Involvement plan:
William Merritt Disabled Living Centre Rescoping

Nov 2023, V1.1

Introduction

This tool will help you plan public, staff and wider stakeholder involvement work when you make changes to your service. You can find other useful tools and links to related documents on our Leeds Health and Care Partnership Website here: https://www.healthandcareleeds.org/have-your-say/get-involved/involvement-support/

Key information

Project Title: The name of your project. Make this clear and concise.	William Merritt Disabled Living Centre rescoping **Plan version 1.4**

Date: The date you started the project.	Date of Involvement plan – 16 August 2024 Reviewed and updated - 13 September 2024 Reviewed and updated – 11 October 2024 Reviewed and updated - 4 November 2024

Project Lead: Name and contact details of the person leading the project.	Lindsay McFarlane lindsay.mcfarlane@nhs.net

Background to the service

Who is the service for?	Provide details of who uses the service e.g., people in Beeston, men over 50 etc	The service provides a comprehensive display of daily living aids aimed at enhancing the comfort, mobility, and independence of individuals with various physical challenges or disabilities. The service specialises in conducting comprehensive assessments to identify the unique needs and preferences of individuals requiring daily living aids. The service caters to a diverse clientele of all ages, including frail and older people, disabled people, and those recovering from temporary disability / injuries or surgery. Key Stakeholders: **Individuals with disabilities** • People of all ages living with a long-term condition and / or complex health and care

		needs, physical disabilities, neurological conditions, or injuries that impact their ability to perform daily activities independently. • Individuals with physical disabilities such as paralysis, amputation, or cerebral palsy who require assistive devices to improve their mobility and quality of life. **Paediatrics** Individuals 0- 25 years old with a long term condition and / or complex health & care needs, physical disabilities, neurological conditions such as cerebral palsy, autism who require specialist equipment / assistive devices to improve mobility and quality of life for the client and family. **Seniors** Elderly individuals experiencing age-related mobility limitations, arthritis, or other health conditions that affect their quality of life and independence. **Caregivers and family members** Those providing care and support to individuals with disabilities or seniors, seeking guidance and recommendations to improve the safety and comfort of their loved ones at home. **Healthcare professionals** Doctors, therapists, and rehabilitation specialists referring patients for assessments to determine their need for assistive devices and adaptations to support their recovery and daily functioning.
Who provides the service?	Which organisation / team provides this service?	The Leeds office of the NHS West Yorkshire Integrated Care Board (ICB in Leeds) has commissioned services from the William Merritt Centre since before 2009. ICB funding contribution equates to approximately 16% of all income for William Merritt (Contract value of £186,559 per annum). Other revenue funding comes from the Council and a grant from the Department of Transport. The centre, a registered charity, opened in 1981 and is named after Councillor William

		Merritt SRN, RMN who served for many years as a charge nurse in the geriatric department at St. James' Hospital, Leeds and elected to the City Council in May 1946.
How many people use the service?	Number of people registered or using the service per year.	The current service provides a referral route for approximately 1300 people (Leeds population) per year requiring impartial professional advice, information and assessment of assistive technology (equipment) in Leeds. Referrals are quite often from clients / families direct (self-referrals; approximately 40%), the NHS (30%) and other routes like primary care, the third sector, and police. Approx 1,175 people receive appointments delivered mostly face to face at the Disabled Living Centre, Rodley, following the processing of referrals and subsequent contact. Others may also access the offer; from out of area – however this is funded via other routes / the charity.
What does the service provide?	Provide details of care such as primary care services, cancer screening etc	The core purpose is to give advice, carry out comprehensive and complex assistive technology related assessments for people who often have complex needs. Currently offers a referral route for people requiring impartial professional advice, information, and assessment of assistive technology (equipment) in Leeds. Referrals are quite often from clients / families direct (self-referrals approximately 40%), NHS (30%) and other routes like primary care, third sector, and police. In turn approximately 1,175 people receive appointments delivered mostly face to face at the Centre, following processing of referrals and subsequent contact.

Background to the change

What is changing?	What happens now? What specifically will be different? Could it be perceived as a closure / reduction in services?	Proposed 46.4% funding reduction to £100,000 per year (approx. 8% of William Merritt total funding) • Proposal to remove option of patient self-referral. It is understood that approximately 60% of referrals are via a form completed by a referring clinician (GP or other health care clinician) or third sector / police. The other 40% are self-referrals direct from patients / clients. • Proposal to mandate practitioner referral into William Merritt service only (with referral form completion) and an ask that assessment outcomes / a clinical report are communicated back to referrer (to inform Return on Investment (ROI) case longer term). • Proposal to specify criteria for referral; e.g., from specific Index of Multiple Deprivation (IMD) areas and specific conditions; dementia, stroke and children (pathways where statutory Occupational Therapy (OT) services are struggling). It is proposed to agree criteria with William Merritt and local OT teams; including the Leeds City Council (LCC) Occupational Therapy team, that provides clinical supervision to William Merritt staff members. • Proposal to cap max assessment appointments to a total of £100,000 per year (approximately 630 appointments per year) and ask that general support and queries would also continue to be responded to, plus the management of referrals (approximately 697 per year) – reductions of 46.4% applied. These numbers are subject to agreement and may change. Approximately 600 fewer people will be supported via this service offer per year.
Is there a change to the way a service is provided, or the range of services provided?	Are you changing the way a person attends the service (e.g., from face to face to digital) or are you limiting what people can get from the service (e.g., from	Yes – proposing to remove the option of patient self-referral, and only accept practitioner (including GP) referrals. Question for engagement – who would this impact on in particular? Are there certain groups / communities who would be impacted more?

	two to one hearing aid a year)	
Why is it changing?	What are the reasons behind the change? • Nationally mandated • Safety • Patient feedback • Clinical guidance • National/local strategy • Finance • Transformation	Wider NHS pressures and local efficiency scheme / service review.
Is it supported by local / national strategy / priorities?	What local or national strategies or priorities support this service change?	
When will it change?	Outline the date people can expect to see things happening differently	Proposed changes to begin from April 2025.
What is the level of change?	Is this a minor or major change? Find out more about levels of change on our website.	Level 2 – change to referral process / criteria

Understanding the impact on people

Quality and Equality Impact Assessment (QEIA)	Have you filled in a QEIA? You can get a copy of this by contacting wyicb-leeds.qualityteam@nhs.net	Yes – QEIA complete: https://www.healthandcareleeds.org/wp-content/uploads/2024/10/William_Merritt_QEIA_Option_2_Final_accessible_v1.6.pdf
Equality Impact Assessment	Have you filled in a more detailed EIA?	EIA completed for full decommissioning of ICB service. EIA highlighted that although there is a spread of age in those accessing the service, those aged 65 and above are high users of the service. People with a disability are high users of the service. During 2023 / 2024: • 48 service users had a learning disability / difficulty. • Five service users had a visual impairment.

		• 706 had a physical disability. • 111 service users had mental ill health, including dementia. Ethnicity data (2023 / 2024) from patient experience surveys (responses from approximately 53% of the patient caseload): • White British: 108 / 505 = 86%. • Indian: 9 / 505 =1.8%. • Pakistani: 20 / 505 = 4%. • White Irish: 6 / 505 = 1.1%. Referrals for 2023 / 2024 show 16.5% of referrals were from the five most deprived areas of Leeds. It should be noted that postcode areas in more affluent areas receive higher levels of referrals; for example, LS16; Adel / Lawnswood, LS17; Shadwell / Alwoodley, LS28; Farsley.
Who will be affected by the change?	Which people and groups will be affected?	People (adults, children and young people) and their families / carers: **Individuals with disabilities** • People of all ages living with a long-term condition and / or complex health & care needs, physical disabilities, neurological conditions, or injuries that impact their ability to perform daily activities independently. • Individuals with physical disabilities such as paralysis, amputation, or cerebral palsy who require assistive devices to improve their mobility and quality of life. **Paediatrics** Individuals 0- 25 year olds with a long-term condition and / or complex health and care needs, physical disabilities, neurological conditions such as cerebral palsy, and autism who require specialist equipment / assistive devices to improve mobility and quality of life for the client and family. We will request that paediatrics is prioritised within remaining resource / capacity. **Seniors** Elderly individuals (plus 65 years) experiencing age-related mobility limitations, arthritis, or

		other health conditions that affect their quality of life and independence. **Caregivers and family members** Those providing care and support to individuals with disabilities or seniors, seeking guidance and recommendations to improve the safety and comfort of their loved ones at home. **Healthcare professionals** Doctors, therapists, and rehabilitation specialists referring patients for assessments to determine their need for assistive devices and adaptations to support their recovery and daily functioning.
Will protected groups be affected by the change?	Will protected groups, or those at risk of experiencing health inequalities be particularly impacted by the change? A list of protected groups can be viewed on our website.	Yes – potentially in relation to age, disability, health inequalities.
How will it affect people?	What difference will people notice? (new service, service closure, changes to opening times / location etc) What are the benefits or drawbacks?	A change to how people can access the service – no longer through self-referral but requiring a formal referral from a health practitioner (including GP). Could make it more difficult / take longer for some people to be seen.
How will the change be viewed by the people affected?	Will it be viewed as positive, negative, or neutral change?	Will probably be seen negatively, as waiting times may increase
What feedback / patient experience do you already have?	How do you know what people will think (what information do you already have about people's experience / views?)	Patient / service user satisfaction rating is high – people generally don't want things to change if they think they're working well.
How will it be viewed by the wider public?	What will people not directly impacted think of the change?	Potentially negatively as it would affect people with disabilities / additional needs.

Understanding the impact on stakeholders

Who will be interested in the change?	Which groups might be interested in the change. E.g.: • Staff • Local councillors • Media • Partners	• People using the service / who have used the service / who may want to use the service in the future, and their families / carers. • Referring and partner organisations / staff including GPs. • Local councillors MPs. • Local media. • Local support / campaign groups. • Social prescribing staff.
How will wider stakeholders view the change?	Will this be seen as a positive, negative or neutral change?	The proposal could be seen as a negative change – communications will need to be planned to fully explain why the change is taking place, how the service will change and how people can have their say.
Is there a risk of reputational damage?	Is there a risk that this is used negatively in the media? Is this potentially a 'good news' story?	Potentially. As above – communications will need to fully explain why the change is taking place, how the service will change and how people can have their say. Although could also be that the ICB and a Third Sector service provider working together to continue the existing partnership in these very difficult times - could be a positive communication.

Levels of influence

What can people influence regarding the change?	Can they influence anything? What specifically can they influence?	Staff (in the service and in referring services) will be encouraged to contribute to the proposed change to referral criteria and processes. People who use / have used the service will be invited to share what works well when using the service and what might be improved, and comment on proposed changes.

Involving people

Do you need to involve your staff?	How will you involve them? What can they influence?	In addition to hearing from people who are using, or have used, the service, we also want to hear from staff – staff working in the service, and staff referring into the service. Staff will be invited to complete a survey and to volunteer to take part in a focus group / workshop on proposed changes to referral criteria / processes.
Do you need to involve public representatives?	Consider involving public representatives such as Patient Participation Group (PPG) members or ICB volunteers.	Look into involving local disability or carer support groups which may have an interest in changes to the way people access support.
Who else do you need to involve or inform?	Consider if you need to contact other stakeholders such as local councillors, local providers etc.	Local third sector partners such as Healthwatch, Forum Central, Leeds Older People's Forum, Advonet, other groups as mentioned above, etc.
What are your timescales for the involvement?	Consider key milestones in your involvement such as sending out letters, involvement start and end dates and when you will share your report.	Staff survey planned to run from Monday 4 November, with service user / carer survey running from Monday 18 November. Both surveys will run till Sunday 5 January 2025. A focus group for staff looking at referral criteria / processes will take place on Tuesday 10 December. Elements of the service user / carer survey could ideally be continued to enable ongoing patient / customer input beyond then too.
What questions will you ask?	What information do you need to give people to get involved? What questions will you ask them? Is this an opportunity to ask anything else? Don't forget equality monitoring. Equality monitoring information can be found on our website.	Staff: • In-service or referring • Their role • Current experience in-service or of referring into the service: ○ What works well / what could be improved • Review proposed changes to criteria and provide comments. • Anything else we should consider? • Opportunity to volunteer for focus group.

		People using the service: • Where did they hear about the service? • What did they use the service for? • Have they used the service before? • How did they find the process of accessing the service? • What worked well? • What could have worked better? • What would they have done if the service didn't exist? • What other support are they aware of? • Have they used other services / support? • Postcode and GP details • Equality monitoring information.
What methods will you use to involve people?	Consider using methods suited to your audience. This might include letters, interviews, workshops, surveys.	Surveys – for staff and for service users (and their families / carers). Can be online or paper. May be a need to hold more targeted focus groups if we need to better understand particular needs. Need to think about communications plan and also sign-posting to other appropriate support opportunities / self-care guidance if required.
How will you promote your involvement?	Consider using emails, social media, websites, text etc.	Through provider communications, primary care communications, the Involving You and wider patient and community networks – newsletters, social media, local support / campaigning groups, etc.
When will you write your report	Don't forget to add the report to your website. Include 'you said, we did' in your report that outlines what you have done in response to people's feedback. A useful list of themes can be found on our website.	We can develop a draft report following the first four weeks of the survey being open, and keep updating until completion of the final report at the end of the year.