

Report of Director of Adult Social Services**Report to Executive Board****Date: 8th February 2017****Subject: Better Lives, Better Living: Black and Minority Ethnic Older People's Day Services Review**

Are specific electoral wards affected?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, name(s) of ward(s): Chapel Allerton, Hyde Park and Woodhouse wards		
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. The purpose of this report is to provide Executive Board with an update on the review of Black and Minority Ethnic (BME) Older People's Day Services currently delivered at Apna (Hyde Park and Woodhouse ward) and Frederick Hurdle (Chapel Allerton ward) day centres. This follows the approval of a two phase approach to determining the future model for delivering Adult Social Care BME day services in Leeds at Executive Board on 16th December 2015.
2. This report provides an update on the consultation on the future management of BME day services and outlines a new service model for the service.

Recommendations

3. Executive Board is asked to:

1. Approve the proposed new service model for future delivery of BME Older People's Day Services, including:
 - Adult Social Care (ASC) continuing to manage the service, supported by a Partnership Board consisting of third sector, health partners, community organisations and service users and carers.
 - Retain Frederick Hurdle Day Centre as an expanded BME Older People's Communities Health and Well-being Hub and decommissioning use of the Apna Day Centre building.
 - Increased outreach work from the Health and Well-Being Hub to older people from BME communities across the city.
2. Approve the use of prudential borrowing of £130,000 to fund the refurbishment of Frederick Hurdle Day Centre; to enable it to deliver its enhanced role as a BME older people's communities health and well-being hub. The repayment costs will be met from the existing budgets of Apna day centre. A delegated decision report would be submitted in due course.
3. To consult on changing the name of Frederick Hurdle day centre to support its enhanced role as a BME Older People's Communities Health and Well-being Hub for a wider range of BME communities in the city.
4. 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 with the review of BME Older Peoples Day Services approved by Executive Board on 16th December 2015. This involved a two phase approach to proposed service change. Phase one took place between January and April 2016 and involved the development of a new service model in co-production with service users, carers, staff, trade unions, community groups and elected members.
- 1.2 Consideration was also given to whether the service would continue to be managed by ASC, or whether the best option would be to externally commission the service. Adult Social Care Directorate Leadership Team considered and approved the proposed new service model and proposed that the service should continue to be managed by ASC in May 2016. A formal consultation was held between 17th October 2016 and 6th January 2017 to gain stakeholders views on the proposals. If approved by Executive Board the new service model would be implemented from March 2017.
- 1.3 This report provides details of the proposed new service model, future management of the service, proposed Partnership Board and the outcome of the extensive consultation that has taken place.

2. Background information

- 2.1 Leeds is home to over 140 ethnic groups, making the Leeds BME population the most diverse outside of London (State of the City report 2012). The BME population in Leeds increased from 77,530 (10.8%) of the resident population in 2001 to 141,771 (18.9%) of the resident population in 2011. There are almost 110,000 people aged 65 years or over living in Leeds, of these just over 8,000 (7%) are from BME communities. Demand for specific BME services is driven by this increase, as well as factors that may prohibit or restrict these communities accessing alternative services such as other mainstream voluntary sector provided services. Barriers include language and cultural needs and therefore a specific service is required to ensure BME groups have equality of access and choice and control over the services they receive.
- 2.2 ASC's BME Older People's Day Service has been subject to review since the implementation of the Better Lives Programme for Leeds which commenced in 2011. The review was to determine whether the service represents good value for money and is meeting current and projected need and the aspirations of older people. The reviews terms of reference and review criteria were determined by the ASC Scrutiny Board and Executive Board in 2010.
- 2.3 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 communities, whose needs may not be met by existing generic provision. As such, the two day centres were highlighted for further review and a programme of work established to gauge the demand for these services, consider if alternative delivery models would be more appropriate, and their importance to the communities that they serve. This programme of work was approved at Executive Board on 16th December 2015.

- 2.4 In recent years the numbers of service users attending the two day centres has declined significantly. At present 42 service users attend Frederick Hurdle Day Centre (representing an occupancy level of 35%) with 13 service users attending Apna Day Centre (representing an occupancy level of 25%) (November 2016). New starters at the service are also low; for the period of January 2015 – November 2016, Frederick Hurdle Day Centre had 8 new starters, Apna Day Centre had 9.
- 2.5 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 communities 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 benefit for members of the communities.
- 2.6 The development of new day opportunities for BME communities 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. The new service model will adopt a strengths-based approach, harnessing the strengths of individuals and communities to develop new community connections and build relationships, reduce isolation and support people with care and support needs through expanded community networks.

3. Main Issues

- 3.1 An initial period of community engagement took place between January and April 2016, key findings from the engagement were:
- Both centres programmes are viewed as unstimulating and not meeting service users' needs
 - The centres are not felt to be owned by the communities they serve.
 - The lack of information on the services is a barrier to people using them
 - The centres are only used by a minority of BME communities in Leeds
 - The ASC charging policy is discouraging people from attending the services
 - Inflexible transport arrangements restrict service delivery and innovation
 - Lack of service user involvement in the running of the services
 - Recognition that the services need to work more closely with the NHS, the third sector and community organisations
 - Respondents to both the service user and community questionnaires expressed support for the idea of making the services accessible to a much wider range of BME communities.
 - Opinions varied on whether the services should continue to be managed by ASC or delivered by another provider(s) with extensive experience of working with BME communities.

This feedback was used to inform the development of the new service model as outlined in sections 3.3 to 3.15 below.

- 3.2 Based on the engagement feedback, an Options Appraisal was undertaken and the ASC Directorate Leadership Team proposed that ASC should continue to manage the service, with support from a Partnership Board. It is proposed that the

Partnership Board will consist of third sector organisations, community groups, service users and carers wishing to support the delivery of services to older people from BME communities.

3.3 **Proposed service model**

- 3.4 It is proposed that the service will continue to be managed by ASC, in partnership with Third Sector, health, community groups, and service users and carers. The model will adopt an asset and strengths based approach, harnessing the strengths of individuals and communities to develop community connections and build relationships to reduce isolation and support people with care and support needs through expanded community networks of support.
- 3.5 The current revenue budget for the two services would be maintained to support the new service.
- 3.6 Consultation feedback indicated that, in future, more services could be delivered in local community settings. It is therefore proposed that only one of the two current day centre buildings will be required. This will allow the service to be provided more flexibly to a wider range of BME communities, promote older people's access to mainstream services and support a city wide service remit by providing a range of bases for outreach activity within or closer to individual communities
- 3.7 Since Frederick Hurdle day centre is the larger of the two centres, is in better structural condition, has good transport links and is better located in relation to community resources and BME communities; it is proposed that the Frederick Hurdle centre should be retained and remodelled as a 'BME Older People's Communities Health & Wellbeing hub'. The Apna day centre building would be decommissioned and asset management will review options for the future use of the site.
- 3.8 It is proposed that prudential borrowing of £130,000 is used to fund the refurbishment of Frederick Hurdle to enable it to deliver its enhanced role as a BME older people's communities health and well-being hub. The repayment costs will be met from the existing budgets of Apna day centre. A delegated decision report would be submitted in due course.
- 3.9 It is recognised that the name Frederick Hurdle is associated with one community using the building. In order to make the service accessible to a wider range of BME communities, consideration needs to be given to changing the name of the centre to reflect its new remit. It is therefore proposed that the BME communities would be consulted on a proposed name change. The name Frederick Hurdle could possibly be retained for an area or room in the building.
- 3.10 Travel distances for Apna service users would not be impacted negatively as a result of the decommissioning of Apna day centre building. If the 13 people currently using Apna day centre were to transfer to Frederick Hurdle day centre it would result in an average journey length of 3.7miles, this represents an average reduction in travel distance of 0.6 miles.
- 3.11 It is proposed that the BME older people's communities health and well-being hub would be available for wider community use during the evening and at weekends to

promote its use as a community resource. Trusted partners would take responsibility for building security when used in this way.

3.12 The proposed service model would offer two distinct service elements:

- A preventive service which would be accessed directly and would not come under the ASC eligibility or charging policy. This would help resolve some of the issues and concerns identified during the community engagement process in relation to service charging, while retaining equity with other service areas. Preventative services would include the facilitation of peer support, volunteering, maintaining family roles and social networks, and access to community facilities. This could make use of the building base as a 'meeting place', as well as using a range of other community facilities and venues.
- A core service offer would provide a structured, building-based day service targeted at people who are vulnerable due to physical, mental health needs, age or frailty or whose carers need a break (including staying in paid work) and where they need personal assistance to attend. This would require eligible care needs and come under the charging policy for ASC.

3.13 New Service Model Summary:

	Service as is:		Service as will be:
1.	Lack of clarity on service model and remit	1.	Service has clear service outcomes of supporting people to remain as independent as possible within their own homes and communities. Service outcomes are regularly monitored to ensure they are being met.
2.	Service is only available to people with eligible needs	2.	Service available to people with eligible and non- eligible support needs. For non-eligible people, the service operates as a preventative support service.
3.	Limited service offer	3.	Service offer supports a strengths based approach built on what people and communities can achieve providing preventative, recovery and continuing care services
4.	Limited partnership working with other agencies	4.	Close partnership working with a wide range of community organisations, health and Third Sector organisations to meet the desired outcomes of community members
5.	Building based service operation	5.	Service delivered from a number of community locations across the city as well as a single health and well-being hub and outreach services. Wider community encouraged to utilise the building
6.	Limited engagement with the local community	6.	Opportunities for volunteering and other engagement with the local community offered. Asset based community development approach adopted, mobilising the resources available in the community to support individuals.
7.	Little or no service user involvement in the running of	7.	Wide range of opportunities offered for service users to get involved in service delivery and

	the service		policy development including membership of the Partnership Board. Peer support opportunities developed
8.	Small number of BME communities using the service	8.	Appropriate support extended to a much wider range of BME communities across the city.
9.	Limited numbers using the services currently	9.	Greatly increased numbers of people accessing services at both the service hub and via groups in local community settings
10.	Limited service performance monitoring in place	10.	Clear service monitoring criteria in place based on how well individual outcomes are met. Regular monitoring to ensure service outcomes are being met
11.	Limited to core ASC funding	11.	Opportunities for accessing additional funding streams especially health and preventative services

- 3.14 It is proposed that a Partnership Board would be established to support the modernisation of BME older peoples day service and to advise on the future delivery of the service. Organisations with experience of delivering services to BME groups across the city would be invited to jointly deliver BME day support services. Each partner would commit an agreed level of resources to the partnership (staff, buildings, finance or specialist knowledge). The work of the Partnership Board would be governed by agreed terms of reference which link to a service level agreement for BME day services between ASC and the partnership Board. The Partnership Board would provide access to additional funding streams that partner organisations may have access to and provide added value in terms of community knowledge, expertise, community acceptance and access to linked projects in the health promotion and social care fields.
- 3.15 The Partnership Board would include strong representation from service users and carers and community representatives. Initial work has been undertaken, led by the ASC Adult commissioning manager and The Head of Service to identify potential partner organisations for the partnership Board. There has been a positive response to the proposal from third sector BME organisations in the city. The partnership Board represents a further dimension of ASC's partnership working with third sector organisations in the city.
- 3.16 An implementation plan will be developed to ensure a seamless transition to the new service for current service users.
- 3.17 It should be noted that there will still be an expectation that generic day services for older people will continue to be welcoming and responsive to the needs of BME communities in the city.

4. Implications for staff

- 4.1 Current staffing levels would be maintained, with staff from Apna day centre transferring to the BME older people's communities health and well-being hub.
- 4.2 The strengths-based service model will require staff to have greater knowledge and awareness of local community resources and social capital to identify and build local support networks. This will involve building positive relationships at an

individual, family, community and organisational level. Staff will need to be confident working in both local community settings and in the BME older people's communities health and well-being hub.

- 4.3 The staff team, including appropriately trained volunteers, will need to have the language skills and cultural awareness to do this effectively. To ensure appropriate customer care standards are met the staff delivering the services will receive support and training to enable them to deliver the requirements of the proposed service model. A skills audit will be undertaken with each existing staff member in order to ascertain where additional support and/or training may be required.
- 4.4 Staff and Trade Unions have been consulted and involved throughout the change process. Meetings with staff and Trade Unions to update them on feedback from the engagement and consultation process and to gain their views were held on 14th March 2015, 1st February 2016, 25th April, 31st May, 9th August and 7th Dec. In addition Trade Unions and staff are represented on the BME day services stakeholder steering group, made up of representatives from community organisations, service users and carers. The meeting is jointly chaired by the ASC Adult Commissioning Manager and a community representative. These meetings will continue into the implementation phase of the project.

5 Corporate considerations

5.1 Consultation and engagement

- 5.2 The engagement carried out to date has used a variety of methods in order to engage effectively with stakeholders. This work was supported by Leeds Involving People (LIP), a service user and carer organisation, working to enable those who use community care services to take control over their own health and social care needs.
- 5.3 Since approval to proceed was received from Executive Board in December 2015 community engagement and formal consultation has taken place with service users, carers, staff, trade unions, elected members and community organisations. Community engagement sessions were held between January and April 2016. These included:

- Questionnaires to key stakeholders
- Five engagement workshops at venues across the city
- One to one meetings with service users and carers
- Staff and trade union briefing sessions
- Meetings with GP's and other health staff
- Regular input from a stakeholder steering group
- Feedback from two workshops held at the Social Care Community Forum Conference.

Staff and service users also had the opportunity to visit a number of innovative day support services across the city.

Key findings from the engagement sessions were:

- The day centre programmes are generally viewed as uninteresting and not meeting older people's needs
- The lack of information on the services is a barrier to people using them

- The centres are only used by a minority of BME communities
- The centres have very limited links with wider BME communities and organisations
- The ASC charging policy is discouraging service usage
- Inflexible transport arrangements restrict service delivery and innovation
- All stakeholder groups expressed support for the idea of making the services accessible to a much wider range of BME communities

Opinions varied as to whether the services should continue to be managed by ASC or delivered by another provider. Most participants accepted that continuing with the current service model was not a tenable option.

5.4 Formal consultation ran from 17th October 2016 to 6th January 2017 and engaged with service users and carers via community consultation events attended by 55 people, staff and trade union briefing sessions and regular stakeholder steering group meetings.

5.5 Key findings from the formal consultation period were:

- The name of the Frederick Hurdle Centre is a barrier to some communities accessing it
- ASC charging policy is discouraging attendance
- The referral/assessment process takes too long
- Greater flexibility is required around transport options
- Clear information about the service is required.
- There is currently no specific dementia provision
- It was felt that the current programme of activity at the centres is regarded as unstimulating
- Food provision needs to meet all cultural requirements
- More intergenerational work should take place
- The Partnership Board should have an influence on service delivery/some decision making power
- Carers should be active board members
- Partnership Board membership to reflect people accessing the service i.e. representatives from different BME communities
- Membership of the board should be regularly reviewed
- A key focus of the board should be on reducing social isolation

5.6 Reports from the engagement and formal consultation periods can be found at Appendices 1 and 2.

6.0 Equality and diversity / cohesion and integration

6.1 An Equality Impact Assessment has been completed and is attached at Appendix 3. The consultation was undertaken to ensure that Apna and Frederick Hurdle day centres and related BME older people's services in the community are meeting the needs of both current and potential future service users.

- 6.2 Both services have low numbers of service users on the registers, At present 42 service users attend Frederick Hurdle Day Centre(an occupancy level of 35%) with 13 service users attending Apna Day Centre (an occupancy level of 25%) (November 2016). New starters for the service are also low, for the period of January 2015 – November 2016, Frederick Hurdle Day Centre had 8 new starters, and Apna Day Centre had 9.
- 6.3 Seven (53%) of Apna service users and twenty five (59%) of Frederick Hurdle service users have attended the centres for 11 years or more.
- 6.4 71% of Frederick Hurdle service users live in the Chapel Allerton (LS7) ward. The centre is also based in this ward. Apna day centre is based in the Hyde Park and Woodhouse ward. There are no service users from the centre who live in this ward: 38% (5) live in the LS8 area, and 31% (4) live in the LS11 ward. Travel distances for Apna service users would not be impacted negatively as a result of the proposed changes. If service users were to transfer to the BME Older People's Communities Health and Wellbeing Hub (former Frederick Hurdle building) it would result in an average journey length of 3.7miles, this is an average reduction in travel of 0.6 miles.
- 6.5 The ratios of men to women at the centres are: Apna, 38% (5) men and 62% (8) women, Frederick Hurdle is made up of 24% (10) men and 76% (32) women.
- 6.6 At Apna Day Centre, 100% of service users describe themselves as being Asian/Asian British. 88% of Frederick Hurdle service users describe their ethnic origin as Black/Black British, whilst 7% describe themselves as White British. The remaining service users are of White European and Chinese origin.
- 6.7 There is a need to develop services particularly for people with dementia, carers and groups for male and female elders. The proposed service model will address these needs.
- 6.8 The new service model supports the Leeds Equality Improvement Priorities 2016-2020, by offering a wider range of both preventative and core services to older people from BME communities:
- Equality Improvement Priorities relating to older people, Disabled people and/or BME are:
- Identify and remove as many organisational barriers as possible to people who need access to Adult Social Care Services.
 - Supported to live safely and as long as they wish in their own homes.
 - Improve access to cultural opportunities and sport
 - Produce and adopt a Supplementary Planning Document on Inclusive Design
 - Understand the context and impact of migration on Leeds
 - Increased access to apprenticeships
 - Support people out of financial hardship
 - Develop a skilled and diverse council workforce
 - Increase board representation for BME, LGBT, Women and Disabled people
- 6.9 In relation to LGBT, recent research has indicated that for a range of reasons these communities are likely to be over represented in the social care cohort and the issue may be even greater in BME communities. The proposed service model will seek to identify and meet these needs in collaboration with partners.

- 6.10 The closure of Apna day centre building will not result in a loss of services for current service users, as alternative provision at the BME older people's communities health and well-being hub will be available. An implementation plan will ensure a seamless transition of current users to the new service. A number of joint events for service users at the two services have already been held to promote stronger links between service users and staff.

7.0 Council policies and best council plan

- 7.1 The review of the provision of services at Apna and Frederick Hurdle day centres was undertaken as part of the ASC 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.
- 7.2 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".
- 7.3 The approach proposed also supports Leeds ambition to be 'The Best city in the UK to Grow old in'.

8.0 Resources and value for money

- 8.1 The new service model will be delivered within existing budgets. Net unit costs will reduce with greater occupancy levels. Staffing costs will be maintained and with potential access to additional funding streams there may be the potential to expand the range of services offered over time.
- 8.2 At Frederick Hurdle day centre the net unit cost is £55 per day based on an occupancy of 35% (May 2016) compared to £19 per day if the service achieved 100% occupancy. At Apna day centre the net unit cost is £59 per person per day based on an occupancy of 34% (May 2016) compared to £20 per day if the service achieved 100% occupancy.
- 8.3 It is proposed that prudential borrowing of £130,000 is used to fund the refurbishment of Frederick Hurdle to enable it to deliver its enhanced role as a BME older people's communities health and well-being hub. The repayment costs will be met from the existing budgets of Apna day centre. A delegated decision report would be submitted in due course.

9.0 Legal implications, access to information, and call-in

- 9.1 The review of Apna and Frederick Hurdle day centres has taken into consideration the Council's statutory duties and ASC's specific duties.
- 9.2 Advice has been sought from Legal Services on these proposals with no issues of significance being raised.

- 9.3 The decisions requested in this report are eligible for call-in, in line with the Council's Executive Board's decision making procedure rules.

10 Risk management

- 10.1 Risks have been identified and logged throughout the development of the new service model, with mitigating actions taken to manage them. If Executive Board does not agree to the implementation 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 from new and existing BME communities in Leeds.

11 Conclusions

- 11.1 Two periods of extensive engagement and consultation have taken place throughout 2016 with key stakeholders regarding the future of services at Apna and Frederick Hurdle day centres.
- 11.2 A new service model has been developed for future service delivery. The preferred delivery option would see ASC continuing to manage the service with support from a Partnership Board and a reduction in the number of buildings used from two to one. The expanded service offer would include both a preventative offer focusing on developing people's skills and abilities, including self- management skills. The core service offer would be targeted at people who have significant needs due to physical, mental health needs or frailty or whose carers need a break and where they require personal assistance to attend.

12 Recommendation

Executive Board is asked to:

- 1 Approve the proposed new service model for future delivery of BME Older People's Day Services, including:
 - Adult Social Care continuing to manage the service, supported by a Partnership Board consisting of third sector, health partners, community organisations and service users and carers.
 - Retain Frederick Hurdle Day Centre as an expanded BME Older People's Communities Health and Well-being Hub and decommissioning of the Apna Day Centre building.
 - Increased outreach work from the Health and Well-Being Hub to older people from BME communities across the city
2. Approve the use of prudential borrowing of £130,000 to fund the refurbishment of Frederick Hurdle; to enable it to deliver its enhanced role as a BME older people's communities health and well-being hub. The repayment costs will be met from the existing budgets of Apna day centre. A delegated decision report would be submitted in due course.
- 3 To consult on changing the name of Frederick Hurdle day centre to support its enhanced role as a BME Older People's Communities Health and Well-being Hub for a wider range of BME communities in the city.

4. Note that the lead officer responsible is the Director of Adult Social Services

13. Background documents¹

- 13.1 There are no background documents.

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.