

**Report of Director of Adult Social Services**

**Report to Executive Board**

**Date: 23<sup>rd</sup> September 2015**

**Subject: Delivering the Better Lives Strategy Adult Social Care – BME Day Services.**

Are specific electoral Wards affected?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If relevant, name(s) of Ward(s): Hyde Park & Woodhouse and Chapel Allerton		
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, Access to Information Procedure Rule number: Appendix number:		

**Summary of main issues**

1. This report provides an update on progress made regarding consultation on the future of the Adult Social Care day centres for older people from Black and Minority Ethnic (BME) communities at Apna (Hyde Park & Woodhouse) and Frederick Hurdle (Chapel Allerton).
2. The report covers the current and future demand for BME services and potential options for future service delivery.
3. The report recommends a two stage approach to service change. In Phase One between October 2015 and March 2016, the service model would be re-designed in co-production with service users, carers, staff and the wider communities working with ASC Commissioning. Phase Two would involve the transition to the new service model and the services being managed by one or more external providers. This phase would take place between April and December 2016.

**Recommendations**

1. Executive Board is asked to note the outcomes of the extensive consultation exercise on the future delivery of services at Apna and Frederick Hurdle day centres.

2. That Executive Board approval is given for a two stage approach to service change. In Phase One between October 2015 and March 2016, the service model would be re-designed in co- production with service users, carers, staff, and the wider communities working with ASC Commissioning. Phase Two would involve the transition to the new service model and the services being managed by one or more external providers. This phase would take place between April and December 2016.
3. The new service model and costs will be confirmed as the detailed proposals are developed and will be approved through a delegated decision when the new arrangements are finalised.
4. To approve the approach that the model of service users, carers, staff and the wider communities working in co- production with Leeds Adult Social Care to develop proposals for these services should continue into the Commissioning phase of the project.
5. To note that the lead officer responsible for implementation is the Director of Adult Social Services.

## **1 Purpose of this report**

- 1.1 This report provides an update on progress made following Executive Board approval of the `Delivering the Better Lives Strategy in Leeds - Proposed Next Steps` report of 19<sup>th</sup> November 2014.
- 1.2 Executive Board agreed that these services should be subject to review in relation to identifying appropriate opportunities for such services to be provided either in partnership with other voluntary or Health organisations or by the independent sector. This report covers the consultation with service users, carers and staff and how their views will be taken forward. This report also outlines the proposed next steps for improving the range of services offered by the involvement of an external provider with a strong record of working in these communities and demonstrating a high level of BME community engagement in its running and delivery of services.
- 1.3 The report links closely to the proposals made in the accompanying report `Delivering the Better Lives Strategy in Leeds –Proposed Next Steps` also being considered by Executive Board today.

## **2 Background information**

- 2.1 As part of the Better Lives Programme, which commenced in 2011, care and support services directly provided by Leeds City Council have been subject to a review. The review's terms of reference and review criteria were determined by the Adult Social Care Scrutiny Board in 2010. This focused on whether the services were meeting the current and projected needs and aspirations of older people and whether they represented value for money.

- 2.2 During the initial review phases of the Better Lives Programme, Apna and Frederick Hurdle day centres were identified as centres providing a specific service to a defined community (BME), whose needs may not be met by existing alternative provision. As such, the two day centres were highlighted for 'further review' and a programme of work was established to gauge the demand for these services, whether alternative delivery models would be more appropriate and their importance to the communities that they serve.
- 2.3 The review of BME services has to be considered within a context of the wider impacts of ASC strategy, but must also bear in mind changes to demographic factors affecting the demand for services in the future.
- 2.4 Leeds is becoming a more diverse city with the challenge of appropriately meeting the specific needs of its diverse communities. It is now home to over 140 different nationalities. In 2006 the office of National Statistics (ONS) estimated that 15.1% of the total resident population was comprised of people from BME communities (including Irish and other white groups) - a rise of 5% from the 2001 census. It is estimated that the BME population in Leeds will increase by 55% by 2030, with an associated increase in older people in this population.
- 2.5 Demand for BME specific services is driven by this increase in people from BME communities, coupled with factors that may prohibit or restrict BME communities accessing alternative services such as other mainstream voluntary sector provided services. Barriers include language and cultural needs and therefore a specific service may be required to ensure BME groups have equality of access and choice and control over the services they receive.
- 2.6 Despite a clear demand for culturally appropriate services that meet the needs of BME communities, it is not sustainable to run services that only deliver a service for a minority of the BME community with eligible needs. As such there needs to be a flexible response which ensures more effective links are created and maintained between buildings-based services and wider community-based services to ensure the maximum possible community benefit.
- 2.7 The development of new day opportunities for the BME community also needs to be addressed alongside the wider aims of the Council. This includes striving towards more effective ways of delivering services, with an emphasis on short term initiatives to aid recovery, respite services to give carers a break and a stronger approach to harnessing the assets within communities. This is in keeping with the Care Act (2014) which requires councils to focus on prevention, support and wider well-being.
- 2.8 Considering these factors, Adult Social Care and Leeds Involving People, a voluntary sector organization that promotes effective involvement of service users and carers in the city, jointly facilitated extensive consultation with key stakeholders between May 2013 and July 2014. The consultation included workshops attended by: managers and staff from the centres; voluntary sector organisations; ward members; centre users; carers and members of the community; existing providers; and local churches.

2.9 The workshops looked at the future of the services provided at Apna and Frederick Hurdle day centres and were supplemented by a short questionnaire, designed to gain the views of users of the two day centres, carers, the wider BME community and organisations working with BME communities. Further details of the consultation and the methodology used can be found in section 4.1. as well as Appendix One.

### **3 Main Issues**

3.1 There is a continuing trend of low service utilisation with 39% at Frederick Hurdle and 43% at Apna (June 2015). This represents a relatively small group of service users (46 people at Frederick Hurdle and 26 people at Apna – June 2015).

3.2 In addition, both centres have few new starters (7 at Apna and 4 at Frederick Hurdle in the period January-December 2014) and the majority of users have been attending the centres for a considerable time (64% at Frederick Hurdle and 44% at Apna for 9 years or more), which suggests that while there is a stable user group, the services may not be fulfilling a reablement role or having a wider impact on the communities as a whole.

3.3 The majority of service users at Frederick Hurdle live in either post codes LS7 (69%) or LS 8 (15%) At Apna there is a slightly wider spread of post codes (24% living in LS8 and 24% in LS 28If the services are to benefit a wider population, links will need to be formed with BME groups outside of these close geographical areas.

3.4 During consultation most service users reported a positive experience of using the current services, although some also commented that the centre's programmes were not stimulating enough and failed to meet peoples support needs. It was also felt that there was little evidence of community engagement, a lack of joint working with Neighbourhood Networks and other community groups and limited development of specialist services, particularly in relation to people with dementia, carers and groups for male and female elders.

3.5 Other barriers to accessing the services were identified, with the cost of using the services felt to be a factor resulting in some people no longer attending or switching to an alternative service – often community run luncheon clubs. The need for more flexible transport arrangements was also raised, in order to enable people to get to the centres earlier or attend on a sessional basis, or to use the centre as a base to access other community services, depending on individual needs.

3.6 The services provide a key role in maintaining social interaction, with 'improving social contacts' given as the main reason for service users attending Frederick Hurdle (67%) while this is cited as the reason for attending by 35% of Apna service users. They also play a role in carer respite with 65% at Apna and 28% at Frederick Hurdle citing this as a main reason for attending the day centres.

3.7 The community / social inclusion role of the two centres may also be providing a preventative intervention, which may be reflected by the reduced levels of

personal care support required by service users when compared to the other day centres in Leeds (27% at Apna and 30% at Frederick Hurdle had personal care needs, compared to an average of 55% at the other older people's day centres in Leeds). This may also reflect a lack of referrals to the service for those with higher support needs.

3.8 While it is evident that the centres provide some benefits to the people that use them, it was felt that they should have a wider remit, providing a much broader range of services and activities to support the wider communities. There may be the potential for them to operate as Community Resource Centres, with extended opening hours, providing prevention, recovery and continuing support services, whilst also providing outreach into the communities. The services could support both people with eligible social care needs, including those using direct payments, as well as those without eligible needs. It was felt that opportunities should be explored for a wider range of BME communities and age groups to work more closely together, including increased opportunities for volunteering and better use of, or links to, other community based services.

### 3.9 **Options**

3.10 Workshop participants and those completing questionnaires were asked to consider and prioritise a number of potential options for delivering the services in future. Participants also had the opportunity to suggest additional options, though no additional ideas were put forward.

3.11 The options consulted upon were:

1. Maintain status quo to remain operating as at present and staffed and managed by Leeds Adult Social Care.
2. Staff spin out with existing staff teams becoming 'not for profit' social enterprises contracting with Leeds Adult Social Care as well as being able to bid for new contracts and apply for grants and loans which are not available to the Local Authority.
3. A voluntary sector provider with a proven track record taking over the management of the existing services as well as delivering a wider range of day support to BME communities in Leeds.
4. Competitive tendering exercise with a range of voluntary, faith and independent sector organisations being able to bid to run APNA and Frederick Hurdle day centres either as a single or two separate contract(s).
5. Personal budgets and direct payments with service users having the option of pooling their individual budgets if they so wished to meet their needs via group activities. Current day centre buildings may no longer be required as services would be delivered in community settings.

### 3.12 **Option 1**

3.13 Although some workshop participants expressed a preference for ASC continuing to manage the services, the majority recognised that keeping things as they are is not a viable option. Low attendance levels, a narrow remit in terms of the communities benefitting from the centres and the range of services offered and the costs associated with continuing to run the centres are all factors which suggest option 1 is not viable.

3.14 **Option 2**

3.15 In the staff workshop there was support for exploring the possibility of using options two and three. However, there was concern from a number of participants who felt that many staff would be opposed to option two ('spin-out' Social Enterprise) and there has been no proposal around this from staff.

3.16 **Option 3**

3.17 A voluntary sector provider taking over the management of the two centres and delivering a wider range of day support to BME communities in Leeds was the preferred future model for delivering these services.

3.18 It was felt that this approach would allow the community and voluntary organisations to work closely to deliver services to meet the needs of the BME community. Voluntary organisations were seen as easy to approach, knowledgeable about the BME communities and able to deliver a personal service. It was also suggested that they could use volunteers to overcome language barriers and increase access to services. However, it was recognized that there were a range of possible organisations that could deliver this model (see option 4).

3.19 **Option 4**

3.20 All workshop groups were opposed to the centres being run primarily for profit rather than to meet the needs and preferences of users. Concern was also raised that a particular faith group managing a centre could disadvantage those from other faiths and those with none. However, due to the range of organisations who could potentially deliver this model participants were advised that there will need to be a competitive process to award the contract(s).

3.21 **Option 5**

3.22 The personal budget option was felt not to be viable at this time, with many users having difficulty in coping with the complexity of managing personal budgets and the concern that it could lead to the closure of the centres. However, any future model will still actively support people using personal budgets to access the service and other appropriate services.

3.23 **Summary**

3.24 Although Option 3 was identified as the preferred future model for delivering these services it was understood that this needs to be a competitive process. Therefore there was general support for ASC Commissioning to develop detailed proposals and a timetable for the transfer of the management of these services to one or more external provider. The service specification would need to be very clear that any provider would need to have a very strong record of working in these communities and be able to demonstrate a high level of BME community engagement in its running and delivery of services.

3.25 Current service users, carers, staff, Trade Unions, Elected Members and the wider community will be kept informed and engaged in the process by means of a Communication and Engagement plan which has been developed and included as Appendix Two of this report.

### 3.26 **Implications for staff**

3.27 The proposals contained in this report have direct implications for the fourteen staff employed in these services. If the recommendations are approved HR and service managers would be available to offer advice and support to staff on a regular basis. Depending on how the services are commissioned any staff employed at the centres are likely to TUPE transfer to the new provider/s.

3.28 Consultations and briefings with staff teams were held during the consultation process and would continue throughout the Commissioning and transfer process as outlined in the Consultation and Engagement plan. Any implications of TUPE transfer would be discussed as part of the formal consultation with staff and Trade Unions.

## 4 **Corporate Considerations**

### 4.1 **Consultation and Engagement**

4.1.1 A consultation was undertaken into future service delivery at the two ASC day services for BME elders between May 2013 and July 2014. The consultation was undertaken to ensure that Apna and Frederick Hurdle day centres and related BME Older Peoples services in the community are meeting the needs of both current and potential future service users. The consultation was carried out jointly by Leeds Involving People and Leeds Adult Social Care. Leeds Involving People (LIP) facilitated a series of four workshops as part of the consultation process.

4.1.2 The first two workshops on 18<sup>th</sup> September 2013 at Hamara Healthy Living Centre and Frederick Hurdle day centre's were attended by 138 people. Participants included managers and staff from the centres, voluntary sector organisations, Elected Members, centre users, carers and members of the community.

4.1.3 A third workshop took place on 14<sup>th</sup> January 2014 at Host Media Centre, again facilitated by LIP, but on this occasion the participants were made up of Elected Members, staff, existing providers and representatives of voluntary sector organisations. 27 people attended the workshop.

4.1.4 A fourth workshop was held on 29<sup>th</sup> April 2014 at Woodsley Community Centre, attended by 8 representatives from the voluntary sector, local churches and one Elected Member.

4.1.5 A short questionnaire was designed to gain the views of users of the two day centres, carers, the wider BME community and organisations working with BME communities. The questionnaire was sent to 250 service users and community organisations.

- 4.1.6 69 questionnaires were subsequently returned (65 individual questionnaires and 4 questionnaires completed in consultation sessions facilitated by the ASC Consultation and Involvement Officer which involved a further 35 individuals). Overall 100 individuals were consulted by questionnaire (65 individual and 35 group). This represents a response rate of 40%. Support was provided to service users and carers who needed help to complete the questionnaire by the ASC consultation and involvement officer.
- 4.1.7 A co-production approach was adopted to gain the views of service users, carers and other key stakeholders.
- 4.1.8 “Co-production is a simple idea: it’s about individuals, communities and organizations having the skills, knowledge and ability to work together, create opportunities and solve problems. Putting this into practice is not so simple, and for older people who need support in their lives is a relatively new phenomenon”. (Bowers et al (2009) Personalization – don’t just do it – co-produce it and live it! National Development Team for inclusion and HSA).
- 4.1.9 Six Elected Members attended the workshops and one Elected Member was a member of the Consultation Reference Group. A briefing for the Elected Members for Hyde Park & Woodhouse was held on 13<sup>th</sup> May 2015 with the Executive Lead Member for Adult Social Care as part of wider discussions on services in the area and the likely impact of any possible changes to Apna day centre. As a likely first point of contact for those directly affected, Elected Members in the wards of services subject to these proposals (Hyde Park & Woodhouse and Chapel Allerton) were offered individual briefings to update them on the recommendations made in the November 2014 Executive Board Report and information on the proposals contained in this report. A further briefing note outlining the recommendations contained within this report was sent to all Elected Members upon agenda publication on 15<sup>th</sup> September 2015. This will be followed by regular briefings throughout the consultation and commissioning process as and when required.
- 4.1.10 The consultation process was viewed as a positive experience by participants (based on feedback provided to Leeds Involving People). It is proposed that the same approach to stakeholder engagement continues into the next phase of the commissioning process.
- 4.1.11 The delay between the initial consultation and these proposals being presented to Executive Board are as a result of further extensive consultation within Adult Social Care.

## 4.2 **Equality and Diversity / Cohesion and Integration**

- 4.2.1 An Equality Impact Screening was undertaken and is attached as an appendix to this report (Appendix 3). The consultation was undertaken to ensure that Apna and Frederick Hurdle day centres and related BME Older Peoples services in the community are meeting the needs of both current and potential future service users. During consultation it was suggested that the centres should have a wider remit, providing a much broader range of services and activities and operating as

Community Resource Centres, with extended opening hours, providing prevention, recovery and continuing support services. In particular, opportunities should be explored for a wider range of BME communities and age groups to work more closely together.

- 4.2.2 Both services cater for a relatively small group of service users (46 people at Frederick Hurdle and 26 people at Apna – June 2015). The majority of service users at Frederick Hurdle live in either post codes LS7 (69%) or LS 8 (15%) At Apna there is a slightly wider spread of post codes (24% living in LS8 and 24% in LS 28).
- 4.2.3 The majority of users at both Centre's are women (62% at Apna and 78% at Frederick Hurdle) and it is important that consideration is given to the needs of this group in planning future provision.
- 4.2.4 The majority of users have been attending the centres for a considerable time (65% at Frederick Hurdle and 50% at Apna for 9 years or more).
- 4.2.5 One General Practice that took part in the consultation process commented that Apna day centre is: "mainly used by the Sikh/Hindu community in our locality, the Muslim community tend not to use it (due to lack of male/female separation). This shows a lack of cultural awareness on the part of social care." A gap in service provision for elderly Pakistani people was identified by the practice.
- 4.2.6 Resources within BME communities themselves should be used more effectively, in particular, more opportunities for volunteering should be offered.
- 4.2.7 There is a need to develop services particularly for people with dementia, carers and groups for male and female elders.

### 4.3 **Council policies and the Best Council Plan**

- 4.3.1 The review of the provision of services at Apna and Frederick Hurdle day centres has been undertaken as part of the Adult Social Care's Better Lives Programme. This strategy focuses on the Council's capacity to help support the growing number of older people with their care and support needs. It recognises the changing expectations and aspirations of people as they grow older and the need to match these with appropriate and affordable responses.
- 4.3.2 Delivering the Better Lives Programme is one of the priorities in the Council's 'Best Council Plan 2015-2020' from which the Breakthrough *Project 'Making Leeds the Best Place to Grow Old in'* has been established. The review of services at Apna and Frederick Hurdle also supports the Best Council Plan priority to "become a more efficient and enterprising council".
- 4.3.3 The approach proposed also supports Leeds ambition to be 'The Best city in the UK to Grow old in'

### 4.4 **Resources and value for money**

4.4.4 As central government funding to local authorities decreases and demand for services increases councils are under pressure to find more efficient and cost effective ways of doing things. The review of services provided at Apna and Frederick Hurdle takes place as part of a wider review of ASC older people's services. This recognises the need to refocus resources on affordable and sustainable models of service delivery that offer better outcomes for older people.

4.4.5 The combined budget for the two day centres for 2015-16 is £371,250 It is proposed that this is the maximum budget provision available to commission the new service model. The costs of the new service model will be confirmed as the detailed proposals are developed and will be approved through a delegated decision when the new arrangements are finalised.

#### **4.5 Legal Implications, Access to Information and Call In**

4.5.1 The review of Apna and Frederick Hurdle day centres has taken into consideration the Council's statutory duties and Adult Social Care's specific duties – including new duties contained in the Care Act (2014).

4.5.2 The Executive Board's decision is a key decision and will be subject to call-in.

#### **4.6 Risk Management**

4.6.1 Risks have been identified and logged throughout the review and consultation process, with mitigating actions suggested. If Executive Board does not agree to the development of a new service model for BME day centres there is a strong risk that the centres will increasingly fail to meet the needs of Elders in new and existing BME communities in Leeds.

### **5 Conclusions**

5.1 A period of extensive consultation took place with key stakeholders between May 2013 and July 2014 regarding the future of services at Apna and Frederick Hurdle day centres. The consultation included workshops attended by; managers and staff from the centres; voluntary sector organisations; Elected Members; centre users; carers and members of the community; existing providers and faith organisations.

5.2 Following the consultation and discussion of the potential options for the future management of the services, the preferred option was for- a provider with a strong BME community record taking over the management of the two Adult Social Care services and delivering a wider range of day support to BME communities in Leeds'.

- 5.3 It is proposed that a two stage approach to service change is adopted. In Phase One between October 2015 and March 2016, the service model would be re-designed in co- production with service users, carers, staff and the wider communities working with ASC Commissioning. Phase Two would involve the transition to the new service model and the services being managed by one or more external providers. This phase would take place between April and December 2016.
- 5.4 The new service model and costs will be confirmed as the detailed proposals are developed and will be approved through a delegated decision when the new arrangements are finalised.
- 5.5 Current service users, carers, staff, Trade Unions, Elected Members and the wider community will be engaged in the development of the new service model by means of a Communication and Engagement plan which has been produced.

## **6 Recommendations**

- 6.1 Executive Board is asked to note the outcomes of the extensive consultation exercise on the future delivery of services at Apna and Frederick Hurdle day centres.
- 6.2 That Executive Board approval is given for a two stage approach to service change. In Phase One between October 2015 and March 2016, the service model would be re-designed in co- production with service users, carers, staff, and the wider communities working with ASC Commissioning. Phase Two would involve the transition to the new service model and the services being managed by one or more external providers. This phase would take place between April and December 2016.
- 6.3 The new service model and costs will be confirmed as the detailed proposals are developed and will be approved through a delegated decision when the new arrangements are finalised.
- 6.4 To approve the approach that the model of service users, carers, staff and the wider communities working in co- production with Leeds Adult Social Care to develop proposals for these services should continue into the Commissioning phase of the project.
- 6.5 To note that the lead officer responsible for implementation is the Director of Adult Social Services.

## **7 Background documents<sup>1</sup>**

None

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<sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.