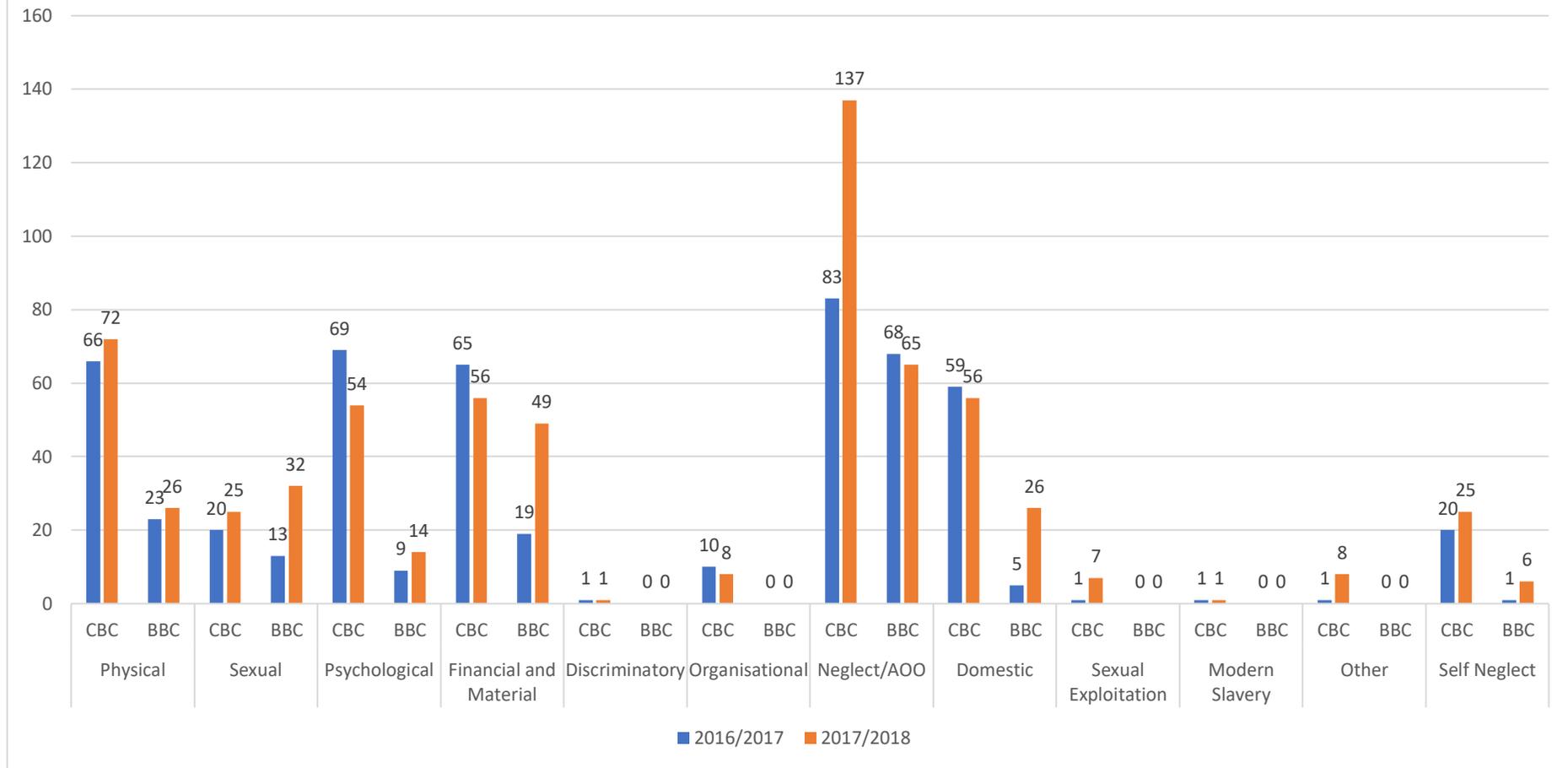




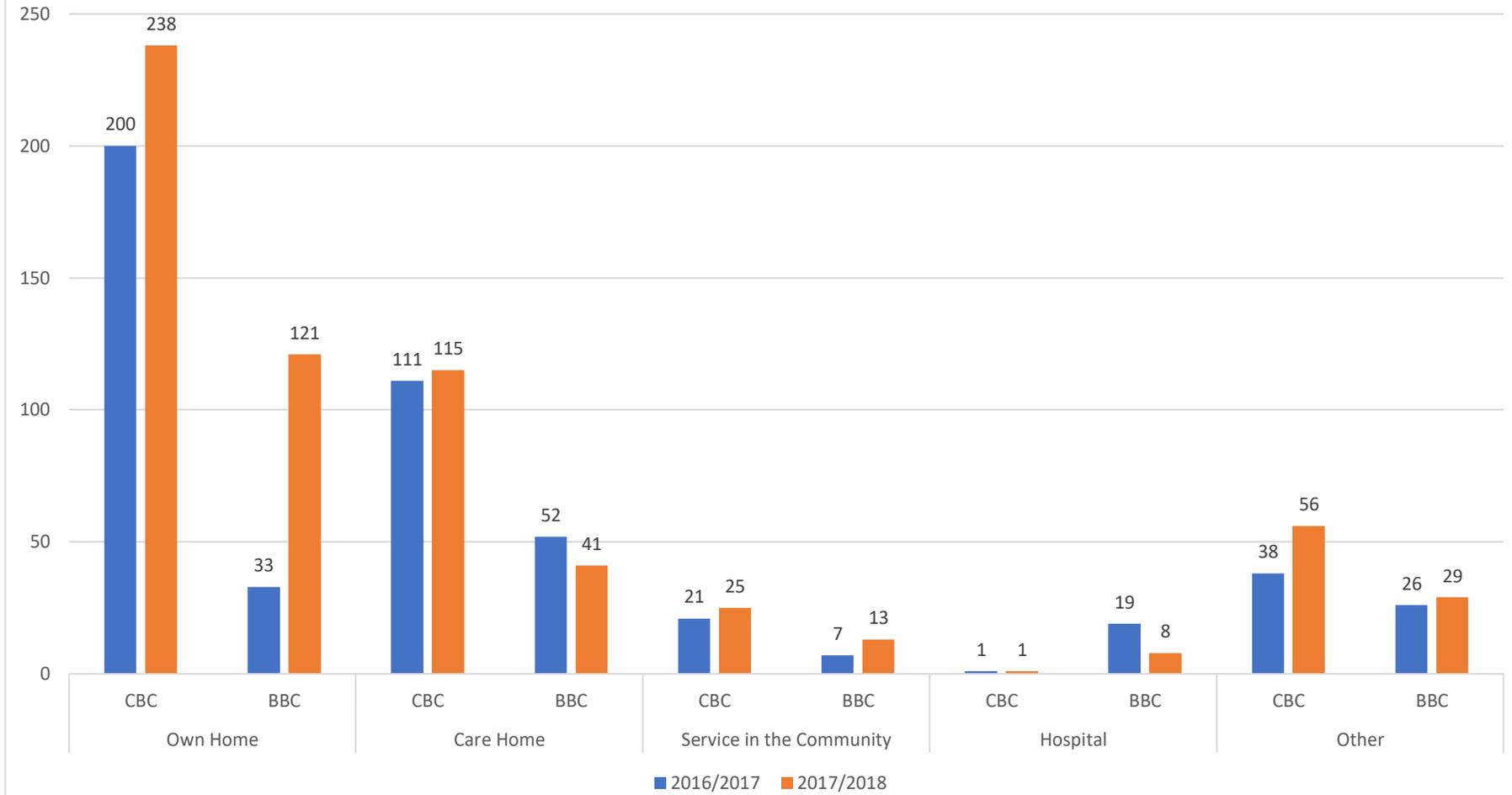
Number of Section 42 Enquiries by Referral Source (Chart C)



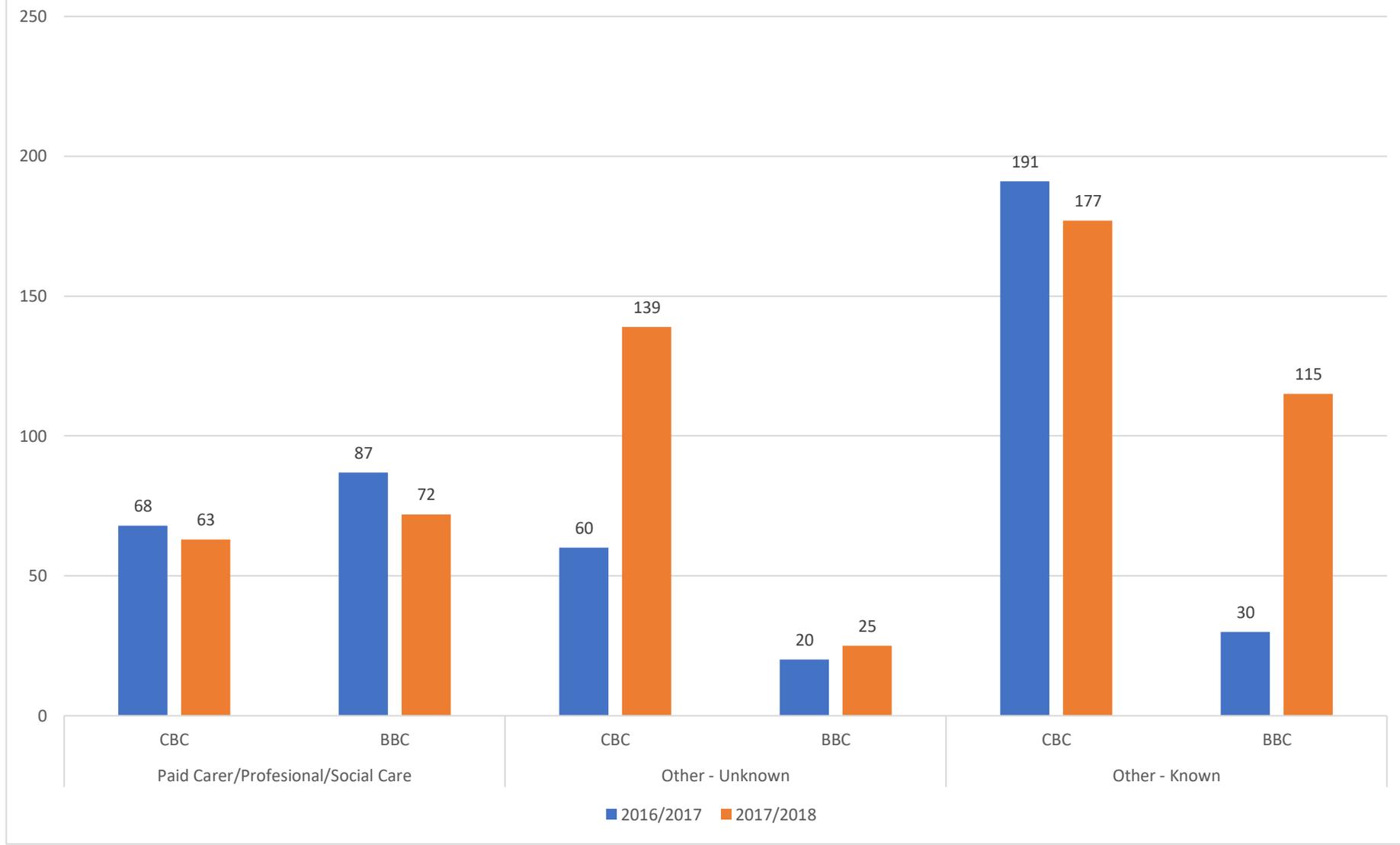
Number of Section 42 Enquiries by Type of Abuse (Chart D)



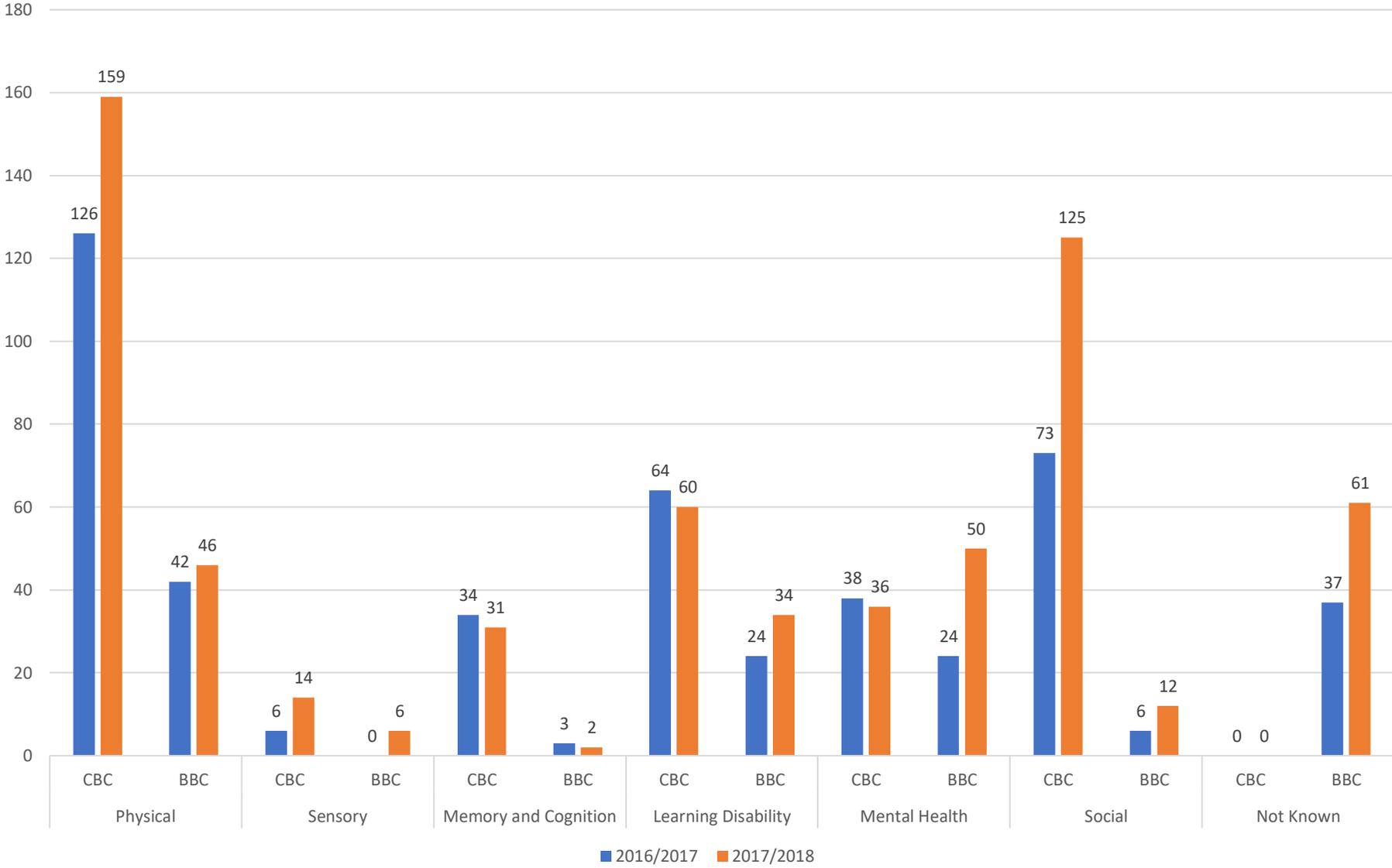
Number of Section 42 Enquiries by Location (Chart E)



Number of Section 42 Enquiries by Person Causing Harm (Chart F)



Number of S42 Enquiries by Support Need (Chart G)



Central Bedfordshire Council

Social Care, Health and Housing, Overview and
Scrutiny Committee

Monday 26th November
2018

The Future of Ampthill Day Centre for Older People

Report of: Cllr Carole Hegley, Executive Member for Social Care,
Health and Housing
(carole.hegley@centralbedfordshire.gov.uk)

Responsible Director(s): Julie Ogley, Director of Social Care, Health and Housing
(julie.ogley@centralbedfordshire.gov.uk)

This report relates to a decision that is Key

Purpose of this report

To consider the outcome of the consultation into the future of the Ampthill Day Centre and make recommendations to a future meeting of the Executive.

RECOMMENDATIONS

The Overview and Scrutiny Committee is asked to:

1. To consider the outcomes of the public consultation on the options for Ampthill Day Centre.
2. Provide its views and recommendations which will be communicated to the Executive before it makes a decision on the future of Ampthill Day Centre.

Issues

Background

1. At its meeting on 7th June 2016 the Executive approved recommendations set out in a report on the Day Offer for Older People and Adults with Disabilities. The report described the current offer provided, challenges and opportunities facing this service area whilst acknowledging the important contribution that day services make in supporting vulnerable adults and their carers. It proposed a two-phase approach to the development of a new Day Offer for these customer groups.

2. Phase 1 of the project was designed to develop key components and principles which would apply to any future Day Offer whether commissioned externally or provided for in-house. This was achieved by engagement with customers, family carers and centre staff and adopting a co-production approach. Following a period of formal consultation, these resulting key components and principles were agreed by Executive on 4th April 2017. These state that the Day Offer will:

Key components

- 2.1. Meet customer outcomes for social interaction, physical activity and mental stimulation
- 2.2. Meet carer outcomes for respite and peace of mind
- 2.3. Meet customers' care and support needs

Principles

- 2.4. Promote and maintain independence in a way which is personalised, flexible and responsive
 - 2.5. Promote learning in a stimulating and supportive environment
 - 2.6. Deliver greater partnerships with the local community
 - 2.7. Maximise the use of community facilities that can be accessed by older people and adults with disabilities.
3. Further details can be found in Appendix 1 - The Day Offer for Older People and Adults with Disabilities in Central Bedfordshire. These key components and principles are expected to apply to any proposed changes to the Day Offer in the future.
 4. Executive also approved the commencement of Phase 2, whereby specific centres would be reviewed using a framework set out in the report. It is expected that all Day Centres will be reviewed over the next 4 years.
 5. The first centre to be reviewed was Ampthill Day Centre for Older People. This day centre has been in operation for over 40 years and is outdated as well as oversized for the number of customers that attend. The catchment area of the centre covers West-Mid Beds and extends to an approximate area between Marston Moretaine in the north and Barton-le-Clay in the south and Woburn in the west and Shefford in the east.
 6. A project team was formed, and work commenced to investigate the options available. In order to test potential options and ensure they meet the agreed components and principles, the Council piloted running day services from alternative venues, including in sheltered housing schemes and at Silsoe Horticultural Centre. This enabled the development of options for the future of Ampthill Day Centre.
 7. The 4th August 2018 Executive meeting approved the commencement of a public consultation on the options for the future of Ampthill Day Centre and requested that the outcome of the consultation was reported to a future meeting.
 8. The Council reviewed a number of options which are laid out in the consultation documents, see Appendix 2. Appendix 3 to this report also provides additional detail and an appraisal of the options considered. The preferred option, which is considered

to deliver the greatest overall benefits, is to offer a day service to be run from alternative venues and to close Amphill Day Centre, this model is referred to as the 'hub and spoke'.

9. The Council have evaluated a range of community venues including sheltered housing schemes run by Grand Union Housing Group. The proposed option would use a main day 'hub' based at Silsoe Horticultural Centre which is an existing Central Bedfordshire Council run day centre for adults with learning disabilities. This would operate from Monday to Friday (as current) and continue to be used as a base for adults with learning disabilities as well as accommodating a day service for older people. There would also be several 'spokes' using community venues which would run alongside the hub. Thus, the proposed service would operate from Silsoe Horticultural Centre and one community venue every weekday. The proposed alternative venues are shown in Figure 1.

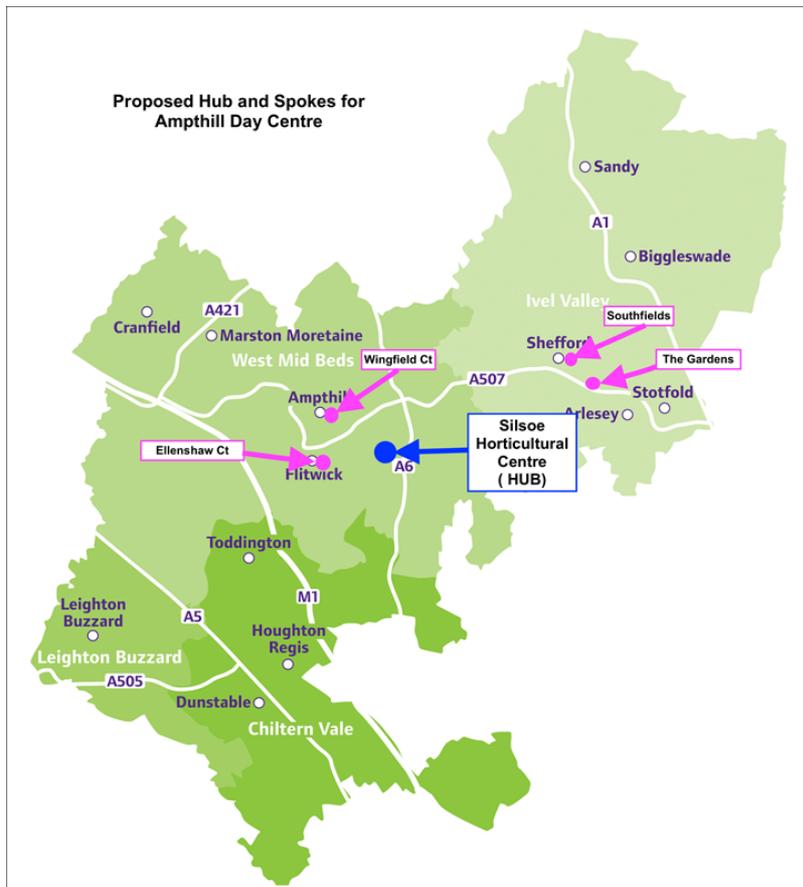


Figure 1 – Map of Central Bedfordshire showing the proposed alternative venues to Amphill Day Centre

10. The preferred option meets the key components and principles agreed in Phase 1 and this is evidenced in the background paper 'Day Offer Pilot Evaluation Report'.
11. The 'hub and spoke' option set out in paragraph 9 would replace the service currently being delivered at Amphill Day Centre and this centre would then close.

Consultation Process

12. A 12-week consultation process was undertaken. This started on 14th August 2018 and ran until 12th November 2018. This report sets out the findings of the consultation, based on results available at the time of writing.
13. Following the engagement with customers, their relatives or representatives and centre staff that had taken place in phase 1 of the project, representatives from these groups were invited to take part in a co-production group. This group included officers from the Council's project team, carers and representatives from a variety of independent organisations. The group continued to meet during the consultation period, making valuable contributions to the process.
14. The consultation papers and questionnaire were published on the Council's website on 14th August 2018. The consultation was also advertised on the Council's social media platforms and sent out as an e-bulletin to those on the Council's consultation mailing list. All customers of Amphill Day Centre, their relatives or representatives, Amphill Day Centre staff and other interested parties received a consultation pack which included the 'Have Your Say on the Future of Amphill Day Centre' document which provides an overview of the proposed Future Day Offer, the 'Options Considered' paper, and a consultation questionnaire. All of the consultation papers were also made available on the Council's website. An easier read version of the consultation questionnaire and 'Have Your Say' documents were also developed and made available at the Amphill Day Centre and online. These are available as background papers.
15. Members of the project team contacted all 64 customers of Amphill Day Centre and invited them to individual meetings designed to help customers understand what the proposals might mean for them and provide reassurance about the process. Copies of the consultation documents, including the easier read versions, were available during meetings with customers, and customers were supported to help respond to the questionnaire when requested. For customers with a diagnosis of dementia or those that may require more support, a Social Worker met with them and carried out a mental capacity assessment to ensure that as many customers as possible could have their say about the proposals. An interpreter was provided for one customer whose first language was not English.
16. Consultation meetings were also offered to relatives and representatives either alongside, or separately to the meeting with the customer. These meetings were an opportunity to discuss the proposals in more detail and to answer any questions that arose. In total all 64 customers were invited to a consultation meeting, with 49 customers attending. Relatives were also contacted unless requested not by the customer. 29 relatives attended meetings.
17. Customers at Silsoe Horticultural Centre were invited to a meeting with an independent advocate to discuss how the proposals might impact on them and their day centre. Relatives or representatives for each customer were also invited to an engagement meeting to discuss the proposals, with two relatives accepting this offer and one attending.
18. During the consultation period customers who hadn't previously participated in the pilots were given the opportunity to visit Silsoe Horticultural Centre, so they had the opportunity to view one of the possible alternative venues. This could help those customers to better understand the proposed option.

19. During the consultation period, a Consultation Update report was sent to customers, their relatives or representatives and other interested parties. This set out the consultation activity to date and answered the most common questions asked during the process so far. This document appears as Appendix 4.
20. Additional stakeholders and organisations were also contacted directly and invited to respond to the consultation. This included organisations who use the centre during the evenings and at weekends.
21. An Equality Impact Assessment (EIA) was completed ahead of the consultation and this is available as Appendix 6. This will be reviewed and updated following the Executive's decision. If the preferred option is approved, the EIA will be kept under review and further updated as required.

Consultation Response

22. At the time of writing this report, only interim consultation results were available. The Overview and Scrutiny Committee will be provided with the full results to be presented to Executive as Appendix 5. Comments in the following paragraphs relate to the interim results.
23. At the time of writing, the Council had received 61 responses, some 56% of respondents were day centre customers, 26% were relatives of carers using day services, and the remainder were other respondents including provider organisations or staff.
24. Comments received covered a variety of areas however a key theme that emerged was that 21 respondents expressed a preference about the 'hub and spoke' model. Nine respondents stated that they would prefer for Ampthill Day Centre to remain as it is. A further 11 respondents expressed a mixed opinion and gave benefits of both remaining at Ampthill Day Centre and moving elsewhere in their consultation response. Further details of the responses are available in Appendix 5 (to follow).
25. 46% of respondents said that they thought the Council had evaluated all the options correctly although 39% of respondents said they did not know whether the options had been evaluated correctly. Further details of the responses are available in Appendix 5 (to follow).
26. Other respondents recognised that if the proposed model could save the Council money on running costs then that would be a good thing. The Council is committed to delivering an option that delivers the key components and principles set out in Phase 1 and this has been the primary focus throughout the process.
27. Almost half of respondents said they thought the Council did not need to investigate any of the proposed options further. Of the 24% that thought further investigation of these options was required, some respondents said they thought the Council could renovate the existing building and promote it more widely so that it can be utilised by a range of people. Two respondents also said they thought there should be more work to investigate how the proposed model could impact on people with dementia.
28. A number of respondents highlighted that provision of transport would be important to them if the preferred model is agreed. Some customers said they did not want to travel too far whereas others were quite happy to travel a little further as long as they were

enabled to attend. Further details of the responses are available in Appendix 5 (to follow).

29. Friendship groups and socialisation was also identified as important. Some customers reported that they enjoyed meeting the tenants of the sheltered housing schemes during the pilots.
30. Effective communication was noted as important by 13 respondents when asked how the Council could successfully manage a transition period. Several respondents highlighted that they were pleased with how the messages had been communicated to them so far and found that one-to-one consultation meetings were helpful.
31. The full results of the consultation along with the Council's response to the issues raised appears in Appendix 5 to this report (to follow).
32. In response to the matters raised by the consultation, the proposed option, if agreed, would be improved as follows:
 - 32.1. Facilities at Silsoe Horticultural Centre would be adapted to create more capacity to allow for current and future needs. A risk assessment has been carried out and appropriate security measures designed to ensure customer safety remains a priority.
 - 32.2. Further upgrading of the toilets would be carried out to cater for a wider range of customers.
 - 32.3. Access to the site would be improved to create more space for transporting customers as well as parking for the public.
 - 32.4. Consideration of a further, relatively small amount of capital investment, should the preferred option proceed, would have the potential to increase the accessibility to the service by customers enabling a greater number to take advantage of the Silsoe Horticultural Centre and its facilities.
 - 32.5. The preferred option places additional emphasis on providing opportunities for a wider range of activities and integration with adults with disabilities at Silsoe Horticultural Centre and other older people in the community settings.
 - 32.6. The Council and Grand Union Housing Group, who operate the sheltered housing schemes would work together to provide a suitable environment for both our customers and their tenants.
33. In addition, it was noted by the co-production group that:
 - 33.1. Friendship groups should be maintained as much as possible with sufficient capacity to provide for those people who need a consistent venue.
 - 33.2. Opportunities to offer self-funders access to services and future activities should be explored in the future.

Delivery of changes to existing services

34. Should the preferred option be agreed, it is expected that transition to the new day service model would be gradual and involve:

- 34.1. A staff consultation period
- 34.2. Further individual meetings with customers and their relatives or representatives to discuss next steps
- 34.3. A transitional approach which will include further visits to alternative venues to promote familiarity ahead of a permanent move
- 34.4. Further exploration of activities that could be delivered in the new hub and spokes

35. Under the preferred option, it is expected that closure of the Ampthill Day Centre would take place 3 to 4 months after agreement by Executive.

36. It should be noted that whilst these changes would provide a sustainable service for older people in West Mid Beds, the development of new extra care and care home facilities planned for the locality in the next two to three years should offer further opportunities to develop and enhance day services.

Council Priorities

37. The proposed action supports all the Council's priorities, listed below:

- Great resident services
- Protecting the vulnerable; improving wellbeing
- Creating stronger communities
- A more efficient and responsive Council

Corporate Implications

38. Whilst the staff who deliver the Council's day services are managed through the Social Care, Health and Housing directorate there is considerable involvement of staff from other directorates such as Community Services which manages the transport arrangements and the repair and maintenance of the buildings. Changes to services may well have impacts on these areas.

39. Steps have been taken to involve staff and managers from these areas in work thus far and this will continue.

Legal Implications

40. The Care Act 2014 confers on the Council the duty to meet the care and support needs of eligible people either by commissioning services from independent organisation or by providing the service directly. The Council's day services form part of this provision. The Care Act also places duties on the Council to carry out an assessment of any carer's needs, which may include taking part in education, training and recreation.

41. Where a Council is contemplating changes to care and support services it has a public law duty to consult with those who would be affected and there is clear guidance and precedent about how consultation should be conducted and the part they would play in future decision-making.

42. Central Bedfordshire Council has a duty under the Human Rights Act 1998 to ensure that its actions are not incompatible with the Rights under the European Convention on Human Rights, 'The Convention'. The Council will therefore need to consider whether the proposed Day Offer is likely to breach any of the service user's rights under Articles 8, 3, and 2. If the decision is likely to breach the Convention, the Council will need to explore any particular facts and determine if such a breach is proportionate and justified.

Financial and Risk Implications

43. The proposed hub and spoke model has initial implications in terms of staffing. However, the extra cost of running 2 bases will be mitigated by the hub offering a service both to older people and adults with disabilities. This will provide some potential efficiencies in terms of deploying staff more effectively. As the spokes develop it is also envisaged that there will be opportunities to develop the role of volunteers thus reducing costs. These variances are able to be managed within existing budgets.

44. In terms of assets the proposed model does deliver efficiencies as the new service will be using an existing building. This will incur some additional utility costs in the hub and rental costs for the spokes but deliver considerable savings by closing the existing centre. The proposal also means that the Council will not incur ongoing capital costs associated with any older building.
45. No significant unmanaged risks have been identified. A project management approach has been taken to manage the process so far which includes the identification, assessment, mitigation and management of risks associated with the activities.

Equalities Implications

46. Central Bedfordshire Council has a statutory duty to promote equality of opportunity and have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
47. An Equality Impact Assessment (EIA) has been completed as part of the development process, and it is available as a background document. Members should read and consider the EIA before coming to a decision on the recommendations in this report.
48. The EIA has identified that the main protected characteristics that define users of day opportunities are age and disability. A change to existing day centres and day opportunities could therefore have the potential to have a disproportionate effect on these groups, especially people that are older, have a physical disability, have a learning disability, dementia, autism and those suffering from anxiety or depression.
49. However, it is also recognised that the Day Offer's key components and principles provide a good basis for the development of personalised services that meet both carers' and clients' needs. As part of this process the EIA has highlighted that consideration should be given to ways of designing services that:
- 49.1. Reflect individual preferences as to how care and support needs can be met.
 - 49.2. Maximise stability and familiarity where appropriate to help those with the transition to new services.
 - 49.3. Maintain friendship groups.
 - 49.4. Ensure there is a specific carer's offer for each service.
50. The EIA will be regularly reviewed and it will be updated prior to any future decisions of the Executive about changes to services or individual centres.

Implications for Work Programming

51. As set out in paragraph 36 there is a need to ensure that reviews of centres and any agreed changes are timetabled to take account of other development plans.

Conclusion and Next Steps

1. From the consultation feedback available at the time of writing, it is clear that while there are some understandable concerns about a move away from a long-standing centre, there are a significant number of responses that speak of the proposed 'hub and spoke' model favourably and could identify the benefits of this. The hub and spoke model offers variety and opportunity that isn't deliverable at the Ampthill Day Centre and reduces risk of temporary closures due to building issues.
2. The Council is committed to providing the investment required for the more intensive use of Silsoe Horticultural Centre should the preferred option go ahead, ensuring that it is capable of delivering great services for customers. It will be recommended that the preferred option, the delivery of a hub and spoke model and subsequent closure of Ampthill Day Centre, be approved by the Executive.
3. The Committee is asked to consider the outcome of the consultation and to make recommendations which will be incorporated into a report to a future meeting of the Executive.

Appendices

- Appendix 1:** The Day Offer for Older People and Adults with Disabilities in Central Bedfordshire
- Appendix 2:** Have Your Say on the Future of Ampthill Day Centre
- Appendix 3:** Options Considered for the Future of Ampthill Day Centre
- Appendix 4:** Ampthill Day Centre Consultation Mid-Point Update Report
- Appendix 5:** Consultation Report on the Future of Ampthill Day Centre
- Appendix 6:** Equality Impact Assessment

Background Papers

- (i) Pilot evaluation report
- (ii) Easy read versions of consultation documents

Report author(s): Tobin Stephenson

Head of Meeting the Accommodation Needs of Older People

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Appendix 2

Central Bedfordshire Council

The Day Offer for Older People and Adults with Disabilities in Central Bedfordshire

1. Scope of the Day Offer

Central Bedfordshire Council is committed to offering a wide ranging day offer to older people and adults with disabilities focussing on those who are assessed as having eligible care and support needs. The overall aim is to secure better outcomes for current and future customers within Central Bedfordshire, encompassing older people and adults with disabilities, which includes people from the age of 18 with a physical and/or learning disability.

Typically day opportunities and day services are terms used to describe a range of activities and support services. Day Services are delivered outside people's own homes and are generally building-based, and include day Centres. Central Bedfordshire Council directly provides eight day centres. Five of these are for older people and adults with physical disabilities and three for people with learning disabilities. The term 'day opportunities' is generally used to describe other day activities which may or may not be building-based, and although commissioned by Central Bedfordshire are delivered by other providers. Customers may access such services through personal budgets or direct payments. The day offer encompasses all of these.

2. New Day Offer:

The new day offer is based on the key components and principles outlined below. They have been developed following a period of engagement and formal consultation with current day centre customers, carers and wider stakeholders. These key components and principles will be used as a basis on which to commission and deliver services in the future. This will include the councils' own services. The offer takes into account best practice examples from other areas. Implicit in the transition from the current to the new day offer is the need to effectively manage council resources and deliver improved value for money whilst achieving the transformation objectives.

2.1 Key Components

These have been identified as important outcomes that should be achieved through a future day offer both for customers and their carers.

A. Meet customer outcomes for social interaction and physical and mental stimulation.

- i. The importance of the social aspects and maintaining social interactions with others in counteracting isolation is the major component for most customers.
- ii. For the adults with learning disabilities, it was clear that many had attended centres for a long time and had formed friendships that were important to them. However, some commented that they would also like to make new friends. Older people also developed friendships and enjoyed meeting the same people through regular attendance.
- iii. The routine was seen to be important for some people with dementia, and adults with autism, enabling them to maintain existing skills and abilities.
- iv. Meals were an important element in the current day especially for older people who live alone or for people with dementia. Carers felt this was a vital part of the day ensuring that people's needs for hydration and food were met.

- v. For adults with learning disability, the meals had a wider value in terms of attendees preparing basic snacks which gave them skills as well as a role to play.
- vi. The activities provided featured highly for both groups of attendees and carers, and was an area where it was felt more could be provided.
- vii. It was recognised that for some people anything new was daunting, so the chance to learn new skills needed to include the encouragement to try something new, promoting learning and enabling environments and positive risk enablement.
- viii. For adults with learning disabilities it was felt important to be able to learn new skills that could lead to wider opportunities including employment.
- ix. The belief that even those who have the most difficulty communicating and/or taking part in activities, or with behaviours that may challenge, still derive benefit from interacting with others in an environment where activity is taking place.

B. Meet carer outcomes for respite and peace of mind.

- i. Nearly every carer described the important respite role that services play in providing a vital chance to catch up with tasks or allow for personal space without the worry of caring.
- ii. Additionally, the importance for carers that services provide a safe environment where customers' care needs are being met.
- iii. Staff who were consistent and knew their loved one was also valued, especially where people had dementia, profound needs or lacked cognitive skills.
- iv. Carers expressed the need to improve communication between themselves and the service in the future, and some would be keen in taking part in activities in the centres alongside their loved ones.
- v. They also valued meeting other carers and interacting with staff at the centres as part of this process, being listened to and said they would like regular opportunities to continue meeting.

C. Meet care and support needs.

- i. It was recognised that care and support needs are increasing over time, necessitating well trained staff to deliver the care and support needed. For services for older people this includes training in dementia.
- ii. This included the provision of suitable facilities to cater for those with profound physical care needs and those with dementia.
- iii. The staff play a vital role in creating and maintaining a happy, friendly atmosphere.
- iv. The offer should be flexible and person-centred, recognising the wide spectrum of customers and carers needs, including their capacity.
- v. For frailer people, a local service to minimise time on transport was important. For others, transport didn't seem to be a problem as it enabled them to maintain ongoing friendships.
- vi. Widening the current Monday to Friday 9 to 4 offer should be considered, as we plan for future needs and aspirations.

- vii. The centres provide the opportunity to promote health and wellbeing and positive lifestyle choices, linking to wider health services.

2.2 Key Principles:

These have been developed based on the outcomes identified within the key components and provide an overarching set of principles through which the day offer should be delivered.

A. Promote and maintain independence in a way which is personalised, flexible and responsive.

- i. Encourage people to have choice, make decisions, feel involved and valued and able to make a meaningful contribution where able.
- ii. Have an individual focus with identified and agreed goals.
- iii. Recognise and respond to current and changing care and support needs.

B. Promote learning in a stimulating and supportive environment

- i. Create an ethos of continuous learning and improvement, by encouraging people to try new things and develop new skills, including life and employment skills.
- ii. Use a wide range of sensory stimuli.
- iii. Access a wide range of expertise to provide learning, including experts by experience (potentially customers) and external partners where required.
- iv. Pioneer the use of emerging technologies

C. Deliver greater integration and partnership with local communities

- i. Deliver opportunities as close to peoples homes as possible.
- ii. Utilise existing local services and support the development of new services.
- iii. Encourage involvement of a wider range of people including across generations and the community.
- iv. Develop opportunities that bring people together with a variety of needs and interests where possible and desirable.
- v. Deliver services in ways that integrate with NHS services.
- vi. Develop stronger links with voluntary sector and other partners in the local community.
- vii. Actively promote volunteering.

D. Maximise the use of community facilities that can be accessed by older people and adults with disabilities

- i. Where possible create dedicated space in facilities such as leisure centres, libraries, care homes and other community spaces.
- ii. Where possible day services should facilitate customers to access universal, non-specialist services.
- iii. Aim to use more local facilities.
- iv. Proactively work with planners and developers to ensure new developments are future proofed, integrated and can provide accessible and flexible community use.



have
your
say...

...on the future of Ampthill Day Centre for Older People

Find out more about the consultation process and how you can have your say on the future of Ampthill Day Centre

Find Central Bedfordshire Council online at



www.centralbedfordshire.gov.uk/consultations

**Central
Bedfordshire**

Why do we consult?

Councillors are responsible for making decisions for the Council. Holding a consultation gives those directly affected by a proposed decision the opportunity to have their say and influence the decision that is made. Those directly affected, community organisations and the general public are encouraged to review the proposals and feedback their opinions and ideas to the Council.

During the consultation process you can request further information, ask questions and request that the Council looks into alternative options that have not been identified.

All comments made during the consultation process are recorded. The Council will publish its response to these comments and this information will be considered by Councillors, so they can make an informed decision.

What we are consulting on:

Central Bedfordshire Council wants the best possible quality of life for all its residents and is committed to developing and enhancing day services for older people and adults with disabilities. The Council owns and operates seven day centres, four of which are for older people and the remaining three for adults with disabilities. The Council also operates a smaller hub for older people within Priory View in Dunstable.

In early 2016 the Council began the process of developing the future day offer for older people and adults with disabilities. This is a two-stage process and stage one involved agreeing Key Components and Principles¹ which outlined what the Council wants to offer day service customers and their relatives based on the feedback they gave.

Stage one of this project is now complete and the Council are now in stage two which involves looking at each of the seven centres individually. The Council has started this process by reviewing Ampthill Day Centre and have run several pilots trialing new activities and basing day services from alternative venues in line with the agreed Key Components and Principles.

The Council believes it can offer better opportunities to Ampthill Day Centre customers and is therefore consulting on the future of Ampthill Day Centre. Having reviewed a number of options for the future of the centre, the Council's preferred option is to offer alternative day service venues across the catchment area for all existing customers. This service would have a main 'day hub' or base with several 'spokes' in community venues more local to the people who use them. The Council would then close Ampthill Day Centre.

If you would like to take part in this or would like more information about what we are proposing for this service please see the information at www.centralbedfordshire.gov.uk/consultations or contact us using the details at the end of this document

Consultation Timetable

Key Date	Activity
20 th August 2018	Consultation opens
12 th November 2018	Consultation ends
4 th December 2018	Report to Executive for decision on the future of Ampthill Day Centre
14 th December 2018	Implementation of Executive decision

¹ [Consultation](#) on the future day offer 2017, [Components and Principles](#)

How we will consult

Everyone can respond to the consultation by reading this factsheet, which has a summary of the proposals, and completing the consultation questionnaire. There is more information in the document 'Options Considered for the Future of Ampthill Day Centre for Older People' which we encourage people to read before responding.

If you have any questions about the options, need more information or would like the Council to consider other ideas these would be welcome. The ways you can contact the Council are explained at the end of this factsheet.

For those people who are most directly affected by the proposal – customers at Ampthill Day Centre, their relatives and the staff who work there – we will organise meetings and events to enable everyone who wants, to participate in the consultation.

We will take special care to ensure that the customers who access day services at Ampthill Day Centre are consulted, without causing distress to those who may have difficulty understanding what is happening. We will discuss this with the people who know the customers best – their relatives and the staff at the centre.

For those customers who may need help, we will offer support through advocates provided by POhWER, an independent organisation, who will assist them to ensure that they can express their views.

The consultation activities with customers and relatives will be tailored to individual requirements and the options that will be offered include:

- Meetings held at Ampthill Day Centre for customers, relatives and staff - either in small groups or one to one.
- Meetings held in areas local to relatives for those who find it difficult to get to the centre.
- Communications via post or email to customers, relatives and staff to inform them of activities and the progress of the consultation.

In addition, members of the consultation team are available to meet with other individuals and organisations who would like to hear more about the proposals. Our contact details are at the end of this factsheet.

What the proposals are trying to achieve

A number of options in relation to the future of Ampthill Day Centre have been considered and evaluated against four important questions. These are:

- Improved quality of facilities/services – would the option improve the facilities and activities customers are able to access?
- Value for money – would the option represent good value for money– both in the short and longer term?
- Minimal disruption – what degree of disruption to the lives of current customers would result from the option in question and what will the impact of this be on their health and wellbeing?
- Key Components and Principles of the enhanced offer – would the option meet the Key Components and Principles agreed in 2017, summarised below?

Key Components:

These have been identified as important outcomes that should be achieved through day services for both customers and their carers.

- Meet customer outcomes for social interaction and physical and mental stimulation.
- Meet carer outcomes for respite and peace of mind.
- Meet care and support needs.

Key Principles:

These have been developed based on the outcomes identified within the Key Components and provide an overarching set of principles through which the day services should be delivered.

- Promote and maintain independence in a way which is personalised, flexible and responsive.
- Promote learning in a stimulating and supportive environment
- Deliver greater integration and partnership with local communities
- Maximise the use of community facilities that can be accessed by older people and adults with disabilities

The options we have considered

The Council has considered the following options:

- Do nothing – continue to run Ampthill Day Centre in its present form.
- Offer alternative venues for customers attending Ampthill Day Centre through the delivery of a ‘Hub and Spoke’ arrangement and close Ampthill Day Centre.
- Move customers to other Central Bedfordshire Council Day Centres and close Ampthill Day Centre
- Refurbish Ampthill Day Centre so it meets modern standards
- Commission an independent service and close Ampthill Day Centre.

These options are set out in more detail in the document ‘Options Considered for the Future of Ampthill Day Centre for Older People’.

How we have evaluated the options

In the table below, we have summarised how these options have been evaluated.

Outcomes	Options				
	Do nothing	Hub & Spoke	Move to alternative centre	Refurbish	Commission new provider
Improved quality of facilities/services	x	✓	x	✓	?
Minimal disruption for existing customers	✓	✓	x	x	x
Value for money	x	✓	✓	x	?
Meets Key Components and Principles of the enhanced day offer	x	✓	x	✓	?

Preferred option

Having considered these options for the future of Ampthill Day Centre, the Council's preferred option at this stage is to offer alternative venues across the catchment area for all existing customers. This would be delivered through a main 'Day Hub' and several smaller 'spokes' in community venues. The Council would then close Ampthill Day Centre.

This is the preferred option because:

- **Improved quality of facilities/services:** it would enable existing customers to access more personalised facilities whilst still meeting their care and support needs. Facilities would be integrated within the community therefore encourage growth of personal friendship networks and prevent isolation.
- **Minimal disruption for existing customers:** any change in day services would mean some disruption for customers, however during investigation of alternative day services the project team have fully involved customers from Ampthill Day Centre. The majority of customers have been involved in pilots so have already experienced what the hub and spoke model would offer including accessing services from alternative facilities. If those pilots become part of the final offer, there would be very little disruption for most Ampthill Day Centre customers. Where there may be others who have not been as involved in new activities, measures would be put in place to mitigate any risks to their health and wellbeing.
- **Value for money:** moving to the hub and spoke model and closing Ampthill Day Centre would mean the building running costs of the centre would be saved. The 'new' main day hub is already an existing service (Silsoe Horticultural Centre) which would be used more efficiently and effectively. The other facilities and potential future developments in the Ampthill area that could be used as 'spokes' would be in existing buildings that have available space or new buildings where the ability to offer day services would be only a part of the service offer. This would represent better value for money to the Council and council tax payers than the existing arrangements.
- **Key Components and Principles of the enhanced day offer:** development of a hub and spoke model of service would increase levels of social interaction and physical and mental wellbeing of customers and their carers by providing more personalised and local services. Delivering more services in the community with local people would enhance partnerships with local organisations and promote access to services across the area.

Although this is the preferred option we want to hear your views before coming to a decision. This is why the consultation process is so important.

Have your say

We want to know the views of current customers, their relatives and others who have an interest in the future of the day service at Ampthill Day Centre. We also want to understand what the positive and negative impacts will be on individuals and how we might best manage these issues.

This factsheet and a more detailed document - 'Options Considered for the Future of Ampthill Day Centre for Older People' are available on the Council's website and printed copies will be available on request.

You can ask us any questions or tell us your view through the methods on the next page. We are particularly keen to get your answers to the following questions:

- What are your views on the Council's preferred option?
- Do you think all options have been correctly evaluated?

- Are there any options listed that you think the Council should investigate in more detail?
- Are there any other options that you think the Council should consider that are not in the document?
- What could the Council do to minimise the impact of any changes on the existing customers at Amphill Day Centre?
- Do you have any further comments about the proposals?

For more information

- Visit our website for more information and complete our online questionnaire:
www.centralbedfordshire.gov.uk/consultations
- Email us at: day.offer@centralbedfordshire.gov.uk
- Write to us at: FREEPOST RSJS GBBZ SRZT (you do not need a stamp)
Day Offer Consultation
Central Bedfordshire Council
Priory House, Monks Walk
Chicksands, Shefford
SG17 5TQ
- For advocacy support contact: POhWER on 0300 456 2364 or pohwer@pohwer.net

The consultation is open until 12th November 2018

If you need information in alternative formats or languages...

Email: consultations@centralbedfordshirecouncil.gov.uk

Telephone: 0300 300 6609

Website: www.centralbedfordshire.gov.uk/consultations

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**Central
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Central Bedfordshire in contact

Contact us...

by telephone: 0300 300 8000

by email: customer.services@centralbedfordshire.gov.uk

on the web: www.centralbedfordshire.gov.uk

Write to Central Bedfordshire Council, Priory House,
Monks Walk, Chicksands, Shefford, Bedfordshire SG17 5TQ



have
your
say...

...On the Future of Amphill Day Centre

An update on Amphill Day Centre consultation

**Central
Bedfordshire**

Find Central Bedfordshire Council online at



www.centralbedfordshire.gov.uk/consultations

Amphill Day Centre

Consultation Update 12th October 2018

What we have done so far

Following the approval by the Council's Executive Committee on 7th August 2018 to consult on the future of Amphill Day Centre consultation documents have been sent out to customers, relatives and other interested parties. Since then the consultation team have been busy talking to customers, relatives and staff about the proposals and encouraging them to complete the consultation questionnaire.

Many customers and relatives have now spoken to or met Jenny, Sam, Rebecca and Claire in the consultation team who will be helping customers to contribute to the consultation.

Who we have consulted with

Along with the customers, relatives and staff, we have sent consultation information to the organisations listed below that all have a role in relation to Amphill Day Centre.

East London NHS Foundation Trust (ELFT) – part of the NHS that provides services to people with mental health needs including people with dementia.

Healthwatch – the national consumer champion in health and care. Healthwatch have significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

Amphill and Flitwick Town Councils

Carers in Bedfordshire – a registered charity existing to help family carers and former carers cope with the mental and physical stress arising from their role. They offer assistance such as practical help, advice, training, advocacy, support and information.

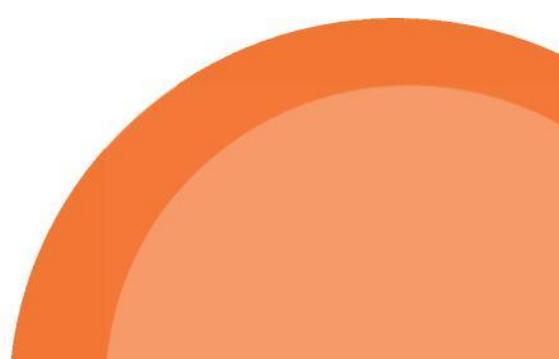
Age UK Bedfordshire – a local charity based in Bedford and operating through the whole of Bedfordshire and Luton for the benefit of all older people in the County.

Alzheimer's Bedfordshire – a charitable organisation providing information, support and services to people living with all types of dementia, their carers, family members, health professionals, and anyone else with concerns about their memory or that of someone else.

Older People's Network – an independent forum to improve the services Central Bedfordshire Council Provide for older people.

POhWER – a charity and membership organisation that provide information, advice, support and advocacy to people who experience disability, vulnerability, distress and social exclusion.

We have also sent consultation information to other organisations that use the day centre for other purposes or during out of hours.



Frequently Asked Questions

Below are some of the questions that we have been asked so far during the consultation by customers and their relatives.

What is meant by the 'Hub and Spoke' model?

The 'Hub' would be a day centre that is open every day between Monday and Friday. Although not limited to, this may suit those with higher care needs, or those who prefer the stability of the same place every time they visit. We think this would be Silsoe Horticultural Centre which is currently a day centre for adults with disabilities.

The 'Spokes' would be at venues across the local area on different days, however they would run from a different location on the same day every week. We think these would be communal lounges and dining rooms within sheltered housing schemes.

Would I be separated from the friends I have made at Ampthill Day Centre?

We understand the importance of friendships that are made at the day centre and would aim to maintain these where possible. If this is not possible for any reason then we would look at how we can help you continue these.

Jenny, Sam, Rebecca and Claire would discuss your friendships with you and try to make sure these are taken into account if a decision is made to close Ampthill Day Centre.

Would the days I attend change?

If a decision is made to close Ampthill Day Centre, Jenny, Sam, Rebecca and Claire would work with you to identify the days and venues most suited to you. We would try to accommodate your requests, but cannot guarantee the days you attend would remain the same.

Would we still have transport to the new centres and would we have to pay more?

We would discuss any changes to transport as part of the Assessor's review. We do not envisage any changes to transport fees.

Will I have to travel further?

We would work closely with transport colleagues to minimise the impact of change on customers as much as possible.

We hope that for many customers the day service they access would still be local to them, and may, in some cases, be nearer. For some customers however, it may mean a slightly longer journey time depending on which venue(s) they would be attending and the transport route.

Would the staff be made redundant?

If the decision is made to close Ampthill Day Centre then the Council would discuss any changes with the staff at Ampthill Day Centre. We would hope that all the staff would choose to remain with the service and that customers continue to receive support from staff they are familiar with.

Would the hub and spoke model require more staff?

This is something that the project team will work closely with the operations team to monitor. It is likely that more staff will be required to support this model.

What do you mean by accessible toilets?

An accessible toilet is designed to meet the needs of people with physical disabilities, limited mobility or inability to walk due to impairments. These toilets have more room than a standard toilet to enable assistance from staff and also have hand rails for support with sitting and standing.

A changing place is large enough to have a changing bed and hoist for those customers with higher needs who cannot transfer from a wheelchair.

Would I still have a hot lunch?

We anticipate that this will continue as we know how important a hot lunch is for our customers. We are looking into the ways that this can be offered at both the hub and spoke centres.

If I am not happy with the hub or spoke I am allocated to, would I be able to change venue?

The project team have been piloting running day services from alternative venues for smaller groups of customers to test how the 'hub and spoke' model works. The team are

also facilitating ongoing visits to different venues to give customers the opportunity to see what these places are like. We hope that being able to visit alternative venues could help familiarise customers with the new places and enable a smoother transition if the changes are agreed.

If the proposal is agreed then an Assessor would look at your care and support needs, friendship groups and other criteria to make sure your new location is right for you.

Independent advice and support

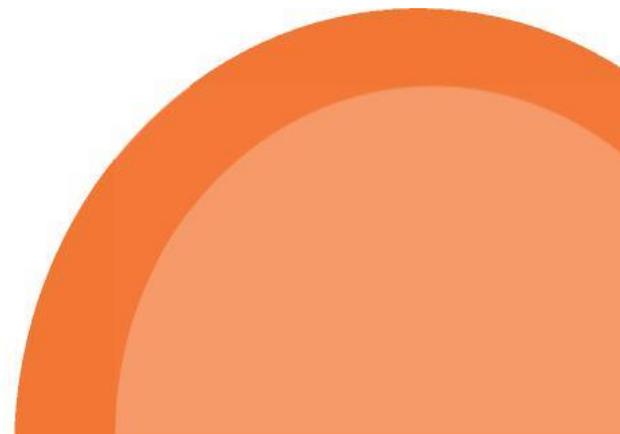
If you would like to speak to someone other than the Council, below are the contact details for two local independent organisations that would be happy to discuss the consultation with you.



Telephone: 0300 456 2370
Email: pohwer@pohwer.net



Telephone: 0300 303 8554
Email: info@healthwatch-centralbedfordshire.org.uk





Consultation Period and Decision Making

No decision about the future of Ampthill Day Centre has yet been made. Below is a timetable of the activity planned between now and a final decision being made;

Dates	Activity	Notes
20 th August to 12 th November 2018	Consultation Period	On 20 th August 2018 the Council published consultation documents. These outlined the options considered and the Council's preferred option for the future of Ampthill Day Centre. There is a questionnaire that people can fill in to respond to the consultation. A social worker and development officers are ensuring that all customers who want to participate in the consultation are supported in doing so. At the end of the consultation period the results will be published along with the Council's response to issues raised.
13 th November to 22 nd November 2018	Report writing	Completion of the Executive report which will contain information about the outcomes of the consultation and will make recommendations about the future of the centre.
4 th December 2018	Meeting of the Council's Executive	The Executive (made up of elected local councillors) will consider the report and make a decision based on the recommendations in it. This is a public meeting – anyone can attend. It is also broadcast live on the internet and a recording can be viewed afterwards. The report that the Executive will consider will be published on the Council's website on 22 nd November 2018.
4 th December to 13 th December 2018	Call In Period	The decisions made by the Executive on the 4 th December 2018 will be published two days after the meeting. Decisions made by the Executive can be 'called in' for reconsideration within five working days of the date they are published. In the event that the decision is not called in we would expect to be able to implement any recommendations from 14 th December 2018.

What happens next?

Claire is the team's social worker, leading the consultation meetings and along with Jenny, Sam and Rebecca is continuing to meet with customers and relatives. They are ensuring that all customers have their say in the consultation if at all possible and are encouraging customers to be involved.

Alongside Claire, Jenny, Sam and Rebecca, the other members of the consultation team will also continue to be available at Ampthill Day Centre on a regular basis to answer any questions you have.

If you haven't completed the consultation questionnaire we would encourage you to do so. You can do this by filling in the questionnaire by hand and posting it to us at the address below or by leaving it with Lisa, the manager at Ampthill Day Centre. Alternatively the questionnaire can be filled in online at www.centralbedfordshire.gov.uk/consultations.

If you need copies of the consultation documents or the questionnaire you can get them from the website. There are also copies in the day centre. If you want to be sent any of the documents please contact Rebecca Carr on the phone number below.

The closing date for consultation responses is Monday 12th November 2018. All responses will be reviewed and included in a consultation report that will accompany a report on the future of Ampthill Day Centre which will be considered by the Social Care Health and Housing Overview and Scrutiny Committee and at a meeting of the Executive in December 2018.

As soon as a decision is made by the Council's Executive we will inform customers, relatives and staff.

Meet the consultation team

The consultation team consists of (left to right) Jenny, Sam, Claire, Rebecca and Mel.

You can expect to see them in the centre and can contact any of them via Rebecca using the details below.

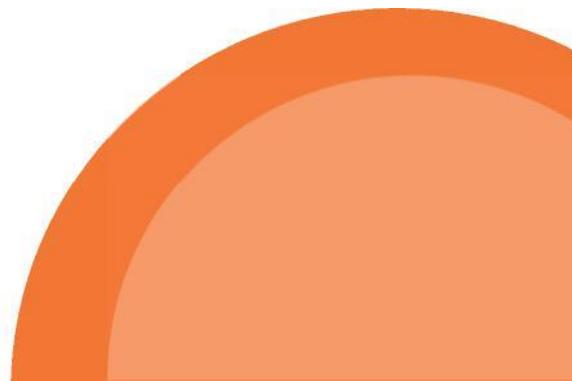


Contact us...

by telephone: 0300 300 6609

by email: rebecca.carr@centralbedfordshire.gov.uk

Write to: Rebecca Carr, Central Bedfordshire Council,
Houghton Lodge, Houghton Close, Ampthill, MK45 2TG



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Central Bedfordshire Council

Consultation on the Future of Amphill Day Centre

Appendix 5 - Consultation Response Report
20th August 2018 – 12th November 2018

1. INTRODUCTION

- 1.1 Central Bedfordshire Council is committed to offering a wide-ranging day offer to older people and adults with disabilities focusing on those who are assessed as having eligible care and support needs. The overall aim is to secure better outcomes for current and future customers within Central Bedfordshire, encompassing older people and adults with disabilities, which includes people from the age of 18 with a physical and/or learning disability.
- 1.2 In early 2016 the Council began the process of developing the future day offer for older people and adults with disabilities. The new day offer is a joint vision between Central Bedfordshire Council and the people that use the service. This is a two-phase process. Phase 1 involved agreeing a set of key components and principles¹. These were developed following a period of engagement and formal consultation with current day centre customers, carers and wider stakeholders. This feedback was then consolidated and in April 2017 the Council's Executive agreed to their implementation.
- 1.3 These are:
- Key components
- Meet customer outcomes for social interaction and physical and mental stimulation
 - Meet carer outcomes for respite and peace of mind.
 - Meet care and support needs
- Principles
- Promote and maintain independence in a way which is personalised flexible and responsive
 - Promote learning in a stimulating and supportive environment
 - Deliver greater integration and partnership with local communities
 - Maximise the use of community facilities that can be accessed by older people and adults with disabilities
- 1.4 Phase 1 of the project is now complete, and the Council will review each of its day centres individually as part of phase 2.
- 1.5 The Council are reviewing Ampthill Day Centre and undertook a mapping exercise with each of the current day centre customers to identify their interests, friendship groups, where they travel from and what they would like to see from their day service. Alongside this the project team identified a number of community venues across West Mid Bedfordshire. These were then evaluated for their suitability to provide a space for day services. A request was also shared on the Council's social media platforms to encourage external individuals or

¹ [Consultation](#) on the future day offer 2017, [Components and Principles](#)

organisations to share their skills or facilitate activities with day service customers.

- 1.6 The project team consolidated all of this information and using this, commissioned pilots. These were designed to test how day services could run from alternative venues. More details about this can be found in Engagement Activities section 4 of this report.
- 1.7 After an evaluation of these pilots and a comparison evaluation of Ampthill Day Centre, the Council believe the service delivered at Ampthill Day Centre could be delivered in a different environment which would better meet the key components and principles. We worked with Grand Union Housing Group who facilitated their own evaluation with the tenants at Wingfield Court, following the pilot there.
- 1.8 The Council ran a formal consultation on the proposals for the future of Ampthill Day Centre and have investigated the following options:
 1. Do nothing – continue to run Ampthill Day Centre in its present form
 2. Move to a hub and spoke delivery model and close Ampthill Day Centre
 3. Move customers to other Central Bedfordshire Council Day Centres and close Ampthill Day Centre
 4. Refurbish Ampthill Day Centre
 5. Commission an independent day service and close Ampthill Day Centre
- 1.9 The Council have considered the above options, and the preferred option is option 2, to move to a hub and spoke delivery model and close Ampthill Day Centre.
- 1.10 This option would mean there would be a main 'hub' which would run from Monday to Friday and then several 'spokes' in community venues which would run on different days of the week alongside the hub.
- 1.11 The Council suggests that the main 'hub' could be Silsoe Horticultural Centre, which is currently a day centre for adults with learning disabilities. Both services would operate from the same building. It should be noted that the proposed option does not produce any significant change in service to the customers of the Silsoe Horticultural Centre.
- 1.12 Following an extensive mapping process, we propose that at this stage the spokes would be based in community lounges within various sheltered housing schemes across the area.
- 1.13 The formal consultation began on 20th August 2018 and ran for 12 weeks, ending on 12th November 2018. The hub and spoke model was identified in the consultation as the Council's preferred option.

- 1.14 Feedback to the proposals were collected via paper and online versions of consultation questionnaires. These were provided in both standard and easier to read versions. Customers and relatives were invited to individual consultation meetings to discuss the proposals and answer any questions they had. Additional engagement meetings were held with the current customers at Silsoe Horticultural Centre and also by an advocate to collect their views on how they felt the proposals could impact on them. Other stakeholders were also informed, see section 4 for information relating to engagement activities.
- 1.15 Members of the project team have been based at Ampthill Day Centre for over a year to provide reassurance to customers and be on hand to answer any questions or concerns about the day centre review.
- 1.16 A Social Worker has been involved throughout the consultation process to understand customers' capacity to input into the consultation and to ensure that the current Ampthill Day Centre customers were consulted, without causing distress to those who may have difficulty understanding what is happening.
- 1.17 An Independent Advocate was also involved in the consultation process to gain feedback from both Ampthill Day Centre customers and Silsoe Horticultural Centre customers. Further details can be found in appendix F.

2. RESPONSES RECEIVED

- 2.1 The formal consultation was designed to capture both quantitative and qualitative data from respondents, with results summarised within this report (percentages are rounded to the nearest one decimal place).
- 2.2 The Council have received 77 responses to the formal consultation via the consultation survey. Additional feedback from meetings with customers who chose not to complete a questionnaire but still gave a view, the views of customers who lacked capacity and did not complete the consultation questionnaire, views of Silsoe Horticultural Centre relatives and representatives and the outcome of the advocacy meetings with customers can be found in appendices C, D, E and F.
- 2.3 49% (38) of respondents to the consultation questionnaire were customers of a Central Bedfordshire Council Day Centre, 25% (19) were a relative/carer of someone who attends a Central Bedfordshire Council Day Centre, 1% (1) was a Town or Parish Council, 1% (1) was a local business, 8% (6) were a voluntary or community organisation and 16% (12) described themselves as 'other'. Respondents that answered 'other' included residents of Central Bedfordshire, an interested council tax payer, an Ampthill Town Councillor and someone who said they have involvement with people with a learning disability.
- 2.4 Details of respondent demography are recorded in appendix A.

3. RESULTS OF THE CONSULTATION: QUESTION AND RESPONSE OVERVIEW

Full details of the qualitative responses can be found in appendix B.

3.1 Q1 What are your views on our preferred option?

76 out of a total 77 respondents replied to this question providing a range of feedback. 36% did agree with the Council's preferred option and could highlight the benefits of this alternative approach. 27% of responses were more mixed, with respondents highlighting the benefits of the hub and spoke model but also saying they liked it at Ampthill Day Centre. Some of these were also happy with the preferred option as long as it meant they continued to access transport to and from their day service. 27% did not agree with the Council's preferred option and the majority of this response wanted to re-utilise Ampthill Day Centre. The remaining respondents made other suggestions for the future of the service or did not give a clear view on any of the proposed options.

There were a few responses that raised concerns about how the figures relating to refurbishment were calculated and believed that the proposal is driven by cost saving.

3.2 Q2 Do you think all options have been correctly evaluated?

	Number	%
Yes	27	35
No	14	18
Don't know	28	36
Did not answer	8	10

3.3 Q2a If no, please state which one(s) and why you think it should be evaluated differently.

12 of the 14 respondents who answered 'no' to question 2 went on to provide further details. Responses reiterated concerns about whether financial calculations published in the Options Analysis were an accurate reflection of the true cost of the different options.

There was also a response saying the proposals could have been more imaginative. Another respondent questioned why the Council are not encouraging use of the centre by the voluntary sector. One respondent suggested whether the Council has intentionally run down the building in order to propose the closure. It was suggested by two respondents that the decision had already been made.

There were concerns about the impact the change would have on customers and a respondent felt that the views of customers had not been taken into account.

A respondent also referred to the Pilot Evaluation Report and said that the majority of customers that responded as part of the evaluation quite liked the service as it currently is. A respondent reinforced their view shared in their response to question 1 that they wished to remain at Ampthill Day Centre.

A few of these respondents questioned how the Council had evaluated the different options against the key components and principles. One respondent went on to say that they did not agree that Ampthill Day Centre fails on the four key elements of the proposed day offer, especially the points that Ampthill Day Centre is not as well connected in the community as Silsoe Horticultural Centre.

3.4 Q3 Are there any options listed that you think the Council should investigate in more detail?

	Number	%
Yes	20	26
No	28	36
Don't know	21	27
Did not answer	8	10

3.5 Q3a If yes, please state which one(s)

Of the 20 people that answered 'yes' to question 3, 19 went on to provide further details. Of these, around half suggested retaining or re-utilising Ampthill Day Centre. Three respondents raised concerns about whether the hub and spoke model would meet the needs of people with a diagnosis of dementia.

3.6 Q4 Are there any other option(s) that you think the Council should consider that are not in the document?

	Number	%
Yes	20	26
No	33	43
Don't know	21	27
Did not answer	3	4

3.7 Q4a If yes, please explain what these option(s) are.

Of the 20 people that responded to this question, feedback shared expressed the need to consider the growing population and specifically the needs of people

with dementia. There was also the suggestion that generations should be brought together. Eight of the respondents proposed retaining the existing building but opening it up to the wider community to better utilise the space. Three respondents said that they would like the day service to offer more outings.

3.8 Q5 Throughout the process we will be conducting individual meetings with customers and their relatives and providing advocates where necessary. What else could the Council do to minimise the impact of any changes on the existing customers and their relatives at Ampthill Day Centre?

The majority of respondents to this question highlighted the importance of communication throughout this process. A number of respondents felt that they had been well supported so far and found the meetings helpful. They asked that they are continued to be kept informed of project developments. Just under a quarter of respondents said that they could not think of any other ideas, some of these shared that they had no concerns. Seven responses said they would like to see further visits or trials arranged at alternative venues prior to any move. The future provision of transport was also a key theme.

3.9 Q6 Do you have any further comments about the proposals?

Due to the nature of this question, responses covered a range of areas. These included respondents reiterating the view that they wanted Ampthill Day Centre to remain as is whereas others said they are positive about the proposed changes. There were concerns from five respondents that the Council had not considered the impact of the proposed change on customers. A respondent added that they felt the evidence base on which recommendations have been made about the future of Ampthill Day Centre is too small. Two of the respondents went on to say they felt the decision about the future of the centre had already been made.

A couple of respondents said they felt unsure about the proposed venues. A respondent made suggestions about how the space could be better used at Silsoe Horticultural Centre to accommodate both existing customers and a group of older people which would enable specialist staff to concentrate on their activities.

Several respondents said they would like to see a broader range of activities (e.g. pottery, educational options, talks, outings) which would support social interaction. Respondents said they look forward to the opportunity to try new activities in the future.

It was reiterated by some respondents that there was a need to consider the impact of change, particularly on customers with dementia. It was also raised that it would be nice to know that staff could come too if they have to move.

Similarly, to previous questions, points were raised around future location and transport.

Almost half of the total number of respondents to this questionnaire either did not respond or put no further comment to this question.

4. ENGAGEMENT ACTIVITIES

- 4.1 As part of the Ampthill Day Centre review, a mapping stage was undertaken where members of the project team met with customers on an individual basis to collect information about what activities they enjoy, where they travel from, who their friends are and what they would like to see from a future day service. Day centre staff and relatives were also involved in this process, where appropriate, to help build up a picture of individual customer preferences.
- 4.2 From this information the project team commissioned pilots at alternative schemes, where it was thought that customers would benefit from being in a homelier environment which may have also been more local to them. Each of the pilots ran for one day a week for between eight to ten weeks. Pilots took place in two sheltered housing schemes and Silsoe Horticultural Centre, further details can be found in the Pilot Evaluation Report. Feedback was collected from customers that participated in these pilots as well as from tenants at the sheltered housing schemes and customers at Silsoe Horticultural Centre. This feedback was consolidated and outlined in a Pilot Evaluation Report which is a paper that accompanied the consultation documents. The experience gained from the pilots tested out the viability of the proposed hub and spoke option.
- 4.3 Newsletters have been produced for Ampthill Day Centre customers and wider stakeholders to keep them informed of project progress. The most recent newsletter specifically relating to Ampthill Day Centre was issued in June 2018 which gave an update of pilot activity and provided information about what would happen next in terms of the consultation.
- 4.4 A [Day Offer video](#) was published in August 2018 and was designed to give an overview of the project and specifically how the pilots had worked. This included stories from customers and sheltered housing tenants of their experiences of the pilots in which they were involved over the preceding months. This video helped provide an explanation of the project in an alternative and more accessible format.

- 4.5 Visits to Silsoe Horticultural Centre have been ongoing throughout the consultation to offer the opportunity for customers that were not involved in a pilot to see one of the proposed alternative venues.
- 4.6 A co-production group was developed in phase 1 of the Day Offer project and has been meeting regularly during the review of Ampthill Day Centre. The co-production group includes representatives from the Council, relatives of day centre customers and independent organisations.

Communication and Engagement

- 4.7 Awareness of the consultation on the future of Ampthill Day Centre was generated via a range of channels including the circulation of consultation documents to customers, relatives, day centre staff and other interested parties. This included consultation papers sent to organisations that use the day centre for other purposes outside of normal day centre hours. Papers were hand delivered to three of these five organisations to discuss the proposals in more detail with members. One organisation was contacted over the phone and a meeting was arranged with the fifth to discuss concerns they raised about the proposals.
- 4.8 Background information to the project as well as electronic copies of the consultation documents were made available on the CBC web pages from 20th August 2018. Notification of the consultation was published in staff newsletters Connect and Staff Central and there was a targeted email distribution to notify of the consultation as well as posts on Central Bedfordshire Council social media.
- 4.9 A Members Briefing was produced at the start of the consultation to inform Members of forthcoming consultation activity. West Mid Beds Members, the locality in which Ampthill Day Centre is situated, were also emailed directly about the consultation start. The Mid-Bedfordshire MP, Nadine Dorries was also notified by email.
- 4.10 Other stakeholders notified of the consultation include:
- Central Bedfordshire Council Customer Services
 - The Older People's Network
 - Ampthill and Flitwick Town Councils
 - Age UK Bedfordshire
 - Alzheimer's Society
 - Bedfordshire CCG
 - Carers in Bedfordshire
 - Healthwatch Central Bedfordshire
 - MIND
 - Stroke Association
 - Via Just Ask

4.11 Appendix G provides more detail of the audience social media posts, CBC web pages and e-bulletins reached.

Consultation process

4.12 To ensure that our current customers were consulted without causing distress to those who may have difficulty understanding what is happening, dedicated members of the project team, which included a Social Worker, offered individual meetings to all Ampt Hill Day Centre customers.

4.13 All new customers that started at Ampt Hill Day Centre during the consultation process were also informed of the proposals.

4.14 The following documentation was produced to help customers, relatives, stakeholders and other interested parties have their say:

- [Consultation questionnaire](#)
- ['Have Your Say on the Future of Ampt Hill Day Centre' overview document](#)
- [Options Analysis](#)
- [Pilot Evaluation Report](#)
- ['Have Your Say - easier read version'](#)
- [Consultation questionnaire - easier read version](#)
- [Consultation Update Report](#)

4.15 To ensure that all our current customers were consulted in the most appropriate way, support to understand the proposals was provided to customers in one-to-one meetings. These meetings used an easier to read version of the consultation questionnaire, along with an easier to read version of the 'Have Your Say' overview paper, which details the different options the Council has considered. These papers were drafted and shared with the Day Offer Co-Production group for feedback. One member of the Co-Production group responded to this request and the papers were adapted based on this feedback to ensure messages were delivered in a clear and user-friendly way.

4.16 The consultation ran for 12 weeks from **Monday 20th August until Monday 12th November 2018** to offer the opportunity for customers and stakeholders to share their views, feedback and experiences on the proposals for the future of Ampt Hill Day Centre.

Consultation meetings

4.17 The Council currently supports around 64 customers at Ampt Hill Day Centre, with up to 27 currently attending on any given day. The average attendance was 21 customers per day. Individual consultation meetings were held with 49 Ampt Hill Day Centre customers during the course of the consultation. The remaining 15 were either in respite, had not attended the day centre for a considerable period, were unwell throughout the consultation or family members requested

they were not contacted due to concerns the consultation process may distress them. Due to the customer cohort, it was recognised that not all customers may have capacity to understand the consultation therefore a Social Worker met with these customers and carried out a Mental Capacity Assessment when appropriate.

- 4.18 Where known a relative or representative was contacted for each customer as part of the process to discuss the proposals over the phone and invite them to an individual meeting either with, or separately to the day centre customer. If they were unable to travel to the day centre, members of the project team visited their homes. 29 relatives accepted the invitation to a meeting with 24 relatives attending.

Consultation Update Report

- 4.19 Mid-way through the consultation a Consultation Update Report was produced, the content of this was shared with the Co-Production group. This was circulated on 18th October 2018 to customers, relatives, stakeholders and West Mid Beds Members directly. A copy was also made available in MIB and emailed to the Mid-Bedfordshire MP.
- 4.20 The report was designed to let people know what consultation activity had happened to date, provide answers to the most frequently asked questions raised at consultation meetings and understand the next steps.

Silsoe Horticultural Centre Engagement Meetings

- 4.21 Following the pilot at Silsoe Horticultural Centre, members of the project team met with existing customers to collect their views on how they felt about the group of older people being based at Silsoe Horticultural Centre. This feedback was shared in the Pilot Evaluation Report.
- 4.22 During the consultation period, 24 relatives or representatives of current Silsoe Horticultural Centre customers were contacted over the phone by a member of the project team and offered the opportunity to discuss the proposals in a one-to-one engagement meeting. Six relatives or representatives were not contactable over the phone but were sent letters advising them of the proposals and offering an invitation to meet with the project team to discuss further. In total, two relatives accepted the offer of a meeting with only one attending. Comments shared can be found in appendix E.
- 4.23 An independent advocate held group meetings with customers at Silsoe Horticultural Centre to understand and capture their views on the proposals. Further details of the responses from Silsoe Horticultural Centre customers can be found in appendix F.

4.24 Members of the project team were also available at Silsoe Horticultural Centre on different days to answer any questions customers or staff had about the proposals.

5. SUMMARY

- 5.1 The Council have received a mixed response to the consultation on the proposal to deliver the day service currently at Ampthill Day Centre through a hub and spoke model and to subsequently close Ampthill Day Centre.
- 5.2 A number of responses from customers and relatives said that customers enjoyed the opportunity to pilot having a day service from an alternative venue and could list different benefits for this model. There were comments in favour of trying out alternative opportunities if the preferred option is agreed.
- 5.3 A small number of customers stated that they have been coming to Ampthill Day Centre for a long time and did not want to move. Some responses said they could not see anything wrong with the current facilities at Ampthill Day Centre.
- 5.4 Some comments expressed the need to consider the demand from the growing population and the impact the proposed changes could have on customers.
- 5.5 There was concern about whether transport would still be provided if customers moved to alternative venues. Several customers were in favour of the new model on the basis that they would still continue to access transport.
- 5.6 There have been some comments about how the figures in the Options Analysis paper have been calculated, particularly the cost of refurbishment of Ampthill Day Centre. There were further comments suggesting the proposals are a money saving exercise and that the decision has already been made.
- 5.7 The majority of responses said it is important to continue the engagement and be kept informed of developments throughout the process. A number of responses said they feel supported by the Council and found individual consultation meetings helpful.
- 5.8 In conclusion, feedback received during the consultation period has been mixed with some responses agreeing with the proposed option and the opportunity to move to alternative venues, whilst others want the centre to remain as it is currently or to be refurbished. It is clear that engagement with customers and relatives during this process has been helpful and that they, understandably, want to continue to be kept informed in such a way.

6. THE COUNCIL'S RESPONSE

- 6.1 The Council is committed to continuing to offer day services to older people and adults with disabilities. The future offer will be based on the key components and principles outlined in the Introduction and will apply to current and future services.
- 6.2 Whilst the Council has a duty to provide best value, the main focus is to continue to provide high quality care and support to those who need it, now and in the future.
- 6.3 The Council recognises that any proposals to change existing services are likely to receive a mixed response and this has been evident during the consultation. We are grateful to all of the people who took time to respond to the consultation. We understand that this is an important decision and that it is therefore important to listen to and address the concerns of individuals, especially customers and their relatives/representatives, before any decision is made about the future of Ampthill Day Centre.
- 6.4 We are glad that people found the opportunity to meet face to face with staff from the Council useful. In the sections below, we set out the Council's response to the main issues that were raised.
- 6.5 Keeping the centre as it is

The Council recognises that many customers are happy with the current service they receive. Customers value the day centre staff, the activities delivered and their friendships. The Council's view is that all these elements can be achieved in a more suitable, less institutional environment.

The current centre is too large for the current numbers of customers and the distances from facilities is not ideal for customers whose frailty is increasing. The pilots evidenced that smaller, homelier settings could offer a nicer environment for customers and promote social interaction.

Some respondents suggested that the use of the centre could be extended to the wider community (e.g. the voluntary sector) to make it more viable. The centre is currently available for the community to use, but there are only two regular outside organisations that use the centre during the day and only three groups in the evenings. The Council could consider promoting the use of all centres, however this would not address the issue that the day centre is too large for the number of day centre customers that use it.

6.6 Refurbishing or rebuilding Ampthill Day Centre on the same site

These options were discussed in the consultation documents along with the reasons why it was not felt they met the key components and principles. Both refurbishing and rebuilding would mean additional customer disruption as they would need to move twice, once to an alternative centre during a renovation or rebuild of Ampthill Day Centre and then again once the renovation is complete. For more vulnerable customers two such moves may not be in their best interests.

6.7 Cost of rebuilding/refurbishment

The financial costings of rebuilding / refurbishment were provided by the Council's Assets Team who used industry recognised publications, namely BCIP and SPONS, which detail guidelines for all aspects of construction. The costs include disconnection of existing utilities, demolition and removal, rebuild costs, professional fees, planning and building control costs and land costs where needed, along with associated access provisions.

6.8 The suitability of the alternative venues

Members of the Day Offer project team visited a number of community venues across West Mid Bedfordshire and evaluated the suitability of each against the key components and principles. When alternative venues were identified, the project team piloted running a day service from these venues to ensure they were suitable for customers. More details about this and how the alternative venues were evaluated during the pilot stage can be found in the Pilot Evaluation background paper.

If the decision is made to move to the hub and spoke model and close Ampthill Day Centre, the Council would look to make adaptations to bathroom facilities to ensure that personal care needs of customers continue to be met.

6.9 How the Council intends to meet the needs of people with a diagnosis of dementia

The Council envisages that the hub would be able to provide the five day a week consistency from which a customer with a diagnosis of dementia might benefit, as well as providing a safe and stimulating environment.

The pilots however showed that some customers with less advanced dementia enjoyed the smaller, more comfortable settings offered by the spokes.

We hope that current day centre staff would remain with the service which would help provide continuity to customers. Should the preferred option be agreed, there would be a formal staff consultation period.

Representatives from specialist dementia organisations have been involved in shaping and supporting with the Day Offer. Their continued involvement would help inform how the service is delivered in line with the needs of customers with dementia.

The service will continue to develop a wider range of suitable activities for all customers, alongside ongoing staff training, to ensure that the service meets the key components and principles. For example, the Council has invested in 'magic tables', an interactive set of games and activities suitable for people with dementia.

The Council will ensure that customers' needs will continue to be reviewed as part of the needs assessment process under the Care Act 2014.

6.10 The impact of moving for current customers

We understand this concern. The Council has a team of staff that has developed considerable experience and expertise in arranging and managing moves, including for people with a diagnosis of dementia. The team would work with day centre staff who know the customers well to ensure that individual concerns are addressed. Our experience is that with careful and sensitive support we are able to minimise potential anxieties that may be experienced by some customers. In all cases, before we support a customer to move, we would discuss the plans with them and their relatives to develop the best outcome for them.

The Council would maintain engagement with the customers at Silsoe Horticultural Centre, which is currently a day centre for adults with learning disabilities. Support would continue throughout any changes to their centre to minimise the impact this may have on them.

6.11 The provision of transport as part of the proposed model

Provision of transport is an important element for customers accessing day services. The Council has been working closely with colleagues in our Transport Team to ensure they are aware of the proposals and should the preferred option be agreed, teams would work together to ensure customers continue to access transport to their day service. We hope that the proposed hub and spoke model would mean that, for most customers, their day service would be more local and reduce travel time, however for other customers it could mean a slightly longer journey. The impact of transport would be reviewed for each individual customer individually.

6.12 The concern that friends will be separated and that smaller customer groups will mean there is less social stimulation

We understand the importance of friendships that are made at the day centre and would aim to maintain these where possible. If the preferred option is agreed, the

project team would have individual meetings with each of the customers and their relatives or representatives to develop the best outcome for them.

Feedback from the pilots at sheltered housing schemes showed us that customers benefited from smaller groups which created a greater level of personal interaction. It was also a good opportunity for day centre customers to mix with tenants at these schemes, providing socialisation for both.

6.13 The belief that the proposals are motivated by cost savings rather than enhancing day services

The Council's intention from the start of the Day Offer project has always been to enhance day services for older people and adults with disabilities. The Council has worked with customers, carers and other stakeholders to develop key components and principles that a future day offer should achieve.

While the Council has been led by the key components and principles of providing quality day services to secure better outcomes for current and future customers, in consideration of the options, it continues to have a duty to use public money to the best effect. Savings delivered through the closure of an under-utilised building while still enhancing the day service, offers benefits in both regards.

For clarification, no decision on the future of Ampthill Day Centre has been made at this stage and the Council retains ownership of the building. The focus of the Day Offer is to enhance day services for our customers in line with the key components and principles. The future of Ampthill Day Centre will solely be determined by the Executive's decision.

Appendix A: RESULTS OF CONSULTATION

Demographic profile of respondents from the public consultation survey

Q7. Are you responding as a:

	Number	%
Customer of a Central Bedfordshire Council Day Centre	38	49
Relative/ Carer of someone who attends a Central Bedfordshire Council Day Centre	19	25
Town or Parish Council	1	1
Local Business	1	1
Voluntary or Community organisation	6	8
Other	12	16
Did not answer	0	0

Q8. Are you:

	Number	%
Male:	30	39
Female	44	57
Did not answer	3	4

Q9. What is your age?

	Number	%
Under 16 years	0	0
16-19 years	0	0
20-29 years	1	1
30-44 years	4	5
45-59 years	13	17
60-64 years	7	9
65-74 years	18	23
75+	33	43
Did not answer	1	1

Q10. Do you consider yourself to be disabled? Under the Equality Act 2010 a person is considered to have a disability if he/she has a physical or mental impairment which has a sustained and long-term adverse effect on his/her ability to carry out normal day to day activities.

	Number	%
Yes	32	42
No	42	55
Did not answer	3	4

Q11. To which of these groups do you consider you belong?

	Number	%
White British	63	82
Black or Black British	2	3
Asian or Asian British	1	1
Mixed ethnicity	0	0
Other ethnic group	8	10
Did not answer	3	4

Other:

- 4 respondents described themselves as 'White English'
- 1 as 'White Irish'
- 1 as 'White Spanish'
- 1 as 'White Ukrainian'

Appendix B: FULL QUALITATIVE RESPONSE

Q1 What are your views on our preferred option?

1. I think whilst it may save the council money, it is likely to cause disruption to staff and customers, which I think could be detrimental to the council in the long run. It may also split up customers from some of their friends as they may live in a totally different area.
2. Hub and spoke - I think it is good but I don't like option 5 to commission a new provider. I want the day service to be run by the Council.
3. If it is going to cut the cost its good because it is always about the cost. I liked Silsoe, i liked going in the garden and being able to buy fresh fruit.
4. I think the hub and spoke is fine but I don't like the idea of Ampthill Day Centre being closed.
5. Seems like the most acceptable option, especially in the long term.
6. Ignore CBC proposal
7. Sounds sensible
8. The most appropriate solution would seem to be retaining the status quo but not necessarily in the existing premises. We all know that land sold for in Ampthill for housing in Ampthill would raise a small fortune. Hence perhaps a better option would be to relocate - Is there no land available @ chicksands or alternative for example the ex-garden centre @ Centre Parcs? The suggestion would be to balance the books over say 2 years and provide better facilities for customers in perhaps a less expensive location.
9. The Councils preferred option is flawed. The summary report states that the 'investigation of alternative day services the project team have fully involved customers from Ampthill Day Centre. The majority of customers have been involved in pilots so have already experienced what the hub and spoke model would offer including accessing services from alternative facilities'. However, further investigation of the full evaluation reveals that of the 65 users of Ampthill Day Centre, only 35 participated in the consultation of which the following numbers participated at the following locations 28 at Ampthill Day Centre, 5 at Gale Court, 8 at Wingfield Court and 5 at Silsoe Horticulture Centre. Is this a wide enough base to make the evaluation meaningful? Where for example are the equally valuable input of the carers of these residents? Surely with the greatest number of responses in favour of a location Ampthill Day Centre comes out top. The report seems to set out with an answer it wants to achieve namely the closure of Ampthill Day Centre, with questionable interpretation of the evaluation. For example under the options document it is claimed that if the building was fully refurbished this would cost between £810,000 and £2,900,000. This is ludicrous as the refurbishment of similar buildings in Ampthill, namely Parkside Community Hall and Ampthill Town Council/Ampthill Football Club cost in the region of £500,000 to £600,000. Indeed

with such inflated figure it puts in to doubt the validity of the costs for each option. How exactly were these figures calculated?

10. I like the idea of smaller and cosier venues. I'm not worried if I have to travel further as long as I can get there.
11. I don't know if I would want the move to Silsoe, although it is a nice place.. Ampthill is more central and has more potential. I would prefer the option of refurbishing Ampthill, although it seems okay as it is.
12. I am not interested in going to a smaller setting. For me, the closeness is the most important thing. I am on the bus for so long and the bus is uncomfortable when it goes over bumps.
13. The Council quoted nearly 3 million to refurbish Ampthill day centre- this seems to be an exaggerated amount of money. I think the Council is going backwards rather than forward. The population of Ampthill and Flitwick is significantly increasing and there is a need for an ongoing day centre. You could knock Ampthill day centre down and build a smaller building.
14. I don't want to get any further from home - I don't want to travel too far.
15. I like the Hub and spoke idea.
16. Positive more forward
17. The idea of having an "Ampthill Day Centre" that is not in the centre of Ampthill is a non starter to start with, and who ever thought of that idea, should try to understand that a day centre should be easily accessible to clubs such as the [Organisation A] which is for handcapped people.
18. I think the users of the service should be consulted but the premises should be visited by councillors or their representatives. I'm not sure Silsoe has a horticultural college so I'd like to visit that too.
19. As long as the care of the people attending the existing Day Centre is maintained, they are happy with the changes and they will benefit from more varied activities.
20. If it costs less money thats good.I don't mind were I go as long as I get entertainment.
21. No set views but concern would be regarding operating with smaller groups both from personal contact and services offered
22. Not worried about anything. What you are all doing is in the interest of all of us.
23. I don't really think the day centre is too big. I can't see anything wrong with it. I don't mind moving to a new venue as long as it's not too far and I see the same people.
24. As long as my [my relative] has social interaction with others we are happy, he needs to see other people otherwise he only sees me.
25. I don't mind but would like to still go to Ampthill. I don't mind either way if we do move to somewhere else.

26. People with dementia need to be taken to the same day centre all the time. I think my [relative] would be quite upset if he wasn't coming here.
27. SHOULD STAY AS IT IS
28. As long as it's the same quality as here I think it's okay
29. It must be because of the cost. If they can't afford to run it then they'll have to close it.
30. I don't really want Ampthill Day Centre to shut. Everything is here and it's in the perfect spot. I'd prefer it to be refurbished.
31. I don't know what the smaller venues are like so it's hard to make a judgement
32. I don't think it's a good idea - the other settings would be too small. I like it here.
33. I would rather keep the day centre as it is. I understand though that it's an expensive asset. My only concern about a smaller group- is how the people in the sheltered scheme would feel about the day centre people coming in.
34. Not sure as it is my [relative] that attends and his well being is what I would consider first.
35. When I visited Silsoe I didn't feel like it had any atmosphere and I would like to stay with my friends. I felt anxious about the customers who attended the Silsoe Centre.
36. Not sure about the new service. I like Ampthill Day Centre
37. I feel like the Council are wasting money. I think the Council might be spending more money transporting people to more venues. It would be important to be picked up. I have a shower on a Wednesday and would still need this.
38. I don't agree that the day centre is too big but I did like going to Wingfield Court and the activities there.
39. I think as long as the clients are looked after with the least disruption and change it will be fine
40. Okay but friendships are very important
41. I think the Council's preferred option sounds like a good idea as it seems to offer customers more choices, particularly for the more abled customers who can visit community venues (spokes) to take part in their preferred activities. I would be interested to see how this can be managed, to keep track of customers whereabouts.
42. Ampthill needs a Day Centre which meets the needs of Ampthill residents. Scattering the residents to small 'Homes' using their lounges with little storage space for putting activities and developing them will not meet their needs. People with Dementia need 'cognitive stimulation' developed and resourced by experts. People with mobility issues need appropriate exercises and an area in which to do this. I see no evidence your hubs have this. It would need a lot of people to manage these hubs effectively.
43. My [relative] and I have been using the day centre for 3 months because we knew nothing about it but we are very pleased to now be using the facility. I believe the

Day Centre should be sustained with a great deal more publicity about its use to promote the numbers who use it.

44. I think it's the best idea.
45. I liked Silsoe but are concerned in the winter months. I like the idea of Wingfield and Ellenshaw as they are near to were I live and I wouldn't need to travel far.
46. I would prefer to stay at Ampthill, but have been to Silsoe and like it.
47. I think that it is the right option
48. I am happy with the idea, I liked Wingfield Court when I tried there.
49. I'm happy with it
50. I wouldn't mind going to the different places.
51. I quite like Ampthill day centre. I like the building- it doesn't feel big. The people are nice. I don't mind moving to a new centre as long as I am with people I know. I wouldn't like to be with strangers. I also need to be picked up and dropped back home.
52. Not much. I've got used to coming to Ampthill. I've been coming here 3 or 4 years. It might not be the same in a different place. Although it might be nice to meet new people.
53. I'm very happy at Ampthill day centre. I'm not too bothered about moving to a new venue- it might be good to go to a new place.
54. It is a blatant money saving exercise. The needs of the current cohort will not be met, particularly those who are physically disadvantaged and require hoists. To take away the day centre facilities and not provide like for like is discriminatory
55. I like it here. The staff are friendly. I don't mind moving to a new centre as long as it's not too far.
56. I'm concerned that it could have a negative affect on the people who have dementia and require continuity. How will the cope going to a different place everyday. Is the hub large enough to accomdate everyone? Is there enough staff to work at the hub and spoke. What if you attend a spoke and need personal care will be able to move straight to the hub... will there be enough space?
57. I believe that it is not in the best interests of the people currently attending Ampthill daycentre. I think it is in the best interests of the council.
58. I don't think this building is too big. I think the Council want to sell it and make money from it.
59. I'd rather stay at Ampthill Day Centre - I've got used to it here. I didn't like Silsoe Horticultural Centre and I found it cramped.
60. Good
61. I don't mind going to a different place, it might make it more interesting.
62. I am happy to go with the councils plan as they know what we need.

63. [Town Council X] [TCX] agree with the proposals as long as the needs of Ampthill residents are met with either a hub or a spoke.
64. I don't think much to the idea of the centre closing. I like coming to Ampthill. I don't think it's too big.
65. Believe this offers the most flexible, cost effective and immediate option to reduce dislocation of services in the circumstance
66. The "options considered" document does not provide a fair and balanced set of information on the options to be considered. In particular: - Costing information is inconsistently reported across the options. There is no per resident per day cost quoted for options 3 - 5, and the amounts quoted have no context. - The Environmental Impact is not considered in the Options document - CO2 load from transport, and refurbishment should be calculable. Although the reduction in customers travel to a center for this option seems like a positive, it is not stated. - "Minimal disruption for existing customers" is not established in the options documents, - "Improved Quality" Cannot be established in the options document, however less travel and smaller out centres seem like a good idea.
67. The day centre is there to serve its local population and should remain in the community. If the centre moves out of the area then the cost of travel could exclude many from using the facilities offered by the day centre.
68. I have reservations about the mix of needs proposed in these plans. Learning Disability is very different from dementia in terms of management and support, this could be difficult to manage in a support network where staff are outposted away from clinical and managerial oversight.
69. Keep in Ampthill
70. I would be happy to stay at Ampthill. I wouldn't mind going to the new places as long as I was with my friends.
71. I would prefer my [relative] to stay at Ampthill Day Care Centre, Houghton Close, Ampthill
72. I think the proposal seems sound. Ampthill Day Centre could be made more of, however, by using screens to create smaller, more intimate groupings. Some of the rooms could be leased out as refreshment centre for people leaving nearby GP surgeries or social centre. Some rooms could be used for TV/music.
73. I support a hub and spoke arrangement - as it often allows for more local, responsive service
74. Please see question 6
75. In recent years there has been a flurry of activity in local government redesigning Day Offers for older people. The responsibility to provide a Day Offer its shape, scope, outcomes and how to ensure a quality service have been interpreted by local authorities in different ways is not prescribed specially in legislation. I have engaged as part of the co-production group in both stages 1 and stage 2 of this process and even before that engaging with customers of Ampthill Day Centre listening to their views of how they spend their time, their aspirations and life

stories. There is a consensus that there should be a Day Offer and that the Day Offer should suit the needs of its customers well and that it should be forward looking and future proofed. It should be the best it can be given financial constraints so customers while they are ageing can lead their best lives irrespective of the challenges that come with getting older. In replying to this consultation, I urge everyone involved to consider what elements of a best life is reflected in the preferred option for each customer. What does quality in this context look like? I am not sure that the pilots and their evaluation show quality adequately. When redesigning a service from a customer or laymen point of view a way of looking at it is for them to describe "my worst Day Offer day" and the learnings from this to help shape what could be "my Best Day Offer Day". There is also a bank of research evidence that has built around the Day Offer/Centre provision. I fail to see how this has been used in the proposals for change or even referenced. As I understand it Day Offer Services are not regulated by the CQC in the same way as residential care nor are they regulated in the same way as Day Nurseries that are regulated by Ofsted. This suggests that it would be prudent to have robust scrutiny of Day Offer Services internally or independent review or peer to peer review between local authorities. I agree the hub and spoke model in the preferred option is the least risky option. With regard to introducing changes to current customers I welcome the acknowledgement that this will be handled sensitively. Staff ratios are not touched on in this proposal including overall staff ratios and trained staff ratios including staff ratios of staff who have or are working towards recognised qualifications in the care of people living with dementia. Although this consultation is not concerned with the future of current staff it is apparent from conversations with current customers that they value the staff and are concerned for themselves with regard to the changes. A key component of service re-design alongside other consideration is that there should be a demonstrable improvements in the service for customers. On the evidence, so far, I have a lingering doubt that without more detail this is not shining through powerfully enough in the preferred option. I understand that the 'spokes' may be more homely and that journeys to them may be shorter and less arduous for customers and be seen as improvements. I am glad that customers were consulted over that activities offered in the pilots and they chose ones they enjoyed however it seems a very limited offering thereby reducing the ability to personalise the service. Safeguarding in shared facilities is a greater challenge as well as being objectively safe it is important for customers to feel safe as well. I would welcome the use of multidisciplinary teams in line with the integration of health and social care which is not heralded in the proposal here. Finally, I would be impressed if the NHS vehicle for valuing patients time was time was adopted (in relation to Day Offer customers) called "The Last 1000 Days" so older people using some of their last 1000 Days in Day Care Live their best lives on those days too.

76. Not a lot, just another way to close a village facility so it can be sold for development

Q2a Do you think all options have been correctly evaluated? If no, please state which one(s) and why you think it should be evaluated differently.

1. As per previous answer
2. No, in light of my previous answer. Firstly in terms of improved quality of facilities/services for Ampthill Day Centre, I would question has the Council let these run down over time again to facilitate this proposal of closure. It would have been a helpful to see a typical calendar showing the typical usage of the Centre as compared to a few years ago. At the moment the 28 respondents seem largely quite satisfied with the services on offer. Why for example aren't you offering the Centre for greater use by the voluntary sector for the benefit of those residents and carers in need. Secondly, how were the figures in terms of value for money calculated and in light of my previous answer have figures been inflated to make one option appear better than the other. Thirdly, in terms of the key components and Principles of the enhanced offer, I can't see that see that Ampthill Day Centre fails on the 4 elements as this has clearly been assessed by someone with little knowledge of Ampthill. In terms of promoting independence the evaluation talks about 'due to a lack of facilities and access to the community it is difficult to offer a flexible service. Activities are limited to on-site facilities'. Is the lack of facilities due to a lack of investment overtime and clearly they don't know what an active community Ampthill has! For example we have a local Library just a short distance away and a very activity packed community hall, namely Parkside Community Hall. Plus have local community groups been asked to engage and be involved to give a better offer to users. Again, this seem to point to a lack of investment over time and also a lack of interest/imagination with the site. Furthermore in terms of partnerships with the local community where is any evidence that overtures have been made to the local community, as I'm sure local voluntary groups and indeed the Town Council would have been more than interested in forging these alliances for the benefit of users. The last point is laughable as the Centre is in the centre of Town right by doctor's surgeries and a short walk from the library. This is no more inaccessible than the favoured site of Silsoe Horticultural Centre. Indeed I would contend that the fact Silsoe has passed on all these measures is very subjective and worded to meet the Council's desired outcome on a very small evidence base, namely 5 Ampthill Day Centre users. Indeed the questions asked in Appendix 3 of the Evaluation show only one example of the questions asked at Wingfield Court. Were the same questions asked with regards all other locations and how were the questions framed. This is not apparent from the consultation documents. It is very telling that in the evaluation of Wingfield Court that it states in the last paragraph 'One further comment was that the decision to continue [with the proposed hub and spoke approach] had already been taken and there was no point to the survey', a point I'm inclined to share.
3. VIEWS OF RESIDENTS NOT BEEN TAKEN INTO ACCOUNT
4. for a full evaluation people currently in the system should be included in the survey ie those assessed as needing day centre services but not yet attending
5. The building is up for sale so the two options that state it could be redecorated etc are false options and never really up for evaluation.

6. I disagree with the hub and spoke being the best option
7. [TCX] believes that the refurbishment costs have been overstated. [TCX] successfully refurbished Parkside Hall and Ampthill Football Club recently with a total spend of between 500k – 600k.
8. costing for options 3 - 5 is incomplete - please provide per customer per day estimated costs for each option All options no environmental impact survey has been produced. No explanation is provided about how each of the options meets, does not meet the key components and principles. Option 5 should meet the "Principles and components" and "Improved Quality of facilities and services" criteria. Otherwise, a Commission should not be offered as part of the tendering process. It has not been explained how options 3 - 5 disrupt customers less than the hub and spoke arrangement
9. Have you fully investigated using a range of sites for spokes? It seems odd that sites such as Parkside hall weren't considered. What were your criteria?
10. I care for my [relative], the change will affect her
11. More imaginative use of Ampthill Day Centre. See comments on previous page.
12. CBC have given a 4 out of 4 for the answer they were trying to get, when answer 4 is the best for Ampthill

Q3b Are there any other options listed that you think the Council should investigate in more detail? If yes, please state which one(s).

1. Could do more to try them out the places.
2. Building a new centre in a cheaper location.
3. Yes, as where is there evidence of an impact study, into the impact the proposed changes will have on users and their carers? I see little or no evidence of engagement with carers. I believe it was premature to put this out to consultation without that engagement included in the consultation documents. Indeed with regards carers it would have been interesting to see the thoughts of 'Carers in Bedfordshire' about the proposals as the needs of carers seems to have been ignored. In terms of impact I would argue that a change of a venue (that they have come used over time) can be traumatizing to some. In addition such a change could lead to the break of friendship circles, to greater travel times and could be more inconvenient to carers. Such an assessment would likely have favoured Ampthill over Silsoe and may have been why it was omitted.
4. Look into renovating existing property and have a variety of visiting individuals on a range of activities.
5. Costing are vague and impact on customers re staffing
6. The idea of utilising this building more. An example could be having a nursery at the day centre.
7. I would like Ampthill to be refurbished.

8. Look at building a new purpose built, well designed Day Centre which attracts more people and charge a reasonable rate for a day/part of a day.
9. I believe the Council should conduct a survey of people across the area to promote interest and use of the Day Centre.
10. I think on the refurbishment of Ampthill the council could of wrote more about the cost and explained how that would be spent.
11. The hub and spoke should have been investigated in more detail as to how this will affect people who have dementia.
12. The hub and spoke option needs to be looked at a lot closer as in "What are the benefits for people living with dementia?" What if they need personal care and theres no space at the hub? Suddenly their choices are taken away from them.
13. Using prudent and stringent budgeting, [TCX] believes that refurbishment is the best option.
14. Commissioning a new provider - Does a provider actually exist? Refurbishment
15. The users of the day centre change over time so a snap shot investigation does not reveal the future trend. Once the day centre has gone from the town it will be too expensive to re-instate.
16. Retain the use of the ampthill day centre site for alternative use. Every time a site is sold the council loses options for the future whatever they may be. The money from the sale does not belong to social care services but to the corporate council for whom windfall receipts are valued at this time of austerity.
17. Ampthill
18. See previous
19. Option 2 uses less 'miles' the people who go there are more likely to know other users. They would spend long in company as will get to Ampthill quicker.

Q4a Are there any other options listed that you think the Council should consider that are not in the document? If yes, please explain what these option(s) are.

1. More outings and going out in the community
2. Going out on more trips
3. As suggested
4. As mentioned in the previous answers they has been a clear lack consultation outside the 35 users of the Centre. Why for example has the Centre never been actively promoted for usage by the wider community? Also how do residents in need get referred to the Centre as this is not made clear? Indeed, have referrals diminished in the past few years due to lack of promotion with the ultimate goal of leading to the closure of the Centre.

5. Retain the existing centre. To make the existing centre more attractive to its customers (re look at how it was run about 25/30 years ago when Mid Beds was interested in the service it provided for its customers.
6. If you are going to go to Silsoe transport would need to be costed in
7. Give more trips out in the summer
8. Looking at utilising the space more.
9. Redevelop a well thought out Centre which attracts a wide range of people with a coffee shop/parking where people can meet friends, have activities.
10. Ampthill population is growing and the Day Centre should be promoted to capture more customers.
11. A full time day service offering 3 days a week to everyone who wants to remain in their own homes and needs support with an attached 8 bed respite unit
12. A separate dementia unit or a larger building that can accommodate a dementia unit for 5 days in a row.
13. A new purpose built centre within the catchment area.
14. The Council could look at hiring the centre out and making money from it this way.
15. [TCX] believes that the building could be refurbished to provide a multi-use community centre. This would benefit the wider community and could be promoted for greater use by the voluntary sector.
16. Commissioning an external provider to provide services at the existing center.
17. Dementia is a horrible thing, mum doesn't cope with any change, she got to know and trust the staff and can confide in them, confusion to any change affects my [relative] in a big way
18. Leave out rooms for community café
19. Have you seen old people's home for four year olds? Why are we not looking at doing more services to bring generations together?
20. Make more use of the Dial-A-Ride service who run out of the day centre to carry your users around rather than large vans who's drivers just sit around during the day

Q5 Throughout the process we will be conducting individual meetings with customers and their relatives and providing advocates where necessary. What else could the Council do to minimise the impact of any changes on the existing customers and their relatives at Ampthill Day Centre?

1. I think there could be a trial period where all customers could go to a different venue for a period of time before any decision is made. This would give everyone an opportunity to see if they like the alternative offer.
2. Arrange travel to new places

3. Support me if changes happen by explaining things.
4. Meetings are helpful and having the team in the day centre to answer questions.
5. Continuous and regular communication, even when there's 'nothing to say'.
6. If it aint broke dont fix!
7. Small outings to proposed site for all customers
8. The suggestion would offer a slightly worse services in the short term in the old premises; spending as little as is reasonable with the promise of an upgraded service in 2 years.
9. This question rather confirms that the decision has already been made and is certainly premature to be asking this in this consultation exercise.
10. I think trying out the new places is a good idea.
11. A move would be stressful for some people and not for others. Ampthill for me is the preferred option and is very pleasant. It is also easy for me to get to.
12. Looking at shorter distances for people would be less stressful.
13. I don't think it would effect her if my [relative] moved someone else. Trying the new venues out is a good idea.
14. I don't think the council could do any more. My 1-1 meeting was very good.
15. Open discussions,involved in planning.
16. See above.
17. Help with travel expenses if an alternative location is proposed
18. Meet with the existing customers regularly during the process to ensure they understand the process fully
19. Can't think of anything.
20. Probably a very simple presentation/drawings showing outline of how it will work.
21. Should not think so,staff very supported
22. I'm not too worried as long as the bus picks me up and takes me home and it's not too far. I also need to keep to the same days as my [relative] works on those days.
23. We have been informed and thats good. Having the meetings are helpful to understand what is going on as my [relative] can get confused.
24. Keep us informed. The meeting has helped me to fill in the form.
25. I think continuity of venue is important for my [relative] - going to different venues during the pilots could make him quite confused.
26. Ensure there is still transport
27. It wouldn't worry me.
28. No

29. No - I think I would find it quite interesting and exciting.
30. I wouldn't be worried
31. I would like to go with my [relative] on the first day to help him settle him in or the Council run both places simultaneously. Visits to the new centres.
32. No have been really pleased with what support you are already giving.
33. No don't think you need to do anymore than you already are.
34. The meetings are good.
35. Would still need a shower and transport.
36. Don't know
37. No
38. To minimise the impact of the changes, I think it would help to inform people as soon as final decisions are made and perhaps organise another visit, this time to bring familiarity to customers regarding their changed circumstances.
39. Be more imaginative in the provision, target a wider range of customers.
40. I doubt whether existing customers will be able to comment on the proposals, meeting with relatives would be more productive. Day Centres are closing down across the UK due to cost.
41. I wouldn't be stressed.
42. It is nice to have 1-1 meeting as it keeps us upto date on what is happening.
43. I don't think there's anything else.
44. I don't think so.
45. No I wouldn't be nervous to move
46. Keep us updated.
47. The most important thing is to be picked up by the bus and to be with my friends.
48. It would be nice to have music playing at the new venue.
49. I don't really know.
50. Not make the changes which are cost cutting and not putting people at the centre of the decision. This decision will increase your demand for care home places. It is another foolish economic decision, ill thought out and full of discrimination
51. I can't think of anything really.
52. I'm not sure
53. Consider the impact this will have on people that currently attend. These people have dementia and the moving around will not benefit them, also how will you staff these hubs and spokes? The meal that they currently receive, where is their choice on what they eat at these spokes? If a person requires personal care and

this cant be delivered at a spoke and theres no space at the hub, Do they then have the service taken from them purely because they have needs that were once able to be catered for and now because the council wish to save money, they cannot be offered this?

54. I am worried about losing my friendships. As you get older it's important to feel comfortable with your surroundings. Keeping my friendships will be important to me. I would also need to make sure transport is arranged if I move to a new centre and would like the quality of the dinners to remain the same.
55. I don't think so
56. No
57. No. I appreciate the work the council do.
58. CBC should consult with their customers, relatives and carers to see what they require if changes are made to the day service.
59. I don't want to be too far from where I live.
60. Difficult, there are bound to be some disruptions, including temporary breaking of friendship groups, may I suggest WiFi facilities and assistance provided including laptops with cameras so that groups broken up can communicate with each other, this need only be a temporary fix.
61. The population of the country is raging and around the Ampthill area the increase in population over the next few years significantly alters the numbers wishing to use the Day centre. Short term money saving maybe a false economy. The council needs to consider future needs and give the local people a procedure to force the council in the future to return the day centre back to Ampthill.
62. Very little, families will be anxious, possibly with good reason, periods of upheaval and change are known to have a negative impact on people with dementia. Level of support need to be increased at the point of change and service users as well prepared as possible. Not every one with a dementia has a positive view of people with a learning disability and not every one with a learning disability takes change well or indeed passively.
63. Will have no place to go
64. Continue to keep me informed
65. Listen to what customers/relatives have to say. Dementia patient doesn't understand if you was to talk to them. I have spoke to my mum and she gets upset and worrys whats going to happen, who's going to be with her. Will the staff be the same, also said she will be lonely, she wants to know where she is. The staff have got to know my mum when she has good or bad days. Most of all mum knows her way around Day Care, ie toilets, different rooms, lunch times etc
66. All seems fine
67. Consider more the needs of your future customers

68. The use of independent advocates would be beneficial in every case. Sensitive language and sympathetic body language in meetings would put customers and relatives at ease.
69. Remember that these are elderly people who do not want to be carried off to other side of the County nor to their family want to think of them going miles in all weathers, Ampthill DC has a good kitchen and reputation. Advertise it as a venue for weekend sales/weddings/ clubs.

Q6 Do you have any further comments about the proposals?

1. I think the staff should also be asked on what they want as it will have an impact on them, for example, relocation, hours etc.
2. If we move to new places the Council haven't said where they could be
3. I think it is good because you have to move forward.
4. Don't change - I can't fault Ampthill Day Centre
5. No.
6. I feel the evidence base on which the recommendations have made for the closure of Ampthill Day Centre is too small. It seems that it is also premature in that it should have included input from relatives/carers. It is equally disappointing that Central Beds Council actually omitted initially to include [Town Council X] in the consultation process from the outset. Indeed has the result of the consultation exercise has all the hallmarks of been predetermining from the start and this current exercise is just playing lip service to wider community engagement. It is what the consultation and evaluation documents don't say that makes this exercise seem part of a decision that has already been made with little regard to the impact on users. Indeed to emphasize the point that the decision has already been made to close the Centre it is notable that both [Organisation B] and the [Organisation A] have already been told that they need to find new premises for their activities. In addition, from a Town Council perspective it would be good if we were paid the courtesy of been privy to Central Beds Council's plans for the site post closure of Ampthill Day Centre. At least be honest that this is part of a wider future plan for the Central Beds Council owned area of Houghton Close and not dress this up as a consultation that will enrich the lives of users of Ampthill Day Centre through your proposals.
7. I don't mind where I go as long as I can get there and meet other people.
8. I would like to have more educational options in the day centre such as talks about local history.
9. Not at the moment.
10. I think this is to do with the Council saving money.
11. I'm happy enough coming to the day centre as it is.
12. Positive it will all be ok
13. Good going forward to have more activities, social and outings.

14. Horticulture is a lovely activity but perhaps provisions for it could be made on a small scale in Ampthill Day Centre
15. None
16. Not really as long as I get out and I am picked up by transport.
17. Not at the moment.
18. None
19. I like the day centre. The people are friendly and I don't think it's overcrowded.
20. I would like more activities that we could join in with more pottery and entertainment would be good.
21. For my [relative] he will find change confusing however I think he would get used to it.
22. I wouldn't want the new places to be too far.
23. No
24. No
25. I like the day centre as it is.
26. Ampthill day centre has a lot of potential for expanding the services that's offered- eg a dementia café could run from there.
27. You rather stop at Ampthill Centre but do understand that if you do have move then we will and its nice to know staff can come too.
28. Ampthill centre is important to me as I have been attending for nearly 30 years.
29. The Council would be better adapting Ampthill day centre.
30. As long as there is provision for care, food, transport and stimulation.
31. The centre is very good as it is
32. I find the Council's approach and consultations very reassuring.
33. The [Organisation A] started in 1976 has over 50 members and helpers, all voluntary who use the DAY CENTER alternative Thursdays. If we can attract so many so could you. We were very disappointed to be told we had to leave the centre by Nov 1st. The [Organisation A] was started by Social Services who still allow us to use the centre free. We will now need to find a new venue which will cost us rent. Disappointing since we target people with disabilities in Cbeds. We are fulfilling the needs of our target group with a variety of interesting activities. As chairman of the [Organisation A] using the Ampthill Day Centre regularly I was surprised to have notice of this consultation from one of your clients not from you. I do not consider this to be a 'consultation'. A decision has been made to move/close/demolish the Ampthill Day Centre. If the centre is no longer fit for purpose, build a new better one with targeted activities THEN relocate. Silsoe is not the centre for an Ampthill facility, nor is it totally suitable.

34. I would like to see more activities such as walking started for the customers also more liaison with charities such as the Azheimers Society to increase Day Centre numbers.
35. No
36. I hope the final outcome is not based on the money it will save.
37. I would not mind moving to an alternative centre.
38. No
39. No
40. I'm excited about the proposed changes
41. No
42. I've got used to being at Ampthill and it might not be the same in a smaller place. But it might be nice to meet new people.
43. No.
44. No other than the decision to close will be fought
45. No
46. I think that needs of the older people have not been looked at. We are an aging society and this has not been taken into account when looking at the hub and spoke as not all needs can be met at the spokes.
47. No.
48. None
49. We hope that consideration can be made for a multi-use facility as it could be an amenity for all age groups in the town.
50. If I have to go to another venue, I'm okay with it as long as I can still sit with the men and the men and women are separated.
51. None
52. Most councils are cash strapped these days and trying to find ways of cutting costs to divert money to other essential services but I feel the day centre has to be considered as one of those essential services that needs to be preserved.
53. No
54. No
55. How it's going to deal with the impact of care that the people who have only know Ampthill Day Care
56. More could be done to utilise the day centre
57. If Silsoe is the preferred option for 'hub and spoke'. Whilst appreciating the hard work and commitment by many during this consultation there are still concerns especially about winter - time when the learning disability clients will sometimes be indoors all day. This could be challenging for the elderly, learning difficulties and staff. Perhaps a solution to some of the problems could be a separate

building with integration where appropriate. This would enable the elderly to: have their own space in a nice environment, have peace and quiet, have the full attention of their specially trained staff and this would enable the learning disability customers and their specialist staff to concentrate on their activities.

58. Consider kindness over expediency in all that you are doing. Keep people very well informed throughout. Be transparent always.
59. If you go ahead with this closure it will just be the start I can see Leighton Buzzard being next, so this is why you must stop and think because once these places have gone they cannot come back.

Appendix C: SUMMARY OF AMPHILL DAY CENTRE CUSTOMER MEETINGS

Responses from customers who did not want to record their views through the consultation questionnaire at the consultation meeting.

Customer A: Did not want to give a response through the formal questionnaire but happy to share their view: "The most important thing is the people not the venue"

Customer B: Completed a joint questionnaire with their relative prior to the consultation meeting. At the meeting the customer said they would like to go to a venue near where they live and does not want to travel more than an hour. The customer said they like the centre as it is currently.

Customer C: Did not want to give a response through the formal questionnaire but was happy to share a view. The customer said they were not keen on Silsoe Horticultural Centre when they visited but would still attend if the proposals are agreed.

Two customers did not consent to sharing a view wider.

Appendix D: RESPONSE FROM AMPHILL DAY CENTRE CUSTOMERS WHO LACKED MENTAL CAPACITY TO CONSENT TO SHARING THEIR VIEWS

A Social Worker met with Ampthill Day Centre customers who it was felt may lack the mental capacity to understand the consultation fully. The Social Worker carried out a Mental Capacity Assessment (MCA) for each of these customers. It was felt that eight of the customers she met with lacked capacity to participate meaningfully in a full consultation. However, six of those customers were able to express a view. After speaking with relatives/representatives it was felt to be in their best interests to share their view as part of the consultation.

1. Customer 1: "I liked the visit to Silsoe. I would like to play drafts, darts and card games at the day centre".
2. Customer 2: "I like smaller groups and looking out of the window".
3. Customer 3: "I'm happy at this day centre".
4. Customer 4: "I like attending the day centre and I don't want it to close".
5. Customer 5: "I would be happier in a smaller venue".
6. Customer 6: "I would not mind moving to a new venue as long as I get transport".

Appendix E: BRIEF SUMMARY OF SILSOE HORTICULTURAL CENTRE RELATIVE/REPRESENTATIVE FEEDBACK

Feedback from relatives/representatives of customers at Silsoe Horticultural Centre shared during the consultation period. This information was collated following a range of engagement activity including telephone calls to understand the views of the relative / representatives, prepared by the Day Offer project team.

Relative/Representative Questions

- Will the Silsoe Horticultural Centre customers have to attend fewer days?
- Will Silsoe Horticultural Centre customers lose their service?
- Can customers join in with activities?
- Will the older people coming to Silsoe Horticultural Centre affect what the customers who already attend do?
- When would the older people start to attend Silsoe Horticultural Centre?
- How many days would they attend?
- How will the kitchen be used?

Relative/Representative Concerns

- Silsoe Horticultural Centre customers may lose out on days due to space
- Customers having different lunchtimes - they should eat at the same time.
- Silsoe Horticultural Centre customers may not understand that they have to do skills-based activities whilst the older people get to do other leisure activities which may cause conflict.
- It is important to keep a younger customer group at Silsoe Horticultural Centre as well as older people.

Relative/Representative Comments

- There will be mutual benefits for both sides and it sounds like a great idea.
- Nice to hear that others will go there
- It's a wonderful idea
- It's good for [my relative] to meet new people
- [My relative] will enjoy other people coming
- Customers could learn a lot from each other, it is nice to integrate customers together.
- The customer groups seemed to get on well when I was there.
- They don't mind older people coming as long as this does not affect Silsoe customers.
- There will be something to gain on both sides
- [My relative] has mentioned it and seemed happy about the older people coming to Silsoe.
- Change is good as it is good for [my relative] to meet new people.

- Perfectly happy and think [my relative] will love the older group of customers going to the centre.
- A lovely place and they could learn a lot from each other, it is nice to integrate them together.
- [My relative] is getting older now and it would be good for them.
- Don't see it as a problem and I would like [my relative] to interact more with others.
- No concerns as having seen the customers at the pilot it seemed like everyone got on well.

Appendix F: REPORT PRODUCED BY AN ADVOCATE

An email was received with the content below. This is a copy of the full content of a report written by an advocate from POhWER regarding the outcome of her meetings with customers from Silsoe Horticultural Centre and customers from Ampthill Day Centre:

Feedback on Improving the day offer from Silsoe centre clients.
September/October 2018.

Pohwer were asked by Central Bedfordshire council to obtain the views of service users of the Silsoe day centre in relation to recent pilots that that been held at the centre involving people from the older peoples day centre n Ampthill.

I have worked with Silsoe centre for a number of years and all who attend the centre know who I am and that my role is to get their voices heard.

I have met with all service users that use the centre as groups and individually to gain their thoughts on the pilot.

Most enjoyed having the older people with them for a day but none realized the older people would be there every day. When they were informed that the older people would be there every day their sentiments changed.

Their comments are below:

I like helping old people.

Lots of old people in wheelchairs. They will take up a lot of room.

They have got a nice new room but we can't use it.

There is a posh toilet but its only for old people to use.

I got a bit fed up of them

They got in my way.

I don't want to spend my day with people like my Gran.

I would really like younger people to come here.

I feel too young to be stuck with old people

Cant the biggleswade centre people come here instead.

What can we do if we don't like it?

Are they (the council) doing this to save money?

No one told me they would be here every day.

I am not happy about this at all.

The old people get dinners, we don't.

I like to be myself, now I will have to behave well all day, too much.

Whilst meeting with an individual at Ampthill day centre on a different matter I was asked by some of the centre users if I to come and talk with them about the Ampthill day centre and potential changes

I came to the centre on 7th November and met with 8 people who use the centre. Their comments are as follows:

Cant fault Ampthill centre at all, the staff are fantastic.

Ridiculous idea to shove us with backward people.

No one explained what would be happening.

Backward people, I don't think it will do our girls any good, will the backward people laugh at them?

Not enough toilets.

Where will I get a bath?

I would rather stay at home.

There were no different activities at Silsoe.

Silsoe was awful, no atmosphere.

Modernise this centre. I love it here.

Sandra Pearce [Advocate for POhWER]

Please note the above information was not produced by the Council.

Appendix G: STATS FROM THE AMPHILL DAY CENTRE CONSULTATION PUBLICITY ACTIVITY

An e-bulletin was sent out to notify of the consultation on 30th August 2018. This was successfully delivered to 11,680 recipients and was opened 5,749 times.

A second e-bulletin was issued on 5th November 2018. This was successfully delivered to 13,248 recipients and was opened 6,098 times.

Between 20th August 2018 and 12th November 2018:

Amphill Day Centre Review webpage (<http://www.centralbedfordshire.gov.uk/health-social-care/adults-older-people/day-opportunities/amphill-review.aspx>) - There were 1,102 page views (885 unique page views) and 158 clicks on the button to the questionnaire.

Referrals to the Amphill Day Centre Review webpage came from the following sources:

- GovDelivery (i.e. ebulletin) – 533
- Google – 256
- Direct (i.e. links in emails that aren't CBC e-bulletins) – 136
- Facebook – 87 (As this information is produced by Google Analytics, not Facebook, we're unable to identify which specific posts these relate to)
- Bing - 8

The Future Day Offer for Older People and Adults with Disabilities webpage (<http://www.centralbedfordshire.gov.uk/health-social-care/adults-older-people/day-opportunities/improving-day-offer.aspx>) – There were 422 page views (163 of which then clicked through to the Amphill Day Centre Review webpage) and 300 unique page views.

Consultations are promoted generally on the Central Bedfordshire Council Facebook page. There have also been 86 clicks from Twitter posts about the consultation.

Staff and councillors were also made aware of the consultation via articles in different newsletters including Staff Central, Connect and the Members' Information Bulletin.

Central Bedfordshire in contact

Find us online: www.centralbedfordshire.gov.uk

Call: 0300 300 8303

Email: customers@centralbedfordshire.gov.uk

Write to: Central Bedfordshire Council, Priory House,
Monks Walk, Chicksands, Shefford, Bedfordshire SG17 5TQ

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Central Bedfordshire Equality Impact Assessment



The Public Sector Equality Duty

The Equality Duty requires public bodies to have **due regard** to the need to:

- Eliminate unlawful discrimination harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a protected characteristic and people who do not share it

Protected Characteristics:

- Age
- Disability
- Gender Reassignment
- Pregnancy and Maternity
- Marriage and Civil Partnership (elimination of discrimination only)
- Race
- Religion or Belief
- Sex
- Sexual Orientation

Due Regard means consciously thinking about the three aims of the Duty as part of the process of decision-making. For example:

- How they act as employers
- How they develop, evaluate and review policy
- How they design, deliver and evaluate services
- How they commission and procure from others

Advancing equality of opportunity involves considering the need to:

- Remove or minimise disadvantages suffered by people because of their protected characteristics
- Meet the needs of people with protected characteristics
- Encourage people with protected characteristics to participate in public life or in other activities where their participation is low

Fostering good relations involves tackling prejudice and promoting understanding between people who share a protected characteristic and others.

Complying with the Equality Duty may involve treating some people better than others, as far as this is allowed in discrimination law. This could mean making use of an exception or positive action provisions in order to provide a service in a way that is appropriate for people who share a protected characteristic.

Officers should:

Keep an adequate record showing that the equality duties and relevant questions have been actively considered.

Be rigorous in both inquiring and reporting to members the outcome of the assessment and the legal duties.

Central Bedfordshire Equality Impact Assessment



Final approval of a proposal, can only happen after the completion of an equality impact assessment. It is unlawful to adopt a proposal contingent on an equality impact assessment

Title of the Assessment:	Pilot day opportunity services in the Ampthill area	Date of Assessment:	July 2018
Responsible Officer	John King (Lead Commissioner – Lead and Prevent)		
Name:	John.king@centralbedfordshire.gov.uk		
Title:	EIA prepared by Jo Bellamy, Policy and Performance Officer		
Email:			

Stage 1 - Setting out the nature of the proposal and potential outcomes.

Stage 1 – Aims and Objectives

1.1 What are the objectives of the proposal under consideration?

The overall Day Offer project will review the provision of Day Services across Central Bedfordshire to create more personalised solutions that meet the needs of a range of care and support needs (e.g. dementia, profound and multiple learning disabilities).

In developing the offer to all people who currently use day services, there will be a detailed review of the options for older people who receive day services at Ampthill Day Centre for Older People.

Stage 2 of the review will see the evaluation of pilots in spring 2018 that were set up as potential alternatives to the current day centre in Ampthill and the launch of a formal consultation on proposals for the future of Ampthill Day Centre for Older People.

The proposal is to introduce a ‘hub and spoke’ model where it is envisaged that the ‘hub’ for customers with all needs would operate on five days a week, and the ‘spokes’ for those with lower needs would operate across the five days between them. Thus, on any given weekday the same number of customers that currently attend Ampthill Day Centre, could attend either a hub or a spoke depending on their needs or preferences or the activities on offer.

Pilots have been running at two sheltered housing schemes and are running at Silsoe Horticultural Centre.

During stage 1, the Council co-produced with customers, carers and families and other stakeholders a set of key components and principles that should direct the development of the day offer.

Key Components

These have been identified as important outcomes that should be achieved through a future day offer both for customers and their carers.

- A. Meet customer outcomes for social interaction and physical and mental stimulation.
- B. Meet carer outcomes for respite and peace of mind.
- C. Meet care and support needs.

Principles

- 1. Promote and maintain independence in a way which is personalised, flexible and responsive
- 2. Promote learning in a stimulating and supportive environment

Central Bedfordshire Equality Impact Assessment



- 3. Greater integration and partnership with local communities
- 4. Maximise the use of community facilities that can be accessed by older people and adults with disabilities.

1.2 Why is this being done?

The Social Care, Health and Housing Directorate operates eight day centres for adults. Six are larger units – four primarily for older people and two for people with learning disabilities. All were originally built in the 1970’s and 1980’s and in many ways no longer reflect the needs and aspirations of their customers. This is reflected in their usage. All of the sites are in the ownership of the Council, and some co-located with other council facilities.

The older people’s centres support some 325 older people and adults with a physical disability, with an average of 120 daily attendances. Occupancy levels have been declined in many centres with the older people centres generally operating at about 70% of their original capacity, and learning disability centres about 30%.

Since the inception of Central Bedfordshire Council, it has been recognised that the provision of day services to all customer groups needs to be modernised. This has been part of the core strategy set in terms of improving outcomes for vulnerable people and moving from institutional to personal solutions.

Implicit in the transformation of services from the current to the new Day Offer is the need to effectively manage Council resources and deliver improved value for money whilst achieving the transformation objectives.

Following initial engagement activities, it was agreed that the eligibility requirements to access day opportunities could be widened beyond those customers who have been assessed as having eligible care and support needs. Instead the new Day Offer could also appeal to people who do not meet eligibility criteria and, so long as there was an appropriate charging regime in place for such customers, this could offer opportunities for both expanding the range of activities available whilst being cost neutral.

1.3 What will be the impact on staff or customers?

The hub and spoke model would meet the needs of people with disabilities as there would be at least one option appropriate for all customers regardless of their care needs.

The hub option would be primarily for customers with the highest needs and for whom care and support needs would need to be delivered within a building base. The hub option would also be appropriate for customers with lower care needs.

The hub option would be an improvement on the current provision because it would be delivered out of a smaller building which improves opportunities for social interaction and reduces anxiety for customers with dementia that prefer a more homely space. The delivery of the service 5 days a week would ensure consistency and continuity of care which reduces stress, especially for customers with dementia. The range of activities available would be wider than that currently offered and based on customers’ preferences.

Central Bedfordshire Equality Impact Assessment



The buildings used during the pilot for the spoke options were most appropriate for people with lower care needs due to the facilities available. Other options are being sought to improve the range of services for people with higher care needs but there is no guarantee that spoke services at this stage could meet these needs.

Spoke services provide the opportunity for customers to attend less formal services run by a wide variety of providers and delivered locally in existing community facilities. There is also the option for customers to seek their own bespoke day opportunities through the use of direct payments.

Many of the existing day centre users are vulnerable either due to frailty or their disability and have been using services for a long time. Carers also benefit from these services as respite. Potential changes to the service could therefore cause concern to users, carers and their families. To reduce the impact of this concern the first phase of the project to develop the offer had a strong element of involvement and co-production with the customers, relatives, carers and staff.

For Ampthill specifically, the anticipated impact of the hub and spoke model are:

Existing customers

- The five day a week hub provision to cater for those with greater care and support needs would ensure that an option is available for customers that require specialist changing facilities with hoists and larger toilets. This provision would also benefit customers with dementia or other cognitive impairments who may require the consistency of the same venue each day.
- Customers with higher care needs may not be able to access all spoke day opportunities as the equipment and adaptations required is not normally available in other community settings. This may reduce the opportunity for these customers to maintain friendship groups with other customers that prefer to meet in spoke services. However, whilst the pilots in Spring 2018 were not set in fully accessible venues, efforts are being made to identify spoke opportunities that would be available to all customers.
- Customers' choice would be the same as currently experienced at Ampthill Day Centre, as one hub option is guaranteed to meet all care and support needs. The offer within the hub however would be improved with fully accessible buildings in a more homely environment and an improved range of activities.
- Due to the increase in day opportunities in spoke venues, customers with lower care needs would have more choice than those with higher care needs.
- The location of spoke services will be based on the results of mapping the location of existing customers, to check where services are best located to meet demand from the local area. As a result, some customers will benefit from shorter journeys to the pilot day services as there will be options spread around the Ampthill area, rather than one base in Ampthill as is the current case. This would aid the development of local community and friendship groups.
- The venues for the spoke services will provide a more homely, comfortable, and less institutional setting.
- Some services that are currently available at Ampthill Day Centre may not be available in every spoke service, such as a hairdressers, bath and laundry. The council will seek to enable these within the spokes where possible or signpost customers to alternative options where required. For example, extra care schemes such as Lavender Court have assisted bathrooms where baths can be provided, and the day service uses peripatetic hairdressers who are able to come to where individuals are.



Wider community

- There is the opportunity to develop work experience schemes for people with learning disabilities who could work at the schemes.
- As the spoke services may be based in sheltered housing schemes, where scheme tenants can also join the session, there will be a wider mix of ages accessing the service. Customers will also benefit from the establishing community at the scheme.
- There are more opportunities to embrace local community resilience and social assets through local spoke services.

Staff:

- Staff have been engaged throughout the process to understand and mitigate adverse impacts where possible.
- In the development of future services, an assessment will be carried out on whether the building and staffing levels meet the needs of customers to ensure the safety of staff, e.g. lifting customer without a hoist.

1.4 How does this proposal contribute or relate to other Council initiatives?

The proposed action supports all the Council's priorities, listed below:

- Great resident services
- Protecting the vulnerable; improving wellbeing
- Creating stronger communities
- A more efficient and responsive Council.

The other projects and processes that the Day Offer project relates to are:

1. Houghton Regis Central
2. MANOP (Meeting the Accommodation Needs of Older People) project wider developments of care homes and extra care facilities
3. Dunstable Leisure Centre
4. Biggleswade Integration Project
5. Independent living offer for vulnerable people
6. Integrated Services Review
7. Direct Services Review.
8. Sheltered Housing Review



1.5 In which ways does the proposal support Central Bedfordshire’s legal duty to:

- Eliminate unlawful discrimination harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a protected characteristic and people who do not share it

Eliminate unlawful discrimination harassment and victimisation and other conduct prohibited by the Act

Services provided and commissioned by the Council must follow equality legislation to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act and there are existing training, policies and procedures in place to support this which will continue and/or be extended to any new services which may result from this review.

A component of the Day Offer is ‘Meet care and support needs’. Those entitled to care will still have their needs met. The service may also be extended to those who do not meet eligibility criteria through an appropriate charging regime.

A hub and spoke model ensures that all customers will be able to access a day service. Customers with higher care needs that require specialist equipment or facilities will initially have the choice of one hub option (as they do currently) but this is anticipated to improve as the day offer is developed to include fully accessible spoke services and other hub options in other area of Central Bedfordshire.

An assessment would be carried out before a customer can access a service to check that the building and staffing levels are appropriate to meet the client’s care needs. Customers are involved in making decisions about activities at the centres to ensure they are appropriate. The client’s support plan also includes details around the client’s preferences such as any culturally specific meal requirements.

Advance equality of opportunity between people who share a protected characteristic and people who do not share it

Current day services are based on a model that is difficult to personalise and meet the specific needs of individuals. An aim of the project is that at its completion there will be a better ‘match’ between the needs of the people using day services and the service(s) they are using. This will give customers a better opportunity to access services that meet their individual needs.

A key principle that will advance equality is to ‘promote and maintain independence in a way which is personalised, flexible and responsive’. This will ensure people can have a choice, make decisions, feel involved and valued and able to make a meaningful contribution where able and recognise and respond to current and changing care and support needs.

Foster good relations between people who share a protected characteristic and people who do not share it

The current day offer model can be seen to segregate customers from the wider community. The

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review has the opportunity to consider how services can be better provided to foster improved relations between people who do not share a protected characteristic.

A key principle is to 'Aim for integration and local community cohesion', specifically to:

- encourage involvement of a wider range of people including across generations and the community
- develop opportunities that bring people together with a variety of needs and interests where possible and desirable.

The Ampthill pilots showed that there are a range of benefits for the wider community such as work experience schemes for people with learning disabilities, volunteering opportunities for local residents and an opportunity for a wider age range of tenants and service users to engage and enjoy day centre activities together.

1.6 Is it possible that this proposal could damage relations amongst groups of people with different protected characteristics or contribute to inequality by treating some members of the community less favourably such as people of different ages, men or women, people from black and minority ethnic communities, disabled people, carers, people with different religions or beliefs, new and expectant mothers, lesbian, gay, bisexual and transgender communities?

Carers and service users have raised the concern that changes to services could lead to the loss of existing friendships leading to social isolation and loss of support networks. Older people and people with disabilities are at increased risk of isolation and so a change in service that impacts on service users' opportunity to maintain existing friendships could have a disproportionate effect on those with these protected characteristics.

Specifically, for Ampthill, the project recognises the importance of maintaining friendship groups. The project will aim to maintain friendship groups where possible. However as customers with higher care needs may not be able to access all spoke services in the Ampthill area, it is possible that customers with lower care needs may choose to access a spoke service and therefore not meet in their established friendship group as frequently. Lower care needs customers would however be able to access hub services, subject to capacity and prioritising customers with higher care needs.

Stage 2 - Consideration of national and local research, data and consultation findings in order to understand the potential impacts of the proposal.

Stage 2 - Consideration of Relevant Data and Consultation

In completing this section it will be helpful to consider:

- **Publicity** – Do people know that the service exists?
- **Access** – Who is using the service? / Who should be using the service? Why aren't they?



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- **Appropriateness** – Does the service meet people’s needs and improve outcomes?
- **Service support needs** – Is further training and development required for employees?
- **Partnership working** – Are partners aware of and implementing equality requirements?
- **Contracts & monitoring** – Is equality built into the contract and are outcomes monitored?

2.1. Examples of relevant evidence sources are listed below. Please tick which evidence sources are being used in this assessment and provide a summary for each protected characteristic in sections 2.2 and 2.3.

Internal desktop research

	Place survey / Customer satisfaction data	x	Demographic Profiles – Census & ONS
	Local Needs Analysis		Service Monitoring / Performance Information
x	Other local research		

Third party guidance and examples

x	National / Regional Research	x	Analysis of service outcomes for different groups
x	Best Practice / Guidance		Benchmarking with other organisations
	Inspection Reports		

Public consultation related activities

x	Consultation with Service Users	x	Consultation with Community / Voluntary Sector
	Consultation with Staff	x	Customer Feedback / Complaints

Data about the physical environment e.g. housing market, employment, education and training provision, transport, spatial planning and public spaces

Consulting Members, stakeholders and specialists

x	Elected Members	x	Expert views of stakeholders representing diverse groups
	Specialist staff / service expertise		

Please bear in mind that whilst sections of the community will have common interests and concerns, views and issues vary within groups. E.g. women have differing needs and concerns depending on age, ethnic origin, disability etc

Lack of local knowledge or data is not a justification for assuming there is not a negative impact on some groups of people. Further research may be required.

2.2. Summary of Existing Data and Consultation Findings: - Service Delivery Considering the impact on Customers/Residents

- **Age:** e.g. Under 16 yrs / 16-19 yrs / 20-29 yrs / 30-44 yrs / 45-59 yrs / 60-64 yrs / 65-74 yrs / 75+

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Current profile

Amphill Day Centre user age profile (May 2018)

Age groups	Count of customers accessing services	% customers
Under 65	0	0
65-74	9	20%
75-84	15	33%
85-94	17	38%
95+	4	9%
Grand Total	45	

Key findings from stage 1 engagement

- All five of the principles set out in the original day offer will benefit older people most in need of the service and younger people who find age-appropriate services difficult to access.
- There are likely to be concerns about the perceived loss of particular services or centres and this could have a disproportionate effect on people that are vulnerable due to their age.
- There are concerns that changes to provision could disperse friendship groups, which could increase a sense of loneliness, which older people are at most risk from.
- No 16-24 year old customers took part in the consultation; therefore the views of those services users recently transitioning from Children’s Services to Adult Social Care have not been captured.

Key issues affecting people with protected characteristic

As people live longer at home the prevalence of dementia and other long-term conditions increase.

For older people there are likely to be concerns about the perceived loss of particular services or centres.

Assumptions are sometimes made that it’s natural for older people to have lower expectations, reduced choice and control and less account taken of their views (DOH).

In 2006, 63% of people aged 65 to 74 reported having a longstanding illness and 38% said longstanding illness limited their ability to carry out daily activities. 70% of people aged 75 and over reported having a longstanding illness and 50% said longstanding illness limited their ability to carry out daily activities (Office for National Statistics – ONS).

Scores of three or more depressive symptoms were more likely among older respondents (of both genders) and higher scores were more prevalent in those reporting LLTI and mobility problems. Around 25% of those over 65 had significant depressive symptoms in 2005. The comparable figure in the general population is around 10%.

Strategic commissioning - Research undertaken for the Department of Health looking at age

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equality in Health and Social Care highlighted that good information on health, care and wellbeing needs was seen as an essential first step in ensuring that service planning and delivery are fair and proportionate. People who can experience multiple discrimination such as older people from minority ethnic groups can be overlooked. Commissioning must be informed by data that is broken down and analysed by age and other factors. Public involvement in commissioning decisions is crucial. Representatives of patient, service user and public groups observed that their role needed to cover planning and design stages and also the delivery and evaluation and review stages. LAs needed to use age appropriate means of engaging different groups, especially different communities of older people.

The Foundation for People with Learning Disabilities carried out desktop research in 2010 for an Equality Scoping Study to understand the how Valuing People Now, the government's LD strategy, had improved the fairness of services (with a focus on the protected characteristics). In relation to age, the study found that "some of the issues raised highlight a dilemma: to what extent should older people with learning disabilities be included in older people's services? And what reasonable adjustments would be needed to such services in recognition of the different life experiences that people with learning disabilities may have had? It seems likely that the policy of some councils (moving people at age 65 from learning disability services to older people's services, with a resulting reduction or change in support) will be open to challenge on grounds of age discrimination. Other key issues include the importance of planning ahead with older families and ensuring that policy on older people (including dementia care and future funding of social care) is sensitive to the specific needs of older people with learning disabilities and older family Carers."

Joseph Rowntree Foundation published *Older people with high support needs: how can we empower them to enjoy a better life* in 2010. This found that the group of older people with high support needs is growing, becoming increasingly diverse and changing, as new sub-groups emerge and the prevalence of some conditions, such as dementia, increases. There is limited evidence about what older people with high support needs want and value and ageism acts as a key barrier to hearing their voices. Improving quality of life for this group is often about making simple changes to how existing services are run. Personalisation, assistive technology, and the development of user involvement in commissioning present opportunities as well as challenges.

Age UK published *A summary of Age UK's Index of Wellbeing in Later Life* in 2017 which showed that the factors that have the highest level of impact on wellbeing in later life are:

- Creative and cultural participation
- Physical activities
- Thinking skills

The report concluded that "the most striking finding from this Index is the importance of maintaining meaningful engagement with the world around you in later life – whether this is through social, creative or physical activity, work, or belonging to some form of community group. Taken together, these forms of participation contribute in excess of 20 per cent of wellbeing".

Stage 2 - Pilot evaluation feedback

Wingfield Court tenants

81% of the 21 Wingfield Court sheltered housing scheme tenants and local residents that responded to the evaluation survey stated that would be happy for the pilot to continue. Eight respondents regularly took part in activities and four occasionally and the activities were judged

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to be good by six respondents, excellent by four and two did not answer this question. Three people who took part regularly said that they enjoyed the day and meeting other people. Two people commented that it made the scheme feel like a residential / nursing home and it was not what they agreed to when signing their tenancy.

Wingfield Court pilot service users (all respondents aged 75+ and all consider themselves disabled)

- 5 of the 8 respondents felt that there had been more physical activities at the pilot service
- All 8 felt that there had been more social activities,
- All 8 had made more friends,
- 3 (38%) felt that they had been able to take part in activities that promote learning new skills, the other respondents felt it had not made a difference.
- All felt that the facilities met their care and support needs,
- All 8 felt that the pilot was flexible and took their needs and choice in to consideration.

A respondent said: “more socialisation due to smaller group”. A carer said: “Due to X’s hearing the smaller environment is beneficial. X has settled and interacts much more than at the [Amphill Day] centre.”

Gale Court pilot service users (all respondents aged 75+ and all consider themselves disabled)

- 3 of the 5 respondents felt that there had been more physical activities at the pilot service
- All 5 felt that there had been more social activities,
- 4 had made more friends,
- 3 felt that they had been able to take part in activities that promote learning new skills
- Of the 4 that responded to this question, all felt that the facilities met their care and support needs,
- All 5 felt that the pilot was flexible and took their needs and choice in to consideration.

A response on behalf of a service user stated “x has enjoyed the small space, due to his hearing and dementia the space and environment is better”, the service user’s carer also said that “x has settled really well, very convenient to bring him”.

Some tenants were unhappy as their room is usually used every day for a coffee morning and some tenants felt that they can not use the space freely now.

- **Disability:** e.g. *Physical impairment / Sensory impairment / Mental health condition / Learning disability or difficulty / Long-standing illness or health condition / Severe disfigurement*

Current service user profile

The primary support reasons for Amphill day opportunities customers to receive care and support are below.

Variety of disabilities/ support reasons of customers using Amphill older people day centre (May 2018)

Primary support reason	Amphill Day Centre count	Amphill Day Centre %	All OP day centres%
Mental health support	3	7%	5%
Learning Disability Support	1	2%	2%
Memory & Cognition Support	6	13%	13%
Physical disability	26	48%	62%

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Sensory disability	1	2%	1%
Social - Social Isolation/Other Support	8	18%	11%
Other	0	0%	4%
Grand Total			100%

The table¹ below shows the number of customers that have dementia (in 2015) at each centre. In Ampthill 49% of service users have dementia, compared to 46% overall.

Centre	Number of attendees	Number of attendees with dementia
Ampthill	72	35
Biggleswade	82	34
Houghton Regis	80	38
Leighton Buzzard	72	35
Totals	306	141

Data from 2015.

Key findings from stage 1 engagement

- All five of the principles set out in the original day offer will benefit people with disabilities.
- A higher proportion of customers with physical disability support needs will be impacted by a change to CBC day centre provision as 96% of day services in day care establishments are met by CBC day centres, compared to 69% of customers with LD support needs.
- There are likely to be concerns about the perceived loss of particular services or centres and this could have a disproportionate effect on people that are vulnerable due to their disability.
- Changes to service provision can have a disproportionate impact on people with dementia, autism, those suffering from depression, anxiety, impaired eyesight and/or hearing and reduced mobility.
- There are concerns that changes to provision could disperse friendship groups (especially among LD customers). This could increase the risk of social isolation, which disproportionately affects disabled people.

Key issues affecting people with protected characteristic

Disabled people do not always have the same opportunities or choices as non-disabled people. They can experience discrimination, lack of respect and unreasonable barriers to participation in society on an equal basis.

Around 1 in 5 people in Britain have an LLTI/disability (over 10 million), which is strongly associated with self-reported poor general health

The proportion of people with Limiting Long-Term Illness (LLTI) or disabilities rises with age, so that a large proportion of people over 75 report these conditions.

¹ Day Opportunities Vision Paper 160605

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The likelihood of having such impairment is not evenly spread across the population. Women are more likely than men overall, and people from some ethnic and religious groups – especially some Asian Muslims – appear more likely to report an LLTI or disability. In both cases, the differences tend to become more accentuated at older ages, so for example nearly 2 in 3 Pakistani and Indian women over 65 had a LLTI or disability in 2001.

15% of those with a learning disability reported their health as not good. The rates were highest for those who were unemployed, socially isolated, older and from an ethnic minority community.

Social care services are vital in order to progress equality for disabled people. If these services are not part of the solution in actively removing the barriers to living independently that disabled people face, they can become part of the problem in creating barriers to equality (The then Commission for Social Care Inspection, now Care Quality Commission.)

Disabled people said they experienced the following barriers to equality in social care services:

- Physical barriers were the most common barriers to disability equality addressed by sample of services (24% of 400 services). Environmental barriers, such as poor access to or within buildings, can be significant, but they were experienced by the lowest number of disabled people (17% of the 307 disabled people taking part in our survey and 37% of people with physical or sensory impairments).
- Communication barriers were experienced by a majority of disabled people responding to the survey, with only 38% agreeing that all staff communicated well. These barriers were not always related to the disabled person's impairment, for example providing information in accessible formats, but could be due to the communication skills of staff.
- Social inclusion barriers - only 29% of disabled people living in care homes felt that the service had helped them to challenge disabling barriers in the community, e.g. transport or inaccessible community facilities, compared to 43% of people using home care and 44% of people using Direct Payments.
- Attitudinal barriers were the most common barriers that people faced. 55% of all disabled people, and 65% of people living in care homes, had experiences of social care staff who did not respect their right to be treated equally with non-disabled adults; for example patronising attitudes or a lack of regard for the disabled person's rights to make choices about how care was delivered.

Disabled people are more than twice as likely to be out of work as non disabled people. (Family Resources Survey - 2006/07)

Only one in two disabled people are likely to be in employment compared with four in five non disabled people. (Government Equalities Office).

Disabled people travel one-third less than non disabled people and physical access to public transport can be difficult. (Disability Rights Commission)

The Foundation for People with Learning Disabilities 2010 Equality Scoping Study found that “despite some examples of good practice, efforts to improve opportunities [to reduce loneliness and encourage friendships] are being hindered for many people by the lack of clarity about whether it is the job of services to support friendship and tensions with approaches to safeguarding. There will also be concern that one effect of the public sector recession may be to

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limit support for activities seen as ‘optional’. Addressing these issues will be vital if the ‘social capital’ component of personalisation is to be taken seriously.”

Stage 2 - Pilot evaluation feedback

See age section.

- **Carers:** *A person of any age who provides unpaid support to family or friends who could not manage without this help due to illness, disability, mental ill-health or a substance misuse problem*

Current profile

The table² below shows the number of customers that attend the service in older people centres that also provides respite for their carer:

Centre	Number of attendees	Respite	% carer support
Amphill	72	39	54%
Biggleswade	82	29	35%
Houghton Regis	80	39	49%
Leighton Buzzard	72	52	72%
Totals	306	159	52%

Based on 2015 data.

Key findings from stage 1 engagement

- BME customers will especially benefit from a day offer based on:
 - Principle 1 - Promote and maintain independence in a way which is personalised, flexible and responsive
 - Principle 3 - Aim for integration and local community cohesion
 - Principle 4 - Maximise and support existing community capacity
- Further research is required to understand why BME customers are not using day centres to relieve social isolation and whether changes can be made to future services to remove any barriers.

Key issues affecting people with protected characteristic

Over 2 million people become carers every year (Carers UK). Every day, another six thousand people take on a caring responsibility and 3 in 5 people will become a carer at some point in their lives.

By 2026 more than 10% of the population will be over 75 and significant numbers of the workforce age 45+ will have caring responsibilities.

Over 65’s account for around a third of those carers providing more that 50 hours of care a week, including many who provide informal care for grandchildren. Many also look after older relatives as well (Department for Work and Pensions).

² Day Opportunities Vision Paper 160605

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Only 25% of carers receive a Carers Assessment and only 14% say that it has led to a change in support. 33% of local authorities are providing services to less than 6% of the carers within their area (The Princess Royal Trust for Carers).

1 in 9 carers are looking after someone with dementia (National Carers Strategy).

One in five carers report that their health suffers as a direct result of caring. (Carers UK)

BME carers in England:

- There are 503,224 BME carers in England;
- 10% of carers are from a BME background;
- Indian carers are the largest BME group (2.2% of all carers)
- Black Caribbean carers represent 0.9% of all carers), or 44,402 carers;
- Every year, 180,000 BME people become carers.

BME carers and health:

- 60,120 BME carers in England are in poor health;
- This is slightly higher (by 0.6%) than white British carers.

BME carers and employment:

- The majority of BME carers are of working age;
- Nearly a quarter of a million BME carers (241,320) juggle work and care;
- This is 9.74% of all carers in England.

England's half a million black and minority ethnic (BME) carers save the state a staggering £7.9 billion a year which is 41% of local authority total spend on social care – in stark contrast to the investment that is there to support them. Research by Carers UK shows that BME carers provide more care proportionately than white British carers, putting them at greater risk of ill-health, loss of paid employment and social exclusion. Certain groups also experience greater levels of isolation, namely Pakistani and Bangladeshi carers. Some of the key challenges identified in the research include:

- language and literacy barriers, which continue to be a challenge for some BME carers, especially for older and new immigrant communities of BME carers;
- Cultural barriers which hinder access to services because they can place huge restrictions on BME carers coming forward to receive services, for example, notions of duty to care for relatives;
- Lack of incorporation of BME carers' voices, and as a result of which, services may not be commissioned in the right way, or BME needs can be overlooked.

Three of the principles set out in the day offer will specifically benefit the carers of those receiving the services, through better access to services and support to maintain independence:

- Promote and maintain independence in a way which is personalised, flexible and responsive
- Maximise and support existing community capacity
- Maximise the use of community facilities that can be accessed by older people and adults with disabilities



- **Gender Reassignment:** *People who are proposing to undergo, are undergoing or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex*

Key issues affecting people with protected characteristic

- 1 in 10,000 people suffer from the recognised medical condition known as gender dysphoria, generally referred to as being transgender or transsexual.
- Recent research estimates that 7% of the trans population are aged 61 or over (Equalities Review).
- Research undertaken in the areas of employment, health provision, social exclusion and hate crime indicates that Transgender people experience disproportionate levels of discrimination, harassment and violence. This includes bullying and discriminatory treatment in schools, harassment and physical/sexual assault and rejection from families, work colleagues and friends.

Social attitudes towards trans people - Although social attitudes have become more accepting towards trans people, there is a persistent assumption that there are only two genders (female and male) and that one's gender is assigned from birth and cannot be changed. Trans people still face prejudice. This continues to limit their employment opportunities (despite legislation prohibiting discrimination); their personal relationships; their access to goods, services and housing; their health status; their safety in both public and private spheres; and their access to health and social care. (Department of Health Guidance).

Mental Health:

- Trans people are susceptible to depression and at risk of suicide. (Department of Health)
- 33% of Trans Adults in the UK attempt suicide at least once. (Press for Change)
- Localised and small-scale survey data suggest that levels of poor mental health may be higher in the transgender population. One 2006 study of 819 LGBT people in Brighton and Hove indicated higher levels of the following disorders in the transgender population as compared to the LGB population over the past five years: insomnia, fears and phobias.

- **Pregnancy and Maternity:** *e.g. pregnant women / women who have given birth & women who are breastfeeding (26 week time limit then protected by sex discrimination provisions)*

No identified impacts.

- **Race:** *e.g. Asian or Asian British / Black or Black British / Chinese / Gypsies and Travellers / Mixed Heritage / White British / White Irish / White Other*

Current service user profile

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Ethnicity of Ampthill Older People Day Centre users (unknown removed)

Ethnicity	Ampthill Day Centre count	Ampthill day centre %	All OP day centres %
White British	38	84%	93%
BME	7	16%	7%

16% (7) of customers using Ampthill Older People day care centre, where ethnicity is known, have black and minority ethnic backgrounds (all OP centres 7%). In 2011 the Central Bedfordshire population had 10% BME population.

Key findings from stage 1 engagement:

- BME customers will especially benefit from a day offer based on:
 - Principle 1 - Promote and maintain independence in a way which is personalised, flexible and responsive
 - Principle 3 - Aim for integration and local community cohesion
 - Principle 4 - Maximise and support existing community capacity
- Further research is required to understand why BME customers are not using day centres to relieve social isolation and whether changes can be made to future services to remove any barriers.

Key issues affecting people with protected characteristic

BME people are twice as likely as the overall population to have no savings at all, and are less likely to own their own homes.

BME people are less likely to have a private pension. For example, Bangladeshi, Chinese and Pakistani people are roughly half as likely to have a private pension as white British people.

All BME groups experience higher rates of pensioner poverty than the rest of the population. For instance nearly 1 in 2 Bangladeshi and Pakistani pensioners live in poverty compared to 1 in 6 white pensioners.

The experience of black and minority ethnic people using social care services is still very variable. Whilst the majority of BME people say that they would recommend the service to another black or minority ethnic person and that staff were suitable, only around 50% felt that their needs as a black and minority ethnic person were adequately considered at their last assessment. 25% said that they had faced prejudice or discrimination when using services, with over half the people aged under 60 reporting this.

Examples included both direct discrimination such as verbal abuse and indirect discrimination such as the failure of services to provide information in the person's preferred language or assumptions being made on assessment.

Many, particularly older people, had low expectations of services, were uncertain whether discrimination had occurred or were reluctant to report concerns - so providers are not necessarily getting the feedback that they need to improve.



- **Religion or Belief:** e.g. *Buddhist / Christian / Hindu / Jewish / Muslim / Sikh / No religion / Other*

Current service user profile

Data not available.

Key issues affecting people with protected characteristic

- A lack of awareness about a person’s religious or other beliefs can lead to discrimination. This is because religion can play a very important part in the daily lives of people. In addition there is often a perceived overlap between race and religion which needs to be taken into account:
- Discrimination can occur if specific requirements are not taken into account for example:
 - Diet / fasting, e.g. some groups are vegetarian; others require animals for consumption to have been slaughtered in a particular way, e.g. Muslims and Jews.
 - Dress / Jewellery
 - Religious observance / prayer and festivals
 - Customs and practices to be followed in the case of birth and bereavement
 - Cultural stereotypes for maleness and femaleness

There is evidence of a disparity in effectiveness of social care services for people of different ethnicities:

- 54.8% of Asian people and 60.4% of Black people said that equipment they had received from services had “made their quality of life much better”, compared to an average of 68.5% across all ethnicities;
- 69.2% of Asian people said they were “very happy” with the way people who discussed their needs had treated them, compared to an average of 87.1% across all ethnicities;
- older Asian people (including Indian, Pakistani, Bangladeshi and other Asian groups) are less likely to live alone: while among White men aged 85 and over the proportion living alone was 42%, it was only 16% among Asian people and 23% among the Chinese or Other group;
- among African Caribbean men over 50, the risk of a potentially life threatening ailment is more significant than other groups. Yet the frequently present at a time when the chance of preventative intervention is too late.
- the Health and Social Care Information Centre Personal Social Services Adult Social Care Survey, England 2010 -11 found that services from the White ethnic group reported having a higher quality of life than users from the Mixed, Asian and Black groups (Adult Social Care Outcomes Framework Equality Analysis, DoH, 2010).

- **Sex:** e.g. *Women / Girls / Men / Boys*

Key findings from stage 1 engagement:

- The following principles will specifically help deliver services that meet the needs and preferences of men and women:
 - Principle 1 - Promote and maintain independence in a way which is personalised, flexible and responsive

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- Principle 2: Promote learning in a stimulating and supportive environment (especially for men)
- Principle 3 - Aim for integration and local community cohesion
- The feedback shows that whilst the similar proportion of men and women access all day centre services, they do so for different reasons and outcomes. Men and women appear to value different elements of what a day centre can offer and thought should be given to when designing services how these different needs can be met in a group environment. Older people day centres deliver to a higher proportion of female customers than male and vice versa for LD day centres, again understanding this preference will be important in designing future services.

Current service user profile

The sex of CBC Older People Day Centre users (2015)

CBC OP day centre	Female		Male	
	Count	%	Count	%
Ampthill Social Centre (Day Care Establishment)	46	22.12%	31	29.81%
Biggleswade Day Centre (Day Care Establishment)	44	21.15%	18	17.31%
Houghton Regis Social Centre (Day Care Establishment)	69	33.17%	23	22.12%
Leighton Buzzard Day Centre (Day Care Establishment)	49	23.56%	32	30.77%
Grand Total	208	100%	104	100.00%

Key issues affecting people with protected characteristic

Women’s level of reported LLTI was statistically significantly higher than men’s in the Health Survey for England (22% of men and 25% of women)

There is evidence across a range of health services that patterns of access, uptake and treatment diverge between women and men. The patterns are, however, complex, so that both men and women appear to be disadvantaged in some areas of healthcare.

Isolation: the emerging crisis for older men - A report exploring experiences of social isolation and loneliness among older men in England published by Independent Age found that:

- A growing generation of older men is facing a future of increased isolation.
- The number of older men aged 65+ living alone is projected to rise by 65% between now and 2030.
- Older men are more socially isolated than older women.
- Older men have significantly less contact with their children, family and friends than older women.
- The number of older men outliving their partners is expected to grow.

The report recommended that men approaching later life need to make efforts to retain and build their social network among friends, families and interest groups and that befriending and support services should be designed with older men’s interests in mind.

- Sexual Orientation: e.g. Lesbians / Gay men / Bisexuals / Heterosexuals

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Key issues affecting people with protected characteristic

- It is estimated that 5 to 7% of the population in the UK is LGB (Stonewall)
- Some older people choose to self-exclude and are likely to continue to do so even after civil partnerships legislation: they may have lived their whole lives discreetly, even secretly, and therefore feel unable to make what would be a very public declaration of their sexual orientation.
- Older people are overwhelmingly perceived to be heterosexual; consequently, older lesbian, gay and bisexual (LGB) people have often been invisible in-service provision for older people. Older LGB people’s needs may be, in some respects, no different from those of other older people: for example, their safety and physiological needs may be addressed by physical adaptations to their home. However, other needs are often overlooked in planning care, such as opportunities for maintaining social networks. Older LGB people may have a greater need for health and social care services because, compared with their heterosexual contemporaries, they are:
 - two-and-a-half times as likely to live alone;
 - twice as likely to be single; and
 - four-and-a-half times as likely to have no children to call upon in times of need.

- **Other:** *e.g. Human Rights, Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion, Marriage and Civil Partnership*

Socio-economic status and carers

There is a strong socio-economic dimension to caring. People from lower socio-economic groups are more likely both to need care and to provide it, at any age.

One underlying issue is the extent to which they are able to meet this extra need by drawing on family help when conditions are not great enough to trigger local authority support, and the consequences this reliance on family may have on economic and social prospects.

The provision of informal care in later life is associated with socio-economic status: people aged 55-69 from lower occupational groups are more likely to be caring for a spouse than those from higher ones. This is linked both to a higher incidence of disability among those in lower occupational groups, and to the inaccessibility of support for those without the resources to pay for it.

**2.3. Summary of Existing Data and Consultation Findings – Employment
Considering the impact on Employees**

- **Age:** *e.g. 16-19 / 20-29 / 30-39 / 40-49 / 50-59 / 60+*

- **Disability:** *e.g. Physical impairment / Sensory impairment / Mental health condition / Learning disability or difficulty / Long-standing illness or health condition / Severe disfigurement*

- **Carers:** *e.g. parent / guardian / foster carer / person caring for an adult who is a spouse,*

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<p><i>partner, civil partner, relative or person who lives at the same address</i></p>
<p>- Gender Reassignment: <i>People who are proposing to undergo, are undergoing or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex</i></p>
<p>- Pregnancy and Maternity: <i>e.g. Pregnancy / Compulsory maternity leave / Ordinary maternity leave / Additional maternity leave</i></p>
<p>- Race: <i>e.g. Asian or Asian British / Black or Black British / Chinese / Gypsies and Travellers / Mixed Heritage / White British / White Irish / White Other</i></p>
<p>- Religion or Belief: <i>e.g. Buddhist / Christian / Hindu / Jewish / Muslim / Sikh / No religion / Other</i></p>
<p>- Sex: <i>Women / Men</i></p>
<p>- Sexual Orientation: <i>e.g. Lesbians / Gay men / Bisexuals / Heterosexuals</i></p>
<p>- Other: <i>e.g. Human Rights, Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion, Marriage and Civil Partnership</i></p>

2.4. To what extent are vulnerable groups more affected by this proposal compared to the population or workforce as a whole?

Broadly, the main protected characteristics that define users of day services in Central Bedfordshire are age and disability. Any change to Ampthill Day Centre services will therefore have more of an impact on these groups – especially older people and people with a physical disability.

1. The current day services model can be seen to segregate customers from the wider community and seen to provide a one size fits all service.
2. The pilot spoke services were not accessible to customers with high support needs or appropriate for customers with wandering dementia and so it is not guaranteed that future spoke provision would be accessible to those with higher care needs due to the adaptations and space required. The hub and spoke model could therefore deliver the same level of choice (one venue) for customers with high support needs, whereas those with lower care and support needs would enjoy a wider choice. This could have an impact on friendship groups if customers with lower care needs choose to access services in spoke venues, away from friends that can only access the hub service.
3. Change is likely to cause a level of anxiety for those currently accessing Ampthill Day Centre.



2.5. To what extent do current procedures and working practices address the above issues and help to promote equality of opportunity?

1. A principle of the day offer is to *Promote and maintain independence in a way which is personalised, flexible and responsive*. A review of the services provided will create the opportunity to develop new services that meet the needs of individuals that share a protected characteristic. The hub service would be set in a smaller venue than Ampt Hill Day Centre, which ensures that care staff and customers are closer to the customers and this engenders more social interaction. The 5 day a week service will also provide consistency to customers that may be adversely impacted by having to access services in a variety of settings such as those with dementia or other cognitive impairments.
2. A) The hub and spoke model aims to improve the current provision by providing more choice and flexibility through smaller spoke services. Potential options for future services have been tested as pilots and these were developed with service users, carers, staff and other potential users of future services and evaluated against the outcomes established in stage 1.
 B) The piloted spoke services were delivered in communal rooms at sheltered housing schemes. The use of existing facilities in established communities has a number of benefits for the spoke service users and local community. Once a decision has been made on future service provision, options for long-term investment to enhance facilities would be considered to improve the accessibility of the venues and enable customers with higher care needs to access a wider range of services. Improving the accessibility of buildings will be proportionate to the demand for services in the area.
 C) Whilst customers with high level needs may only be able to access hub services, the offer within the hub service would be an improvement on current provision as the building would be better able to meet care needs, the homely environment would be better for social interaction and there would be a better range of activities on offer that are based on customer preference.
 D) An assessment criteria has been developed to ensure all buildings for future services meet standards and specification for customers with typical care needs. Staffing levels would also be assessed to ensure that there is sufficient staff to deliver a safe service that does not put customers or staff at risk.
3. Effective, appropriate and timely communication and engagement to plan and eventually implement any changes to provision will help to relieve the anxiety felt by customers, especially those vulnerable due to their age and disability. The day offer project has two key stages involving communication, engagement, consultation and co-production to come to a decision on the changes required to meet the outcomes of the project.

2.6. Are there any gaps in data or consultation findings

Evaluation of Silsoe Horticultural Centre pilot.
 Feedback from stakeholders on the proposed day offer model.

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2.7. What action will be taken to obtain this information?

Feedback is being collated during the Silsoe Horticultural Centre pilot and an evaluation report will be produced at the end of the pilot.
A consultation is planned for August 2018 to gain feedback on the hub and spoke model.

Stage 3 - Providing an overview of impacts and potential discrimination.

Stage 3 – Assessing Positive & Negative Impacts

Analysis of Impacts	Impact?		Discrimination?		Summary of impacts and reasons
	(+ve)	(- ve)	YES	NO	
3.1 Age	x			x	<p>The overall project will affect older people most in need of the service and younger people who find age-appropriate services difficult to access.</p> <p>There are likely to be concerns about the perceived loss of particular services or centres and this could have a disproportionate effect on people that are vulnerable due to their age.</p> <p>There are concerns that changes to provision could disperse friendship groups, which could increase a sense of loneliness, which older people are at most risk from.</p>
3.2 Disability	x			x	<p>A higher proportion of customers with physical disability support needs will be impacted by a change to CBC day centre provision.</p> <p>There are likely to be concerns about the perceived loss of services or centres and this could have a disproportionate effect on people that are vulnerable due to their disability.</p> <p>Changes to service provision can have a disproportionate impact on people with dementia, autism, those suffering from depression, anxiety, impaired eyesight and/or hearing and reduced mobility.</p> <p>There are concerns that changes to provision could disperse friendship groups. This could increase the risk</p>

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					of social isolation, which disproportionately affects disabled people. The hub and spoke model would maintain the level of choice for customers with high care needs but with a better offer within the hub. There would be an increase the choice for those with lower care needs.
3.3 Carers	x			x	Carers needs as direct customers of the services have been included in the overall offer.
3.4 Gender Reassignment				x	
3.5 Pregnancy & Maternity				x	
3.6 Race				x	
3.7 Religion / Belief				x	
3.8 Sex	x			x	Older people day centres deliver to a higher proportion of female customers than male. Services are designed with a person-centred approach to ensure individual preferences are understood and where possible catered for.
3.9 Sexual Orientation				x	
3.10 Other e.g. Human Rights, Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion Marriage and Civil Partnership	x			x	There is a strong socio-economic dimension to caring. People from lower socio-economic groups are more likely both to need care and to provide it, at any age.



Stage 4 - Identifying mitigating actions that can be taken to address adverse impacts.

Stage 4 – Conclusions, Recommendations and Action Planning

4.1 What are the main conclusions and recommendations from the assessment?

The day offer's key components and principles provide a good basis for the development of personalised services that meet both carers and customers' needs. This places the individual's needs and preferences at the centre of planning for future services and thereby will take account of people's protected characteristics.

The main protected characteristics that define users of day services in Central Bedfordshire are age and disability. Any change to existing day centres and day services will therefore have a disproportionate effect on these groups – especially people that are older, have a physical disability, have a learning disability, dementia, autism and those suffering from anxiety or depression.

A higher proportion of customers with physical disability support needs will be impacted by a change to CBC day centre provision as 96% of day opportunities in day care establishments are met by CBC day centres.

There are concerns that changes to provision could disperse friendship groups and increase a sense of loneliness, which older people, disabled people and men are at most risk from.

The hub and spoke model has the following benefits:

- 1) Hub service would be delivered in a fit for purpose building with appropriate facilities that can meet higher care needs. The current setting of Ampthill Day Centre does not have an adequate changing place and the building is too large and institutional. The hub service would be delivered from a smaller setting that enables a more personalised service on several levels. The current hub pilot that is being tested at Silsoe Horticultural Centre has a more suitable and more comfortable environment, plus the care staff and customers are closer to the customers and this engenders more social interaction. The pilot also has a wider range of activities on offer.
- 2) The hub and spoke model would deliver services accessible to customers with higher care needs and provide consistency to customers that may be adversely impacted by accessing services in a variety of settings such as those with dementia or other cognitive impairments.
- 3) The spoke services would be smaller, locally based services that aids community cohesion and development of friendship groups and social assets. The spoke pilots were based in sheltered housing schemes and as some scheme tenants joined the session, there was a wider mix of ages accessing the service. Customers also benefited from the established community at the schemes.

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- 4) Between them the hub and spoke services offer a wider choice and a more flexible and personalised offer.

The disadvantages to the hub and spoke model are:

- 1) The hub service will be the only option in the area that guarantees a venue accessible to all customers. This therefore limits choice to those that have a disability who require additional facilities or support to meet their needs. This could also have an impact on friendship groups as some customers will have a wider choice than others. However many customers are expected to mix and match spoke and hub opportunities so the impact on friendship groups should be limited. Further spoke options that are fully accessible are also being sought to seek to increase the choice of venues.

4.2 What changes will be made to address or mitigate any adverse impacts that have been identified?

The equality duty (Equality Act 2010) have been considered throughout the development and evaluation of pilot services as the principles and components of the day offer agreed with key stakeholders at stage 1 of the process, all link to the different elements of the equality duty. The principles and components will continue to guide future development of the day offer and the EIA is reviewed before key milestones to ensure that equality issues are highlighted and where possible mitigated throughout the development of the offer.

Communication, engagement and consultation activity ensures that customers, carers, staff and their families are involved in the development of proposals and the final offer. This ensures that personalised services meet the needs of key stakeholders.

Amphill Day Centre is the first older people’s day centre to be reviewed. As other day centres are reviewed, officers should consider the wider needs of customers that could potentially use hub services in all areas (should this model be approved). This would increase the choice for customers needing venues suitable for customers with higher care needs. In addition, in the development of spoke services (again, should this model be approved) opportunities for services to be delivered in fully accessible venues should be investigated, or the potential for venues to have facilities upgraded to meet the needs of those with higher care needs. This would increase the level of choice for all customers.

4.3 Are there any budgetary implications?

No.

4.4 Actions to be taken to mitigate against any adverse impacts:

Action	Lead Officer	Date	Priority
Consultation on the impact of the hub and spoke model	Engagement and Consultation Officer	November 2018	H
Investigate further options to deliver day	System	December	H

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opportunities in fully accessible buildings in the Ampthill areas.	Redesign Officer	2108	
Include all customers with higher care needs, throughout Central Bedfordshire, their carers and families as stakeholders of future day centre reviews so that their views are heard in the development of additional hub services (subject to the approval of the hub and spoke model).	Engagement and Consultation Officer	Ongoing	H

Stage 5 - Checking that all the relevant issues and mitigating actions have been identified

Stage 5 – Quality Assurance & Scrutiny: Checking that all the relevant issues have been identified	
5.1 What methods have been used to gain feedback on the main issues raised in the assessment?	
<p>Step 1: Engagement activity took place to inform phase 1 which led to the development of the pilots. Feedback was sought from customers that took part in the pilots to understand how well the components were delivered to each individual.</p> <p>The EIA was discussed at the Day Offer Co-production meeting on 18th July 2018. This group involves carers, family, representatives from charities supporting customers and carers, the Older People’s Network as well as officers planning and delivering the services. The feedback was:</p> <ul style="list-style-type: none"> • The pilot at Gale Court may not continue as some tenants were unhappy that their communal space was being used for other purposes. To foster good relations between the younger tenants and older day service customers, another venue would be considered. • Data on non-users of the pilots was not included in the EIA or evaluation reports so we do not know why some customers chose to opt out of the pilots. Was it due to the accessibility of the venue or that the activities were not of interest? • Are there opportunities to delivery day services with integrated care hubs? • Is there flexibility to expand offer in future? • Silsoe Horticultural Centre is a work place and it is important to keep this identity as there are not many opportunities for people with learning disabilities to work and we do not want this lost. Is there capacity in the building to meet the needs of both customer groups? If the pilot is successful and becomes permanent service in the future, the transition to a 5 day a week older people’s day centre services there should taken slower and over a period of time so as not to disrupt Silsoe. Is it possible to add another building to Silsoe to increase capacity? • The Alzheimer’s Society provide a service to help with transition for people with dementia as change can be disruptive to this group of people. 	
Has the Corporate Policy Advisor (Equality & Diversity) reviewed this assessment and provided feedback? Yes	
Summary of CPA’s comments:	
18/07/18 The EIA is comprehensive.	
On page 4 it states that <i>Some services may not be available in the spoke services that are currently available at Ampthill Day Centre, such as a hairdressers, bath and laundry. Instead</i>	

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<p><i>customers will be signposted to alternative options.</i> Please provide further detail on what the alternative options are and how accessible they are. These issues can be very important for elderly and disabled people.</p> <p>Action – EIA updated.</p>	
<p>Step 2:</p>	
<p>5.2 Feedback from Central Bedfordshire Equality Forum</p> <p>N/A</p>	<p>The Pol adv this nee</p>

Central Bedfordshire Equality Impact Assessment



Stage 6 - Ensuring that the actual impact of proposals are monitored over time.

Stage 6 – Monitoring Future Impact	
6.1 How will implementation of the actions be monitored?	Through the Day Offer project.
6.2 What sort of data will be collected and how often will it be analysed?	Demographic data of service users and their views at the end of the pilots.
6.3 How often will the proposal be reviewed?	There are various stages to the delivery of project which are reviewed against how well the components are delivered.
6.4 Who will be responsible for this?	Day Offer Project team
6.5 How have the actions from this assessment been incorporated into the proposal?	N/A

Stage 7 - Finalising the assessment.

Stage 7 – Accountability / Signing Off	
7.1 Has the lead Assistant Director/Head of Service been notified of the outcome of the assessment	
Name: Tobin Stephenson	Date: 18/7/18
7.2 Has the Corporate Policy Adviser Equality & Diversity provided confirmation that the Assessment is complete?	
Date: 18/07/18	

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Day Offer Pilot Evaluation Report August 2018

Day Offer Alternative Building/Activity Assessment Outcome

This report provides an overview of the pilot activity for the development of new day services to meet the needs of the people who use Ampthill Day Centre.

In 2017 Key Components and Principles (see below) were developed following a period of engagement and formal consultation with day centre customers, carers and wider stakeholders. This report also identifies how our current and potential future day services do or do not meet these criteria.

Key Components:

These have been identified as important outcomes that should be achieved through day services for both customers and their carers.

- Meet customer outcomes for social interaction and physical and mental stimulation
- Meet carer outcomes for respite and peace of mind
- Meet care and support needs

Key Principles:

These have been developed based on the outcomes identified within the Key Components and provide an overarching set of Principles through which the day services should be delivered.

- Promote and maintain independence in a way which is personalised, flexible and responsive
- Promote learning in a stimulating and supportive environment
- Deliver greater integration and partnership with local communities
- Maximise the use of community facilities that can be accessed by older people and adults with disabilities

(Full details of the Key Components and Principles can be seen in appendix 1)

Alternative Options for Ampthill Day Centre

Following extensive mapping and customer engagement Ampthill Day Centre customers have had the opportunity to participate in different pilots and activities. This has led to the development of a proposed model of a main 'day hub' or base with several 'spokes' in community venues more local to the people who use them.

The following pilots have been undertaken to trial alternative day service options for people who access Ampthill Day Centre:

- Gale Court day service pilot
- Wingfield Court day service pilot
- Silsoe Horticultural Centre integrated day service pilot

Evaluations for each of these pilots are detailed within this document.

Other alternative facilities identified as potential 'spokes' are:

- Ellenshaw Court, Flitwick (Grand Union Housing Group)
- The Gardens, Henlow (Grand Union Housing Group)
- Southfields, Shefford (Grand Union Housing Group)

Venue assessments have been undertaken on the three venues above however have not been included within this report as no pilots have taken place. These assessments can be available on request.

Participation in Pilots:

65 customers have attended Ampthill Day Centre since the start of the pilot period, of which 35 customers to date have taken part in a pilot or outing.

Of the 30 remaining customers who haven't taken part in any pilot activity

- 5 of these are new customers who started after May 2018
- 6 were on long term absence from the centre due to respite or illness
- 1 customer did not want to take part

Considerations when identifying people suitable for the pilots included:

Gale Court, Barton-le-Clay

- This pilot was held on a Thursday due to availability of the communal room. This therefore limited participants to customers who attended Ampthill Day Centre on a Thursday.
- Location – the aim of the pilot was to provide customers access to local services therefore the customers identified were people who lived locally to Gale Court.
- Support needs – Gale Court does not have an accessible toilet therefore participants for this pilot were identified based on their level of support need.

Wingfield Court, Ampthill

- This pilot was held on a Monday as this day was the least disruptive to the current Ampthill day service and would allow for two pilots to be held concurrently. This limited participants to customers who attended Ampthill Day Centre on a Monday.
- Support needs – day service staff considered the needs of each customer, how a pilot may affect them i.e. if someone had dementia would it be too disorientating? Also, Wingfield Court does not have an accessible toilet therefore participants for this pilot were identified based on their level of support need.
- Friendship groups – the project team aimed to keep current friendship groups together when taking part in pilots.

During the pilot one customer asked to return to Ampthill Day Centre due to personal reasons and a customer who was attending Ampthill Day Centre asked if they could take part in the pilot too, which they did.

Silsoe Horticultural Centre, Silsoe

- This pilot was held on a Tuesday as this day caused the least disruption for both Ampthill Day Centre and Silsoe Horticultural Centre. This therefore limited participants to those who already attend day services on Tuesdays.
- Support needs – Previous pilots were attended by people with lower level support needs. Silsoe Horticultural Centre has the facilities to support people with higher level needs therefore the customers who hadn't been able to attend other pilots were considered for the Silsoe pilot.
- Friendship groups and interests - Customers who had identified gardening as an interest were considered for this pilot along with maintaining current friendship groups.

For all three pilots once a list of possible customers was identified each customer had an individual meeting with the Development Officers. During these meetings the pilot was explained, the customers asked questions and were asked if they would like to participate. Customers were also told that they could return to Ampthill Day Centre at any time if they did not want to continue to take part.

Outings

5 outings have taken place during the pilot period and 14 customers have taken part in these.

- Pub lunch at The Green Man at Stanford
- Visit to Silsoe Horticultural Centre café for tea/coffee and a cake
- Drinks at The Chequers pub in Houghton Conquest
- Visit to Poplars Garden Centre for shopping and a drink
- Walk around Willen Lake followed by a pub lunch.

These activities were held on days that the pilots were not running to ensure staffing levels were maintained. Customers were identified based on who had not taken part in pilots and the interests of the customers. Day centre staff discussed outings based on information that was previously gathered from customers and whilst also considering the customer support needs. Customers were then asked if they would like to take part.

AMPTILL DAY CENTRE (current service provision)

The day centre was purpose built in circa 1970, it has a commercial kitchen, 7 side rooms of various sizes, dining room, large central space, 3 sets of accessible toilets, bath, hairdressing room and laundry room.

The day centre supports older people on weekdays. One room is used as a base for the Link a Ride transport office. The building is also used by other groups some evenings and weekends, such as Slimming World, AA and the Jigsaw Club.

The day centre is open weekdays 8:30am - 4:30pm and 8:30am - 4:00pm on a Friday. Transport arrives from 10am onwards, families can bring customers in from 9:00am.

On average there are 25 people present a day with plenty of opportunities for people to sit and chat, meet friends, eat and take part in activities together.

Key Component Evidence

Customer Outcomes	Component met?	Example / Evidence e.g. what activities?
Social interaction	Yes	On average, there are 25 people present a day with plenty of opportunities for people to sit and chat, meet friends, eat and take part in activities together.
Physical activity	No	This is limited in variety due to the restrictions of the centre. The day centre has a staff member trained in seated exercise and carries this session out on an adhoc basis and/or when requested by customers. Customers who do not attend on the regular exercise day do not have the opportunity to participate in an exercise session.
Mental stimulation	Yes	Many of the activities provide mental stimulation using music, words, quizzes, bingo, dominoes, jigsaws and newspapers.

Carer Outcomes	Component met?	Example / Evidence e.g. availability, trained staff
Meet carer outcomes for respite and peace of mind.	Yes	<p>Around 50% of current customers are cared for at home by family carers enabling the service to provide respite to families.</p> <p>Carers are involved in reviews and regularly meet with staff either in arranged meetings or informally when they bring their loved one to the centre.</p>
Meet customers' care and support needs.	Yes - some	<p>The toilets are accessible, and hoists and slings are available for use. Staff are able to provide a shower safely, and carers are on hand to deal with all personal care and support needs and to assist to enable participation in activities. The staff support customers who require the use of a changing table, however the facilities are inadequate as the room used is too small and not integrated with a toilet.</p>

Key Principle Evidence

Principle	Principle met?	Example / Evidence e.g. what activities?
Promote and maintain independence in a way which is personalised, flexible and responsive	No	<p>Centre staff encourage customers to be as independent as possible at the day centre however due to the lack of facilities and access to the community it is difficult to offer a flexible service. Activities are also limited to the on-site facilities.</p>
Promote learning in a stimulating and supportive environment.	No	<p>The centre offers a small range of activities that promote learning such as quizzes, but these are regularly repeated and can lack variety. There is a lack of stimulation as the room is very large, customers sit far apart, and staff move between tables to support customers. Lower staff numbers in the morning mean that customers are not engaged with as much as they could be. This can mean customers cannot always fully take</p>

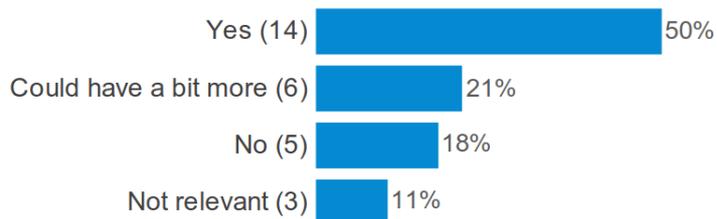
		part in all activities and can lose concentration and interest.
Deliver greater partnerships with the local community	No	Although the centre is located within Ampthill, its location has limited access to local amenities and it has therefore not been possible to develop strong relationships with the wider community.
Maximise the use of community facilities that can be accessed by older people and adults with disabilities.	No	The location does not support community access. No community facilities within walking distance.

User Feedback:

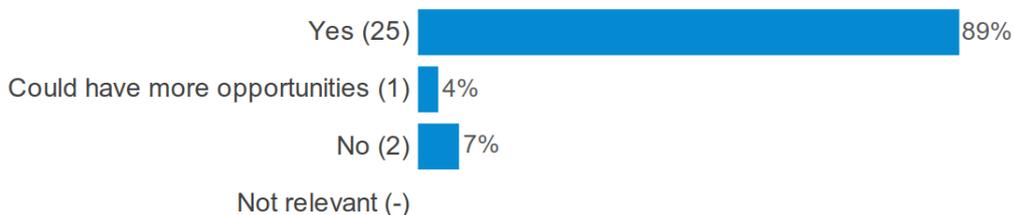
Ampthill Day Centre Customers

Customers and carers that use Ampthill Day Centre were asked their views on the current service and if they felt that there were any areas that could be improved. Questions focused on the Key Components and Principles of the Central Bedfordshire Day Offer.

Your physical activity: Do you think you get enough physical activity at Ampthill?



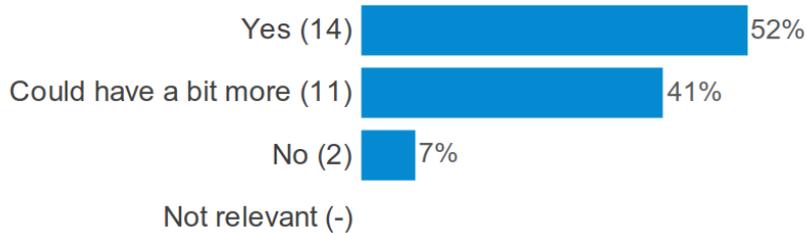
Social Interaction: Do you think you get an opportunity to socialise with others at Ampthill?



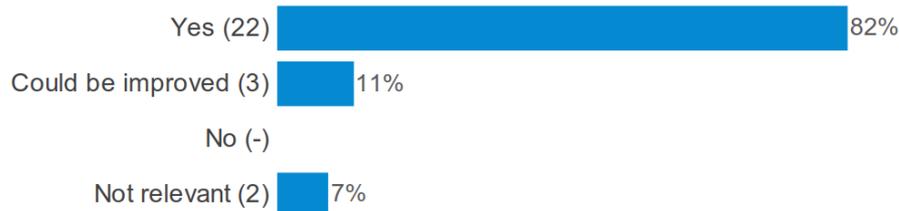
Friendship: Have you made new friends at Ampthill?



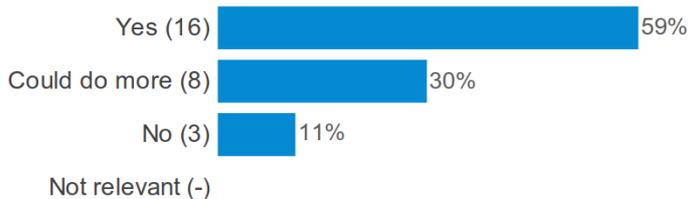
Mental stimulation: Do you take part in activities at Ampthill that get your brain working?



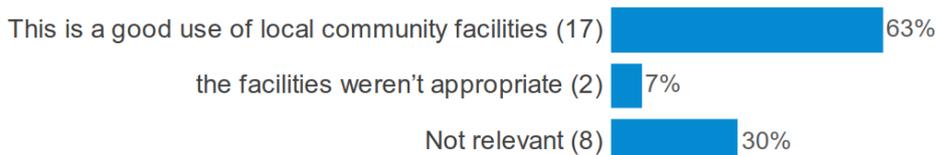
Your care and support: Do the facilities at Ampthill meet your care and support needs?



Personal, Flexible and Responsive: Do you think the service at Ampthill is flexible and takes your needs and choices into consideration?



Partnerships and local community facilities: What do you think about the facilities:



Customers who attend Ampthill Day Centre enjoy their time there. They said that they like socialising with the other people that attend and the attentive staff. Although when asked, customers said that there is nothing they felt doesn't work, they have suggested that they would prefer more activities and the option to go out into the community.

Evaluation Summary:

Ampthill Day Centre meets some but not all of the criteria for the future day offer. Customers who attend are able to socialise with others, forming friendships and taking part in activities that can be mentally stimulating, however these activities are limited. The main space used is very big and can create diversions. Customers sit quite far apart which makes activities less interactive and restricts socialisation of those with limited mobility. The service tries to be personalised by asking customers if they want to take part in an activity but is unable to offer alternatives if a customer chooses not to participate.

The service is able to meet the needs of its customers and allows respite and peace of mind for carers. The changing facilities available for customers with high needs would ideally be in a larger room to ensure risks are lowered. Due to the location of the building the centre is not integrated into the local community and limited resources means that it is not always possible to support community outings.

BUILDING / ACTIVITY NAME: GALE COURT PILOT EVALUATION

The Gale Court Day Service pilot used the communal room within Gale Court (Central Bedfordshire Council Sheltered Housing Scheme). The aim of this pilot was to see how a local service in a homely setting works for our existing customers and whether tenants at Gale Court could also benefit.

The proposal was for up to 8 of our current day centre customers to attend Gale Court once a week on a Thursday starting at 9:30am and finishing at 3:00pm.

The pilot ran for 8 weeks from 5th April to 24th May 2018 offering a range of activities such as

- Flower arranging
- Seated exercise
- Dominoes
- Card games
- Arts and Crafts

The pilot also included a hot 2 course meal which was also offered to any tenant who attended the pilot (at a charge of £5 to tenants).

The pilot was facilitated by 2 members of day centre staff, who were available to support the needs of the existing day care customers.

Key Components

Customer Outcomes	Component met?	Example / Evidence e.g. what activities?
Social interaction	Yes	Customers and tenants took part in a range of group activities that included arts and crafts, floristry, quizzes and seated exercise. Tenants who live at Gale Court were able to join in with activities and have lunch. This gave customers and tenants the opportunity to form new friendships.
Physical activity	Yes	Customers have been able to take part in a seated exercise class and a dance class designed for adults with disabilities. Garden space is available for walks.
Mental stimulation	Yes	As per above customers have taken part in range of activities. 5 customers attended, and 2 staff supported which enabled customers to receive more support from staff to join in.

Carer Outcomes	Component met?	Example / Evidence e.g. availability, trained staff
Meet carer outcomes for respite and peace of mind.	Yes	Carers would continue to be involved in reviews and have regular phone calls with the key workers.
Meet customers' care and support needs.	Yes - some	The customers attending Gale Court had their needs met by trained Central Bedfordshire Council care staff. The facilities on site met the needs of the customers who took part in the pilot but would need to be improved to offer customers with higher support needs the opportunity to attend.

Key Principle Evidence

Principle	Principle met?	Example / Evidence e.g. what activities?
Promote and maintain independence in a way which is personalised, flexible and responsive	Yes	Customers were asked about their interests and activities were arranged using this information. Staff encouraged customers to be as independent as possible.
Promote learning in a stimulating and supportive environment.	Yes	Customers had the opportunity to take part in a range of activities and learn new skills such as card making, dance and had a talk about fire safety. Tenants were able to join the customers and take part in activities.
Deliver greater partnerships with the local community	Yes – some.	Tenants who live in the scheme were able to attend and take part in the pilot. The location of Gale Court is close to a garden centre so there is the option to go on outings. The Fire Service and the Jigsaw Club, a local social activity club came to Gale Court to

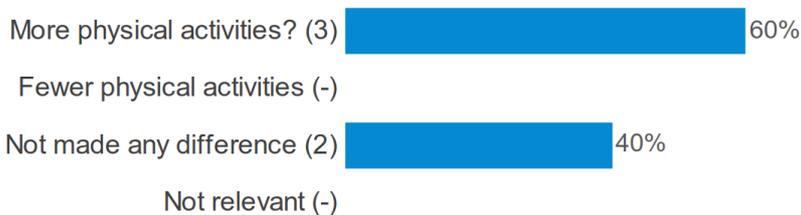
		provide information about how customers can access their services.
Maximize the use of community facilities that can be accessed by older people and adults with disabilities.	Yes	Some amenities are a short walk away i.e. pubs, library and shops.

User Feedback:

Amphill Day Centre Customers who attended Gale Court:

Central Bedfordshire Council Development Officers met with customers from Amphill Day Centre who took part in the pilot to gain their feedback. Questions were based on the Key Components and Principles of the Day Offer, detailed below:

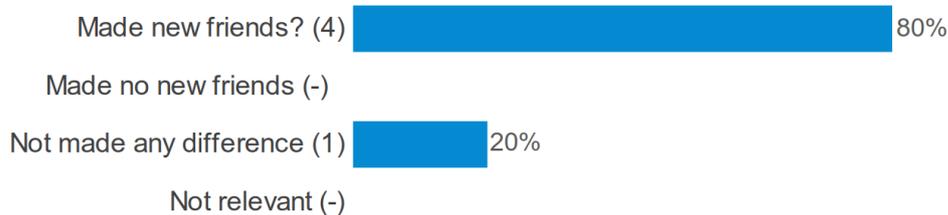
Your physical activity: You have been able to do:



Social Interaction: You have been able to do:



Friendship: Have you::



Mental stimulation: You have been able to

Take part in activities that promote learning new skills? (3)  60%

Take part in fewer learning activities (-)

Not made any difference (2)  40%

Not relevant (-)

Your care and support:

Facilities on site met your care and support needs (4)  100%

Facilities did not fully meet your needs (-)

Not relevant (-)

Personal, Flexible and Responsive: Do you think the pilot was:

Flexible and took your needs and choices into consideration (5)  100%

There was no difference between the pilot and your usual day centre (-)

The pilot felt less flexible than your usual day centre (-)

Not relevant (-)

Partnerships and local community facilities: What do you think about the facilities:

This is a good use of local community facilities (4)  100%

the facilities weren't appropriate (-)

Not relevant (-)

General comments received from Ampthill Day Centre customers was that they enjoyed their time at Gale Court and the opportunity to make new friends.

Gale Court tenant's response:

Gale Court tenants were also asked to complete the evaluation survey however feedback was that as they did not attend a day centre usually, the survey was not relevant. Tenants did however provide written feedback regarding the day service pilot.

In summary the tenant's feedback was that they felt that the provision of a day service from Gale Court would not be a preferable option for them. They have said they have their own activities already and having a day service there provides no benefit to them in general.

A few have said they were able to make friends, but others seemed to feel it was more of an inconvenience. Some also acknowledged that the facilities in the scheme were not appropriate for people with care and support needs.

Evaluation Summary:

Initial assessment identifies that Gale Court meets the criteria of the future day offer for Central Bedfordshire. It offers a homely and inviting environment for customers and enables staff to spend quality time supporting customers. The service is held in a communal room and tenants that live there can attend, this enables customers to interact with others and broaden their friendship groups reducing social isolation.

However, changing facilities including a hoist are not available therefore limiting the customers who are able to access this service. The communal area is currently only available 1 day a week and the low numbers attending at Gale Court (5 attended however the facilities can support up to 8) could result in this offer having a higher running cost. Taking this into consideration along with the tenant feedback, it is recommended that Gale Court is not used as a day service base however the concept of using a sheltered housing scheme should be investigated further.

BUILDING / ACTIVITY NAME: WINGFIELD COURT PILOT EVALUATION

The Wingfield Court Day Service pilot comprised of use of the communal room within Wingfield Court (Grand Union Housing Group Sheltered Scheme). The aim of this pilot was to see how a service in a homely setting works for our existing customers and whether tenants at Wingfield Court could also benefit.

The proposal was for up to 15 of our current day centre customers to attend Wingfield Court once a week on a Monday (excluding bank holidays) starting at 9:30am and finishing at 3:30pm.

The pilot ran for 8 sessions over 10 weeks from 9th April to 11th June 2018 offering a range of activities such as

- Flower arranging
- Seated exercise
- Dominoes
- Card games
- Arts and Crafts

The pilot also included a hot 2 course meal which was also offered to any tenant who attended the pilot (at a charge of £5 to tenants).

The pilot was facilitated by 3 members of day centre staff, who were available to support the needs of the existing day care customers.

Key Components

Customer Outcomes	Component met?	Example / Evidence e.g. what activities?
Social interaction	Yes	Customers and tenants took part in a range of group activities that included arts and crafts, floristry, quizzes and games. Tenants who live at Wingfield Court were invited to join in with activities and have lunch. This gave customer and tenants the opportunity to form new friendships.
Physical activity	Yes - some	Customers have taken part in activities such as bowls and exercise classes. There is limited space for outside activities.

Mental stimulation	Yes	<p>As per above customers have taken part in a range of activities.</p> <p>There are two adjoining rooms that offer the opportunity of two activities at one time. This allows for the activities to be in smaller groups and more stimulating.</p> <p>12 customers attended, and 3 staff supported which enabled customers to receive more support from staff to join in.</p>
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Carer Outcomes	Component met?	Example / Evidence e.g. availability, trained staff
Meet carer outcomes for respite and peace of mind.	Yes	Carers would continue to be involved in reviews and have regular phone calls with the key workers.
Meet customers' care and support needs.	Yes - some	<p>The customers who attended Wingfield Court had their needs met by trained Central Bedfordshire Council care staff.</p> <p>The facilities on site met the needs of the customers who took part in the pilot but would need to be improved to offer customers with higher support needs the opportunity to attend.</p>

Key Principle Evidence

Principle	Principle met?	Example / Evidence e.g. what activities?
Promote and maintain independence in a way which is personalised, flexible and responsive	Yes	<p>Customers were asked about their interests and activities were arranged using this information.</p> <p>Customers were offered more than one activity to enable choice.</p> <p>Staff encouraged customers to be as independent as possible.</p>

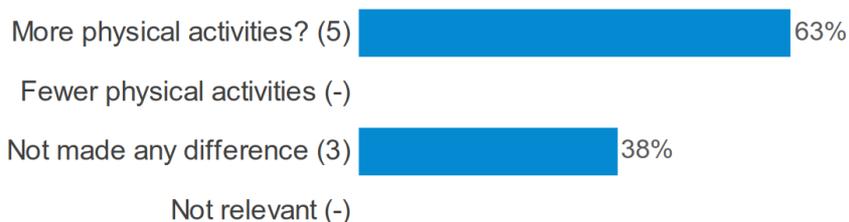
Promote learning in a stimulating and supportive environment.	Yes	Customers had the opportunity to take part in a range of activities and learn new skills such as card making and floristry. Tenants were able to join the customers and take part in activities.
Deliver greater partnerships with the local community	Yes	Tenants who live in the scheme were able to attend and take part in the pilot. A local social activity club came to Wingfield Court to provide information about how customers can access their services.
Maximize the use of community facilities that can be accessed by older people and adults with disabilities.	No	The location does not support community access. There are no community facilities within walking distance.

User Feedback:

Amphill Day Centre Customers who attended Wingfield Court:

Development Officers met with customers from Amphill Day Centre who took part in the pilot to gain their feedback. Questions were based on the Key Components and Principles of the Day Offer, detailed below:

Your physical activity: You have been able to do:



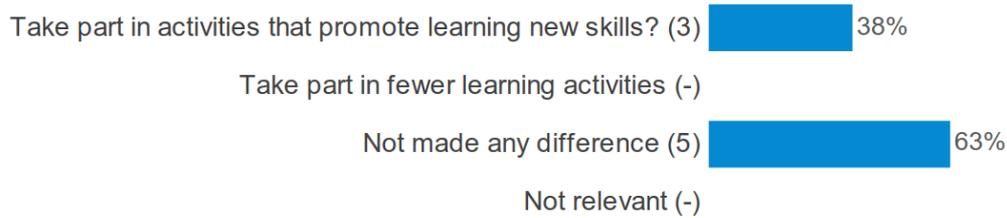
Social Interaction: You have been able to do:



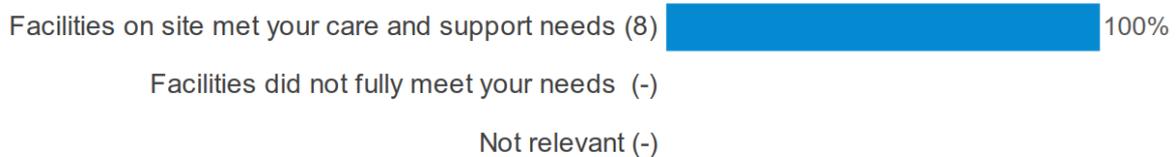
Friendship: Have you::



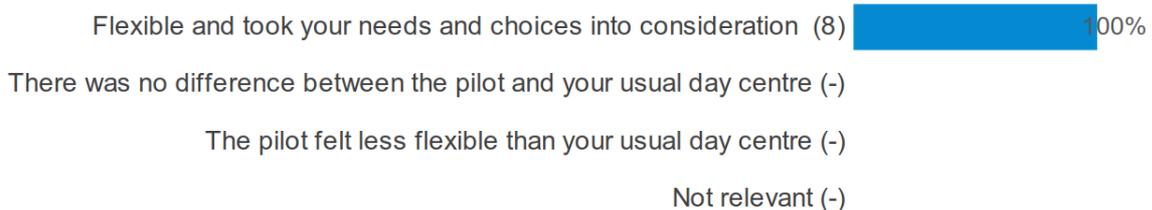
Mental stimulation: You have been able to



Your care and support:



Personal, Flexible and Responsive: Do you think the pilot was:



Partnerships and local community facilities: What do you think about the facilities:



General comments received from Ampthill Day Centre customers were that they enjoyed their time at Wingfield Court and the opportunity to make new friends. They also liked the smaller environment as this provided more opportunities to socialise in a more intimate setting.

Wingfield Court tenant's response:

Wingfield Court is a Grand Union Housing Group Scheme, therefore Grand Union Housing Group felt it would be appropriate for their team to undertake the evaluation of the day service directly with their tenants. Central Bedfordshire Council Development Officers offered support with the evaluation. The full evaluation report from Grand Union Housing Group is attached in appendix 2 at the end of this report.

In summary, the tenant's feedback was that they would like the day service to continue at Wingfield Court (81%), with a mixed preference of this being on one or two days per week. Most tenants who provided a response to the survey recognised the benefits that this service brought to tenants, however a small proportion were concerned that it would make the scheme feel like a residential care home.

Evaluation Summary:

Initial assessment identified that Wingfield Court meets most of the criteria of the future day offer for Central Bedfordshire. It offers a homely and inviting environment for customers and enables staff to spend more time supporting customers. The service is held in the communal room and tenants that live there can also join in activities enabling the day centre customers to interact with others and broaden their friendship groups.

On occasions Development Officers were required to support the pilot activity due to staff annual leave therefore for the Day Offer to be sustainable within Wingfield Court sufficient staff and cover must be in place.

Changing facilities including a hoist were not available and this limited the customers who were able to access this service. The communal room is currently only available 2 days a week, there is also a requirement for a permanent arrangement to be put in place to provide lunches. This means it is recommended that the venue would be a 'spoke' as there is not a 5 day offer and without adaptations this does not have the facilities to support customers with higher care needs.

BUILDING / ACTIVITY NAME: SILSOE HORTICULTURAL CENTRE PILOT EVALUATION

The Silsoe Horticultural Centre Day Service pilot comprises of the use of a communal dining room, lounge area and communal gardens within Silsoe Horticultural Centre (an existing Central Bedfordshire Council run day centre for adults with disabilities).

Adaptations were made to Silsoe Horticultural Centre prior to the pilot taking place to enable customers with higher care and support needs to take part. This could also mean that in the future Silsoe Horticultural Centre has the facilities to support adults with learning disabilities who require a higher level of care.

The aim of this pilot is to see how a specially adapted building in a horticulture setting could meet the needs of customers with higher care and support needs and whether customers from Ampthill Day Centre and existing customers at Silsoe Horticultural Centre could benefit from an integrated service.

The proposal is for up to 5 of the current Ampthill Day Centre customers to attend Silsoe Horticultural Centre once a week on a Tuesday starting at 9:30am and finishing at 3:30pm.

The pilot is initially planned to run for 8 weeks from 3rd July to 21st August 2018 and for the purpose of this report the pilot is being evaluated midway through. There may be the opportunity to extend the longevity of the pilot beyond the 8 weeks to offer more customers the opportunity to participate. The pilot is offering a range of activities such as

- Gardening
- Seated exercise
- Dominoes
- Card games
- Arts and crafts

The pilot also includes a hot 2 course meal for customers from Ampthill Day Centre which is cooked at Ampthill Day Centre and transported to Silsoe Horticultural Centre for the purpose of the pilot.

The pilot is facilitated by 2 members of day centre staff and one Development Officer due to staff annual leave. For the day offer to be sustainable in Silsoe Horticultural Centre sufficient staff and cover must be in place. Staff are on hand to support the needs of the existing day care customers.

Key Components

Customer Outcomes	Component met?	Example / Evidence e.g. what activities?
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Social interaction	Yes	<p>Customers take part in a range of group activities that include gardening, arts and crafts, bingo, quizzes and seated exercise.</p> <p>The communal area is available for customers and the existing group at Silsoe Horticultural Centre which gives all the customers the opportunity to form new friendships.</p>
Physical activity	Yes	<p>Customers are able to enjoy the wheelchair accessible garden area.</p> <p>Customers have the opportunity to play skittles and bowls, both indoor and outdoors.</p>
Mental stimulation	Yes	<p>A varied programme of activities has been planned to take place over the duration of the pilot.</p> <p>5 customers attend weekly, supported by 2 staff and a Development Officer. This enables customers to receive more support from staff to join in.</p>

Carer Outcomes	Component met?	Example / Evidence e.g. availability, trained staff
Meet carer outcomes for respite and peace of mind.	Yes	Carers continue to be involved in reviews and have regular phone calls with the key workers.
Meet customers' care and support needs.	Yes	<p>The customers attending the pilot at Silsoe Horticultural Centre have their needs met by trained Central Bedfordshire Council care staff.</p> <p>The facilities on site meet the needs of the customers who are taking part in the pilot.</p>

Key Principle Evidence

Principle	Principle met?	Example / Evidence e.g. what activities?

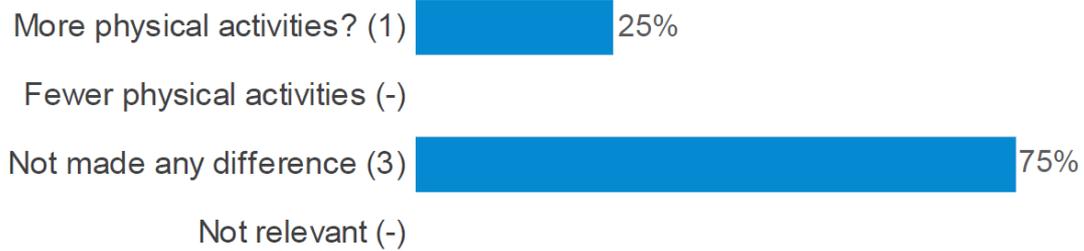
<p>Promote and maintain independence in a way which is personalised, flexible and responsive</p>	<p>Yes</p>	<p>Customers were asked about their interests and activities are arranged using this information.</p> <p>Staff encourage customers to be as independent as possible.</p>
<p>Promote learning in a stimulating and supportive environment.</p>	<p>Yes</p>	<p>Customers have the opportunity to take part in a range of activities and learn new skills such as taking part in the Allotment Open Day and making scent boxes.</p> <p>Customers are enjoying being able to buy fresh produce from Silsoe Horticultural Centre such as plants, jams and chutneys.</p> <p>Amphill Day Centre customers and Silsoe Horticultural Centre customers are working together to create a wildlife area at the centre. Once complete, this will include a pond, bird boxes and bug houses.</p>
<p>Deliver greater partnerships with the local community</p>	<p>Yes</p>	<p>Silsoe Horticultural Centre customers and customers from Amphill Day Centre are invited to participate in activities together. Examples of this as above.</p> <p>Customers supported with the allotment open day which was open to the public.</p>
<p>Maximize the use of community facilities that can be accessed by older people and adults with disabilities.</p>	<p>Yes</p>	<p>Silsoe Horticultural Centre is an existing day service facility and adaptations to the building have been made to enable a small pilot to take place. Further adaptations would be required to increase the capacity for customers with a greater range of care and support needs.</p>

User Feedback:

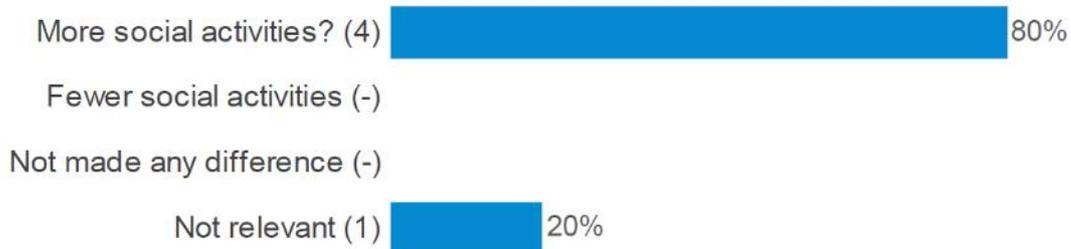
Amphill Day Centre Customers who attended Silsoe Horticultural Centre:

Council Development Officers met with customers at Amphill Day Centre who took part in the pilot to gain their feedback. Questions were based on the Key Components and Principles of the Day Offer, detailed below:

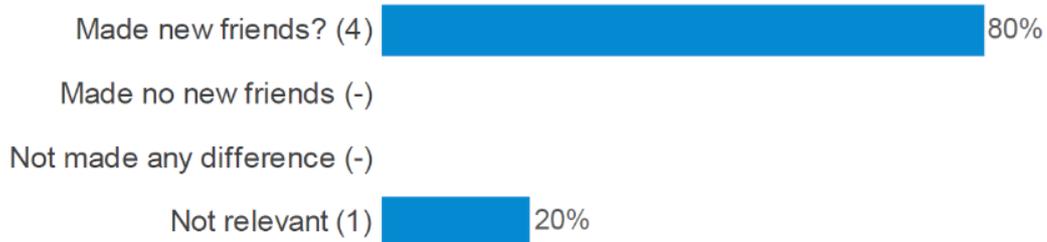
Your physical activity: You have been able to do:



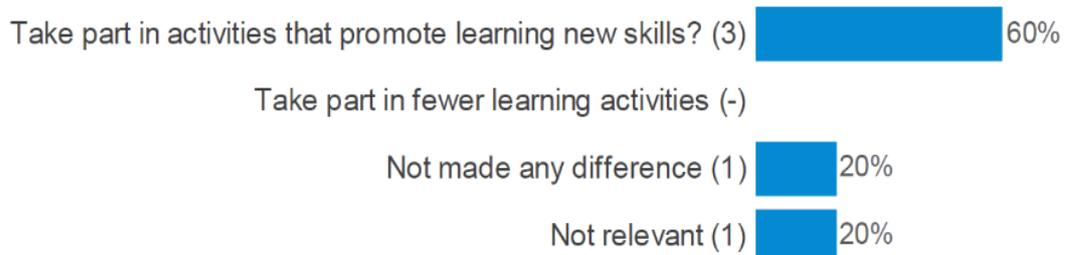
Social Interaction: You have been able to do:



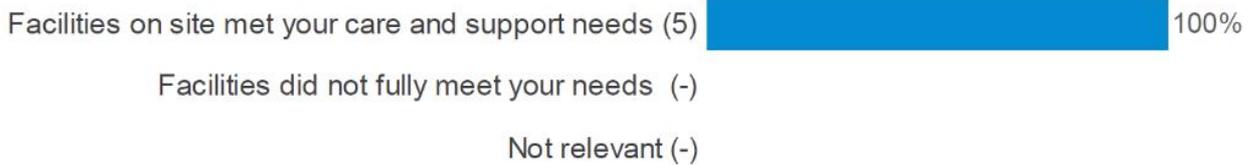
Friendship: Have you::



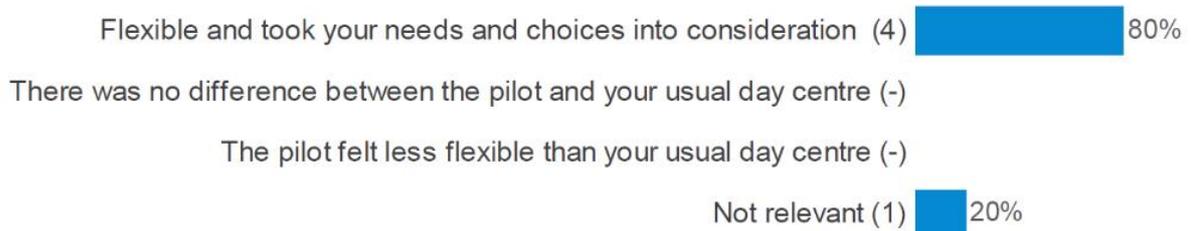
Mental stimulation: You have been able to



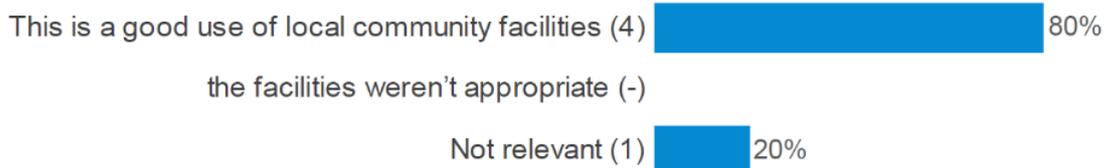
Your care and support:



Personal, Flexible and Responsive: Do you think the pilot was:



Partnerships and local community facilities: What do you think about the facilities:



General comments received from Ampthill Day Centre customers were that they really enjoyed their time at Silsoe Horticultural Centre and felt welcomed by the existing group at Silsoe Horticultural Centre.

Silsoe Horticultural Centre customer's response:

Silsoe Horticultural Centre customers were also asked to complete an evaluation survey and support to complete this survey was offered where required. The feedback from the customers was really positive with every respondent saying they would like to see the mix with the older people continue in the future.

Customers said they enjoyed meeting a new group of people and helping show them around the centre. No respondents identified anything they did not like about the integration with the group from Ampthill Day Centre.

Evaluation Summary:

Initial assessment suggests that Silsoe Horticultural Centre meets all the criteria of the future day offer for Central Bedfordshire.

Extensive mapping prior to the pilot stage of the project identified that the majority of Ampthill Day Centre customers were interested in gardening and being outdoors. Basing a service at a horticultural centre gives the customers an opportunity to try the activities they said they are interested in, creating a more personalised service.

The service is able to meet the needs of customers and this provides respite and peace of mind for carers. Both Ampthill Day Centre and Silsoe Horticultural Centre customers are benefitting socially from the integrated pilot which encouraged new friendships to develop.

Based on the building evaluation and feedback from the pilot so far Silsoe Horticultural Centre could be a suitable 'hub' supported by 'spokes' at other venues in the community.

Appendix 1: Day Offer Key Components and Principles

Components	
<p>Meet customer outcomes for social interaction and physical and mental stimulation</p>	<ol style="list-style-type: none"> 1. The importance of the social aspects and maintaining social interactions with others in counteracting isolation is the major component for most customers. 2. For the adults with learning disabilities, it was clear that many had attended centres for a long time and had formed friendships that were important to them. However, some commented that they would also like to make new friends. Older people also developed friendships and enjoyed meeting the same people through regular attendance. 3. The routine was seen to be important for some people with dementia, and adults with autism, enabling them to maintain existing skills and abilities. 4. Meals were an important element in the current day especially for older people who live alone or for people with dementia. Carers felt this was a vital part of the day ensuring that people's needs for hydration and food were met. 5. For adults with learning disability, the meals had a wider value in terms of attendees preparing basic snacks which gave them skills as well as a role to play. 6. The activities provided featured highly for both groups of attendees and carers and was an area where it was felt more could be provided. 7. It was recognised that for some people anything new was daunting, so the chance to learn new skills needed to include the encouragement to try something new, promoting learning and enabling environments and positive risk enablement. 8. For adults with learning disabilities it was felt important to be able to learn new skills that could lead to wider opportunities including employment. 9. The belief that even those who have the most difficulty communicating and/or taking part in activities, or with behaviours that may challenge, still derive benefit from interacting with others in an environment where activity is taking place.
<p>Meet carer outcomes for respite and peace of mind.</p>	<ol style="list-style-type: none"> 1. Nearly every carer described the important respite role that services play in providing a vital chance to catch up with tasks or allow for personal space without the worry of caring. 2. Additionally, the importance for carers that services provide a safe environment where customers' care needs are being met. 3. Staff who were consistent and knew their loved one was also valued, especially where people had dementia, profound needs or lacked cognitive skills. 4. Carers expressed the need to improve communication between themselves and the service in the future, and some would be keen in taking part in activities in the centres alongside their loved ones.

	<ol style="list-style-type: none"> 5. They also valued meeting other carers and interacting with staff at the centres as part of this process, being listened to and said they would like regular opportunities to continue meeting.
Meet care and support needs.	<ol style="list-style-type: none"> 1. It was recognised that care and support needs are increasing over time, necessitating well trained staff to deliver the care and support needed. For services for older people this includes training in dementia. 2. This included the provision of suitable facilities to cater for those with profound physical care needs and those with dementia. 3. The staff play a vital role in creating and maintaining a happy, friendly atmosphere. 4. The offer should be flexible and person-centred, recognising the wide spectrum of customers and carers needs, including their capacity. 5. For frailer people, a local service to minimise time on transport was important. For others, transport didn't seem to be a problem as it enabled them to maintain ongoing friendships. 6. Widening the current Monday to Friday 9 to 4 offer should be considered, as we plan for future needs and aspirations. 7. The centres provide the opportunity to promote health and wellbeing and positive lifestyle choices, linking to wider health services.

Principles	
Promote and maintain independence in a way which is personalised, flexible and responsive.	<ol style="list-style-type: none"> 1. Encourage people to have choice, make decisions, feel involved and valued and able to make a meaningful contribution where able. 2. Have an individual focus with identified and agreed goals. 3. Recognise and respond to current and changing care and support needs.
Promote learning in a stimulating and supportive environment	<ol style="list-style-type: none"> 1. Create an ethos of continuous learning and improvement, by encouraging people to try new things and develop new skills, including life and employment skills. 2. Use a wide range of sensory stimuli. 3. Access a wide range of expertise to provide learning, including experts by experience (potentially customers) and external partners where required. 4. Pioneer the use of emerging technologies
Deliver greater integration and partnership with local communities	<ol style="list-style-type: none"> 1. Deliver opportunities as close to people's homes as possible. 2. Utilise existing local services and support the development of new services. 3. Encourage involvement of a wider range of people including across generations and the community. 4. Develop opportunities that bring people together with a variety of needs and interests where possible and desirable. 5. Deliver services in ways that integrate with NHS services.

	<ol style="list-style-type: none">6. Develop stronger links with voluntary sector and other partners in the local community.7. Actively promote volunteering.
Maximise the use of community facilities that can be accessed by older people and adults with disabilities	<ol style="list-style-type: none">1. Where possible, create dedicated space in facilities such as leisure centres, libraries, care homes and other community spaces.2. Where possible, day services should facilitate customers to access universal, non-specialist services.3. Aim to use more local facilities.4. Proactively work with planners and developers to ensure new developments are future proofed, integrated and can provide accessible and flexible community use.

Appendix 2 – Wingfield Evaluation from Grand Union Housing Group

Evaluation of the CBC Day Centre Pilot at Wingfield Court

Surveys were posted through the door of all residents of the flats and bungalows, in addition some residents of neighbouring GUHG managed flats had also engaged with the Day Centre and completed questionnaires. These were collected via Independent Living Advisors during their regular contact visits. The survey is attached at the end of this document.

Results

21 questionnaires were returned.

Of the 21 responses, 8 people had taken part in the midday meal regularly and three occasionally. Of these, seven found the meal to be excellent and three found it to be good. The final respondent felt that the meal was adequate and that the menu was not very healthy.

Eight respondents regularly took part in activities and four occasionally. The activities were judged to be good by six respondents, excellent by four and two did not answer this question.

Of the 21 respondents the majority were interested in the Day Centre continuing. Seven would be happy for the Day Centre to continue for one day per week and ten for two days per week. Four respondents did not want the Day Centre to continue. It is interesting to note that one respondent who was critical of food and toilet facilities was still happy for the centre to continue on two days per week.

Nine respondents made additional comments about the Day Centre. Three people who took part regularly said that they enjoyed the day and meeting other people: “I look forward to Mondays, it makes a nice time out meeting other people and enjoying the chatting” Two of the comments from people who did not attend themselves recognised the value to other tenants and wanted it to continue for 2 days per week “Excellent service for tenants” and “Good service for tenants that go there, keep it going”.

Two people commented that it made the scheme feel like a residential / nursing home and it was not what they agreed to when signing their tenancy. However, one of these people did say that such facilities may be what they require in the not too distant future [1, 3 or 5 years]. One respondent felt that the toilet facilities were inadequate and that either staff numbers should be increased or visitors reduced.

One further comment was that the decision to continue had already been taken and so there was no point to the survey. It should be noted that following the 10-week pilot the Day Centre stopped running to allow time for CBC to evaluate the pilot and take decisions about its future.

Respondents were also asked for suggestions on the way in which the £20 per session given by CBC for use of the facilities should be used. One person replied suggesting day trips, nutrition/dietary advice, talks, demonstrations, alternative therapies e.g. yoga or aromatherapy. A second person suggested a DVD player for the lounge.

Conclusion

Out of people returning the survey the majority (81%) were happy for the Day Centre to continue. Seven people expressed a preference for it running on one day per week and 10 people were happy for it to run on two days.

All those who had taken part in either the meal or activities wanted the Day Centre to continue, with all but one rating the meal and activities as good or excellent. Others had chosen not to take part themselves but still wanted the Day Centre to continue, recognising the benefit that it brought to other tenants.

Of the people who did not want the Day Centre to continue, the only two comments were that it made the scheme too much like a nursing or residential home, especially with the Evergreen Centre also on site. However, one acknowledged that such activities and support may be required by them in the future. They gave no examples of how the Day Centre had a negative impact on their own use of the scheme or its communal facilities.

Anecdotally, a number of residents have spoken with Tony Burns (ILA) about the Day Centre and are keen to see it back up and running at Wingfield Court. When attending meetings and speaking with residents, it has always been felt that the majority of tenants supported the Day Centre, either for themselves or in many cases for the benefit that it brings to others.

Appendix 3 - Grand Union Housing Group Wingfield Court Tenant Evaluation

CBC Day Centre – Questionnaire

Over the past 12 weeks (including 2 bank holidays) Central Bedfordshire Council have been running a Day Centre on a Monday from Wingfield Court.

To evaluate its success, it would help if you can answer the following questions:

Have you had the lunches provided by the Day Centre?

Yes - regularly	Yes - occasionally	No
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If yes, please describe your experience?

Not Good	Adequate	Good	Excellent
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Have you taken part in any of the activities provided by the Day Centre?

Yes - regularly	Yes - occasionally	No
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If yes, please describe your experience?

Not Good	Adequate	Good	Excellent
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Have you engaged with the Day Centre in any other way – if yes please detail:

Would you be happy for the Day Centre to continue?

Yes – 1 day per week	Yes – 2 days per week	No
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Are there any issues you would like to tell us about or comments you would like to make?

GUHG collects £20.00 for each day that the Day Centre runs, on behalf of all tenants. Do you have any ideas about how this money should be spent?

Please return questionnaires via Tony. Thank You.

Glossary of terms:

Day Offer: Overarching values that underpin how Central Bedfordshire Council day services will meet the needs and outcomes of people who use them. Includes how the Council aims to meet the aspirations of customers and their carers based on the Key Components and Principles developed in 2017.

Day Service: Facility (including people) or activities of support for people in receipt of care and support including day care provision.

Day Centre: Current day care provision. Physical building where customers spend their time whilst in receipt of day services.

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Central Bedfordshire in contact

Find us online: www.centralbedfordshire.gov.uk

Call: 0300 300 8000

Email: day.offer@centralbedfordshire.gov.uk

Write to: Central Bedfordshire Council, Priory House,
Monks Walk, Chicksands, Shefford, Bedfordshire SG17 5TQ



have
your
say...

...on the future of Ampthill Day Centre for Older People

Find out more and tell us what you think.

Easier to Read version

Find Central Bedfordshire Council online at

 www.centralbedfordshire.gov.uk/consultations

**Central
Bedfordshire**

Have your say



The Council wants to improve its day services for older people and adults with disabilities. Day services mean things that you are supported to do outside your home.



We want to hear what you think should happen about the future of Ampthill Day Centre.



The Council has been trying out different options (these are called pilots) for Ampthill Day Centre. The pilots have taken place in new buildings and have offered different activities.



What options have the Council considered?

The Council has looked at all the options which are listed on the next page. It has rated these options against the aims below.

By the word 'aims' the Council means things it wants to achieve for day services. There are 4 aims which are:



Have better facilities and services based around what you want to do



Give you what you said is important to you

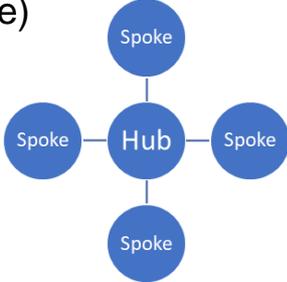


Make sure you are at ease with any change to your day service



Is good value for money

The Council scored the different options against the 4 aims on page 3.

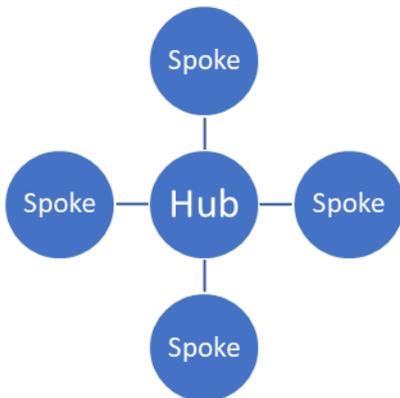
Option	How many of the aims does would this meet?
<p>1. Keep Ampthill Day Centre the same</p> 	<p>1 out of 4</p>
<p>2. Move to Silsoe Horticultural Centre (hub) and other smaller places (spoke)</p> 	<p>4 out of 4</p>
<p>3. Move to other Central Bedfordshire Council run day centres</p> 	<p>1 out of 4</p>
<p>4. Make the Ampthill Day Centre building better</p> 	<p>2 out of 4</p>

5. Ask another company to run the day service



? out of 4

The Council doesn't know how many of the aims this option would meet. It would depend on the company that would run the service.



The Council thinks **Option 2**, is the best one. This is because you can go to different buildings and try different activities that you said you want to do.

We call this a 'Hub and Spoke'. The hub is a central building but you can also go to different buildings which are called spokes.



This is what the Council thinks but the Council really wants to hear **your** views on whether you think this is a good idea.



You might be able to think of other ways that we can improve day services for customers at Ampthill Day Centre and we want to know what your ideas are.

How to find out more



Please tell us what you think before **12th November 2018**.



You can give us your views by completing the questionnaire.



Jenny



Sam



Claire



Rebecca

Jenny, Sam, Claire and Rebecca, from the Council can provide you with more information and answer any questions you may have.

You can talk to them at your centre or through Rebecca by telephoning 0300 300 6609 or email day.offer@centralbedfordshire.gov.uk



POhWER – provide advocacy support and can help people fill in forms. You can telephone 0300 456 2364 or ask one of the team to put you in touch with someone at POhWER.



POhWER is an independent organisation – not part of Central Bedfordshire Council

**Central
Bedfordshire**

Central Bedfordshire in contact

Contact us...

by telephone: 0300 300 8000

by email: customer.services@centralbedfordshire.gov.uk

on the web: www.centralbedfordshire.gov.uk

Write to Central Bedfordshire Council, Priory House,
Monks Walk, Chicksands, Shefford, Bedfordshire SG17 5TQ

Central Bedfordshire Council

**Social Care Health & Housing Overview &
Scrutiny Committee**

26th November 2018

**Adult Social Care & Public Health Services: Customer Feedback –
Complaints, Compliments Annual Report 2017/18**

Report of: Cllr Carole Hegley,
(Carole.Hegley@centralbedfordshire.gov.uk)

Responsible Director(s): Julie Ogley, (Julie.Ogley@centralbedfordshire.gov.uk)

This report is for information

Purpose of this report

This report fulfills the council's statutory duty to monitor the effectiveness of the complaints procedure and provides an annual report for Adult Social Care and Public Health. The report provides statistics on the number of compliments and complaints received; complaint causes; complaint outcomes (upheld/not upheld); performance; and learning/improvements resulting from complaints for 2017/18.

RECOMMENDATIONS

The Committee is asked to:

- 1. To consider and comment on the content of the report at Appendix A**

Issues

1. The Customer Relations Team manages the council's customer feedback procedures. These procedures detail how customer compliments, comments and complaints are handled. There are three procedures. Two of the procedures are statutory and are governed by regulations relating to adult social care services and children's social care services. The third procedure covers all other council services. If customers remain dissatisfied with the council's handling of the complaint they can refer to the Local Government and Social Care Ombudsman (LGSO). The LGSO is an independent body that can consider complaints about the council

2. The councils Public Health Service delivers most of its services by commissioning from external providers, who manage their own complaints. There were 14 compliments registered for the Stop Smoking Service in 2017/18. No complaints were registered.
3. In 2017/18 there were 3787 records of adults receiving support from social care services. There were 58 compliments and 45 complaints received in the period. This represented a decrease in the number of compliments and complaints recorded in 2017/18 compared to the previous year, which captured 70 compliments and 53 complaints.
4. Complaints were important customer feedback and a means of identifying how practices may be changed for the better. Services were receptive to customer's views and complaints with 74% of complaints either upheld fully or in part.
5. The top reason for complaints across Adult Social Care in 2017/18 related to incorrect action being taken (i.e. procedure not being followed) and staff conduct/attitude.
6. There may be occasions where financial redress is offered through the complaints procedure. Financial remedies can be provided to acknowledge avoidable distress; harm; risk; or other unfair impact. As injustice of this nature cannot generally be remedied by a payment, the amount is usually symbolic to acknowledge the impact of fault on the complainant. Financial remedies can be recommended during the council's procedure and following investigation by the LGSO.
7. There were no financial remedies paid in relation to complaints during 2017/18. Whilst benchmarking data is not available for all similar sized authorities the decision notices available on the LGSO website indicate that in the same period financial remedies for other councils ranged up to £110,650.87.

Council Priorities

8. The report supports Central Bedfordshire's Five-Year Plan 2015/2020 and the specific priorities of great resident services; protecting the vulnerable and improving wellbeing; and a more efficient and responsible council.

Legal Implications

9. There are no direct legal implications arising from this report.

Financial and Risk Implications

10. Complaints are assessed at the point of receipt to ensure risks are managed e.g. safeguarding issues; risk to reputation; exclusions.
11. Effective management of complaint issues focuses resource on resolution and reduces the risks of financial remedies being paid.
12. Effective complaints management ensures service failings are identified and remedied, thereby reducing the risk of public report from the Local Government and

Social Care Ombudsman (LGSO). There were no public reports about Adult Social Care or Public Health complaints in 2017/18.

Equalities Implications

13. The report contains statistical analysis of monitoring information where it has been recorded.

Conclusion and next Steps

14. The production of an annual report is a statutory requirement and should be made available to anyone on request. The report will be posted on the council's website.
15. Members are asked to note the content of the report at Appendix A

Appendices

Appendix A: Adult Social Care & Public Health Services:
Customer Feedback – Complaints, Compliments Annual Report
2017/18

Background Papers

None

Report author(s): Paula Terry

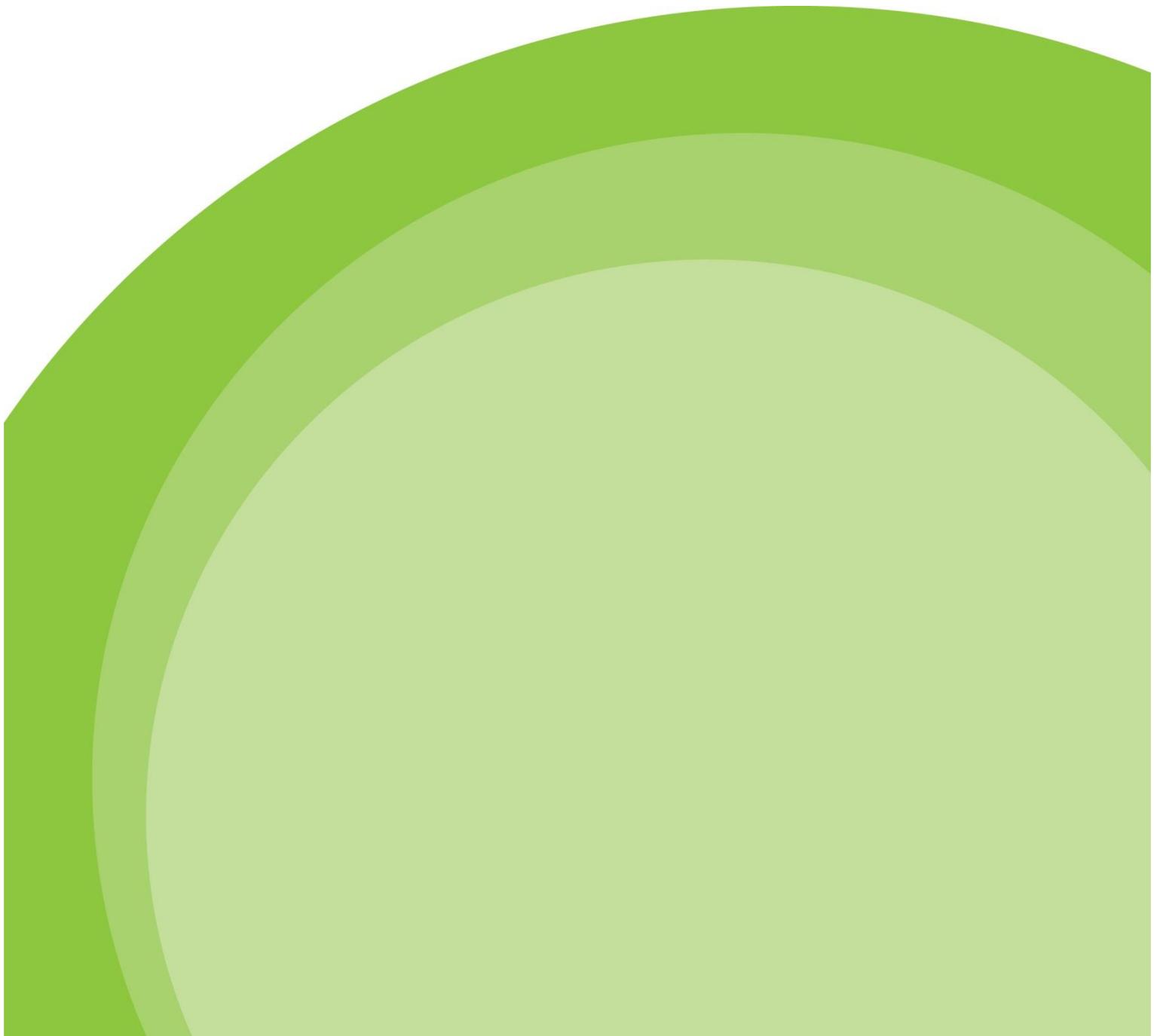
Customer Relations Manager

Paula.Terry@centralbedfordshire.gov.uk

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Adult Social Care & Public Health Services

Customer Feedback – Compliments/Complaints
Annual Report (1st April 2017 – 31 March 2018)
Not Protected



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If you have any comments on this report, please contact Paula Terry, Customer Relations Manager on 0300 300 6077 or Paula.Terry@centralbedfordshire.gov.uk

Introduction

This report fulfils the Council's statutory duty to monitor the effectiveness of the complaints procedure and produce an annual report for Adult Social Care and Public Health Complaints.

This report provides statistics for 2017/18 on the number of compliments and complaints received; a summary of complaint causes; the number of complaints that were well founded (upheld fully or in part); performance; the actions taken to improve services because of complaints; complaints considered by the Local Government and Social Care Ombudsman (LGSCO) and the effectiveness of the complaints procedure.

The report will be presented to the relevant local authority committee and will be made available on the Council's website.

The Complaints Procedure

The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 require us to investigate complaints about social care functions in a manner appropriate to resolve it speedily and efficiently, whilst keeping the complainant informed. This gives us flexibility on the approach to take in responding. However, the next stage if we are unsuccessful at resolution is the LGSCO.

Managers are expected to assess a complaint to determine its seriousness and any potential risks to the individual or the organisation. Each complaint should have a clear action plan on how the complaint will be handled. The level of seriousness determines the appropriate method for handling the complaint. There are a number of options to address complaints. Timescales can be flexible and negotiated with the complainant although as a Council we have set minimum standard timescales as best practice. Options include:

- Local Resolution by Service Manager – 10 working days, 20 for complex cases
- Formal Investigation – 25 up to 65 working days
- Conciliation/Mediation – 10 working days/25 working days

If a complainant asks for further action on a completed complaint it will be reviewed by the Assistant Director/Director. If the Assistant Director/Director decides the complaint has been fully addressed, it will be signed off and the complainant advised of their right to refer to the LGSCO.

All complaints are triaged to ensure they are suitable for the process. This ensures matters are managed through the correct procedures, should an alternative process be in place. Any matters which are not suitable for the complaints process are filtered out and passed to the appropriate channel.

Executive Summary

Adult Social Care

44 compliments were received in 2017/18 for Adult Social Care services with instances of customers telling us that services were getting it right and having a positive impact on their lives.

There were 45 new complaints received, 41 of which were managed through the complaints procedure. The remaining issues related to internal management processes; alternative review processes; matters which the local authority was not responsible for; and matters which were resolved on the spot. These cases were filtered out and where appropriate passed to alternative channels already in place to manage those issues.

43 complaints were concluded. Complaints were important feedback for services and a means of considering how to improve. Managers listened to customers' views with 74% of complaints either upheld fully or in part. The main reason for complaints in 2017/18 related to incorrect action being taken and staff conduct/attitude issues.

Performance in complaints handling was similar to the previous year in that 78% of cases had an action plan to determine how the complaint would be managed. 81% of those cases complied with the plan. Individual cases had specific remedies put in place and the majority of wider service improvements resulted in the complainant's experience being shared with staff to improve and inform practice going forward.

Four complaint cases escalated to Assistant Director/Director Review. In three cases the Assistant Director concluded that the complaint had been fully addressed and the complainant was advised of their right to refer to the LGSCO should they remain dissatisfied. The fourth case was escalated to Director Review and partially upheld. Following disagreement on an appropriate remedy the complainant was advised of their right to refer to the LGSCO.

The LGSCO considered one complaint about Adult Social Care Services during the period and found fault in relation to the Council's actions however, the LGSCO concluded that there was no significant injustice to the service user or complainant.

Public Health

The Public Health Service in Central Bedfordshire delivers most of its services by commissioning from external providers who manage their own complaints. The Stop Smoking Service is delivered directly by Central Bedfordshire Council. There were 14 compliments registered about the quality and helpfulness of the Stop Smoking Service. No complaints were registered.

Effectiveness

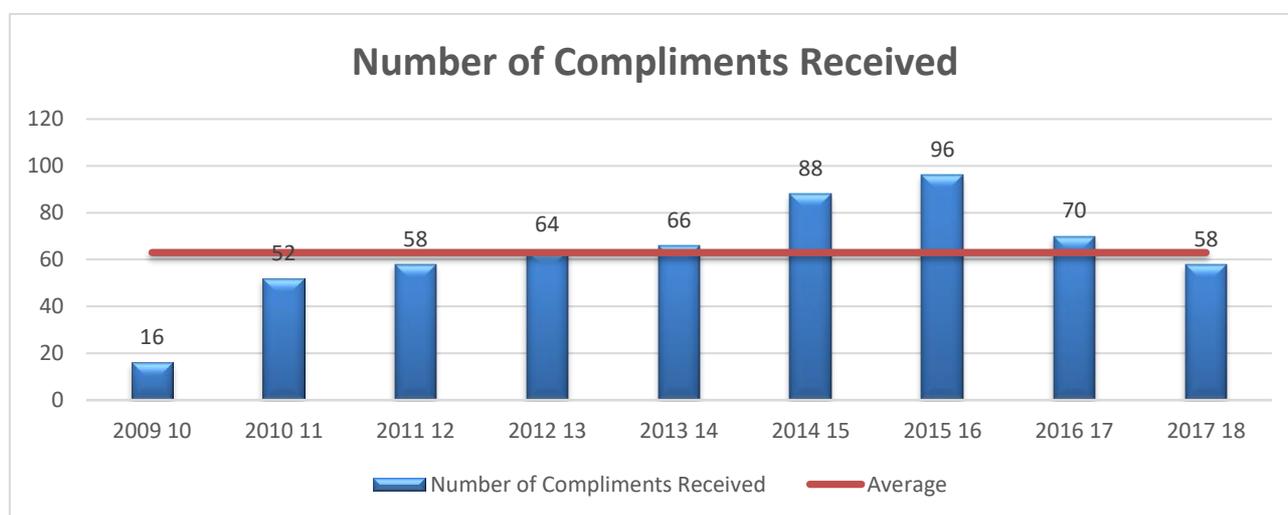
The activity for this reporting period shows the complaints procedure has been effective at resolving customer complaints at a local level. In Adult Social Care learning from the customer experience through complaints has led to improvements to practices. There is some room for improvement in managing complaints to agreed timescales and to establish root-cause of complaints to identify further learning for services.

1. Representations Made to Central Bedfordshire Council

1.1 Compliments Received

Compliments from service users and/or their representatives about service delivery are recorded under the Customer Feedback Procedure. Whilst Adult Social Care and Public Health Services may seek and receive positive feedback from families and professionals via other mechanisms, the Customer Feedback Procedure captures compliments where the service user and/or representative has gone out of their way to provide praise and appreciation for the service provided to them.

58 compliments were recorded across Adult Social Care and Public Health Services relating to good customer care and the quality of support to service users and their families.

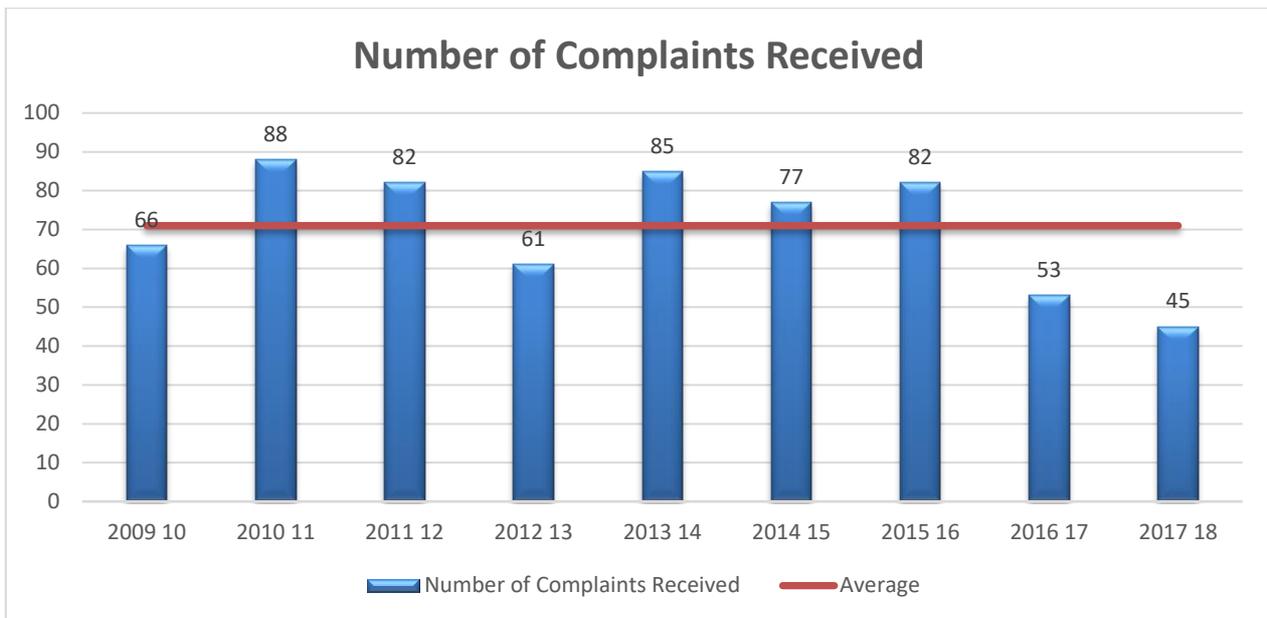


The number of compliments received in 2017/18 reduced from the number received in 2016/17 (by 17%). The number received in this period was also below the average number of compliments received across Adult Social Care and Public Health Services in previous years.

1.2 Complaints Received

A complaint may be generally defined as an expression of dissatisfaction or disquiet in relation to an individual, which requires a response.

45 new complaints were received across Adult Social Care Services in 2017/18. There were no complaints received for Public Health Services in 2017/18.



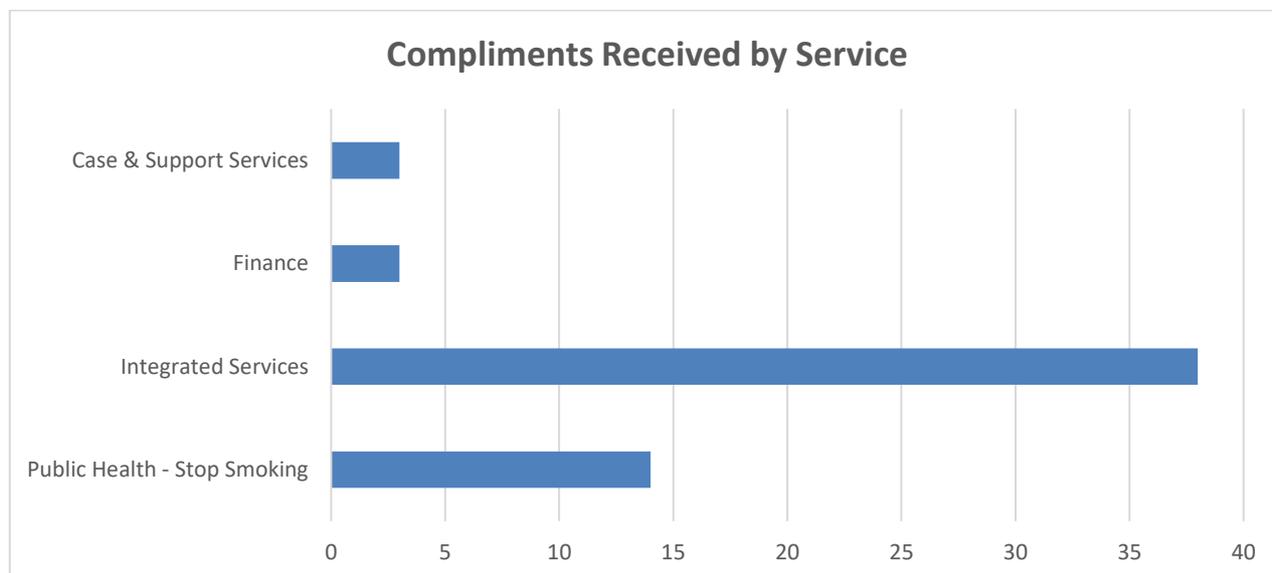
The number of new complaints received in 2017/18 reduced from the number received in 2016/17 (by 15%). The number of new complaints received in 2017/18 was below the average number of complaints received in previous years.

Of the 45 new complaints received, 41 were managed through the complaints procedure. The remaining issues related to internal management processes; alternative review processes; matters which the local authority was not responsible for; and matters which were resolved on the spot. These cases were filtered out and where appropriate they were passed to alternative channels already in place to manage those issues.

2. Compliments Received Analysis

2.1 Compliments by Service Area

The chart below shows how the 58 compliments received across Adult Social Care and Public Health during 2017/18 were distributed by service area:



A breakdown of compliments received by service is detailed below along with a table which provides a general overview of the work each area undertakes:

Service Name	Description
Care & Support Services (3 compliments received)	Central Bedfordshire Council run residential homes and day centres
Finance (3 compliments received)	Invoicing for care and management of direct payments for care; blue badge applications
Integrated Services (38 compliments received)	Assessment of eligibility for care and support; development and management of care plans; managing care provision by providers; care at home to support independence
Public Health-Stop Smoking (14 compliments received)	Offers support and advice to residents wanting to stop smoking

Care & Support

Thanks for accommodating service user whilst his home was being deep cleaned; grateful for support and care provided; care received was amazing

Finance

Thanks for professional level of service; thanks for processing blue badge application so swiftly; thanks for sensitive handling of matters

Integrated Services

Praise for earned trust in preparing service user for independent living (2); thanks to the Independent Lifestyles Team; praise for completion/outcome of assessment (4); thanks for help received (8); praise for new care package; compassion and professionalism (3); kind, caring and patient (5); thanks for valued time; thanks for making service user feel comfortable; praise for support and guidance (3); thanks for advice/assistance to MS sufferer at a time of crisis; treated with care and respect; appreciation for way dementia sufferer's needs were assisted; praise for understanding difficulties and frustrations; thanks for aids and alterations to remain living at home; people orientated; friendly

Public Health – Stop Smoking

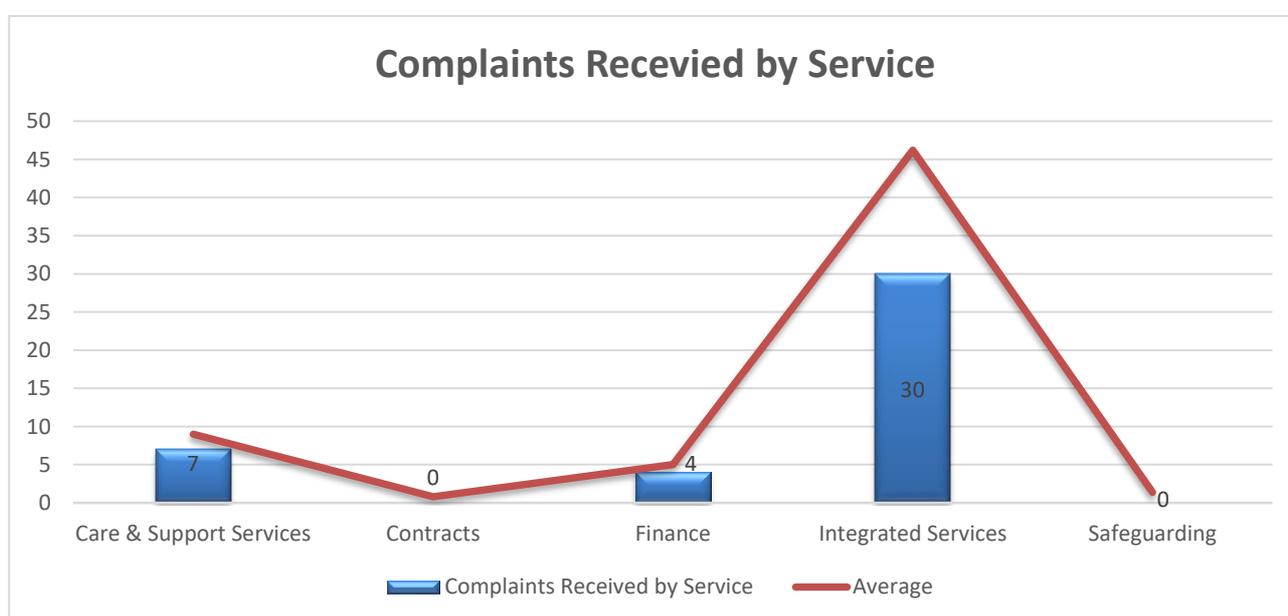
Praise for wealth of knowledge and encouraging; excellent support to someone with mental health issues; thanks for help and support (8); delivering a fantastic and supportive service (2); friendly service that doesn't judge; patient and kind staff;

3. Complaints Received Analysis

3.1 Complaints by Service Area

The Customer Relations Team undertook a project in 2015 to pull all complaints data recorded by the team into a single system. The team were previously working on two databases. From 1st December 2015, all complaints data received by the team has been recorded onto a single database to ensure consistency when capturing complaints and to enhance reporting functions. The improvements made in this area is starting to enable us to undertake further analysis in relation to complaint trends.

The analysis below, on complaints received, is based upon the 41 complaints accepted into the complaints process about Adult Social Care services during 2017/18. The chart shows complaints accepted into the process by service area.



Over the year much of the complaints were received by Integrated Services (30). Integrated Services is responsible for the delivery of statutory services through front line, customer facing teams. The nature and volume of work undertaken by this service area is likely to give rise to more complaints than other areas of Adult Social Care.

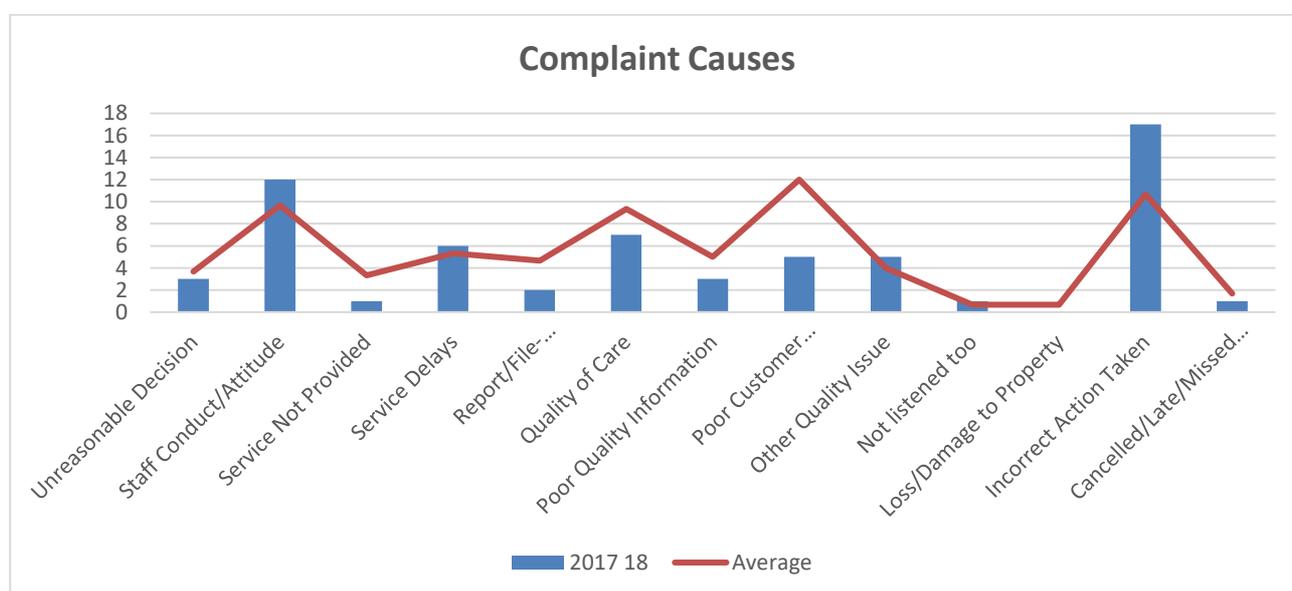
The number of complaints managed through the complaints procedure by service area were below the average number of complaints accepted into the process in previous years. The table below provides a general overview of the work each service area undertakes.

Service Name	Description
Care & Support Services	Central Bedfordshire Council run residential homes and day centres
Contracts	Monitoring the quality of care by providers in line with contractual arrangements to continue to improve the standards of care within Central Bedfordshire
Finance	Invoicing for care and management of direct

	payments for care; blue badge applications
Integrated Services	Assessment of eligibility for care and support; development and management of care plans; managing care provision by providers; integrated working with hospitals; and care at home to support independence
Safeguarding	Protecting adult's rights to live in safety, free from abuse and neglect

3.2 Complaint Issues

The chart below indicates the types of complaint issues received during 2017/18. Each complaint received can have several aspects, so one complaint may cover more than one of the types of complaint issues set out in the chart.



The main cause for complaint in 2017/18 related to incorrect action taken followed by staff conduct/attitude.

In 2015/16 and 2016/17 poor customer care/communication was one of the top reasons for complaint. The chart above demonstrates that there has been some improvement in this area during 2017/18 and that complaints about poor customer care/communication were below the average received about this complaint type over previous years. The chart also demonstrates that complaints received this year about incorrect action taken; staff conduct/attitude; service delays; other quality issues; and not being listened too are above the averages for this complaint type in previous years.

A breakdown of complaints received overall during 2017/18 is detailed in the table below:

Complaint Causes	Breakdown of issues raised
Unreasonable Decision	Disagreement with outcome of safeguarding in relation to fall at Day Centre; disputing best interests' decision/not involved in discussions; lack of assessment/consideration of case decisions

	around respite and moves;
Staff Conduct/Attitude	Lack of clarity; care plan not followed; no respond for privacy when service user refused support; falsified records; inaccurate information provided to safeguarding enquiries; abrupt and unsympathetic to service user with dementia; lies; laughing inappropriately; not explaining why home visit was required; uncaring attitude; arranging unannounced visit to service user who is confused and lacking capacity to decide on return home from hospital; bullied to agree care package; unjustified safeguarding referral made; lack of updated; not responding to calls; threatened with court if top up fees were not kept up to date; social worker reading private email/bank statement without permission; patronising, unfriendly and unreasonable to concerns raised about vulnerable people;
Service Not Provided	Agency care package ceased and service user left without care;
Service Delays	Delay in providing correct details of deceased service user's account for invoicing purposes; four-month delay between withdrawal of funding and new assessment; almost a year taken to provide invoice for day centre and transport charges; delay in providing review of care funding decision; delay in repairing broken stair lift; delay in occupational therapy assessment;
Report/File/Invoice/Integrity	Inadequate/poor quality record keeping; factually incorrect letter sent to care home about service user;
Quality of Care	Day Centres: Service user sent home with arm trapped in chair; pressure injuries; missed medication; inadequate / inappropriate activities or interaction for service users; staff not fully understanding service users support needs; service user not supported to use signing skills to communicate; poor personal care; lack of physio; clothes missing Residential: No ambulance called following fall; medication not sent to hospital; medication not given; buzzer not working; personal care (shaving) done publicly; trivialising service users care; crash mat not

	<p>provided; no call bell; placement on condition of service user sitting on alarm mat; poor nutrition; poor personal care; poor structure; poor physical healthcare; poor dementia care; poor equipment</p> <p>Home Care: Incorrect medication; front door left open; missed calls; poor recording</p>
Poor Quality Information	<p>poor advice/lack of response or visit following a flood; lack of communication and support with financial assessment and client contribution; lack of information re financial assessment and care home costs;</p>
Poor Customer Care/Communication	<p>Offensive tone of letter re unpaid invoice; unable to read staff notes or understand staff over the telephone; not informed social worker had left the local authority; no notification of home closure or reassurance to service user and family; not provided with copy of assessment, care plan or best interests decision;</p>
Other Quality Issue	<p>Lack of empathy and understanding of condition from Blue Badge Assessor; not getting appropriate support re personal situation and needs; concerns about quality of affordable care homes in Central Bedfordshire; lack of support to secure financial assessment; inadequate safeguarding enquiries;</p>
Incorrect Action Taken	<p>Promoting telecare services that use high cost phone numbers; attempts to contact deceased service user after being informed of death; lack of support leading to loss of Continuing Healthcare funding and moving care home; changes to care package not discussed; sling provided by Occupational Therapy not suitable and caused injury; receiving bills for care but unable to pay as direct payment not set up; notice to leave residential home did not follow process; service user with dementia and family were left vulnerable; care act assessment documentation and recommendations were not provided or actioned; physical and mental needs not taken into account/review of care not undertaken when requested; no discussion around hospital discharge and unsuitable care package in place; assessed for four calls per day but only receiving two; request for family to move service user in 24 hours; failure to act/assess risks following</p>

	alerts of new resident behaviour in residential home; failure to respond to safeguarding concerns; failure to assess health needs which may have entitled service user to Continuing Healthcare funding; residential placement arranged without agreement; no risk assessment or care plan for moving service user following home closure;
Cancelled/Late/Missed Appt	Not attending call on time/last minute cancellation;
Not Listened Too	Allegations from ex-partner believed without sharing and discussing to hear other side of the story;

4. Equality and Diversity Monitoring

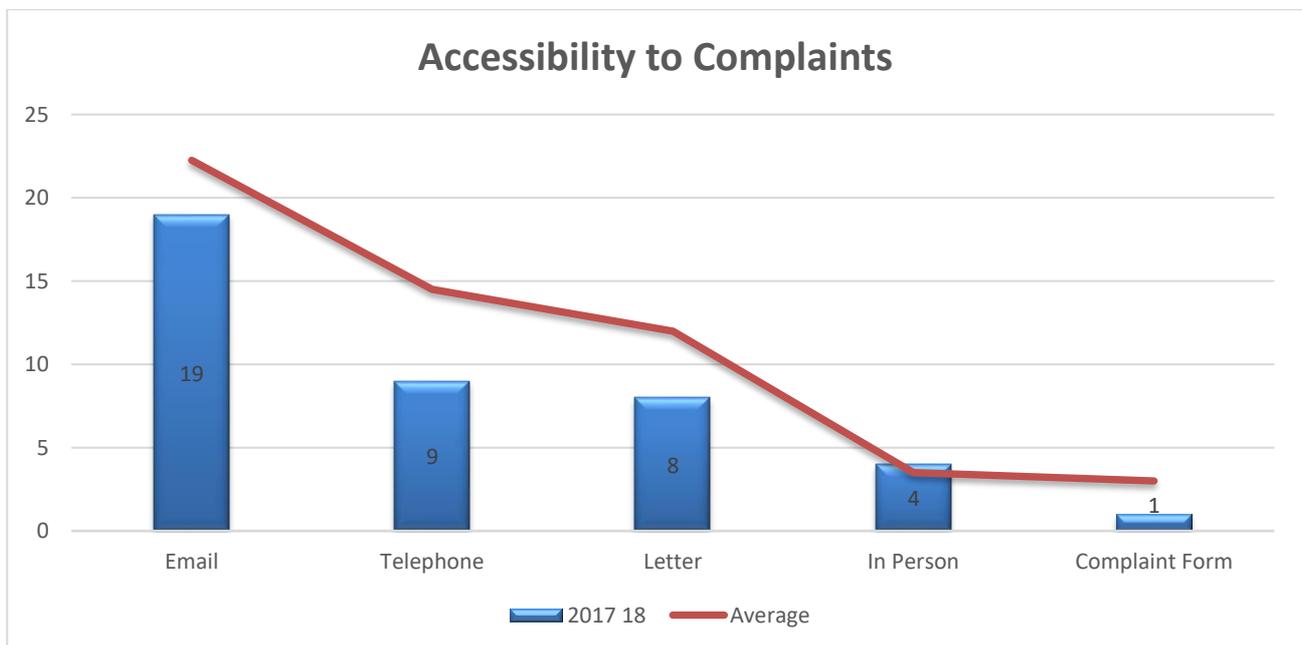
The purpose of capturing equalities data is to monitor access to the complaints procedure; to ensure services are appropriate for all service user groups; and to check whether any issues relating to discrimination have been raised. Data relates to the service user affected by the complaint or a person who has been affected by the actions taken by the service.

Whilst information is not always provided by a complainant the system used for complaints has the facility to capture the service user's gender, ethnicity, age group and whether the service user describes themselves as having a disability or not.

4.1 Accessibility to Complaints

By having a range of contact options for complainants to make their complaints the Council aims to meet the needs of its service users in accessing the complaints procedure. People can make complaints in person; face to face; or via telephone (including a direct line to Customer Relations); in writing; via email; letter; or complaint form. Complaints can be made by a representative of the service user or an advocate.

The chart below shows which method of communication the 41 complainants used to contact the Council in 2017/18.



Email was the preferred choice for customers to contact the Council in 2017/18 in relation to making complaints. The averages detailed in the above chart show that email has consistently been the preferred option over previous years.

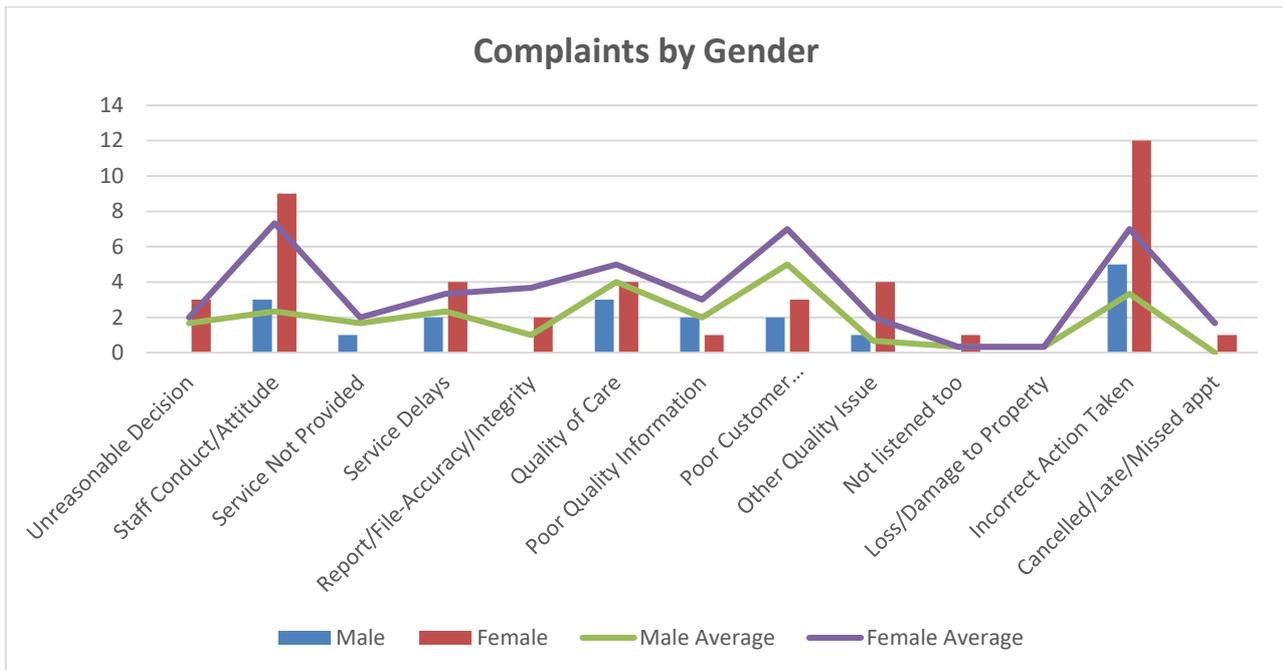
In 2018/19 the Customer Relations Team intends to introduce an additional form of accessibility by providing an online form for customers to make complaints by visiting the Council's website.

4.2 Social Care Complaints – Gender

In 2017/18 there were 3787 records of adults receiving support from Adult Social Care Services. Of those records 58% of service users were female and 42% were male.

Of the 41 new complaints managed through the complaints procedure in 2017/18, 63% affected female service users and 37% affected males.

The chart below shows that the top area of complaint for both females and males in 2017/18 was incorrect action taken.



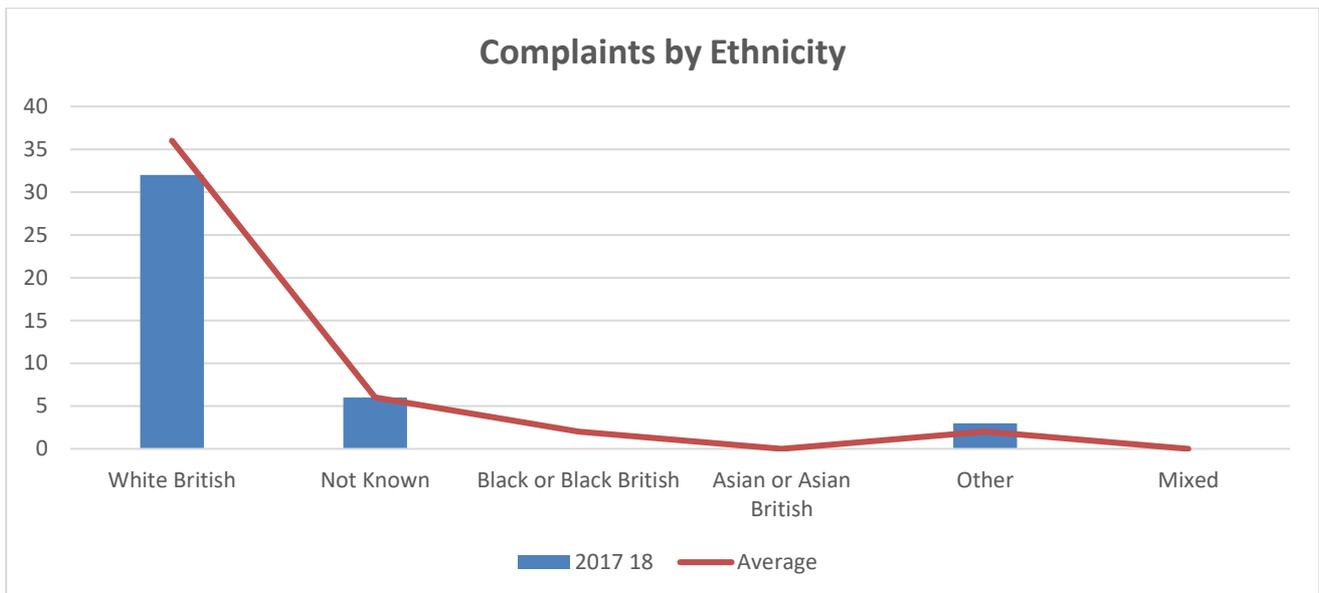
In 2015/16 and 2016/17 poor customer care/communication was the top reason for complaint for females. For males it was poor customer care/communication and quality of care. The chart demonstrates that poor customer care/communication was below the average for both females and males this year compared to previous years and that this was also the case for quality of care for complaints raised by males this year.

4.3 Social Care Complaints – Ethnicity

The last census on population by ethnic origin (2011) showed 89.7% of the population in Central Bedfordshire were 'White British' and 10.3% were classified as 'Other'

Of the 3787 records of adults receiving support from Adult Social Care in 2017/18, 90% of service users were described as 'White British'.

The chart below provides a breakdown of how ethnicity groups were represented in the 41 new complaints received during 2017/18.



Most of the complaints received in 2017/18 were raised by those who were of White British ethnicity. This is to be expected as the population of Central Bedfordshire and the number of adults receiving support from Adult Social Care are predominantly represented by those of White British ethnicity.

4.4 Social Care Complaints – Age

Of the 3787 records of adults receiving support from Adult Social Care in 2017/18, 69% of service users were described as being over 65 years of age.

The table below provides a breakdown of how age groups were represented in the 41 new complaints accepted into the process in 2017/18:

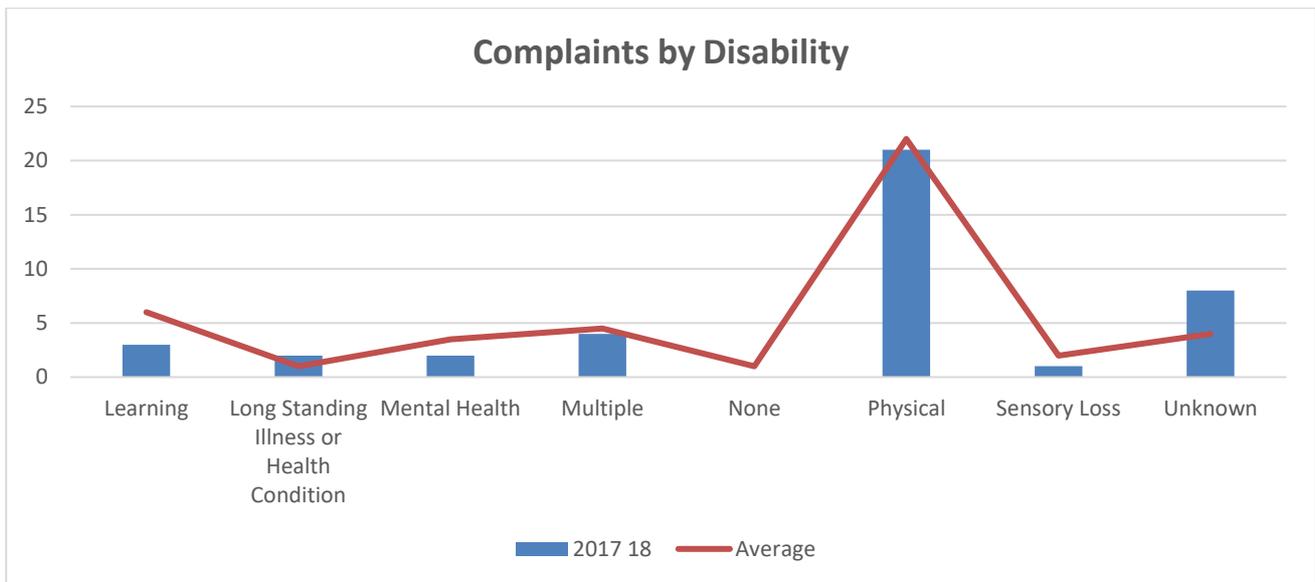
18-21	22-64	65+	Not Known
1 (2%)	9 (22%)	24 (59%)	7 (17%)

The majority of service users receiving support from Adult Social Care are reported to be over 65 years of age. The number of complaints reflects this with 59% of complaints being about the services to those who are in the 65+ age brackets.

4.5 Social Care Complaints – Disability

Of the 3787 records of adults receiving support from Adult Social Care in 2017/18, 56% of service users were described as having a physical disability.

The chart below provides a breakdown of how disability groups were represented in the 41 new complaints accepted into the process in 2017/18:

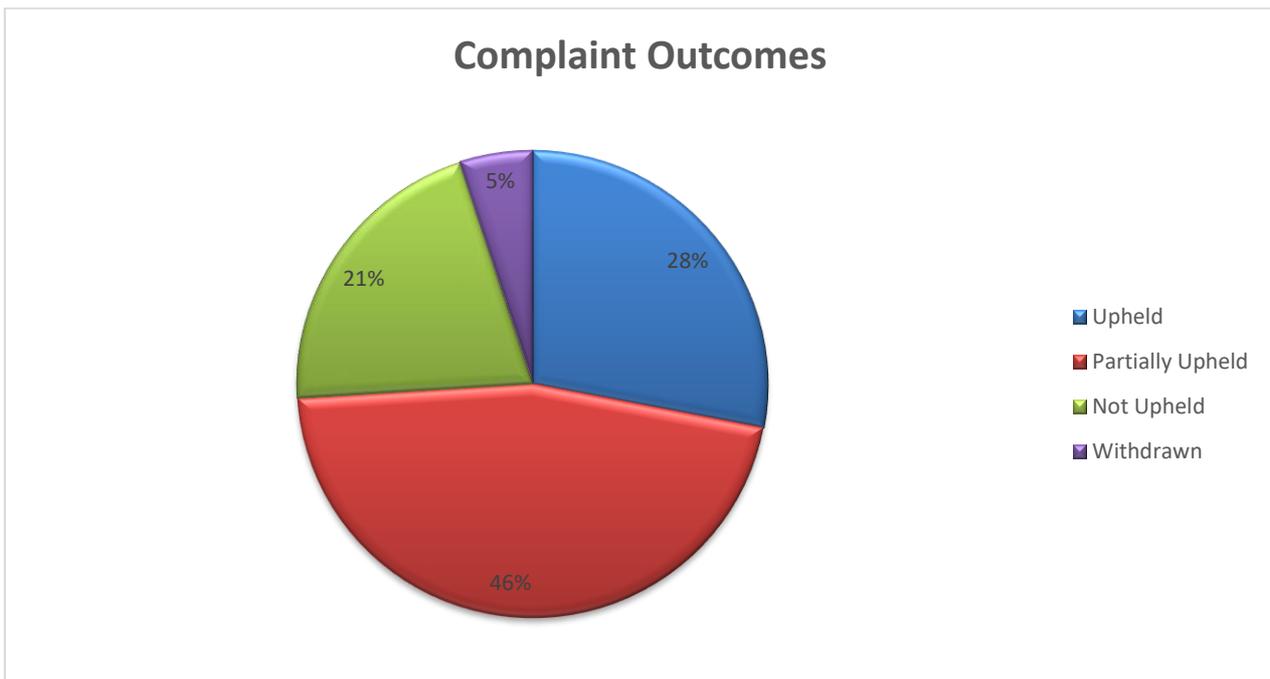


The majority of complaints received were about those services users with a physical disability. This is comparable in respect of the number of adults receiving support from Adult Social Care who are described as having a physical disability.

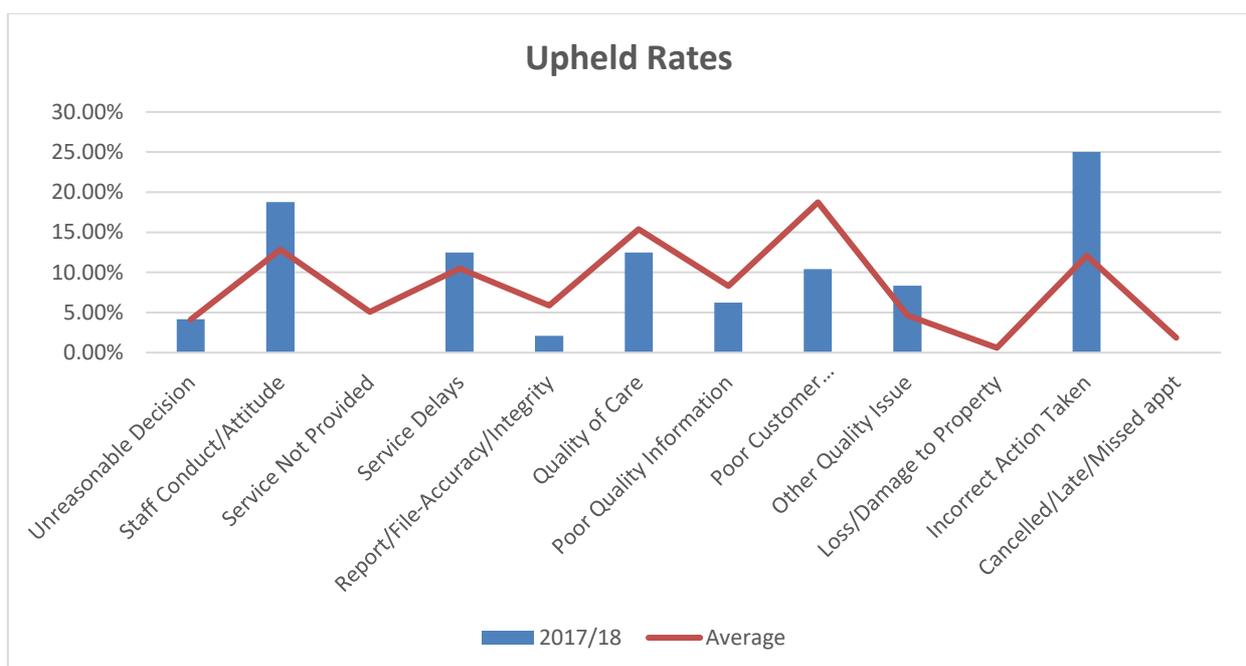
5. Outcomes from Concluded Complaints

There were 43 complaints concluded in the period, all relating to Adult Social Care Services. Two complaints were withdrawn; one was managed using the conciliation method and 40 were managed using the local resolution method.

The chart below indicates the outcomes from complaints in 2017/18. 28% of complaints were upheld in full and 46% were upheld in part. In total 74% of complaints were well founded either in full or in part.



The chart below indicates that the upheld rates in 2017/18 were impacted predominantly by incorrect action taken alongside staff conduct/attitude issues.



The chart also demonstrates that upheld rates were above average in relation to staff conduct/attitude; service delays; other quality issues and incorrect action taken compared to previous years. However, issues relating to unreasonable decisions; services not being provided; report/files accuracy/integrity; quality of care; quality of information; customer care; loss/damage to property; and missed appointments were all below the average compared to previous years.

6. Performance in Complaint Handling

6.1 Action Plan Compliance

43 complaints were concluded through the complaints procedure in 2017/18.

There is no timescale set out in regulations in which to resolve complaints for Adult Social Care services. The emphasis is on assessing the complaint at the outset to fully understand the issues, and then planning a clear method of handling the complaint in a reasonable timescale. Timescales can be re-negotiated with the complainant if appropriate. Managers are encouraged to set out an action plan for the complaint detailing how it will be dealt with.

Performance is therefore monitored on whether an action plan was in place and whether this was complied with. If an action plan is not in place then performance is measured on whether the complaint was concluded within the minimum timescales set out in the procedure as best practice.

Of the 43 complaints concluded in 2017/18, two were withdrawn. Of the remaining 41 complaints:

- 26 complied with an action plan
- 6 exceeded an action plan
- 5 had no action plan but were completed within minimum timescales
- 4 had no action plan and exceeded minimum timescales.

The chart below indicates the performance in handling complaints during 2017/18 in comparison to the average performance in handling complaints in previous years.



2017/18 saw an improvement in complaint performance overall and the chart shows that the number of complaints with action plans exceeded the average over previous years. Of the 10 cases that exceeded the action plan/timescale, 9 were down to delays by the service; 1 was down to the availability of key personnel.

6.2 Complaint Escalations

Regulations require the Council to investigate a complaint about Adult Social Care in a manner appropriate to resolve it speedily and efficiently. This gives us flexibility on the approach to take in responding. If a complainant asks for further action on a completed complaint it will be reviewed by the Assistant Director/Director. If the Assistant Director/Director decides the complaint has been fully addressed, it will be signed off and the complainant advised of their right to refer to the Local Government and Social Care Ombudsman.

Three complaints were escalated to Assistant Director Review and one was escalated to Director Review in the period.

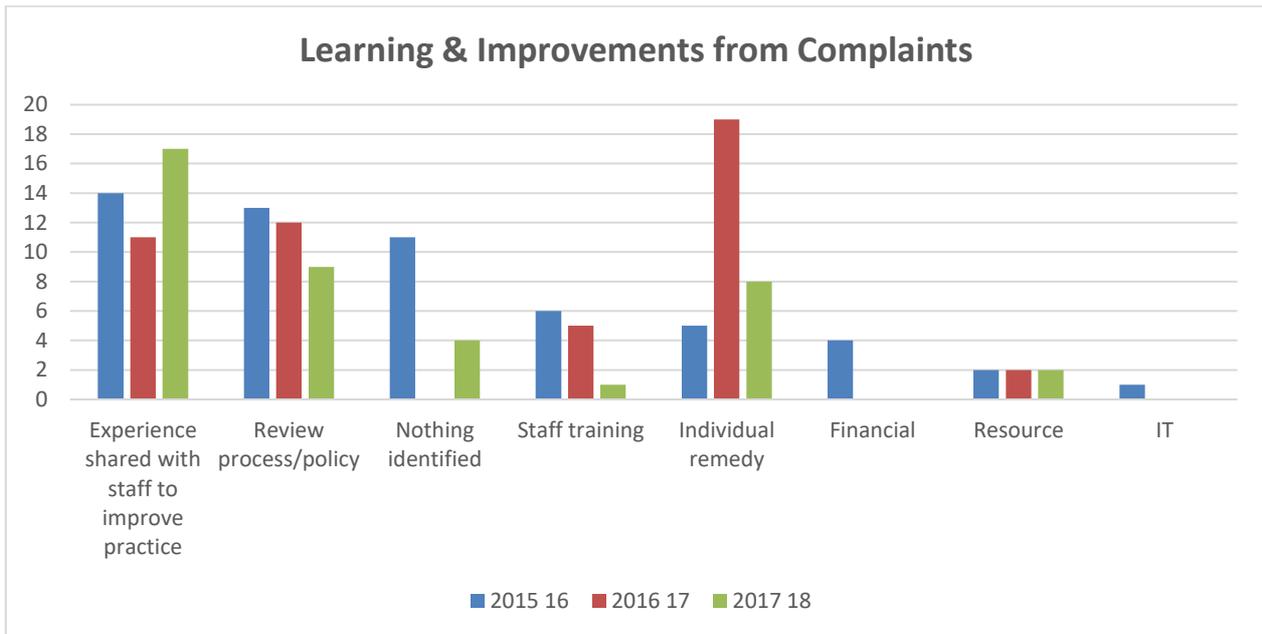
In three cases the Assistant Director was of the view that the complaint had been fully addressed and agreed with the outcome reached through local resolution/conciliation. The complainants were advised of their right to refer to the Local Government and Social Care Ombudsman should they remain dissatisfied.

In the fourth case the matter escalated to Director Review following considerable attempts to reach agreement with the complainants on how the issues should be investigated. The Director was of the view that the complaint should be partially upheld. Further disagreement on an appropriate remedy resulted in the complainant being advised of their right to refer to the Local Government and Social Care Ombudsman.

7. Learning and Improvements from Complaints

Where complaints are upheld either fully or in part complainants will receive an apology. However, service areas are also expected to put in place a remedy which may be for the individual complainant or undertake wider learning across the service to ensure mistakes are not repeated.

The chart below shows the types of learning identified from complaints in 2017/18 compared to those identified in the last two previous years.



The chart shows that the majority of improvements identified in 2017/18 resulted in the complainants' experience being shared with staff to improve practice. This was also the case in 2015/16 however in 2016/17 much of the improvements resulted in individual remedies for complainants.

Key improvements to council services included:

- Temporary changes to a service user's day centre routine should be given to the manager or a senior day care officer who will clarify the information with the customer and then ensure staff are informed and fully understand the changes.
- The Supported Living Service will ensure scheduled runs do not clash and the service users are notified in advance, where possible, if their support is likely to be delayed.
- Commissioned customer care training for a range of social care staff to support them in providing a courteous and empathetic approach even when discussions are difficult.
- EDT have ensured partners are aware of their remit and that practitioners have been reminded that care and support provided to service users should be robust including any contingency planning for those who may have complex or high-risk needs. Should EDT assess a service user's level of risk and deem that it does not

meet the threshold for emergency intervention they will be required to discuss with referrers a contingency plan if the situation alters.

- EDT Managers have review the induction process to ensure staff have appropriate skills to manage queries raised with the team
- A process for duty workers arranging emergency care has been developed which will ensure a 'paying for care' leaflet is distributed and clear information regarding contributions is explained. All staff have also been reminded of the importance of obtaining financial circumstances when arranging care.
- In cases where there is multi-team involvement, a single person should be responsible as a point of contact and liaison between professionals and the person who is in need.
- OT have reviewed how they can keep people updated and communicate better about their waiting list and have also reviewed their waiting list letter that is sent to customers to ensure it has appropriate information to enable them to understand what will happened now a referral has been received.

Key improvements for care provision that the council commissions included:

- Ensure all residential home service users are registered with a local GP when accessing their service.
- Ensure thorough assessments are completed prior to individuals accessing services at a residential home.
- Residential home staff should only provide factual information to family members in emergency situations to avoid unnecessary worry and stress.
- Residential home staff must write all requests for maintenance work in the appropriate log and the maintenance person who has been instructed must sign off completion of the work so this can be monitored.
- Residential home processes have been amended to ensure that medication goes with a resident who may be admitted to hospital even if there is no immediate requirement.
- A residential home has reviewed its medication administration protocol and staff have been instructed to remain with anyone who is self-medicating to ensure medicine is taken.

The cases above show good evidence of how learning from complaints is helping to shape how services are delivered but more could be done in this area to challenge and improve practices. The evidence shows that much of the improvements resulted in the customer experience being shared with staff to improve practice. Although there were some improvements to enhance service provision, this may suggest that services need more support to analyse the root cause of complaints to identify clear process or staffing improvements.

8. Local Government & Social Care Ombudsman (LGSCO)

8.1 Complaints Received and Decision Notices

The LGSCO annual statistics show that they received 17,452 complaints and enquiries about local authorities in 2017/18. In comparison, the LGSCO considered one complaint about Central Bedfordshire Council's Adult Social Care services during this period. The table below sets out the complaint received and the Ombudsman decision reached:

Complaint	Ombudsman Decision
<p>The complainant complains that the Council failed to adequately monitor the service user or recognise declining standards at a residential home which affected her health and wellbeing. The complainant also complains that the service user's social worker failed to respond to calls and correspondence or adequately address the concerns regarding the service user's care.</p>	<p>The Council's failure to review the service user's care needs and the delays in responding to the complainant's calls and emails in the social worker's absence amounts to fault. There is no evidence this fault has caused a significant injustice to the service user or the complainant.</p>

9. Monitoring and Quality Assurance

9.1 Effectiveness of Complaints Handling

Service users, their representatives and people affected by the actions of Adult Social Care services can access the Council's complaints procedure and the LGSCO.

The Customer Relations Team monitors the operation and effectiveness of the complaints procedure as well as how information about complaints is being used to improve services and delivery.

Local Resolution has generally been an effective means of dealing with complaints with only four being escalated to Assistant Director or Director level and one complaint being investigated by the LGSCO in 2017/18.

Complaints were important feedback and a means of identifying how practices may be changed for the better. The customer experience in complaints has led to some improvements to practice. In 2016/17, we reported that there was room for improvement to ensure all complaints had an individual action plan when 82% of cases had plans. This has dropped slightly in 2017/18, with 78% of cases having action plans. 81% of those cases were managed in line with the action plan which is an improvement on last year (67%). There is still room for improvement in this area but in the cases where there was no action plan the service area were meeting the minimum standards in line with best practice in over half of those complaints (56%).

9.2 Financial Implications

There are a number of ways in which the local authority can incur costs as part of the statutory complaints process for Adult Social Care Services.

Formal Investigation is normally achieved by appointing an investigating officer. The investigating officer may be employed by the local authority or be externally commissioned. The investigating officer however cannot be in direct line management of the service complained about. Due to the nature of the complaints that tend to be suitable for formal investigation the usual practice is to externally commission an investigating officer specifically for that piece of work.

In addition, there may be rare occasions where financial redress is offered through the complaints procedure. Financial redress can be provided to acknowledge avoidable distress; harm; risk; or other unfair impact. As injustice of this nature cannot generally be remedied by a payment the amount is usually symbolic to acknowledge the impact of fault on the complainant. The amount will depend on the circumstances of the case and this can be paid through local settlement following investigation by the LGSCO but can also be recommended during the local authority complaints process.

Any financial costs incurred are the responsibility of Adult Social Care Services. To assist in minimising the risk of costs the Customer Relations Team is actively involved in assessing the seriousness of complaints, whether complainants are eligible to use the statutory complaints procedure and ensuring appropriate and reasonable remedies are recommended.

The table below details the total costs incurred during 2017/18:

Reasons for Cost	2017/18 Spend
Formal Investigation	£0.00
Financial Redress (LGSCO Recommendation)	£0.00
TOTAL	£0.00

10. Customer Relations Team – Supporting Adult Social Care

The Customer Relations Team supports Adult Social Care Services by:

- ✓ Providing guidance, advice and support to staff on the management of complaints
- ✓ Supporting staff involved in the complaints procedure
- ✓ Quality assurance of complaint responses
- ✓ Managing challenges to complaint handling and responses
- ✓ Liaison with the Local Government and Social Care Ombudsman
- ✓ Overseeing the arrangements for communicating and publicising the complaints procedure
- ✓ Evaluating and reporting on the numbers, types, outcomes and trends of complaints to inform practice, development and service planning
- ✓ Providing a means to capture the learning from complaints to contribute to practice development, commissioning and service planning

During 2018/19 the Customer Relations Team will focus on a number of initiatives:

- Continue to ensure the complaints procedure is accessible and introduce an online complaint form for customers
- Continue to promote the Customer Relations root-cause analysis tool to help managers with identifying systemic improvements
- Continue to promote the Customer Relations toolkit for handling persistent customers consistently and fairly
- Continue to ensure complaints are handled responsively and in a flexible way
- Work collaboratively with colleagues to achieve a reduction in levels of complaints upheld
- Maintain the low levels of complaint investigations by the Local Government and Social Care Ombudsman and where they find fault
- Introduce a performance scorecard for complaints to improve visibility of complaints and their outcomes
- Introduce a rolling programme of staff briefing sessions on good complaint handling



A great place to live and work

Contact us...

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Monks Walk, Chicksands, Shefford, Bedfordshire SG17 5TQ

Central Bedfordshire Council

**SOCIAL CARE HEALTH AND HOUSING OVERVIEW AND SCRUTINY
COMMITTEE**

26 November 2018

Work Programme and Executive Forward Plan

Advising Officer: Paula Everitt, Scrutiny Policy Adviser
Paula.Everitt@centralbedfordshire.gov.uk

Purpose of this report

The report provides Members with details of the currently drafted Committee work programme and the latest Executive Forward Plan.

RECOMMENDATIONS

The Committee is asked to:

1. Consider and approve the work programme attached, subject to any further amendments it may wish to make.
2. Consider the Executive Forward Plan; and
3. Consider whether it wishes to suggest any further items for the work programme and/or establish any enquiries to assist it in reviewing specific items.

Overview and Scrutiny Work Programme

1. Throughout June and July 2016 residents were encouraged to propose items to be considered by the Council's overview and scrutiny committees.
2. In addition, a workshop took place in June 2016 at which Members and partners were invited to propose additional items and to indicate the priorities that they would like to consider throughout 2016/17.
3. Throughout this process Members have been encouraged to adopt several key principles relating to ways of working that were previously agreed by the Overview and Scrutiny Co-ordination Panel, namely:-
 - Minimising duplication
 - Focusing on requested items
 - Focusing on outcomes and the 5-year plan

4. A long-list of items was presented to the OSC at their previous meeting where Members agreed those items they would like to be added to further meetings.
5. This work programme aims to provide a balance of those items on which the Executive would be grateful for a steer in addition to those items that the Overview and Scrutiny Committee (OSC) has proactively requested to receive.
6. The Committee is requested to consider the work programme and the indicated outcomes at **appendix 1** and to amend or add to it as necessary.

Overview and Scrutiny Task Forces

7. In addition to consideration of the work programme, Members may also wish to consider how each item will be reviewed, i.e. by the Committee itself (over one or a number of Committee meetings) or by establishing a Member Task Force to review an item in greater depth and report back its findings.

Executive Forward Plan

8. Listed below are those items relating specifically to this Committee's terms of reference contained in the latest version of the Executive Forward Plan that are **not** presently included in the Committee's work programme. The full Executive Forward Plan can be viewed on the Council's website at the link at the end of this report:-

Item	Indicative Exec Meeting date
Using Compulsory Purchase Orders to bring Empty Homes back into Occupation	4 December 2018
The Future of Ampthill Day Centre for Older People	4 December 2018
Adult Social Care Business System	4 December 2018
Joint Health and Wellbeing Strategy	8 January 2019
Disposal of Houghton Lodge	8 January 2019
Adult Social Care Business System	8 January 2019
Roof Replacement and Repairs to Housing Properties	5 February 2019
Non Key Decisions	Indicative Exec Meeting date
Q2 Revenue/Capital/HRA Budget Monitoring	4 December 2018
2018/19 Q2 Performance Report	4 December 2018
Draft Revenue Budget/Draft Capital/Draft HRA	8 January 2019
Final Revenue/Capita/HRA Budget	5 February 2019
SCHH Fees and Charges 2019/20	5 February 2019
Capital Strategy 2019/20	5 February 2019
2018/19 Q3 Revenue/Capital/HRA Budget Monitoring	2 April 2019
2018/19 Q3 Performance Report	2 April 2019

Corporate Implications

9. The work programme of the Overview and Scrutiny Committee will contribute indirectly to all 5 Council priorities. Whilst there are no direct implications arising from this report the implications of proposals will be details in full in each report submitted to the Committee.

Conclusion and next Steps

10. Members are requested to consider and agree the attached work programme, subject to any further amendment/additions they may wish to make and highlight those items within it where they may wish to establish a Task Force to assist the Committee in its work. This will allow officers to plan accordingly but will not preclude further items being added during the course of the year if Members so wish and capacity exists.

Appendix A - OSC work programme

Background Papers

Executive Forward Plan (can be viewed at any time on the Council's website) at the following link:-

<http://centralbeds.moderngov.co.uk/mgListPlans.aspx?RPId=577&RD=0>

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Appendix A – Social Care Health and Housing Overview and Scrutiny Committee

Monday 28 January 2019	Phlebotomy Service update	To scrutinise the performance of the Phlebotomy Service provision at Arndale House and patient survey.
Monday 28 January 2019	Executive Update on Enquiry on Integration of Health and Social Care in Central Bedfordshire	Six month update on Part I and Part II of the Enquiry
Monday 28 January 2019	Joint Accountable Officer for Bedfordshire, Luton and Milton Keynes Clinical Commissioning Groups (BLMK)	To meet the newly appointed Joint Accountable Officer for Bedfordshire, Luton and Milton Keynes Clinical Commissioning Groups (BLMK)
Monday 28 January 2019	Update on Mental Health service developments in Central Bedfordshire	To receive an update from representatives from Bedfordshire Clinical Commissioning Group and ELFT on Mental Health services
	To receive an update on Community Health Services in Central Bedfordshire	To receive an update from representatives from Bedfordshire Clinical Commissioning Group and ELFT and Community Health Services.
Monday, 18 March 2019		
Monday, 3 June 2019		

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