

Report of Director of Adult Social Services

Report to Executive Board

Date: 16th December 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 proposals for the future delivery of day support for older people from Black and Minority Ethnic (BME) communities at Apna (Hyde Park & Woodhouse) and Frederick Hurdle (Chapel Allerton) agreed by Executive Board on 23rd September 2015.
2. Following further discussions with elected members and trade unions we are now proposing to refocus this approach, recognising that further work is required on the nature of any potential model.
3. This report recommends a revised two stage approach to service change. In Phase One, currently anticipated to be between January 2016 and December 2016, a new service model would be developed, including producing a service specification in co-production with service users, carers, unions, staff, partner organisations, community groups and elected members working with ASC Commissioning. Work on the new service model would include consideration of whether the service can continue to be provided directly by the Local Authority to meet the needs of the BME community or whether commissioning externally provides the best option. The proposals arising from the development of the service model would then be subject to a formal consultation process. The outcome of the consultation and recommendations would be reported back to Executive Board for a decision. This is anticipated to be in February 2017 but may be earlier if development of the model

and consultation takes place earlier. Contingent on the approval of the recommendation, Phase Two would involve the implementation of the Executive Board decision and a move to a new model of delivery.

4. Recommendations

1. Executive Board is asked to note the proposed change of approach to determining the future model for delivering services at Apna and Frederick Hurdle day centres from that outlined in the report approved by Executive Board in September 2015.
2. That Executive Board approval is given for a revised two stage approach to a proposed service change. In Phase One currently anticipated to be between January 2016 and December 2016, a new service model would be developed, including producing a service specification in co- production with service users, carers, unions, staff, partner organisations, community groups and elected members working with ASC Commissioning. Work on the new service model would include consideration of whether the service can continue to be provided directly by the Local Authority to meet the needs of the BME community or whether commissioning externally provides the best option. The proposals arising from the development of the service model would then be subject to a formal consultation process. The outcome of the consultation and recommendations would be reported back to Executive Board for a decision. Contingent on the approval of the recommendation Phase Two would involve the implementation of the Executive Board decision and a move to a new model of delivery.
3. To note that the lead officer responsible 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 19th 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 proposed consultation with service users, carers, unions, staff, partner organisations and elected members and how their views will be taken forward. This report also outlines the proposed next steps for improving the range of services offered to older people from BME communities.

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 2001 the office of National Statistics (ONS) estimated that 10.8 % of the total resident population was comprised of people from BME communities (including Irish and other white groups), by 2011 the number had increased to 18.9% of the resident population, 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.

3 Main Issues

- 3.1 There is a continuing trend of low service utilisation with 37% at Frederick Hurdle and 39% at Apna (Oct 2015). This represents a relatively small group of service users (45 people at Frederick Hurdle and 24 people at Apna –November 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 There is 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 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.
- 3.6 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.

- 3.7 While it is evident that the centres provide some benefits to the people that use them, they could have a wider remit, providing a much broader range of services and activities to support the wider communities. The services have the potential to support both people with eligible social care needs, including those using direct payments, as well as those without eligible needs. Opportunities could 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.

3.8 **Phase one**

- 3.9 In phase one it is proposed to continue to work with Leeds Involving People, building on the strong community consultation carried out with community groups between May 2013 and July 2014, to develop a new service model for Adult Social Care Black and Minority Ethnic day services. Questionnaires and a series of consultation forums aimed at both existing service users and wider minority ethnic communities in Leeds as well as trade unions, staff, partner organisations, community groups and elected members would be used to develop a new service model. Work on the new service model would include consideration of whether the service can continue to be provided directly by the Local Authority to meet the needs of the BME community or whether commissioning externally provides the best option. This would then be subject to a formal consultation process (usually 12 weeks). Phase one is anticipated to take place between January 2016 and December 2016.

- 3.10 This work will be supported by a steering group comprising service users, carers, staff, trade unions, partner organisations, elected members and wider community representatives using a Co- production approach.

- 3.11 The outcome of the consultation and recommendations would be reported back to Executive Board. It is anticipated that the report will be brought back to Executive Board in February 2017 but this may be earlier dependent on the time taken to draw up the model and to consult on the proposals

3.13 **Phase 2**

- 3.14 Contingent on the approval of the recommendation Phase Two would involve the Implementation of the Executive Board decision and a move to a new model of delivery.

Summary

- 3.12 Current service users, carers, staff, trade Unions, partner organisations, elected members and the wider community would be involved in developing the new service model, which would be followed by formal consultation. A Communication and Engagement plan has been developed and included as Appendix One of this report.
- 3.13 **Implications for staff**
- 3.14 The proposals contained in this report could have direct implications for the fourteen staff employed in these services. HR and service managers would be available to offer advice and support to staff on a regular basis.
- 3.15 Consultations and engagement with staff and unions would continue throughout the development of the service model, and any subsequent commissioning process, if applicable, as outlined in the Consultation and Engagement plan.

4 Corporate Considerations

4.1 Consultation and Engagement

- 4.1.1 It is proposed that a co-production approach is adopted to gain the views of service users, carers, partner organisations, staff, trade unions, elected members, community groups and other key stakeholders.
- 4.1.2 “Co-production is a simple idea: it’s about individuals, communities and organisations 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) Personalisation – don’t just do it – co-produce it and live it! National Development Team for inclusion and HSA).
- 4.1.3 Leeds Involving People have extensive experience of working with service users, carers and other stakeholders from a diverse range of communities in Leeds and successfully using a co-production approach.

4.2 Equality and Diversity / Cohesion and Integration

An Equality Impact Screening has been produced and is attached as Appendix 2 of this report. The consultation is proposed 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. Work on developing the service delivery model will determine whether the centres should have a wider remit, providing a much broader range of services and activities.

- 4.2.1 Both services cater for a relatively small group of service users (45 people at Frederick Hurdle and 24 people at Apna –November 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).

- 4.2.2 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.
- 4.2.3 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).
- 4.2.4 The profile of people using the centres and research findings (Black, Asian and Minority Ethnic Communities and Dementia-Where are we now? David Truswell. Race Equality Foundation 2013) indicates a need to develop improved services for people with dementia from BME communities.

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 will be 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

- 4.4.1 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.

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 further report to the Executive Board when the proposals are considered.

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. Due to an administrative error the notification of this key decision was not Included on the list of forthcoming key decisions for a period of 28 days, however this was rectified and was published immediately giving 27 days notice.

4.6 Risk Management

- 4.6.1 Risks will be identified and logged throughout the development of the new service model and consultation, 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 older people in new and existing BME communities in Leeds.

5.0 Conclusions

- 5.1 It is proposed that a two stage approach to service change is adopted. In Phase One the new service model would be developed, including producing a service specification in co- production with service users, carers, trade unions, staff, partner organisations, community groups and elected members working with ASC Commissioning. Work on the new service model would include consideration of whether the service can continue to be provided directly by the Local Authority to meet the needs of the BME community or whether commissioning externally provides the best option. This would then be subject to a formal consultation process. The outcome of the consultation and recommendations would be reported back to Executive Board for a decision
- 5.2 Contingent on the approval of the recommendation Phase Two would involve the implementation of the Executive Board decision and a move to a new model of delivery.
- 5.3 The new service model and costs will be confirmed as the detailed proposals are developed and will be approved through the further report to Executive Board.
- 5.4 Current service users, carers, staff, trade unions, partner organisations, 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 Recommendation

- 1 Executive Board is asked to note the proposed change of approach to determining the future model for delivering services at Apna and Frederick Hurdle day centres from that outlined in the report approved by Executive Board in September 2015.
- 2 That Executive Board approval is given for a revised two stage approach to a proposed service change. In Phase One currently anticipated to be between January 2016 and December 2016, a new service model would be developed, including producing a service specification in co- production with service users, carers, unions, staff, partner organisations, community groups and elected members working with ASC Commissioning. Work on the new service model would include consideration of whether the service can continue to be provided directly by the Local Authority to meet the needs of the BME community or whether commissioning externally provides the best option. The proposals arising from the development of the service model would then be subject to a formal consultation process. The outcome of the consultation and recommendations would be reported back to Executive Board for a decision. Contingent on the approval of the recommendation Phase Two would involve the implementation of the Executive Board decision and a move to a new model of delivery.
- 3 To note that the lead officer responsible is the Director of Adult Social Services.

7.0 Background documents¹

None

¹ 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.