

Social Care & Education Report

Hastings Road Day Centre

Decision to be taken by: Deputy City Mayor - Social
Care, Health and Community Safety

Decision to be taken on: 3 July 2023

Lead Director: Kate Galoppi



City Mayor

Useful information

Ward(s) affected: All

- Report author: Leanne Karczewski/ Michelle Larke
- Author contact: Michelle.larke@leicester.gov.uk
Leanne.Karczewski@leicester.gov.uk
- Report version number: 1

1. Summary

- 1.1. The report sets out the findings of the consultation exercise ([Appendix 2](#) & [Appendix 3](#)) on the proposal to cease the day service at Hastings Road Day Centre (HRDC). [Appendix 4](#) sets out the Equality Impact Assessment which together provide a detailed set of representations made by stakeholders and some of the implications that closure of the day centre would have for the people that attend and their families.
- 1.2 The report also describes the analysis of the data and information gathered through the in-depth review and how that has helped shape the range of options considered around Hastings Road, prior to the consultation process.
- 1.3 The report describes the key lines of enquiry commissioners have used to structure both the engagement and consultation with affected stakeholders around the preferred option consulted on. Key to this process has been the voice of the people and their families and this is presented in this report to help inform the decision making now required around this day service for people with profound and complex needs.
- 1.4 Finally, the report presents evidence that recommending closure, will enable more progressive and forward-thinking services to be put in place for the individuals and their families.



City Mayor

2. Recommendation

Lead Member is recommended to take the decision

- 2.1 to end the service at Hastings Road Day Service and instruct adult social care to start working with families to undertake reviews and to discuss options. To do this effectively it is suggested that additional social work staffing resource (equivalent to 1 FTE Care Management Officer) is put in place to support families in a direct and intensive way to carefully manage those transitions. The cost of this for 12 months is £41,822 (inclusive of oncosts – note this is 22/23 rates) This will help ensure we complete all moves out of the service by December 2023.
- 2.2 agree for a second process to begin around the staff, which will see HR and the relevant Head of Service undertake a Redundancy Consultation for the staff team currently providing a service to people in Hastings Road. Noting that this will need to be carefully timed to ensure that there is no disruption to people's care and support during the transition phase. Where possible, it is recognised that suitable alternative employment should be offered as part of the Redeployment Policy for those staff who want it.

3.1 Scrutiny

- 3.1.1 Officers presented an update on the consultation methodology at ASC scrutiny on 19 January 2023 which was during the timeframe that the public consultation was open. This was to update Scrutiny on the proposal being consulted on and to give members a chance to scrutinise both the process and the approach being taken by officers with the families affected. A version of the table in Appendix 2 was used to verbally update members on the consultation activity completed at that stage of the open consultation and the responses and questions received.
- 3.1.2 Officers agreed to return to ASC scrutiny following the establishment of the new scrutiny structure in late June/early July to review the advice and recommendations being made by officers prior to a decision being enacted.

3.2 Stakeholder Engagement

- 3.2.1 In early March 2022, recognising that work was required to understand our options around Hastings Road due to dwindling numbers and a lack of referrals, particularly from health's complex care team, commissioners embarked on a period of engagement with affected stakeholders. That engagement started on 14 March 2022 and allowing for Easter ended in

late April, eight weeks later. Commissioners outlined the key lines of enquiry to families, staff, and other affected stakeholders. These are described below.

3.2.2 The engagement sought to understand the following:

3.2.2.1 the ability/capacity of private providers specialising in service for complex needs to provide high quality progressive services and support.

3.2.2.2 the circumstances of families and people and what they needed and wanted from services.

3.2.2.3 the impact on partners such as health and other council services

3.2.2.4 the impact on staff at HRDC – recognising the lack of referrals and people choosing alternatives – we therefore wanted to consider all ideas for this service to see if there was a way to secure a viable future.

3.2.3 Following the engagement, commissioners considered the options. At this point and following ongoing work to really determine if any of the options could be viable, officers embarked on a 10-week public consultation. This was designed to test proposals at a formative stage in the process. This began in early December 22 and ended on 17 February 2023. This gave officers a further important opportunity to gather views and ideas on proposals to cease providing a service at Hastings Road Day Centre.

3.2.4 To ensure that parents and carers of people who attend Hastings Road felt able to express their views and ideas, a focused approach to formal consultation was provided. All stakeholders, but particularly families and staff, were offered 1:1 phone and face to face engagement sessions (one of which during the public consultation was attended by Cllr Russell as per a request from the families), focus groups, and a survey (online and paper based – including a version in easy read).

3.2.5 All parents and carers who wished to engage and speak to officers were given an opportunity to tell us about their views on the proposals. Furthermore officers ensured that communication, language preferences, transport and accessibility to buildings were not barriers to consultation.

3.2.6 During the consultation, officers offered opportunities to families to meet with alternative providers to find out about the alternative range of services available. A “Meet the Provider Event” in February enabled parents and carers to see the sorts of opportunities on offer, also 1:1 visits to alternative providers were facilitated. These events provided an opportunity for families to talk to alternative providers about the services and support available, offering reassurance around both their expertise

as providers but also the service offer to support the complexity of their loved ones' needs.

3.2.7 Whilst this event was not well attended by families (only seven of the 20 families attended) the feedback from those who did attend was positive. This was a mixture of commissioned and non-commissioned providers. It also gave commissioners an important opportunity to discuss capacity and capability with the providers in the room and what their specific offers would be to a more complex cohort.

3.2.8 The consultation methodology and findings are detailed in the Consultation Findings report ([Appendix 2](#) (methodology) [and Appendix 3](#) (themes from consultation activities)).

3.2.9 Advocacy support was available and in one case taken up by a parent to ensure they felt well supported to be able to contribute to the consultation.

4. Background information

4.1. Hastings Road Day Centre (HRDC) provides support to individuals with profound and multiple learning disabilities (PMLD). This means people supported have a range of sensory, physical, and learning disabilities and are therefore eligible for adult social care support or funded by health due to their complex needs. The centre was opened in 2005 as a joint health and social care resource. The service currently operates from Monday to Friday, 08:30 – 17:00.

4.2. There are currently 19 people attending the centre, of whom six attract Continuing Health Care (CHC) funding. The service has capacity to support thirty people, but demand has dwindled over the past few years – the last referral into the day service was in 2016 and there has been a steady (though slow) reduction in numbers as people have left the service.

4.3. It is possible that the decline in the numbers of people attending will continue as several people who use the service are older with significant health conditions, as are their families and carers.

4.4. Compounding this issue, is the attractiveness of HRDC, particularly to those who are younger, which is unable to offer the wider variety of activities that a more community-based offer could. Furthermore, the advice from health's complex care team is that planned pathways to independence are the preferred model for those with PMLD requiring services which explains the lack of referrals from our health partners.

4.5. At the start of the consultation process in December 2022 there were 21 people drawing on the service. Since then, a further two individuals are

also in process of moving to alternative services (one is moving into a care home and one to an alternative day service) so the pace of decline has increased somewhat of late. This will leave 18 people accessing the service.

4.6. Commissioners have listened carefully to what families have told us, our staff at Hastings Road, health partners, our local college, our PATs team, our children's SEND team and adult social care teams throughout the process, and this has helped shape the recommendations being made in this report.

4.7. Given the level of complexity surrounding this review commissioners have explored all options open to us. This has not just looked at HRDC in isolation but has carefully considered our requirements as a council particularly for those with profound and multiple learning disability (PMLD), and how we best support them and their families. This has been central to the work undertaken and is reflected in the range of options considered.

Summary of the final options with preferred option.

4.8. **Option 1** – do nothing and continue to fund and deliver a service from Hastings Road Day Centre.

Advantages

- Continuity of care for people attending

Disadvantages

- Service is projected to overspend due to reductions in Continuing Health Care (CHC) funding.
- Number of people attending likely to continue to decline leading to increased costs.
- High cost of maintaining an underutilised building.

4.9. **Option 2** - Remodel Hastings Road to accommodate a maximum of 30 people and introduce the opportunity for Hastings Road to meet the needs of younger people with additional needs aged 18–25.

Advantages

- Provides a service to young people who have left education or who are attending part time to prepare them for more independent living/adulthood.
- Preparing for independence offer would align well with enablement principles and would see us provide a more progressive model.
- Offers more spaces for those with PMLD and maintains a service for those attending, providing important continuity of service for families and individuals.

Disadvantages

- Changes to the service may not deliver a level of income that secures a future for HRDC. This service has been the subject of previous reviews and commissioners were clear that any change needed to drastically improve both the financial situation of the service and meet a clear and defined need for our citizens.
- The operating costs of HRDC as an inhouse day offer exceed the cost of a comparable service commissioned from our private market.
- There is limited evidence of demand for a service for PMLD given health's preference for a different service model.
- To deliver on this the service at HRDC will require investment which at the current time, would be difficult to secure given financial constraints of the council.
- Significant limitations in terms of service offer would be difficult to overcome – in terms of community access and enhanced times of operation, recognising we are constrained by the transport offer.

4.10. Option 3 – Close Hastings Road (preferred).

Advantages

- Alternative provision may be more community-based which is in line with best practice expectations for people with learning disabilities.
- Cost of outsourced provision if provided at framework rates would be more competitively priced than the cost of HRDC.
- We realise cost savings in the long term.

Disadvantages

- Disruption and uncertainty for staff, people, and their families.

4.11. Option 4 - Undertake a six-month feasibility study which will determine whether an overnight planned short breaks hub is a viable option.

Advantages

- Opportunity to enable parents and carers to cope with their caring responsibilities and also avoid premature admissions into residential care.
- We achieve an overnight short break facility which is a strategic ambition. This would be a flagship service for the city and would mirror the type of provision other councils have invested in.
- Holding any staff vacancies that arise during this interim period enables us to make some cost savings.

Disadvantages

- High cost of capital investment required to reconfigure the building.
- Financial context that the council is operating in is difficult which is not conducive to a transformation project that will be costly to realise.
- We continue to overspend on the current budget for the service.

5. Detailed report

Our market for day opportunities and commissioned framework arrangements

- 5.1. A key part of the proposals to cease providing a service at Hastings Roads was our belief as a council that everyone we support should have access to the widest possible range of activities that best meet needs and aspirations. We consulted on the basis that Hastings Road was limited in its ability to provide that range of activity and that providers specialising in day services for people with complex needs could be more flexible and forward thinking.
- 5.2. Significant market testing was completed through the recommissioning of our day opportunities framework, which also included further engagement with a wider range of people accessing day services in Leicester. Further discussions were also undertaken with a range of providers to test both their service offer for people with complex needs and their capacity to provide a service. All of this work suggested that no significant amendment to the original proposals were needed.
- 5.3. In terms of the proposal to cease providing a service at Hastings Road, it is clear that the independent sector will be able to provide alternative provision through the newly commissioned community opportunities framework. LOT 5 within that framework has been designed precisely with the intention that it should be able to provide the specialist alternative day offer for people with PMLD/complex needs.
- 5.4. Alternative provision within LOT 5 has been commissioned at an hourly support rate of £18.70. Given that the hourly cost of HRDC is almost exactly double that, there is potential to realise significant savings if the people currently accessing HRDC were placed with externally commissioned services. This would contribute towards the fundamental budget review from 2024/25 onwards.
- 5.5. Further work described above has been undertaken by officers to determine whether there is enough capacity within the new community opportunities framework and the wider market to meet the needs of all the individuals, were the service at Hastings Road to cease. At the Meet the Provider Event in February, private providers indicated that they had

capacity within their existing services and advised of new services in development. This suggests we have a growing and buoyant market able to meet need in the city. Conversations with some of the providers who offer building-based services similar to HRDC have confirmed the following:

- 5.5.1. **FTM Dance** – This service could offer community opportunities on a sessional basis for up to three additional people, although currently they have no additional capacity for wheelchair users. However, if FTM were to receive enough referrals they would be able to open up an additional day session. The provider provides a building-based service in South Wigston and has been awarded Lot 2 and Lot 5 on the new Community Opportunities Framework.
- 5.5.2. **IBC Solutions** – This service would be able to offer entire day sessions over two venues, Troon Way (Thurmaston) and St Georges (City Centre) – both of which are close to HRDC. In total over these two venues there is capacity for up to 10 new referrals. The provider would be able to increase this offer still further as their building bases are reconfigured over the next few months. The provider would be able to offer support to people with complex needs and PMLD. Currently this provider is not on the Community Opportunities Framework, however they have submitted a bid to join the framework, and evaluations are underway (there is still no update on this at the time of writing).
- 5.5.3. **Mosaic 1898-** This service would be able to offer 12 additional full-time placements over their three sites – Ratby Lane, Leicester Centre for Integrated Living and Leicester Outdoor Pursuits Centre. All 3 sites would be suitable for a person with more complex needs. Mosaic is also developing services at a new site for people with PMLD and complex needs. Their long-term goal is to split the current offering at Mosaic Head Office and start a new PMLD service at Whetstone which will allow the service to further expand. This service has been awarded both Lot 2 and Lot 5 on the new Community Opportunities Framework.
- 5.5.4. **Deacon and Hardy-** this service is not on the new Community Opportunities Framework but can be accessed using a Direct Payment (noting that some families have told us that a Direct Payment is not something they would want to take up). The provider has four sites, two in Wigston and two in Hinckley, with a total capacity for 20 new referrals to attend 5 days a week. This figure is based on providing 1:1 support which would be appropriate for most individuals who currently attend HRDC. It

also worth adding that a service with this provider is likely to cost us more than our current commissioned framework rates¹.

- 5.6. If the service were to cease at Hastings Road, our learning disability social work team would support the 13 non-NHS funded individuals and their families to source and choose suitable alternatives from the private provider market. Transport implications would be resolved at this point too.
- 5.7. Depending on the circumstances and what is appropriate, there could be a mix of provision put in place, including day services (similar in operation to that of HRDC in terms of a building base), supported living outreach, homecare and/or personal assistants.
- 5.8. However, what was clear throughout the consultation was how important the environment was for many of the people drawing on the service. As such, and given their specific needs, it is important that a building base is offered. The expansion of planned services in the private market offering more of a building-based provision, could provide viable options for families and, importantly, a level of choice.

About the people and their families

- 5.9. There are currently 19 individuals who attend Hastings Road. This is a reduction from the previous figure of 21. Unfortunately since the consultation began in early December, one individual has died, and another person has moved to an alternative day service. This will decrease again as another individual potentially moves into residential care following the death of a parent. This will leave 18 people on register, with six being fully NHS funded. Any decisions regarding HRDC will be communicated to NHS colleagues who will need to undertake their own reviews of individuals to determine next steps for those six people affected.
- 5.10. As previously reported by commissioners, NHS commissioners are clear that models such as HRDC are no longer a favoured option; preference instead is for planned pathways to independence or community-based services that are more flexible in terms of hours of operation allowing families to work. This view was communicated in the response to the consultation from NHS colleagues:

“Transition can be difficult for many people with LD and Autism however if planned well and with the correct support this could be a positive move for them.

¹ Costs at this provider vary – without 1:1 the cost for half a day (3hrs) is £35.13 - £69.08 with 1:1. Full day (6hrs) £70.26 with 1:1 £138.16 – for those that need additional support (2:1 at key times) this is charged at an hourly rate of £14.46.

Moving to a new provision may offer the individual more choice and control over the care and support, the times they attend and community-based activities that they could participate in.”

- 5.11. The consultation has been highly emotive for the parents and carers who have loved ones attending the service. Hastings Road has provided a lifeline to the people that draw on the support and to their families for many years, providing much needed respite for parents and carers, some of whom work and others who are elderly and rely on Hastings Road as their main source of support. We heard clearly that the uncertainty around the Service’s future is having a negative impact on parents’ and carers’ emotional and physical wellbeing.
- 5.12. During the consultation we had good levels of engagement from all of the families connected to the Centre. Common themes were around the continuity, familiarity and quality of support which was both reassuring and incredibly important to families. Many families felt that a private provider would not offer a service comparable to that of HRDC – they quoted high staff turnover, and some had examples of poor care for loved ones that currently have provision alongside that of HRDC.
- 5.13. Closure of the service at HRDC will be unpopular and will create high levels of anxiety for parents and carers. A perception of poor-quality provision in the private market will no doubt compound this feeling of despondency. This is prompting further work by our contracts and assurance service to ensure that services are indeed of a high quality and that any quality issues raised are investigated and actions put in place and monitored.
- 5.14. Another element of the proposal that was challenged was around the lack of referrals and why that was. Commissioners have done more work around this to try and ascertain if there is hidden demand for an inhouse service. This further work has tried to look at demand in the city for those with complex LD - how that demand is being met and whether it provides an opportunity to boost referrals:
 - 5.14.1. A nationally available prevalence modelling tool suggests that in Leicester we have circa 572² people aged 18-64 with a moderate or severe LD, living with a parent. This suggests the numbers of working age adults with a moderate to severe LD who continue to live at home is a sizeable cohort. Unfortunately we do not have a field on Liquid Logic that allows us to monitor the numbers of people in the city, known to adult social care classed as having PMLD to sense check this data.

² The 2016 Learning Disabilities section of the JSNA suggested that in 2014/15 there were 583 people with LD living with family. [learning-disabilities-section-march-2016.pdf \(leicester.gov.uk\)](#)

- 5.14.2. Our LD team confirm that whilst there is a level of demand for day support, that potentially could be met by our inhouse service, it is for those with complex autism. Compatibility with the current cohort at HRDC makes it difficult for the existing service to meet that demand which in turn impacts on referrals.
- 5.14.3. NHS colleagues have confirmed they have 254 people with PMLD on their caseloads, however they have told us they are actively sourcing alternative models of support for those that are NHS funded. They too have indicated that where they struggle for options is for those requiring a day service who have complex autism.
- 5.14.4. We have around 320 people accessing day opportunities on our commissioned framework, 142 of these are people with LD, some of these have a 1:1 (36 people) or a 2:1 (27 people) which would indicate a level of complexity in the people receiving a service.
- 5.14.5. This suggests that demand for a service that provides support for PMLD only, may continue to dwindle given NHS colleagues are unlikely to utilise it in the future and given our commissioned offer with the introduction of a complex service option should help us to better meet demand from a complex cohort, especially those with autism. The efficiencies around cost cannot be ignored here either, given the variance in hourly rate between HRDC and the complex LOT (LOT 5).

Next steps for staff and other affected stakeholders

- 5.15. Staff employed at Hastings Road have expressed frustration about the process and have felt negatively affected by the uncertainty around the consultation. We have been clear with staff that this consultation is about the service at this stage. However, if proposals to cease were approved, HR's advice is that this would result in a Redundancy Consultation. Where possible, suitable alternative employment should be offered as part of the Redeployment Policy
- 5.16. Operational transport (PATs) may be negatively impacted by any decisions to close. The ability of PATs to continue to meet that transport need will need to be ascertained as a next step that is driven in part by the reviews that will need to happen for people receiving a service.

Conclusion

- 5.17. If proposals are approved, careful work will need to be done with families to ensure we go at a pace that works for them and their loved one. This recognises that any disruption could have negative consequences leaving families dealing with escalations in behaviour as a result of changes to routine and environment. One unintended outcome we need

to avoid is carer breakdown resulting in individuals ending up prematurely moving into residential placements.

- 5.18. Work has been done to properly explore any financial impact should this see any premature admissions into either residential care or should off framework providers be preferred by families. To determine what impact this would have on ASC spend, work has been done to model costs for the cohort currently attending HRDC, in terms of their package costs to the council. This further work is summarised below (noting that this was based on 22/23 prices) and is based on the 12 ASC funded individuals.
- 5.18.1. The actual costs of staffing minus the CHC income give a net operating cost of £781k for HRDC – however, the total cost to the council in terms of HRDC plus other commissioned services (in place for 11 of the 12 ASC funded individuals) adds a further £632k – making the total cost to the council just over £1.4m per annum.
- 5.18.2. The costs of providing an alternative community opportunities service have been modelled for the 12, based on their current support ratios. To do this the costs of Deacon and Hardy were used (which as a non-commissioned service is more expensive than a LOT 5 service). This would indicatively cost the council £415k per annum. This would equate to a saving of £366k on HRDC costs alone (we have assumed the additional commissioned services would stay in place).
- 5.18.3. To model the costs of residential we have looked at average costs for this cohort in our specialist residential homes in the city, sense checking this with our LD Head of Service. This has been modelled at £950 per bed per week (without 1:1) for all 12. Based on this assumption, this would cost the council an indicative £692k per annum. Whilst this still represents a small saving of £89k against the current net operating costs of HRDC – in reality, it would potentially represent a larger saving as the additional commissioned services would no longer be needed so that saving could increase to £721k.
- 5.19. Based on this additional financial modelling, we can assume that a residential service for some people would not adversely impact ASC spend; albeit residential care would be a potentially devastating outcome for the people and their families. Likewise neither would people choosing an off-framework provider. This would appear to be a reassuring conclusion of the exercise to look at different outcome scenario planning for current attendees and potential impact on ASC spend.
- 5.20. However, the best mitigation to avoid escalations in behaviour (and therefore additional commissioning or residential care if we did see carer strain increase) is by managing the process of transition effectively. This

would be at a pace that allows people who generally do not cope well with any sort of change, to adapt to a new provider, and a new service.

- 5.21. This may be quick and straightforward for some, but for others this may take months to achieve and may see some double running costs as new providers shadow HRDC staff to see how best to support people whilst getting to know them. Putting in place dedicated care coordination will also help this process and provide much needed reassurance to families.
- 5.22. Likewise further work will need to be done to take account of any well-established relationships between individuals. Again this may affect the decisions families make if groups of people currently attending would benefit from moving to a new service together.
- 5.23. Recognising how impactful this process will be for families and their loved ones, commissioners will liaise with our LD team to ensure that where parents and carers would welcome it, a carers assessment is undertaken. This may put in place some additional support through our carers support service and may include perhaps some additional short breaks provision where we can (overnight to give families a break). Other options may be to enhance or put in place home care packages to support individuals either through the night if sleep is disrupted (often a consequence of change) or at weekends and evenings to help families cope through the transition if behaviours do escalate.
- 5.24. Further work will also be needed to launch a staff process and HR advice and support will be sought to complete that next stage of consultation for staff affected by the closure of service. Again, given how impacted staff are feeling by the process around the service and -recognising how reliant we are on them continuing to support families and their loved ones throughout this process, this will need to be carefully and sensitively handled. Unions have been briefed at each stage of the engagement and consultation process and this will form a necessary part of any next steps so that unions can actively support their members with any impending consultation exercise.
- 5.25. Work will also be done with our contracts and assurance service to ensure that any quality issues are managed with providers to ensure that families feel confident in the alternative services they are choosing for their loved one.
- 5.26. Finally we are looking at the future use of the building, especially for bedded care. Commissioners will bring forward a report in due course, recognising that the current proposals are entirely separate to this and are not dependent on the work that is being done to look at the building and the opportunities it could present.

Key stages in the draft timetable – see [Appendix 1](#)

27 March to May 23: Purdah

April 23: potential for complex day services to be mobilised (LOT 5)

Date tbc July 23 – possible second opportunity to return to scrutiny re decision

June/July 23: LD care management team begin reviewing the 13 people funded by ASC. Fully NHS funded would also be subject to reviews by Midlands and Lancashire Commissioning Support Unit (MLCSU).

July 23: latest point at which a decision is communicated

Next stages are decision dependent but give an indication of a timetable for HRDC

July 23 onwards: organisational review for staff affected and people could start transitioning to new services.

October 23: Community opportunities framework fully operational

December 23: earliest point services at HRDC could cease.

March 24: latest point services at HRDC could cease

6 Financial, legal, and other implications

6.1 Financial implications

The fundamental budget review proposed a full year saving of £300k from 2024/25 if HRDC closed which is the current net budget less the independent sector costs of the alternative provision. This assumes that TUPE would not apply to current staff given the dispersed nature of the alternative provision with some being LA commissioned sourced and others being through a direct payment.

The proposal assumed 3 months' worth of savings in 2023/24 i.e. the process of transition to alternative provision and redundancy of existing staff together with notice period would be complete by end of December 2023. This may be optimistic given the transitional arrangements required and this profile will be reviewed pending the timing of the final decision.

Martin Judson, Head of Finance

6.2 Legal implications

The recommendations include ceasing the current Hastings Road Day Service. The decision-maker should ensure that the findings of the consultation are considered, and proper weight given to the representations prior to making any decision. Within the report, Appendices 2 and 3 set out the outcome of the consultation exercise. Further information and analysis on the consultation is included in the main body of the report.

The decision-maker should have due regard to section 149 of the Equality Act 2010 (the Public Sector Equality Duty (PSED)). The PSED requires the Council to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. To support this, the outcome of the Equalities Impact Assessment is set out in Appendix 4 and Equalities Implications are set out below.

Kevin Carter, Head of Law – Commercial, Property and Planning

The report recommends ceasing the service provision at HRDC and as noted in the body of the report, this will have implications for the workforce. The report identifies that this is likely to result in a redundancy exercise and accordingly the Council's Organisational Review and/or Redundancy processes need to be followed in implementing any change.

Consultation with unions and staff is a key aspect of any potential redundancy exercise. Following the Council's policies will minimise the risk of breaching employment rights and contractual terms which could result in Employment Tribunal claims against the Council.

There is the potential for the TUPE regulations to apply when considering the alternative options for the families who currently use HRDC, any implications will be considered whilst the transition work over the course of the Summer is carried out.

It is recommended that ongoing HR and employment legal support is obtained once a decision has been made.

Julia Slipper, Principal Lawyer (Employment & Education), Tel: 0116 454 6855

6.3 Climate Change and Carbon Reduction implications

The city council declared a Climate Emergency in 2019 and has set an ambition to achieve carbon neutrality. As such, addressing the emissions from its own buildings, where it has the greatest level of control, is an important part of work to tackle the climate emergency. Hastings Road Day Centre's carbon emissions were around 61 tCO₂e in 2019/20, equivalent to 0.75% of the carbon footprint from the council's corporate buildings.

Closure of the service would be expected to result in a reduction in energy use and emissions, however this will ultimately depend on the decisions that are taken about the future of the building. If the centre is retained within the council's portfolio, opportunities to improve the energy efficiency of the property should be considered. For example, this could include through fitting better insulation, energy efficient heating, low energy lighting and low carbon or renewable energy systems, as applicable to the building. If the centre were disposed of this would remove its emissions from the council's carbon footprint, and any group or organisation taking on the building could also be encouraged to implement measures to increase its energy efficiency, as appropriate. Closure of the service may also have an impact

on transport-related emissions, from changes to how staff and service users travel to provide and access services, although it is not possible to provide an estimate of these impacts.

Aidan Davis, Sustainability Officer, Ext 37 2284

6.4 Equalities Implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

The report recommends ending the service provision at Hastings Road Day Centre and finding alternative provision for those using the service. Hastings Road Day Centre is a specialist day centre for people with Profound and Multiple Learning Disabilities who may have a severe learning disability and other disabilities that significantly affect their ability to communicate and be independent. Someone with a profound and multiple learning disability might have difficulties seeing, hearing, speaking, and moving. Some may have additional sensory or physical disabilities, complex health needs or mental health difficulties. The most relevant protected characteristics is disability but people using the service have a range of protected characteristics. All children and adults with profound and multiple learning disabilities require high levels of support from families and carers.

This has been covered by an Equality Impact Assessment which recognises that there is likely to be a disproportionate negative impact for the protected characteristic of disability. It is therefore important to review the equality impact assessment and monitor the impacts and wherever possible ensure any alternative provision suits the individuals, given the complexities of the nature of their disability.

This option to close the service will also affect staffing and, if this option is agreed and progressed, an organisational review Equality Impact Assessment will need to be undertaken in conjunction with HR and in line with the Organisational Review Policy and Procedure.

Kalvaran Sandhu, Equalities Manager, Ext 6344

6.5 Other Implications:

Implications have been sought from HR on this report.

HR – Marta Momot, HR Advisor

The following represents HR's advice on the proposal to cease providing a service in the report and some of the staffing implications and processes needed.

Close HRDC- A redundancy exercise resulting in a compulsory redundancy of all staff. Where possible, suitable alternative employment should be offered as part of the Redeployment Policy.

7 Summary of appendices

Appendix 1: Proposed timeline

Appendix 2: Consultation Methodology and who responded

Appendix 3: Themes from the consultation activities: focus groups, 1:1s and surveys received both online and paper.

Appendix 4: Equality Impact Assessment

8 Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?

No

9 Is this a “key decision”?

No

Appendix 1: Timeline & Considerations

Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
<p>Understand the demand – We need to establish if there is demand for people and families to access overnight bed-based respite and young people 18-25 who may require a service</p> <ul style="list-style-type: none"> • Children and Young People demand • Transitions • Adults 	<p>Arrange for our inhouse architect to visit HRDC to help us understand the opportunity for the building to be reconfigured to meet needs of difficult cohorts.</p> <p>Work done to produce outline plans and basic costs to understand all our options</p>	<p>Consultation launched – 12 Dec for 10 weeks.</p>	<ul style="list-style-type: none"> • 9 Jan 23 – opportunity present to scrutiny around the consultation. 	<p>Consultation closes 17 February (10 weeks)</p>	<p>Analysis of findings from consultation</p>
<p>Discussions with health re those they fund and other stakeholders</p>	<p>Feasibility review to understand:</p> <ul style="list-style-type: none"> • Cost • Risks • Opportunities <p>Shortfall in costs and how/whether other funding sources could bridge the gap</p>				
		<p>Public consultation on proposals to cease providing a service: 12 Dec to 17 Feb (10 weeks)</p>			

Stage 2: Decision making

April 23	May 23	June 23	July 23	Aug 23	Sept 23
PURDAH – dates 27 March to first or second Thursday in May (04/5/23 or 11/05/2023)		Latest point decisions communicated (July 2023)			
		Report to Scrutiny commission either June or July depending on when the new commission is established, and dates confirmed.		Again, dependent on outcome/decision - Reviews begin for those on register and transition to new services potentially start.	
		Dependent on decision/outcome: Any potential Organisational review for staff would commence now – potential redeployment/redundancy – and/or recruitment to new roles concludes Dec 23			

Stage 3: Service transition

Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Again, dependent on outcome/decision - Reviews continue for those on register and transition to new services is completed.					
		Dependent on decision/outcome HRDC closes			Dependent on decision/outcome HRDC closes
Continuation of any organisational review for staff – potential redeployment/redundancy – and/or recruitment to new roles concludes Dec 23					

Appendix 2: Consultation Report

1. Methodology and who responded

Consultation Method	Further detail	Outcome
<p>Consultation letters and survey sent by Royal Mail to all parents and carers</p>	<p>Consultation letters sent out on 5.12.22 to all of the twenty-one parents and carers of people who attend HRDC.</p> <p>When we became aware of length of delay officers contacted the carers by phone to inform them of the consultation, followed up with letters sent from HRDC direct to home address with individuals in their bags. Fifteen out of the twenty-one carers were then contacted by telephone to check that they had the letter and understood how to engage and the importance of engaging in the consultation.</p>	<p>Feedback received on the 19.1.22 that most letters were not received in a timely manner due to the Royal Mail strike.</p> <p>Fifteen of these phone calls resulted in contact with carers and conversation about the process and invitation to focus group sessions</p> <p>A total of four carers chose to express their views for the consultation over the phone.</p>
<p>Focus Group Sessions</p>	<ul style="list-style-type: none"> • First focus group session – 19.12.22 at Peepul Centre • Second focus group session – 10.1.23 at Peepul Centre • 3rd focus group session – 7.2.23 at Hastings Road. Cllr Russell attended. • 4th Session - 13.2.23 at Hastings Road. This was an evening session to accommodate carers who work in the day. 	<p>Only two carers attended due to the Royal Mail issue.</p> <p>Fourteen carers representing nine people from Hastings Road Day Centre attended this session</p> <p>Sixteen carers attended this session</p> <p>Two carers attended this session</p>
<p>Survey</p>	<p>Published on Citizen space Paper copies sent to all parents and carers. Paper copies given to all staff MLCSU and Health colleagues PATS (In house transport) colleagues ASC Learning disabilities care management team</p>	<p>A total of 47 surveys were completed</p>

	Shared with all ward Cllrs and with our Learning Disability Partnership Board membership	
Carer Advocacy	One meeting with a parent to support understanding of the consultation process and give an opportunity to express his views.	Outcome recorded on LL for audit purposes. Parent's views into consultation report.
Meet the Provider Event	Tuesday 14 th February 2023 – Brite Centre Meet the Provider Event – opportunity for parents and carers to meet local contracted and non-contracted providers who can support people with PMLD.	Eight Local providers attended Seven parents and carers attended Follow up visits to provider's venues facilitated on Friday 17th February with 1 parent.

Extract from the Public Consultation online survey and those received as a paper survey summary report

Question 1: *About you*

Option	Total	Percent
I currently attend Hastings Road Day Service	2	4.26%
I am a family member/carer/friend of someone who currently attends Hastings Road Day Service	9	19.15%
I am a member of the Enablement Team who support people at Hastings Road Day Centre	20	42.56%
I am a member of council staff	10	21.28%
I am a representative of another organisation (please give the name of your organisation below)	1	2.12%
I am a member of the public	4	8.51%
Other – please specify	1	2.12%
Not Answered	0	0.00%
Other		
Total surveys received online and paper copies:	47	100%

Appendix 3: Key themes and findings from the consultation activities

The analysis and key findings from the consultation have been separated into themes with direct quotes used to further illustrate the views of respondents where relevant.

Theme One	Views on how this proposal will affect you or the people that use the service.
<p>Impact of closure on the people who attend</p>	<ul style="list-style-type: none"> ❖ People have attended for many years, often since school and have been with the same friends throughout their lives. ❖ Disruption to the service would impact on their mental health. ❖ There are not many opportunities to go out and some service providers are not suitable. ❖ Closure may mean people are at home more which could limit their opportunities. ❖ Even slight changes are very impactful on people with PMLD ❖ Taking away Hastings Road would be devastating for people. ❖ My brother would cope with change if he had to but does not want this service to end and would not choose this. ❖ It took six months at least for me to train staff to assist my son to be able to eat and drink- this illustrates the complexity of need for and importance of careful and gradual transition if the service were to close. I don't have the energy to do this training again due to my own ill health. • Transition can be difficult for many people with LD and autism however if planned well and with the correct support this could be a positive move for them. • Moving to a new provision may offer the individual more choice and control over the care and support, the times they attend and community-based activities in which they could participate. • There should be the choice of community-based activities but there should also be the choice of a base for people to access, to have both of these choices will enable people to have a fulfilling and independent life.
<p>Impact of closure on</p>	<ul style="list-style-type: none"> ❖ Hastings Road gives us the break we need during the day. ❖ We also have to support our young children and ageing parents. ❖ We need to work so the day service would need to continue. ❖ We need the support from a Social Worker if there were a change to services to help us set up and manage the care and support needed for our loved one. ❖ There is a risk of elderly carers becoming mentally or physically ill due to the strain.

<p>parents and carers</p>	<ul style="list-style-type: none"> ❖ Relationships with the staff are a huge part of the support we get, and this support gives us safety and is respectful, consistent, and flexible. ❖ We depend on support from the team at Hastings Road to deal with issues such as arranging care packages, communication with SALT and MDTs, transport, and other matters. ❖ Closure would cause upset and despair for us as Hastings Road has become more than just a day service. The support offered is such that no other day service could or would provide this. ❖ The enhanced level of emotional and practical support we got during the COVID19 lockdown has now become “business as usual” due to lower numbers attending the service, therefore more staff capacity. ❖ There is a risk of breakdown in established packages of care and routines that are already in place if the service were to close. ❖ There is a risk of breakdown in professional relationships as Hastings Road staff lead on the care coordination on behalf of us as carers • Hastings Road is the only establishment that support complex needs such as personal care eating and drinking, use of hoists and access to soft play and sensory rooms.
<p>Quotes from parents and carers</p>	<p><i>“Any change will upset my brother, he is autistic. It would be exceedingly difficult for my brother to understand why things have changed and could lead to him becoming upset and anxious.”</i></p> <p><i>“Going back 15 years our son was crying angry aggressive and never slept through. Now he is happy and stable due to his routine. If HRDC were to close this may put his progress back 15 years but we are older now and would not be able to cope if he went back to this level of upheaval and anxiety.”</i></p> <p><i>“Transition to an alternative service would be difficult and would need to be well planned and take time. My loved one may become anxious and show behaviours if not happy at a change of venue, staff, or social group.”</i></p>
<p>How the proposal would affect staff:</p>	<p><i>“My son feels happy and understands and knows where he is going. He bangs his head on walls and doors because he does not like to stay at home.”</i></p> <ul style="list-style-type: none"> • The proposals affect both me but more importantly the people who use the service. • The people who use this service have built up a positive working relationship with staff based upon trust. • This has taken a considerable amount of time and is not something that can be achieved short term.”

Theme Two	
Participation in other community activities, and what the barriers are	<ul style="list-style-type: none"> • People do have a mix of Hastings Road and other community providers. • This can work well with as the private provider delivers a person-centred service including 2:1 support and transport, which means that people can go out for at least part of the week. • Costs will increase if our loved one is taking part in more activities in the community • We have concerns about the quality of care provided and a lack of consistent, experienced, well-trained staff. • We are concerned that provider’s buildings may not be adequate in terms of access • Providers do not consider the sensory needs of individuals in the same way as at Hastings Road. • My son needs a large open plan building in order be mobile and keep fit and well • We would want only one venue with one provider for consistency. • We have had negative experiences of other private providers, who are not always accountable and do not follow up and communicate well, which leads to lack of confidence in them- especially as our loved one is nonverbal and finds it more difficult to communicate whether they have had a good or bad day. • We don’t want a community provider to come into our house as it would cause confusion and anxiety for our son. • We are concerned about whether private providers would be able to work with complexity and risk – such as supporting SALT eating and drinking plans. • The private sector offers a good service to people with PMLD and complex needs. <p>What the barriers are to you /the person you care for accessing community-based activities?</p> <ul style="list-style-type: none"> • We don’t know what other community-based activities and providers are available • We are restricted at Hastings Road by the lack of transport and the hours of operation only being 9-5pm Monday to Friday. • There is a lack of suitable facilities available for people such as bathrooms for changing suitable areas for positive positioning and activities tailored to their needs. • There are too many people in public spaces, busy environments can be a stressor for our loved one. • Needing a structure and routine for personal care and mealtimes can make going out more challenging.

Theme Three	

**Our
views on
Hastings
Road
Day
Centre**

- The service would work better if there were autism specialists employed at Hastings Road.
- Hastings Road needs updating.
- Hastings Road has run for many years, at times families require more flexibility with the support they receive particularly around the timings and days of support to allow the family members to have a full-time job.
- I have a disabled child and that there is a need for this centre and more support for families who need it.
- The service is important because it is the only council run service operating in Leicester.
- Young people going through transition into adulthood are choosing different options that enable them to be more involved in the community - but people with PMLD cannot access these opportunities easily.
- Hastings Road needs to change so that people are not just staying at the centre.
- The council need to look at cost of the service and if it is one of the more expensive services, they need to explain why this is and what they can offer for the extra cost
- Hastings Road needs to take more positive risks. The lack of positive risk taking is not a reflection on the ability, enthusiasm, and imagination of the staff team.
- Times have changed, and the service needs to change.
- Whilst Hastings Road as a venue is no longer financially viable, this service could adapt and continue without the building. There are resources around Leicester that are available to make this possible
- The staff ratios at Hastings Road are currently too high.
- Hastings Road could be a flexible service if they had transport.
- Staff have many skills and abilities that are not currently being utilised to their full potential.
- Could Hastings Road extend its operating hours to include evenings and weekends?
- Part of the building could be used for another purpose, so that the service could continue on a smaller scale.
- Can a private provider take over the building and the service?
- The ASC Duty Team are slow to respond to issues unless a family is in crisis, and this is the reason for some of the increased dependency on Hastings Road staff to support them.

Appendix 4: Equality Impact Assessment

Equality Impact Assessment (EIA) Template: Service Reviews/Service Changes

Title of spending review/service change/proposal	Proposal to stop the service at Hastings Road Day Centre
Name of division/service	Strategic commissioning
Name of lead officer completing this assessment	Leanne Karczewski
Date EIA assessment completed	6.3.23
Decision maker	Assistant Mayor
Date decision taken	13.3.23

EIA sign off on completion:	Signature	Date
Lead officer	Michelle Larke	6.3.23
Equalities officer	Surinder Singh	8.3.23
Divisional director	Kate Galoppi	8.6.23

Please ensure the following:

- (a) That the document is understandable to a reader who has not read any other documents and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy but must be complete.
- (b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.

- (c) That the equality impacts are capable of aggregation with those of other EIAs to identify the cumulative impact of all service changes made by the council on different groups of people.

1. Setting the context

Describe the proposal, the reasons it is being made, and the intended change or outcome. Will current service users' needs continue to be met?

Hastings Road Day Centre is a large, single storey purpose-built specialist day centre in the North Evington ward of Leicester city. It is open from 9:00 till 5:00pm Monday to Friday.

Leicester City Council Enablement Team is based at the centre and provides a service to 20³ people with Profound and Multiple Learning Disabilities. The people who attend the service have a variety of complex needs including severe learning disabilities and other disabilities that significantly affect their ability to communicate and be independent. The centre has specialist facilities and equipment including moving and handling equipment, specialist changing facilities, sensory kitchen, a Snoezelen and sensory rooms. There is an ICT suite with specialist communication and technology equipment. The Enablement Team based there have specialist training in physical health care and support, communication, and all aspects of supporting people with complex needs.

The majority of the people that attend the service at Hastings Road Day Centre have been using the service for many years and there are well established, trusting relationships between attendees, the staff team and the families and carers of those people that attend the centre.

Whilst there are currently 20 individuals attending the service, Hastings Road Day Centre can accommodate up to 30 individuals, however the service hasn't received a new referral since 2016. This gradual reduction in numbers has occurred for a number of reasons including people sadly passing away and younger people and their families choosing different types of day opportunities which has led to health funding being withdrawn from the service. This includes young people who are going

³ Costs at this provider vary – without 1:1 the cost for half a day (3hrs) is £35.13 - £69.08 with 1:1. Full day (6h

through the transition into adult hood but also people in their 20s and 30s and older who are opting for different types of day opportunities chosen from the local day opportunity provider market. This is in line with national trends and research.

For example:

a section on social inclusion in the **Core and Essential Standards for Supporting People with Profound and Multiple Learning Disabilities** talks about how social and community life is about thriving and not just surviving and the importance that *“people are “visible” and actively involved in their communities and the activities they do; they are not passive recipients.”*⁴

Raising our sights -services for adults with profound intellectual and multiple disabilities⁵ talks about the trend for traditional day centres being replaced by a wider choice of alternatives enabling more choice and control and better access to community facilities such as swimming pools, and activities that are part of the wider community.

Within this context the council has held a public consultation from 12.12.22-17.2.23, which asked respondents the following questions:

- 1. How would the proposals affect you or the people who use the service?**
- 2. Do you, or someone you care for, participate in other community-based activities?**
- 3. If yes - Please tell us about those opportunities and what you/the person you care for enjoy about them.**
- 4. If no, please tell us what the barriers are to you/the person you care for accessing community-based activities**

rs) £70.26 with 1:1 £138.16 – for those that need additional support (2:1 at key times) this is charged at an hourly rate of £14.46.

⁴ The 2016 Learning Disabilities sectio

n of the JSNA suggested that in 2014/15 there were 583 people with LD living with family. [learning-disabilities-section-march-2016.pdf \(lei](#)

The response to this emotive and contentious public consultation has been strong⁶ given the number of people who will be affected by the proposal⁷ with parents, carers, staff, and stakeholders giving their view on the proposal to close Hastings Road and the effect that this would have on them and the people that attend Hastings Road, the issues that they are most concerned about are:

- The availability of suitable alternatives that match their current service in terms of quality and ability to provide specialist services which meet the needs of people with PMLD and complex needs.
- The mental health impact of change on both of them as parents and carers and their loved ones.
- The need for their loved ones to have a building-based service.
- The overall impact on them as parents and carers, some of whom are ageing and have their own health conditions
- The risk of families going into crisis as a consequence of the transition from a service they know to a new provider.

The methodology and outcomes of the consultation including the response data can be seen in detail in the Consultation Report ([Appendix 2](#)).

Work has been done by officers to determine the capacity available within the new community opportunities framework and the wider market to meet the needs of all the individuals were the service at Hastings Road to cease. At a recent “Meet the Provider” Event providers have indicated that they do have capacity within their existing services and also have new services in development.

Following this event and working in partnership with the Commissioning team responsible for mobilising the new Framework agreement officers have identified four providers who have capacity in their current services to accept referrals to support people with PMLD and complex needs:

- **Mosaic 1898** – have a place on Lot 2 and 5 on the jointly commissioned day opportunities framework

cester.gov.uk

see Appendix 3.

⁷ 20 individuals in total will be directed affected by the decision to cease the service at Hastings Road.

- **FTM Dance – have** a place on Lot 2 and 5 on the jointly commissioned day opportunities framework
- **IBC Solutions (Spoilt for Choice)** – applied to join jointly commissioned day opportunities framework – evaluations underway at time of writing.
- **Deacon and Hardy** – can be paid for using a Direct Payment.

If the decision is to cease the service at Hastings Road, the Learning Disabilities Care Management team will have responsibility for administering the Council’s duty to ensure people’s care and support needs are met under the Care Act (2014) for 14 ASC funded packages of support for people who currently attend Hastings Road.

There are 6 people attending Hastings Road who receive Continuing Health Care funding and it will be the responsibility of Midlands and Lancashire Commissioning Support Unit to source appropriate care and support for those individuals.

MLCSU informed us during the initial engagement phase of this service review in April 2022 that securing suitable alternative services for people with Profound and Multiple Learning Disabilities is not a challenge for them and that they felt confident that this could be achieved.

Any changes to the packages of care and support provided to the people who current attend Hastings Road will need to be carefully planned and thought through, in close partnership with individuals and their parents and carers. This process will take time and sensitivity- it will be vitally important for us as an authority to appreciate the impact that change will have on individuals with complex needs and their families.

2. Equality implications/obligations

Which aims of the Public Sector Equality Duty (PSED) are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes.

	Is this a relevant consideration? What issues could arise?
<p>Eliminate unlawful discrimination, harassment, and victimisation</p> <p>How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristic</p>	<p>Leicester City Council and Leicester, Leicestershire, and Rutland ICS have commissioned a specialist Day Opportunities service framework agreement which adults aged 18+, living in Leicester who have multiple and complex needs can access via ASC. This specialist service is reserved for those people with the most complex and challenging needs who have a history of struggling in community or institutional settings and whose needs typically require an enhanced level of support</p> <p>Services under this lot will focus on providing specialist, person-centred and holistic, community-based Day Opportunities.</p> <p>We have a range of services that will provide support to people who have varying multiple and complex support needs including complex physical, cognitive, social and communication needs. This may include individuals who have:</p> <ul style="list-style-type: none"> Severe and/or complex learning disabilities Severe and/or complex physical disabilities and motor impairments, for example those associated with medical conditions such as cerebral palsy. Severe and/or complex Autistic Spectrum Disorders and other related conditions such as ADHD and epilepsy Behaviour of concern and/or social and communication conditions which may lead to misunderstanding by members

	<p>of the public or result in the person being denied access to ordinary community facilities. Genetic conditions for example Prader Willi Syndrome, Fragile X Syndrome. Individuals who have multiple co existing, overlapping conditions which give them an overall complex profile.</p> <p>This framework agreement is live from 1st April 2023 and 2 providers have indicated that they will have capacity to meet the support needs people should the centre close.</p> <p>In addition to this we have identified two other local providers who we commission services with on a regular basis, and they have also indicated that they will have the capacity to accept referrals. Of these two providers, one is likely to join the framework agreement, the other provider can be accessed using a direct payment.</p>
<p>Advance equality of opportunity between different groups How does the proposal/service ensure that its intended outcomes promote equality of opportunity for users? Identify inequalities faced by those with specific protected characteristic(s).</p>	<p>These alternative Day Opportunities will offer people and their carers flexibility and choice in the support they receive to meet their needs and help them achieve their outcomes. Services are required to be person-centred, culturally appropriate, and inclusive and aim to empower people drawing on support from social care to help them live as independent life as possible</p>
<p>Foster good relations between different groups Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?</p>	<p>Alternative providers will be expected to facilitate peer support networks which can be accessed by people using the service or their carers if they wish to.</p>

	<p>This will promote collaboration and the sharing of good practice across communities.</p> <p>Providers are also expected to participate in a regular forums where good practice and ideas are shared, which will help foster good relationships between providers and in turn the communities they serve.</p>
--	---

3. Who is affected?

Outline who could be affected, and how they could be affected by the proposal/service change. Include current service users and those who could benefit from but do not currently access the service.

1. 20 individuals currently attending Hastings Road – noting this will reduce to 18 (as alternative services will be put in place meaning their services at HRDC end).
2. Parents and carers of the individuals who attend Hastings Road
3. The number of future potential users of Hastings Road – people aged 18-64 predicted to have a severe learning disability and hence likely to be in receipt of services, by age, projected to 2040 in Leicester city, is detailed below in Table 2. Table 2 details those living with a parent which commissioners understand are the group most likely to attend a day service.

It can be seen that the number of people in this cohort is increasing incrementally and will have increased by 29 people by 2040 to 391. However, there is likely to be a continued rise in more individualised services as demand for this kind of service increases and there is less demand for a traditional day service model.

To put this data in context - currently there are 320 people using commissioned day opportunities in Leicester city, 142 people have learning disabilities and of the 142 people

- 36 people get 1:1 support (11% of overall total and accounts for 21% of total day opps spend)
- 27 people get 2:1 support (8% of overall total and they account for 26% of total day opps spend).

These groups that require a higher ratio of support are very likely to include the PMLD and complex needs cohort currently receiving day opportunities. The Hastings Road cohort are not included in these numbers as they are utilising an in-house service. Therefore even though

there is predicted to be a gradual rise in people with PMLD who may have been eligible for a service at Hastings Road, this group are not likely to be adversely affected by any decision to close the service due to the other opportunities that are available and already being utilised.

Table 1: People aged 18-64 predicted to have a moderate or severe learning disability and be living with a parent, by age, projected to 2040

	2020	2025	2030	2035	2040
People aged 18-24 predicted to be living with a parent	226	239	265	272	259
People aged 25-34 predicted to be living with a parent	162	163	160	169	180
People aged 35-44 predicted to be living with a parent	109	108	110	110	107
People aged 45-54 predicted to be living with a parent	47	46	48	49	50
People aged 55-64 predicted to be living with a parent	16	16	15	15	16
Total population aged 18-64 predicted to be living with a parent	559	572	598	614	611

Table 2: People aged 18-64 predicted to have a severe LD and hence likely to be in receipt of services, by age, projected to 2040 in Leicester. Commissioners understanding is that the numbers below would be included in Table 1, not in addition to it.

	2020	2025	2030	2035	2040
People aged 18-24 predicted to have a severe learning disability	114	120	133	137	131
People aged 25-34 predicted to have a severe learning disability	88	89	87	92	98
People aged 35-44 predicted to have a severe learning disability	75	75	76	76	74
People aged 45-54 predicted to have a severe learning disability	45	45	46	47	48
People aged 55-64 predicted to have a severe learning disability	41	41	40	39	40
Total population aged 18-64 predicted to have a severe learning disability	362	369	382	391	391

4. Information used to inform the equality impact assessment

What **data, research, or trend analysis** have you used? Describe how you have got your information and what it tells you. Are there any gaps or limitations in the information you currently hold, and how you have sought to address this, e.g., proxy data, national trends, etc.

- Joint Strategic Needs Assessment (JSNA) data for Leicester 2016
- Public consultation findings
- Engagement in April 2022
- POPPI and PANSI data

5. Consultation

What **consultation** have you undertaken about the proposal with current service users, potential users, and other stakeholders? What did they say about:

- What is important to them regarding the current service?
- How does (or could) the service meet their needs?
- How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
- Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?

See:

[Appendix 2](#): describes methodology of the engagement.

[Appendix 3](#) Key themes and findings from the consultation activities undertaken.

--

6. Potential equality Impact

Based on your understanding of the service area, any specific evidence you may have on service users and potential service users, and the findings of any consultation you have undertaken, use the table below to explain which individuals or community groups are likely to be affected by the proposal because of their protected characteristic(s). Describe what the impact is likely to be, how significant that impact is for individual or group well-being, and what mitigating actions can be taken to reduce or remove negative impacts.

Looking at potential impacts from a different perspective, this section also asks you to consider whether any other particular groups, especially vulnerable groups, are likely to be affected by the proposal. List the relevant that may be affected, along with their likely impact, potential risks and mitigating actions that would reduce or remove any negative impacts. These groups do not have to be defined by their protected characteristic(s).

Protected characteristics	Impact of proposal: Describe the likely impact of the proposal on people because of their protected characteristic and how they may be affected. Why is this protected characteristic relevant to the proposal? How does the protected characteristic determine/shape	Risk of negative impact: How likely is it that people with this protected characteristic will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact? These should be included in the action plan at the end of this EIA.

	the potential impact of the proposal?		
Age⁸	The 20 attendees at Hastings Road are made up of the following age groups 6 people are 25-34 7 people are 35-44 4 people are 45-54 1 person is 55-64 2 people are 65-74	This range of ages suggests that Working Age Adults are most affected by the proposal to close Hastings Road Day Centre.	To reduce the risk of negative impact on this group of people due to their age it will be vital to ensure that when alternative day services are secured for individuals that they are able to offer a range services that reflects the interests of people this age, whilst also making sure that activities are person centred and do not generalise. It will also be vital to consider that the staff supporting people are of similar age and have similar interests to promote a good rapport and ensure compatibility.
Disability⁹	Of the 20 people that attend Hastings Road Day Centre -all 20 have a severe learning disability -5 have a sensory impairment	The range of disability suggests that this is a very vulnerable group, with increasing needs which could be adversely impacted by the Council's	Learning Disabilities Care management team will be required to support people and their families to secure alternative day service packages

⁸ Age: Indicate which age group is most affected, either specify general age group - children, young people working aged people or older people or specific age bands

⁹ Disability: if specific impairments are affected by the proposal, specify which these are. Our standard categories are on our equality monitoring form – physical impairment, sensory impairment, mental health condition, learning disability, long standing illness, or health condition.

	<p>-9 have a physical disability -11 have Autism -10 have a long-standing illness or health condition -6 have mobility issues related to other conditions -3 people have other conditions.</p> <p>All 20 individuals have profound and multiple learning disabilities and complex needs,</p>	<p>decision to close Hastings Road Day Centre.</p>	<p>These services would be specialist day services available in the city</p> <p>Framework or via direct payments</p> <p>Risk of additional cost</p> <p>Disruption</p> <p>Mental health and risk or crisis or carer breakdown.</p> <p>Transition required</p> <p>Could trigger crisis</p> <p>Support with personal care, eating and drinking medication peg fed etc</p>
Gender Reassignment¹⁰	Not affected. There are currently no residents identifying as either a trans man or women.	N/A	N/A
Marriage and Civil Partnership	Not affected – there would be no disproportionate impact for residents who are married or in a civil partnership	N/A	N/A
Pregnancy and Maternity	Not affected – due to level of disability this this would not be a	N/A	N/A

¹⁰ Gender reassignment: indicate whether the proposal has potential impact on trans men or trans women, and if so, which group is affected.

	consideration for this group of people		
Race¹¹	<p>Of the 20 people who attend Hastings Road</p> <p>Asian-Asian British – other Asian origin – 1 person</p> <p>Asian- Asian British – Indian – 9 people</p> <p>White British – 9 people</p> <p>White other – 1 person</p>	There would be impact across Asian British and White British groups if this service were to close.	<p>Learning Disabilities Care management team will be required to support people and their families to secure alternative day service packages</p> <p>These services would be specialist day services available in the city Services will need to reflect people’s cultural beliefs and preferences</p>
Religion or Belief¹²	No specific faith groups are disproportionately affected though residents do identify with different faiths or belief systems. The main religions and belief systems are Christian, Hindu and Muslim and Sikh	N/A	N/A

¹¹ Race: given the city’s racial diversity it is useful that we collect information on which racial groups are affected by the proposal. Our equalities monitoring form follows ONS general census categories and uses broad categories in the first instance with the opportunity to identify more specific racial groups such as Gypsies/Travellers. Use the most relevant classification for the proposal.

¹² Religion or Belief: If specific religious or faith groups are affected by the proposal, our equalities monitoring form sets out categories reflective of the city’s population. Given the diversity of the city there is always scope to include any group that is not listed.

Sex¹³	15 men 5 women	There are more men than women in this group therefore there may be impacted.	Attention needs to be given the men – there are fewer male staff in the care sector and therefore there could be an impact on males who may prefer a male carer to support them with their personal care.
Sexual Orientation¹⁴		N/A	N/A
Summarise why the protected characteristics you have commented on, are relevant to the proposal?			
<p>The key protected characteristics which would be affected by decommissioning this service are based on the intelligence that has been gathered through the process of completing an in-depth service review for this service. This has been done simultaneously with this EIA. The characteristics most at risk of being negatively affected are age, disability, and race. We know from intelligence and research that our disability population are at risk of isolation and ill health and this proposal could cause anxiety and distress which we need to ensure is mitigated as best we can by working with families, health, care management and the private provider market to secure suitable and long-term sustainable alternatives.</p>			
Summarise why the protected characteristics you have not commented on, are not relevant to the proposal?			
<p>Other protected characteristics would not be adversely impacted by the decommissioning of this service because they are not relevant to the proposal, they are not represented in large numbers (sexual orientation, gender reassignment, pregnancy/maternity or religion or belief).</p>			

	Impact of proposal: Describe the likely impact of the proposal on children in poverty or	Risk of negative impact: How likely is it that this group of people will be negatively	Mitigating actions: For negative impacts, what mitigating actions can be taken to
--	--	--	---

¹³ Sex: Indicate whether this has potential impact on either males or females

¹⁴ Sexual Orientation: It is important to remember when considering the potential impact of the proposal on LGBT communities, that they are each separate communities with differing needs. Lesbian, gay, bisexual, and transgender people should be considered separately and not as one group. The gender reassignment category above considers the needs of trans men and trans women.

Other groups	any other people who we consider to be vulnerable. List any vulnerable groups likely to be affected. Will their needs continue to be met? What issues will affect their take up of services/other opportunities that meet their needs/address inequalities they face?	affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	reduce or remove this impact for this vulnerable group of people? These should be included in the action plan at the end of this EIA.
Children in poverty	N/A		
Other vulnerable groups	N/A		
Other (describe)	<p>The options to close the service will have an impact on the parents and carers of the individuals who attend Hastings Road.</p> <p>Parents and carers that work while their loved one is at Hastings Road Day Centre may have to alter their work arrangements if the hours that their loved one is being support at Hastings Road change during the transition to an alternative provider.</p> <p>Parents and carers who are older rely heavily on their loved one being at Hastings Road as it gives them the respite that the need to carry on caring for their loved one at home. Some carers have their own health conditions, and any change may put</p>	<p>There is a high risk of this impact being felt by parents and carers. Parents and carers have told us that the cumulative effect of multiple consultations and reviews of Hastings Road over the past few years has left them feeling anxious about the future and how they are going to cope when and if things do change.</p>	<p>The learning disabilities care management team will have an important role in exploring other options with parents and carers that will meet the needs of their loved one and support them in being able to manage their caring responsibilities if the serve were to change or close.</p>

	<p>a strain on their physical and mental wellbeing.</p> <p>There is a risk that disruption and uncertainty will have a negative impact on parents and carers emotional, physical and wellbeing.</p>		
	<p>Five staff who work for the Council within the Enablement Team are Assisted employees. this means that they have learning disabilities and have support needs related to their learning disability. If Hastings Road were to close there will be a negative impact on this group of employees and they will require additional support to secure alternative employment opportunities</p>	<p>There is a high risk that without additional support for the five staff affected that they would not be able to secure alternative employment.</p>	<p>The impact on the Assisted employees and the wider Enablement Team based at Hastings Road and the potential impact of any changes to the service on the Passenger Transport Service will be assessed using an Organisational Review EIA</p>

7. Other sources of potential negative impacts

Are there any other potential negative impacts external to the service that could further disadvantage service users over the next three years that should be considered? For example, these could include other proposed changes to council services that would affect the same group of service users; Government policies or proposed changes to current provision by public agencies (such as new benefit arrangements) that would negatively affect residents; external economic impacts such as an economic downturn.

The cost-of-living crisis may have an impact on individuals and their families external to the any changes to Hastings Road therefore it will be important to consider how this could further disadvantage individuals.

Commissioners have mapped the wards where each individual who currently attends Hastings Road resides in (however due to low numbers we have removed this table from the final report as equalities have advised due to low numbers of people could be identified). If the decision is made to close, then Commissioners will map individual's addresses against the Indices of Deprivation in a high level of detail order to further understand the impact on any changes to Hastings Road in context of these external factors. The Indices of Deprivation 2019 Map Pack (embedded below) denotes neighbourhoods of the city not by ward but by Middle Super Output Areas (MSOAs)- however initial mapping against this tool indicates that the some of the wards set out below are in the top three quintiles of multiple deprivation 2019.

<https://www.leicester.gov.uk/media/pkqb4zin/the-indices-of-deprivation-2019-map-pack.pdf>

8. Human Rights Implications

Are there any human rights implications which need to be considered (please see the list at the end of the template), if so, please complete the Human Rights Template and list the main implications below:

N/A

9. Monitoring Impact

You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to:

- monitor impact (positive and negative, intended, and unintended) for different groups
- monitor barriers for different groups
- enable open feedback and suggestions from different communities
- ensure that the EIA action plan (below) is delivered.

We will monitor all impacts on the different groups by working closely with families and their loved ones throughout the transition to new alternative providers and continuing to build relationships with families, providers and care management which are conducive to ensuring there is a positive transition.

We will ensure that open feedback and suggestions are enabled by working closely with this group of families and their loved ones throughout this process of transition.

We will ensure that the EIA action plan is delivered by working with Directors and Heads of Service to ensure that the care management resources are available to support each family through what will be for a many a lengthy and complex transition process. This EIA has highlighted the need to ensure resources are available to support people and their families.

10. EIA action plan

Please list all the equality objectives, actions and targets that result from this Assessment (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Outcome	Action	Officer Responsible	Completion date
Undertake meaningful public consultation around the proposal to close the service	The public consultation on the proposal to close the day service at Hastings Road is now complete and the consultation findings are detailed in the main body of the Decision Report to which this EIA is appended.	Michelle Larke Leanne Karczewski	17.2.23 End of consultation
All individuals who currently attend Hastings Road are supported to move to suitable, long term sustainable day provision that fully meets their complex needs and is forward thinking in approach, in line with the Community Opportunities Framework Service Specification.	LD Care Management and MLCSU have the resources and commitment to support families to secure suitable and sustainable alternative services.	Michelle Larke Leanne Karczewski	ongoing

<p>Parents and carers are well supported throughout the transition and the period in which their loved one settles into the new provision.</p>	<p>The Council and health colleagues have the resources and demonstrate a commitment to support families to secure suitable and sustainable alternative services, and support families to cope during what will be a difficult transition for some parents and their loved ones due to the age, health and their loved ones complex needs and PMLD</p>	<p>Michelle Larke Leanne Karczewski</p>	<p>ongoing</p>
--	--	---	----------------

Human Rights Articles:

Part 1: The Convention Rights and Freedoms

- Article 2:** Right to Life
- Article 3:** Right not to be tortured or treated in an inhuman or degrading way
- Article 4:** Right not to be subjected to slavery/forced labour
- Article 5:** Right to liberty and security
- Article 6:** Right to a fair trial
- Article 7:** No punishment without law
- Article 8:** Right to respect for private and family life
- Article 9:** Right to freedom of thought, conscience, and religion
- Article 10:** Right to freedom of expression
- Article 11:** Right to freedom of assembly and association
- Article 12:** Right to marry
- Article 14:** Right not to be discriminated against

Part 2: First Protocol

- Article 1:** Protection of property/peaceful enjoyment
- Article 2:** Right to education
- Article 3:** Right to free elections