Appendix 3

Equality, Diversity, Cohesion and Integration Impact Assessment

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration. In all appropriate instances we will need to carry out an equality, diversity, cohesion and integration impact assessment.

This form:

- can be used to prompt discussion when carrying out your impact assessment
- should be completed either during the assessment process or following completion of the assessment
- should include a brief explanation where a section is not applicable

Directorate: Adult Social Care	**Service area: Commissioning**
Lead person: Mick Ward	**Contact number: 0113 3783912**
Date of the equality, diversity, cohesion and integration impact assessment: **November 2016**	

1. Title: Black and Minority Ethnic (BME) Day Services Review

Is this a:

	Strategy /Policy	**X**	**Service / Function**		**Other**

If other, please specify

2. Members of the assessment team:

Name	**Organisation**	**Role on assessment team e.g. service user, manager of service, specialist**
Mick Ward	Adult Social Care	Interim Chief Officer, Commissioning
Sinead Cregan	Adult Social Care	Commissioning Manager
Debbie Ramskill	Adult Social Care	Head of Service, Mental Health and Physical Impairment, Access & Care Delivery
Richard Graham	Adult Social Care	Senior Quality Assurance Officer, Strategic Commissioning, Performance & Quality Assurance

3. Summary of strategy, policy, service or function that was assessed:

The Better Lives for Older People Programme commenced in 2011 with the remit to review the residential and day care services directly provided by Leeds City Council's Adult Social Care (ASC) Directorate. The focus of the review was to ascertain whether or not the services met current and future needs and aspirations of older people in Leeds and whether the services offered value for money for the council tax payers of Leeds.

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. The two centres currently provide a day service to approximately 55 people (November 2016), mainly from the West Indian (Frederick Hurdle) and Asian communities (Apna). 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.

In December 2015, following extensive consultation, Executive Board approved a two stage approach to the proposed service change for the two services. In Phase One, to take place 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 could continue to be provided directly by the Local Authority to meet the needs of the BME community or whether commissioning externally provided 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.

This is an impact assessment of the proposed new service model.

4. Scope of the equality, diversity, cohesion and integration impact assessment

(complete - 4a. if you are assessing a strategy, policy or plan and 4b. if you are assessing a service, function or event)

4b. Service, function, event

please tick the appropriate box below

The whole service (including service provision and employment)	
A specific part of the service (including service provision or employment or a specific section of the service)	X
Procuring of a service (by contract or grant)	

Please provide detail:

This impact assessment will consider and assess the impact of the proposed new service model for current service users and carers, existing workforce, future users and workforce, and the wider BME community. An individualised person centred assessment of need will be undertaken with each service user affected by the new service model.

The proposed new service model and how this differs from the current offer is summarised in the table below. A copy of the full proposed new service model is also available[1].

	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 the service	**7.**	Wide range of opportunities offered for service users to get involved in service delivery and 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

The proposed new service model has been subject to an equality screening, which concluded that the proposed new service model will give rise to equality impacts, particularly by those older and disabled people, their families and carers, whose day service is currently provided at Apna and Frederick Hurdle day centres. The consultation indicated that in future more services could be delivered in local community settings such as community centres and buildings managed by partner organisations As a result, only one of the two current day centre buildings would be required. This would enable 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.

Since Frederick Hurdle day centre is the larger of the two centres, is in better structural condition and is better located in relation to community resources; it is proposed that the Frederick Hurdle centre should be retained, remodelled as a “BME Older People’s Communities Health & Wellbeing hub”. Apna day centre would be decommissioned and asset management will review options for the sites future use.

[1] *Proposed new service model for Adult Social Care black and minority ethnic older people’s day support.V12. July 2016.*

Should agreement be given to progress with the proposed new service model of a single hub supporting community based activities and provision, it is proposed that an implementation plan is developed. This would show how the change to the new service model would be managed and how existing service users and carers are to be supported to minimise disruption and maximise the benefits to individuals. There will be no discontinuation of service for existing service users. Monitoring arrangements in relation to the proposed changes will pay particular focus to this.

Service users at both day centres have held a number of joint activities and events over recent months in anticipation of the potential service changes.

The implementation plan will also show how the existing staff will be supported through the transition to new ways of working and service arrangements. Unions and staff will continue to be consulted throughout the change process. The implementation plan will be supported by the stakeholder communication and engagement strategy.

In addition to the above, this EDCI Assessment considers the following;

- Key strategies and policies relating to the proposals.
- Quantitative information relating to the profile of current service users and carers.
- Feedback from engagement and consultation with those directly affected; service users, their families and carers, and staff workforce.
- Feedback from engagement and consultation with key partners in the NHS and voluntary sector.
- Feedback from BME communities.
- Comments from submissions, complaints and suggestions received throughout the course of the engagement and consultation.
- Feedback/comments from Community Committees, and individual Elected Members.

5. Fact finding – what do we already know

Make a note here of all information you will be using to carry out this assessment. This could include: previous consultation, involvement, research, results from perception surveys, equality monitoring and customer/ staff feedback.

(priority should be given to equality, diversity, cohesion and integration related information)

The Leeds Picture for BME Communities.

Leeds is home to over 140 ethnic groups, making Leeds BME population the most diverse outside of London (State of the City report 2012). In 2001 the city's BME population totalled 77,530 (10.8% of the resident population), by 2011 the number had increased to 141,771(18.9% of the resident population).

The number of Leeds residents that were born outside of the UK has increased from 47,636 (6.7% of the population) in 2001 to 86,144 (11.5%) in 2011. Just over 20,300 people were born in the EU (12,026 born in EU accession countries) and just over 61,000 born elsewhere. Of the 86,144 people born outside the UK, more than half arrived in the last 10 years, 67% were between the ages of 16 and 44 when they arrived in the UK and 29.5% were aged 15 or younger. Data from the city's schools, shows there are more children and young people of black and minority ethnic heritage, particularly Black African and White Eastern European. The number of children and young people with English as an additional language (EAL) has also increased in recent years, from 13% in 2010 to 16% in 2014. In addition to English language, there are over 170 languages spoken in Leeds schools with the main languages spoken being Urdu, Punjabi and, increasingly, Polish.

The Pakistani community is the largest `single` BME community in the city (with 22,492 people – 3% of the total resident population) but there are 22,055 people (2.9% of the resident population) in the category of other White (which includes people from Poland who were the third largest group of non-UK born residents in the city in 2011).

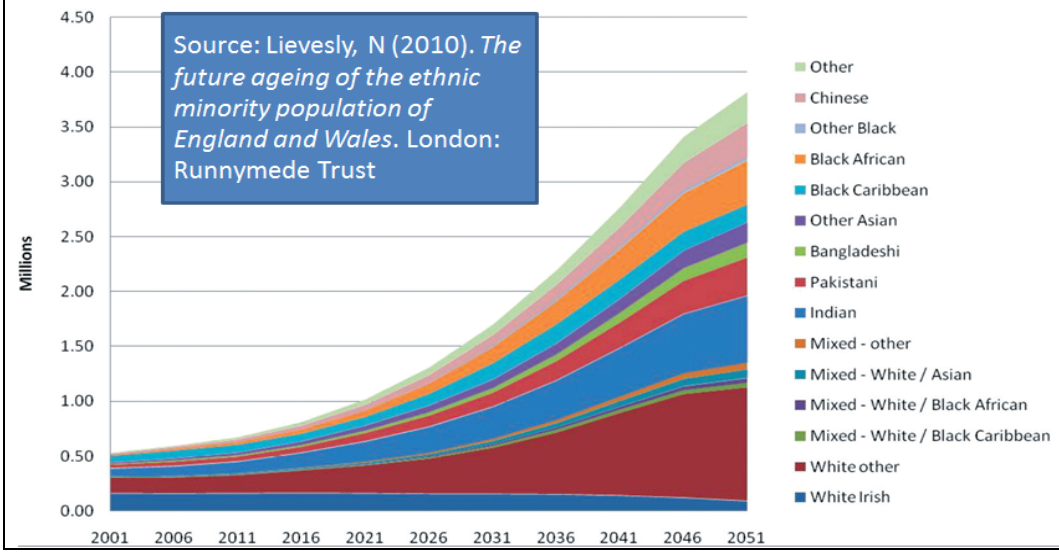
There have been significant changes in the diversity of the black community, particularly African, and these groups are not as yet well served by existing services. These groups are much newer and not as established as those that settled in Leeds many years ago. There are some topics that these communities fear discussing and social care is one of them. The Migrant Access Project (MAP) is working closely with these communities to support them and raise awareness through service engagement. With regards to day services they manage to support elders through community support and it's a cultural task. They have not come across day centres previously and find it difficult to engage with them here because of the fear of stigma. For some, they are of working age and haven't thought about this for themselves as yet. Many of the new African groups congregate every week to either worship or socialise and use this as a means of support and to keep their culture alive.

Leeds has an ageing population. As the baby-boomer generation grows older there will be implications not only in terms of public services (ensuring that older people get excellent care and support when they need it and are enabled to live independently), but also in terms of the labour market as we make the most of the skills and talents that everyone has to offer.

In the last decade the BME population in the city has increased from 11% to 19%, and the number of residents born outside of the UK has almost doubled. There are just under 110,000 people aged 65yrs+ living in Leeds and of these 7% (just over 8,000) are from BME communities[2]. There have been many localised impacts across the city, with complex, related issues such as 'national identity', language proficiency, transient populations and variations in birth rates that in turn influence service provision and the wider interface between communities.

In part linked to demographic change, in part linked to wider social change, patterns of faith have also changed across the City. Different ethnic and religious groups have very different age profiles and the older age profiles of the White British, Irish and Black Caribbean communities mean that a large proportion of those not participating in the labour market are retired. Understanding these differences are key to helping plan and deliver the appropriate services.

According to the Index of Multiple Deprivation almost a quarter of the Leeds population, around 175,000 people across the city, is classified as being in 'absolute poverty'. Leeds has 105 neighbourhoods in the most deprived 10% nationally (22% of all Leeds neighbourhoods) with the geographic concentration of deprivation in the communities of Inner East and Inner South. The age profile of Leeds most deprived neighbourhoods confirms that our most deprived communities are also our youngest (and fastest growing). That said, there are 5 ward areas in Leeds with neighbourhoods classified as in absolute poverty that also have over 5% of people in the ward who are aged 65yrs+ and from BME communities, accounting for 44% (3563) of the 8146 people from BME communities who are 65yrs+.



[2] Leeds BME Demographics, Census 2011.

In relation to dementia, the number of people from BME Communities with a diagnosis of dementia is expected to double in the next ten years.

People with dementia in Leeds, estimates from 2011 census population	
White UK	7,660
White Irish	140
White `other`	120
Indian	60
Pakistani	60
Other Asian	40
Black Caribbean	80
Other, including multiple heritage	50

Some BME communities have more people with Type 2 diabetes and high blood pressure[3], which increases the risk of developing dementia. So it is likely that there are more people with dementia in BME communities, than indicated by the national data, which only reflect average prevalence for the whole population.

Truswell (2013) indicates that `significant culturally specific values and expectations need to be taken into account` in developing dementia services for BME communities. The Leeds BME Dementia conference held in November 2014 highlighted the following impacts of dementia on BME carers:

- Isolation – for carers and person living with dementia
- Misunderstanding
- Viewed with suspicion
- Creates barriers in the cultural community
- Limited support for carers
- Lack of frequent community provision

The Leeds Dementia Strategy promotes the concept of Leeds as a dementia friendly city where people are supported to access mainstream and specialist services. Currently Apna and Frederick Hurdle day centres do not provide a specialist service for people with dementia.

Demand for BME specific services is driven by this increase in people from BME communities, coupled with factors that may create barriers to BME communities accessing alternative services such as other mainstream voluntary sector provided services. These barriers include language and cultural needs and therefore specific services may be required to ensure BME groups have equality of access and choice and control over the services they receive. Given consistent findings that show that people from BME groups are less satisfied with social care services compared with `white groups` (NHS Information Centre 2012) it is important that we communicate in a range of ways so that people from BME communities are aware of the offer that is available and how they can access it.

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, the proposed new service model would provide a more 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.

The development of new day opportunities such as Neighbourhood Networks, Direct Payments and shared lives 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] House of Commons All Party Parliamentary Group on Dementia, 2013.

Service Profile Information

Apna Day Centre

Address by ward	No. of service users
Armley	0
Beeston & Holbeck	2
Burmantofts & Richmond Hill	1
Calverley & Farsley	1
City & Hunslet	2
Cross Gates & Whinmoor	1
Farnley & Wortley	1
Gipton & Harehills	2
Headingley	0
Pudsey	1
Roundhay	2

Community Committee and Ward	Daily capacity	Number of people on the register	% Attendance of Capacity (Nov 2016)	Av Daily Attendance (Nov 2016)	Days open
West North West Hyde Park & Woodhouse	30	13	25.15	7.55	5

Alternative provision in the area: Neighbourhood Networks, Hamara Healthy Living centre, Luncheon clubs, Shared Lives, Sikh Elder Service, Association of Blind Asians, Woodsley Kashmiri Elders.
Examples of services offered by these alternative services include social activities, provision of a meal, advice, information and advocacy support.

Frederick Hurdle Day Centre

Frederick Hurdle Day Centre Address by ward	No. of service users
Chapel Allerton	30
Gipton & Harehills	2
Hyde Park & Woodhouse	6
Killingbeck & Seacroft	2
Roundhay	1
Temple Newsam	1

Community Committee and Ward	Daily capacity	Number of people on the register	% Attendance of Capacity (Nov 2016)	Av Daily Attendance (Nov 2016)	Days open
Inner North East, Chapel Allerton	30	42	35%.	10.38	6

Alternative provision in the area: Leeds Black Elders, Shared Lives

Examples of services offered by these alternative services include social activities, provision of a meal, advice, information and advocacy support.

Service User Profile Information (November 2016)

	Equality Characteristics	Apna	Frederick Hurdle
Age	100+	0	0
	90-99	2	6
	80-89	5	23
	65-79	5	13
	41-64	1	0
Carers	Live with family	11	8
	Live with partner	2	8
	Live alone (no other support)	0	18
	Live alone (additional support)	2	4
	Live in residential home	0	1
	Live in sheltered accommodation	3	3
Disability	Disabled	3	18
Level of Dependency	Critical	0	5
	Substantial	1	15
	Moderate	9	22
	Low	3	0
Personal Care	Toileting	0	9
	Bathing	2	5
	Hoist Use	2	2
	Feeding	0	0
	Manual Wheelchair User	1	5
	Electric Wheelchair User	2	0
	Use of walking aid other than stick	0	10
Sex	Male	5	10
	Female	8	32
Marriage/Civil Partnership	Married/Civil Partnership	2	10
	Widowed	11	26
	Divorced	0	2
	Single	0	1
	Other	0	3
Race	Asian/Asian British	13	0
	Ethnic Origin White British	0	3
	Ethnic origin BME	0	37
	Ethnic Origin Not Given	0	0
	White European	0	1
	Chinese	0	1
Religion or Belief	Christian	0	41
	Other	0	1
	Hindu	1	0
	Muslim	2	0
	Sikh	9	0
	Unknown	1	0
Sexual Orientation	Heterosexual/straight	0	40
	Prefer not to say	13	2
	Unknown	0	0
Number of days attending	1 day a week	0	13
	2 days a week	0	22
	3 days a week	2	6
	4 days a week	2	1
	5 days a week	9	0
	6 days a week	N/A	0

Staff Profile Information (November 2016)

Apna Day Centre

Staff Headcount	Staff PT	Staff FT	Staff FTE	Gender	Age Profile	Ethnic Origin	Disability	Grade	Eli Interest & Grade
6	5	2	4.39	4 Male 2 Female	18-30 = 1 31-40 = 0 41-50 = 1 51-60 =2 61 + = 2	White British = 0 Asian or Asian British Indian = 5 Not Specified = 1	Disabled =0 Not Disabled =6 Not Specified =0	A = 1 A1- A3 = 1 B1* = 3 C1 = 1 So2 = 1	2

Notes: *1 person has 2 of these roles

Sub-total Direct Staffing costs	123,288
Staff Travel costs	324

Direct staffing 2015/16 estimated costs £123,288
Staff travel 2015/16 estimated costs £324

Frederick Hurdle Day Centre

Staff Headcount	Staff PT	Staff FT	Total FTE	Gender	Age	Ethnic Origin	Disability	Grade	Eli Interest & Grade
6	4	2	5.86	Male-2 Female-5	18-30 =0 31-40=0 41-50 =1 51-60 =5 61+ = 1	White British= 0 Asian / Asian British Indian =2 Black or Black British Caribbean = 4 Other Ethnic Groups =1 Not Specified =0	Disabled =0 Not Disabled =7 Not specified =0	A1 =0 A1 /A3 = 0 B1 = 5 C1 =2	1

Notes: *6 staff are ASC staff. 1 Civic Enterprise Leeds (CEL)

Direct staffing 2015/16 estimated costs £141,159
Staff travel 2015/16 estimated costs £12

In summary, the current services are used by only a minority of people from BME communities in the city, predominantly those from the south Asian and African Caribbean communities. Numbers of people using the services have been falling for a number of years. As a result, the services represent poor value for money.

Consultation and Engagement.

Engagement has taken place with all services users, carers, staff, and a wide range of stakeholders between January and May 2016. A full 12 week formal consultation is planned to take place between August and October 2016. A copy of the full report on the outcome of the phase 1 community engagement exercise is available[4].

The aim of the engagement was to consult with those identified as directly affected by the proposed options for a new service model, and as a priority the current service users and their families and carers, in order to capture people's responses to the proposed changes, determine the impact on individuals and how this might be reduced as plans are developed, and to gain the views of the wider community, including future potential service users.

Detailed engagement also took place with affected staff and Trade Unions, with related stakeholders within the community, including elected members and Health, 3rd Sector and community group partner organisations. This was to gain the views of both current and potential future service users.

The methods listed below were used to gain the views of these key stakeholders;

[4] Report on the outcome of the first phase of the community engagement exercise to redesign Leeds Adult Social Care day services for older people from BME communities held between January – April 2016. V6 June 2016.

- Questionnaires (individual questionnaires for service users/carers, staff and the wider community resulting in 51.5% response rate overall, 72% response rate from service users/carers).

- 5 community engagement workshops (attended by 90 people).

- One to one meetings with service users and carers were offered to all current service users and their families/carers.

- Staff engagement sessions. Staff at each of the Centre's were briefed on the engagement process and invited to contribute via attending the engagement workshops and by completing a staff questionnaire. Staff were updated on the results of the engagement process and next steps at meetings at Frederick Hurdle Day Centre held on 14th March, 1st February, 25th April, 31st May and 9th August 2016. Trade union representatives attended all of these sessions. Briefings for staff will continue to be held regularly throughout the service redesign process.

- Engagement events with GP`s and other health staff, on 22nd April at the Chapeltown Health locality meeting and on 26th May with the West CCG.

- BME day services stakeholder steering group, made up of representatives from community organisations, service users and carers, Elected Members, Trade Unions and ASC staff. It is a monthly meeting, jointly chaired by the ASC Adult Commissioning Manager and a community representative.

- BME Social Care community forum conference at which two workshops were held to gather the views of the 70 attendees.

- Visits to other day services. So that current users could experience other ways that services can be delivered

The key findings of the engagement were;

- Both centres programmes are viewed as unstimulating and not meeting service users' needs.

- Greater flexibility and a more varied programme of both indoor and outdoor activities is required, including developing people's skills and providing lifelong learning opportunities.

- The centres are only used by a small number of BME communities, and show steeply declining attendance levels. Attendance at Apna Day Centre has decreased from 64% in January 2012 to 30% in June 2016. Attendance at Frederick Hurdle Day Centre has decreased from 59% in January 2012 to 35% in June 2016.

- The centres are not felt to be owned by the communities they serve.

- The centres are not seen to be good value for money.

- The lack of information on what the services provide, both in BME communities and among professionals, is a barrier to people using them.

- The ASC charging policy is discouraging people from attending the services.

- Flexible transport arrangements to allow more individually tailored use of the centres by service users is required and language(s) spoken by drivers to be considered.

- Lack of service user involvement in the running and design of the services.

- Recognition that the services need to work more closely with health, the third sector and community groups e.g. encourage health partners to visit to do activities like blood pressure checks.

- Signposting to specialist services should be part of the remit of the centres.

- 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, and to explore opportunities for the use of community bases and outreach services, alongside better promotion and publicity, to help achieve this.

- 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.

Additional feedback from staff included;

- Lack of integration and a lack of desire to integrate between some BME communities within the current service provision.

- Staff will require support to enable them to respond effectively to a much wider range of BME communities than those represented within the existing service provision.

One of the findings of the recent ASC charging review was that people do not understand the charging system so more information and clearer communication in relation to this may reduce peoples anxiety

Additional consultation has taken place between October 2016 – January 2017. Consultation took place with service users, carers, staff, trade unions, community groups and elected members on the proposed service outline. Key findings from the consultation were:

- The name of the Frederick Hurdle Centre is a barrier for some communities to access 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
- There is a poor programme of activity at the centres
- 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

Are there any gaps in equality and diversity information
Please provide detail:

There is a need for more data on the needs of the BME LGBT community.

There is currently no data on current day centre service users on the equality characteristic of gender reassignment.

Pregnancy and maternity data is not available, however this is not relevant for the review of BME Older People's day services, "older" referring to people aged 65 years or older. However people over 65 who are grand parents may be providing care for children whilst parents work. This may be a barrier to accessing services, especially given the increasing costs of child care.

Action required:

1. Gather information and good practice examples on the needs of the BME LGBT community. Work with partner agencies to ensure that the new service model considers the needs of this group.
2. Consider whether ward demographics information is sufficient for consideration within the new service model or whether, this information needs to be related to current service user is needed. If the latter, gather this information and use it to inform the implementation plan of the new service model.
3. Use demographic and community information to help determine possible locations for community bases and outreach services that will provide access to as many BME communities in Leeds as possible.
4. Carry out individual assessment of need for current service users to help inform development of future services available within the new service model.
5. Provide clearer information to potential service users and carers on the ASC charging policy
6. Ensure that the new service model implementation plan includes plans for a seamless transition for existing service users.
7. Ensure that the new service model agreed is co-produced with representatives from local BME communities and people who currently use the existing day service, and work together through the examples of potential barriers detailed in the LCC EDCI Assessment Guidance (pgs 28-32).[5]
8. Carry out robust stakeholder engagement to keep people involved throughout the change process.
9. Ensure the new service model addresses the needs of people from BME communities with dementia.
10. Ensure that staff's support and training needs are addressed in the service transformation process.

6. Wider involvement – have you involved groups of people who are most likely to be affected or interested

[X] **Yes** [ ] **No**

Please provide detail:

See details of consultation and engagement in Section 5 above.

The proposed new service model will give rise to equality impacts, particularly by those older and disabled people, their families and carers, whose day service is currently provided at Apna and Frederick Hurdle day centres..

[5] EDCI Assessment Guidance, Jan 2014.

7. Who may be affected by this activity?
please tick all relevant and significant equality characteristics, stakeholders and barriers that apply to your strategy, policy, service or function

Equality characteristics

[X] **Age**	[X] **Carers**	[X] **Disability**
[X] **Gender reassignment**	[X] **Race**	[X] **Religion**
[X] **Sex (male or female)**	[X] **Sexual orientation**	[X] **Other**

(Other can include – marriage and civil partnership, pregnancy and maternity, and those areas that impact on or relate to equality: tackling poverty and improving health and well-being)

Please specify:

Details of the equality characteristics can be found in the service user profile data in Section 5.

Age – The proposals for change are aimed at providing improved services to older people of the 65+ age group from BME Communities. The overall aim of the proposals is to reform and modernise services for older people. It is embedded in key modernisation strategies and strategies specific to older people which highlight the importance of enabling older people to remain in their own homes living independently for as long as possible.

Gender reassignment – There are no service user profile details relating to this characteristic. An action is in place to address this gap and to give due consideration to this characteristic as with all equity characteristics within the implementation plan.

Sex – The current service users are predominantly female; 67% female at Apna day centre and 74% female at Frederick Hurdle. The current workforce across both sites is 54% female. The new service model will offer a wider range of activities to a wider range of BME communities, and will be co-designed with partners as well as existing service users. This will ensure that the new model supports the needs of both male and female older people from BME communities.

Carers – The preventative and core services offer proposed in the new service model will ensure that there is a wider range of support services available for families and carers of older people from BME communities. The strength based approach to the development of the new service will also ensure that families and carers are included in the design of the new service provision.

Race – The existing service users are mainly from West Indian (Frederick Hurdle) and Asian communities (Apna). The proposed new service model will use demographics, co-production, robust stakeholder engagement and close partnership working to ensure that the service provided better meets the needs of the 140 different BME communities in Leeds.

Sexual Orientation – Sexual Orientation can't be monitored by the 2011 Census information in its current form as it's designed to be completed by the "Census Reference Person" (usually the head of household) rather than on an individual basis. Sexual Orientation information has been captured for existing service users with 65% identifying as Heterosexual/straight, 33% as Prefer not to say, and 2% as Unknown. To ensure that the proposed new service provision considers this equality characteristic effectively, the Communications and Engagement strategy includes engaging with organisations in Leeds that work with the LGBT community, for example, Yorkshire MESMAC which runs *The Bayard Project***,** a NPO Support Group based in Leeds interested in the issues of BME (Black, Minority and Ethnic) LGBT communities (Lesbian,

Gay, Bisexual, Transgender), and with the Equality Assemblies Age, LGBT and BME hubs. The new service provision will also continue to gather information from new service users on this characteristic to help further develop services in the future.

Recent research (Over the Rainbow Lesbian, Bisexual and Trans People and Dementia project Feb 2015 2015. Elizabeth Peel and Sam Mc Daid) Gay, Bi sexual and has indicated that the LGBT community are likely to be over represented in the cohort accessing services due to being estranged from families, not having a family support circle, having greater potential for loneliness and isolation especially after the loss of a partner and being over represented in Mental Health services. The specific actions required to address these issues will be explored with partner agencies.

Disability – As with other equality characteristics, the proposed new service model will use Leeds demographics, co-production through a strength based approach, robust stakeholder engagement and close partnership working, to ensure that the new service meets the needs of older people in BME communities identified as having a disability. 38% of existing service users identify as having a disability, and 98% of them have either moderate, substantial or critical levels of dependency so their inclusion in the development of the new service provision will be key.

Religion or Belief – Current service users predominantly identify themselves as Christian (69%), Sikh (23%), Muslim (3%) and Hindu (2%). As with other equality characteristics, the proposed new service model will use Leeds demographics, co-production through a strength based approach, robust stakeholder engagement and close partnership working, to ensure that the new service considers the religion or belief of older people in Leeds BME communities.

Other – (Tackling poverty and improving health and wellbeing) - According to the Index of Multiple Deprivation almost a quarter of the Leeds population, around 175,000 people across the city, is classified as being in 'absolute poverty'. Leeds has 105 neighbourhoods in the most deprived 10% nationally (22% of all Leeds neighbourhoods) with the geographic concentration of deprivation in the communities of Inner East and Inner South. The age profile of Leeds most deprived neighbourhoods confirms that our most deprived communities are also our youngest (and fastest growing). In Leeds there are 18 ward areas that have neighbourhoods within Decile 1 (in the most deprived 10% nationally). 8 of these 18 wards are either in or border Chapel Allerton ward where the Frederick Hurdle day centre is located. Of the 10 other wards with neighbourhoods within Decile 1, 8 also have relatively high number of people from BME communities aged 65yrs+[6]. This will be a consideration of the implementation plan when looking at possible locations for community bases and outreach services to ensure that the new provision is accessible to as many BME communities as possible.

Ward	Neighbourhoods within Decile 1	Over 5% of ward are people from BME Communities aged 65yrs+
Chapel Allerton	Y	Y White Other, Black, African, Caribbean, Black British, Asian & Asian British
Weetwood	Y	X
Moortown	Y	Y White Other, Asian & Asian British, Other Ethnic
Roundhay	Y	Y White Other, Asian & Asian British
Gipton & Harehills	Y	Y Black, African, Caribbean, Black British, Asian & Asian British, Other Ethnic
City & Hunslet	Y	X
Burmantofts & Richmond Hill	Y	X
Hyde Park & Woodhouse	Y	X but relatively high numbers Black, African, Caribbean, Black British
Headingley	X	X
Alwoodley	Y	Y White Other, Asian & Asian British, Other Ethnic
Crossgates & Whinmoor	Y	X but relatively high numbers White Other
Kirkstall	Y	X but relatively high numbers White Other
Bramley & Stanningley	Y	X
Temple Newsam	Y	X
Armley	Y	X but relatively high numbers White Other and Asian/Asian British
Beeston & Holbeck	Y	X but relatively high numbers White Other and Asian/Asian British
Farnley & Wortley	Y	X but relatively high numbers White Other
Killingbeck & Seacroft	Y	X but relatively high numbers White Other

[6] See Appendix A: Leeds BME Demographics, Census 2011.

Middleton Park	Y	X

The proposed new service model aims to support the outcomes of the *Leeds Health and Wellbeing Strategy*[7] by achieving positive impacts as detailed in Section 8a below. The new service model will also support the *Leeds Equality Improvement Priorities 2016-20*[8], by offering a wider range of both preventative and core services to older people in BME communities.

Equality Improvement Priorities relating to Older people, Disabled people and/or BME:

- 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

Stakeholders

X	**Services users**	X	**Employees**	X	**Trade Unions**
X	**Partners**	X	**Members**	X	**Suppliers**
	Other please specify				

Potential barriers.

X	**Built environment**	X	**Location of premises and services**
X	**Information and communication**	X	**Customer care**
X	**Timing**	X	**Stereotypes and assumptions**
X	**Cost**	X	**Consultation and involvement**
X	**Financial exclusion**	X	**Employment and training**
	specific barriers to the strategy, policy, services or function		

[7] Leeds Health & Wellbeing Strategy, 2016-2021.
[8] Leeds Equality Improvement Priorities 2016-20.

Please specify

Built Environment – By developing an outreach service from the current building at Frederick Hurdle day centre, it is intended that a more flexible service to a wider range of BME communities will be offered. The new service model will utilise community bases to ensure that services can be offered appropriately, based on Leeds demographics, for ease of access for the various BME Communities. The Frederick Hurdle day centre will be retained as it is fully accessible, and with some minor upgrading work, can deliver the services proposed. The centre will be remodelled as a Community Health and Wellbeing hub. The centre would be accessed by a range of different communities, ages and interest groups, though with a primary focus on older people from the BME communities. Leeds BME demographics will be used to assist with identifying possible locations for outreach and community base services.

Information and Communication – Engagement was carried out using different methods to ensure it was accessible to as many people as possible. If the proposals are approved, an implementation plan will be put in place, which will include a stakeholder engagement and communication plan, and this will consider the methods, timings and content of communications to ensure that as many people as possible, and certainly all key stakeholders, are engaged fully throughout the process.

Timing – An implementation plan will ensure there is a seamless transition for current services users. Development of the preventative and core services will include consideration of availability e.g. ensuring activities are not offered at days/times that would create a barrier for cultural reasons.

Cost/Financial Exclusion - It is proposed that the current revenue budget for the two services should be maintained with some realigning of budgets to provide resources to promote service outreach and an asset based community development approach. Current staffing levels would be maintained, and with potential to access additional funding streams via partner organisations may allow for expansion of the service over time.

The preventive service offer would be accessed directly and would not come under Adult Social Care eligibility or charging policy. 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.

The 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 to stay in paid work) and where they need personal assistance to attend. This would require eligible care needs (which could include carer needs) and come under the charging policy for adult social care.

The service would be open to people with personal budgets and self-funders.

Location of premises and services – The new service model proposes the closure of Apna Day Centre which may present a potential barrier to current service users. However, the model mitigates against this through provision of local community bases across the city and outreach services, as well as the BME Older People's Communities Health & Wellbeing hub, providing support to wider range of BME communities with greater capacity. In addition, more flexible transport arrangements will be considered.

The average length of journey for current service users from home to the Apna day centre is 4.3 miles.
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 a reduction in travel of 0.6 miles. There are 5 service users who will have to travel further – the maximum of which is 1.3 miles further than they currently travel to Apna. The remaining 8 service users will be travelling less distance to access the Community Health and Wellbeing hub.

Travel implications for staff will be considered as part of the implementation plan.

Customer Care – The proposed new service model will provide preventative, recovery and continuing care services. An asset based approach and closer partnership working will enable an appropriate level of customer care to all BME communities. This strength based approach will require staff to have greater knowledge and awareness of local community resources and social capital to identify and build local support networks. This involves building positive relationships at an individual, family, community and organisational level. Staff will need to be confident working in both local community settings and the community health and

well-being hub. This is backed by a culture and approach of staff working with services users to build on and utilise their individual strengths. The staff team (including appropriately trained volunteers) will need to have the language skills and cultural awareness to do this effectively.

In addition, the proposed new service model includes monitoring of key performance indicators including the % of service users that are satisfied with support provided by the day support service. Monitoring all the proposed performance indicators will ensure that ASC can be assured of the quality of the customer care being provided.

Stereotypes and Assumptions – The new service model proposes that an asset based community development approach is used to work with BME and other communities in local neighbourhoods. This approach starts from the assumption that local assets are the primary building blocks of sustainable community development. Building on the skills of local residents, local groups, and organisations, asset-based community development draws upon existing community strengths and relationships to build stronger, more sustainable communities for the future. Staff would adopt this approach to link people into their communities and match them with people with similar interests. Using this approach to co-design the new preventative and core service offer should mitigate effectively against the risk of making assumptions or stereotyping groups/individuals.

Tackling stereotypes and/or assumptions about dementia within BME communities is a key priority within the proposed new service model and the following are proposed specifically aimed at this;

- Intergenerational work.
- Involvement of the wider community in the service to help break down barriers.
- Development of more Dementia café provision as part of the preventative offer.
- Structured support for people with dementia as part of the core targeted offer.
- Links with private sector provision of dementia day care, which although currently small is likely to increase. For example; Over the Rainbow provides a dementia day service one day each week in Wetherby, while Seacroft Grange offers a limited service alongside its residential provision in East Leeds. The Bay Tree Resource Centre in North Leeds, managed by Methodist Housing Association provides support to people with dementia aged 55+ 7 days each week. Bramley Elderly Action manages the former ASC Bramley Lawns day centre. The centre opens 3 days each week and offers a weekly dementia service on Thursdays.
- Links with The Peer Support Network run by ASC which runs a number of groups providing a safe and structured environment for people to come together and share their experiences of living with dementia. Groups are supportive and offer an opportunity to exchange information, share coping strategies, talk of positive or negative experiences and more. Groups offer a base for other discussions too, around current affairs, reminiscence, history or anything that is of interest to individuals in the group.
- Links with Shared Lives to consider the potential to extend this service, supporting people with dementia in their own homes.

Employment and Training – In line with ensuring appropriate customer care standards (above) the staff delivering the services will require appropriate support and training to enable them to deliver the requirements of the proposed new service model. A skills audit will need to be done with each existing staff member in order to ascertain where additional support/training may be required.

Consultation and Involvement – The engagement carried out to date used various methods in order to engage effectively and 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. Methods of engagement are detailed in Section 5. In addition, a 12 week formal consultation was carried out to further gather views of all key stakeholders about the proposed new service model. A Communication and Engagement strategy is in place.

8. Positive and negative impact

Think about what you are assessing (scope), the fact finding information, the potential positive and negative impact on equality characteristics, stakeholders and the effect of the barriers

8a. Positive impact:

The proposed new service model aims to support the following positive outcomes from the Leeds Health and Wellbeing Strategy:

- People will live longer and have healthier lives.
- People will live full, active and independent lives.
- People's quality of life will be improved by access to quality services.
- People will be actively involved in their health and their care.
- People will live in healthy, safe and sustainable communities.

The new service model will support these aims by achieving positive impacts including;

- Improved service quality for service users and their families/carers will result from all of the below impacts, which will be monitored to ensure that satisfaction levels remain high, and that the service continually aspires to improve and to meet the changing needs of BME communities in the future.

- BME day services better meet the needs of local BME communities by using strength and asset based approach, using local knowledge to co-produce services. In turn, this will also contribute to the wider priorities of the Leeds Best Council Plan and Leeds Health & Wellbeing Strategy and support The Care Act 2014.

- A larger number of BME communities will be enabled to easily access day services for older people, by offering a wider range of preventative and core services, by using community bases to deliver outreach services, through potential for more flexible transport arrangements and by having a Community Health & Wellbeing hub that is used by the wider BME community.

- More integrated communities through increased partnership working with ASC, Health, local communities and 3rd sector organisations to ensure an activities programme that meets the needs of as many BME communities as possible, taking account of current and potential future service user equality characteristics.

- Better value for money. The new service model will be delivered using existing budgets. Net unit costs will reduce with the greater occupancy levels. Staffing costs will be maintained and with potential access to additional funding streams there may be the potential to expand. 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.

- Pro-active steps to prevent potential barriers to accessing the service because staff involved in delivering the services will develop knowledge of local communities and their needs and will know the potential barriers to specific communities and will therefore be better placed to put mitigating actions in place.

- Staff will have more varied and interesting roles and a wider experience and knowledge of the range of BME communities in the city.

- Increased provision for people with high support needs, through closer partnership working.

- Increased provision for people with dementia and a stronger focus on addressing stereotypes and assumptions about dementia within BME communities.

- A wider range of added value services and activities available to older people from BME communities, as access to additional funding streams and community expertise would be available

to a service supported by a partnership board with representation from third sector, community organisations and users and carers from BME communities. Also value added in terms of community knowledge, expertise, community acceptance and access to allied health and social care services such as social prescribing, healthy living, self-management, peer mentoring and projects such as tackling social isolation from a BME perspective.

- The closure of Apna day centre will not result in a loss of services for current service users, as alternatives are available, and an implementation plan will ensure a seamless transition of current service users to the new model.
- The potential exists for the current Apna day centre building to be given over to community use, as has happened with a number of day centre buildings that have been decommissioned in recent years.
- An approach that contributes to tackling the wider determinants of health including poor or insecure housing, poor mental health, poverty, cultural differences and language needs.

Action required:

Monitor positive impacts through the commissioning process and service monitoring.

8b. Negative impact:

The adverse impacts of the proposed new service model have been lessened and potentially removed through putting in place a range of mitigating actions. Details of these can be found in the action plan in Section 12 of this assessment.

Potential negative impacts will be captured as part of the work of the BME Day Services project group and stakeholder steering group. A project risk and issues log has been produced and is reviewed at monthly project meetings.

Action required:

Monitor potential negative impacts through the commissioning process and service monitoring.

Continue to review any risks and issues at both project group and steering group meetings.

9. Will this activity promote strong and positive relationships between the groups/communities identified?

[X] **Yes** [ ] **No**

Please provide detail: See Section 8a.

Action required:

Ensure robust stakeholder engagement throughout the process to ensure that all key stakeholders are aware of the benefits of the new service model and that there is buy in to co-produce the new preventative and core services, and to identify the community bases.

Make sure an asset based approach is adopted throughout the implementation plan for the new service

model. The asset based approach is in itself a positive one that focuses on identifying the strengths of local communities and building on these.

10. Does this activity bring groups/communities into increased contact with each other? (e.g. in schools, neighbourhood, workplace)

[X] **Yes** [ ] **No**

Please provide detail:

The proposed new service model is intended to provide closer partnership working for a wider range of community, health and 3rd sector organisations, either at community based locations or the remodelled Community Health & Wellbeing hub, therefore covering a range of communities and locations across the city. It is intended to extend support to a much wider range of BME communities than the current service offer provides, and will support the strategic goals for the city, particularly the ambition for Leeds to create a more cohesive city with stronger communities[9]. Communities will have the opportunity to receive services together wherever possible.

Action required:

Ensure that the service specification and monitoring arrangements under the new service model will effectively measure and deliver these benefits.

11. Could this activity be perceived as benefiting one group at the expense of another? (e.g. where your activity/decision is aimed at adults could it have an impact on children and young people)

[X] **Yes** [ ] **No**

Please provide detail:

The current service users of the Apna day centre may perceive the proposal to remodel the Frederick Hurdle day centre and to offer services through outreach and community bases as being at the expense of their current service at Apna day centre.

It could be perceived that there will be a loss of focus if the service is opened up to all 140 BME communities in Leeds.

The wider community may question specific provision for BME communities when some ASC directly provided generic day services are being decommissioned.

It could be perceived that the proposed new service model will benefit other organisations staff and volunteers at the expense of the existing Adult Social Care staff.

Action required:

Stakeholder engagement with current service users of Apna day centre to make clear that alternatives are available in their area and that the new service model will provide a seamless transition of their day services.

Encourage current service users at Apna day centre to spend time at Frederick Hurdle day centre to meet

[9] Vision for Leeds 2011-2030.

staff and other service users.

Ensure that all key stakeholders understand the importance of co-production and the strength based approach to design the new service model, as this will ensure that the services provided meet the needs of those 140 BME communities effectively, using local knowledge and demographics.

Ensure that key messages are shared with the wider community about the reasons for the need to provide specific provision for BME communities, as detailed in Section 5, via the Communications and Engagement Strategy.

Stakeholder engagement with existing staff throughout the process to ensure that they are consulted and involved in the change process. Unions and staff will continue to be consulted throughout the change process. The implementation plan will be supported by the stakeholder communication and engagement strategy.

Stakeholder engagement with existing staff throughout the process to ensure that they are consulted and involved in the change process. Unions and staff will continue to be consulted throughout the change process. The implementation plan will be supported by the stakeholder communication and engagement strategy.

12. Equality, diversity, cohesion and integration action plan

(insert all your actions from your assessment here, set timescales, measures and identify a lead person for each action)

	Action	Timescale	Measure	Lead person
1.	Gather information on current service users in relation to equality characteristics of gender reassignment and the needs of the LGBT communities and ensure that the implementation plan for the new service model considers these characteristics along with all others in the development of BME day services.	Jan 2017	Improve current service user profiles for both centres and gather more information on the needs of the LGBT BME community.	SC/DM
2.	Consider whether ward demographics information is sufficient for consideration within the new service model or whether, this information per current service user is needed. If the latter, gather this information and use it to inform the implementation plan of the new service model.	Jan 2017	Improve current service user profiles for both centres. Improve demographic data.	SC/DM
3.	Carry out individual assessment of need for current service users to help inform development of future services available within the new service model.	Jan 2017	Satisfaction levels of current service users with the new model.	DM/DR
4.	Use demographics information to help determine possible locations for community bases and outreach services that will provide access to as many BME communities in Leeds as possible.	Jan 2017	Services located where needs are highest.	DR
5.	Ensure that the new service model implementation plan includes plans for a seamless transition for existing service users.	Jan 2017	Completion of transition action plan.	DM/DR/KB

	Action	Timescale	Measure	Lead person
6.	Ensure that the new service model agreed is co-produced with representatives from local BME communities and people who currently use the existing day service, and work together through the examples of potential barriers detailed in the LCC EDCI Assessment Guidance (pgs 28-32).	Jan-Dec 2016	Involvement of ASC community involvement worker, Leeds Involving People, and key stakeholders in the development of the new service model. Regular review at project and steering group meetings.	JP/DM/KB
7.	Carry out robust stakeholder engagement to keep people involved throughout the change process.	Jan 2016 onwards	Regular update and review of Stakeholder comms and engagement strategy and plan.	SH/DR/DM
8.	Monitor positive impacts through the commissioning process and service monitoring.	March 2017 onwards.	Monitoring carried out and findings acted upon.	DR/SC
9.	Monitor potential negative impacts through the commissioning process and service monitoring.	March 2017 onwards.	Monitoring carried out and findings acted upon.	DR/SC
10.	Continue to review any risks and issues at both project group and steering group meetings.	Jan 2016 onwards.	Regular review of risk and issues log.	DM/SC

	Action	Timescale	Measure	Lead person
11.	Ensure robust stakeholder engagement throughout the process to ensure that all key stakeholders are aware of the benefits of the new service model and that there is buy in to co-produce the new preventative and core services, and to identify the community bases.	Jan 2016 onwards.	Regular update and review of stakeholder comms and engagement plan.	DM/SC
12.	Make sure an asset based approach is adopted throughout the implementation plan for the new service model. The asset based approach is in itself a positive one that focuses on identifying the strengths of local communities and building on these.	March 2017	Regular review of action plan and ensure key stakeholders included in the planning/design stages.	SC/DR
13.	Ensure that the service specification and monitoring arrangements under the new service model will effectively measure and deliver these benefits.	March 2017	Monitoring of benefits against agreed measures.	SC/DR
14.	Stakeholder engagement with current service users of Apna day centre to make clear that alternatives are available in their area and that the new service model will provide a seamless transition of their day services.	March 2017 onwards	Regular update and review of stakeholder comms and engagement plan.	DR/DM
15.	Encourage current service users at Apna day centre to spend time at Frederick Hurdle day centre.	Sept 2017 onwards	Feedback on attendance at Frederick Hurdle.	DR/SC
16.	Ensure that all key stakeholders understand the importance of co-production and the strength based approach to design the new service model, as this will ensure that the services provided meet the needs of those 140 BME communities effectively, using local knowledge and demographics.	January 2016 onwards	Regular update and review of stakeholder comms and engagement plan.	DM/JP

	Action	Timescale	Measure	Lead person
17.	Ensure that key messages are shared with the wider community about the reasons for the need to provide specific provision for BME communities, as detailed in Section 5.	January 2016 onwards	Regular update and review of stakeholder comms and engagement plan.	DM/JP
18.	Stakeholder engagement with existing staff throughout the process to ensure that they are included in the change process and have every opportunity to transition to the new service model. Unions and staff will continue to be consulted throughout the change process. The implementation plan will be supported by the stakeholder communication and engagement strategy.	January 2016 onwards	Regular update and review of the stakeholder comms and engagement plan.	DR/DM

13. Governance, ownership and approval State here who has approved the actions and outcomes from the equality, diversity, cohesion and integration impact assessment		
Name	Job Title	Date
Mick Ward	Interim Chief Officer, Commissioning	
Date impact assessment completed		

14. Monitoring progress for equality, diversity, cohesion and integration actions (please tick)	
X	As part of Service Planning performance monitoring
X	As part of Project monitoring
X	Update report will be agreed and provided to the **ASC BME Day Services Project Group**
	Other (please specify)

15. Publishing	
Though **all** key decisions are required to give due regard to equality the council **only** publishes those related to **Executive Board**, **Full Council, Key Delegated Decisions** or a **Significant Operational Decision.** A copy of this equality impact assessment should be attached as an appendix to the decision making report: • Governance Services will publish those relating to Executive Board and Full Council. • The appropriate directorate will publish those relating to Delegated Decisions and Significant Operational Decisions. • A copy of all other equality impact assessments that are not to be published should be sent to equalityteam@leeds.gov.uk for record. Complete the appropriate section below with the date the report and attached assessment was sent:	
For Executive Board or Full Council – sent to **Governance Services**	Date sent:
For Delegated Decisions or Significant Operational Decisions – sent to appropriate **Directorate**	Date sent:
All other decisions – sent to equalityteam@leeds.gov.uk	Date sent:

Appendix A:
Leeds BME Demographics, Census 2011.

	Indices of Multiple Deprivation		Ethnicity by Age 65 yrs +								
	No of Leeds neighbourhoods (LSOAs) within the ward with Decile 1 – most deprived 10% in England	% of ward neighbourhoods	Total People Aged 65yrs +	White: English, Welsh, Scottish, Northern Irish, British	Total BME Communities (incl. White Irish, White Gypsy or Traveller and White Other)	% BME Communities of Total People aged 65yrs +	White Irish, White Gypsy or Traveller, White Other	Mixed Multiple Ethnic Group*	Asian, Asian British (Indian, Pakistani, Bangladeshi, Chinese, Other Asian)	Black, African, Caribbean, Black British (African, Caribbean, Other Black)	Other Ethnic group (Arab, Any Other Ethnic Group)
Leeds	**105**	**22%**	**109,598**	**101,452**	**8,146**	**7%**	**3,442**	**321**	**2,684**	**1,399**	**300**
Adel and Wharfedale	0	0	4,234	4,023	211	5%	112	3	75	12	9
Alwoodley	2	14%	4,187	3,695	**492**	12%	214	7	174	36	61
Ardsley and Robin Hood	0	0	2,808	2,741	67	2%	33	5	15	8	6
Armley	6	38%	3,042	2,806	236	8%	108	15	98	13	2
Beeston and Holbeck	6	46%	2,844	2,600	244	9%	140	12	67	23	2
Bramley and Stanningley	4	25%	2,896	2,796	100	3%	65	11	17	4	3
Burmantofts and Richmond Hill	14	74%	2,705	2,459	246	9%	141	11	40	48	6
Calverley and Farsley	0	0	3,532	3,274	258	7%	64	4	165	7	18
Chapel Allerton	6	46%	2,591	1,464	**1,127**	43%	222	23	266	594	22
City and Hunslet	9	50%	2,003	1,703	300	15%	97	27	143	22	11
Cross Gates and Whinmoor	2	13%	4,219	4,005	214	5%	133	7	51	20	3
Farnley and Wortley	7	44%	3,670	3,499	171	5%	112	10	29	16	4
Garforth and Swillington	0	0	4,269	4,194	75	2%	55	4	8	5	3
Gipton and Harehills	15	94%	2,280	1,465	**815**	36%	154	23	438	172	28
Guiseley and Rawdon	0	0	3,740	3,646	94	3%	69	6	13	5	1
Harewood	0	0	4,216	4,108	108	3%	57	4	35	5	7
Headingley	0	0	870	665	205	24%	77	6	102	13	7
Horsforth	0	0	3,939	3,823	116	3%	81	7	20	4	4
Hyde Park and Woodhouse	2	17%	1,081	753	328	30%	94	6	102	118	8
Killingbeck and Seacroft	10	59%	3,428	3,212	216	6%	141	9	29	35	2
Kippax and Methley	0	0	3,546	3,488	58	2%	34	7	9	4	4
Kirkstall	2	14%	2,427	2,169	258	11%	142	7	75	30	4
Middleton Park	13	76%	3,384	3,283	101	3%	55	14	14	15	3
Moortown	1	7%	3,644	3,069	**575**	16%	232	14	237	57	35
Morley North	0	0	3,757	3,662	95	3%	46	5	35	7	2
Morley South	0	0	3,177	3,079	98	3%	57	5	25	9	2
Otley and Yeadon	0	0	4,489	4,383	106	2%	69	14	19	4	0
Pudsey	0	0	3,911	3,781	130	3%	76	9	33	9	3
Rothwell	0	0	3,846	3,749	97	3%	63	6	23	0	5
Roundhay	1	6%	3,510	2,956	**554**	16%	224	13	227	73	17
Temple Newsam	4	31%	3,714	3,565	149	4%	102	13	20	13	1
Weetwood	1	7%	3,036	2,808	228	8%	113	9	76	17	13
Wetherby	0	0	4,603	4,529	74	2%	60	5	4	1	4

*(White & Black, Caribbean, White & Black African, White & Asian, other Mixed)

Wards with current service users attending Apna

Wards with current service users attending Frederick Hurdle

Wards with Decile 1 neighbourhoods with no service users attending either Apna or Frederick Hurdle day centres.

Wards with 5% or above people from BME Communities aged 65yrs +