Leeds Health & Wellbeing Board

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Report of: Director of Adult Social Care

Report to: The Leeds Health and Wellbeing Board

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Subject: Progress Report - Assisted Living Leeds

Are there implications for equality and diversity and cohesion and integration?	x Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	x No
Does the report contain confidential or exempt information?	☐ Yes	x No

Summary of main issues

This report provides an update on the successful delivery of Phase 1 of Assisted Living Leeds (ALL) and the approach to develop and deliver Phase 2 of ALL including potential partnership models, physical building requirements, costs and resources required to support its viability Phase 2 would enable the development of existing space within the north side of ALL to develop potentially seven facilities aimed at further improving the assistive technology (AT) services on offer across Leeds. This includes an AT Retail Unit, AT Smart House, AT Product Incubator / Innovation Lab (ALL INN), Dementia product and design space, Café, office space for Community Organisations/AT Companies and Assessment touchdown rooms.

Recommendations

The Health and Wellbeing Board is asked to note the contents of this report including the work currently underway to develop a full business case for Phase 2 of Assisted Living Leeds.

1.0 Purpose of this report

- 1.1 This report provides the Health & Wellbeing Board with a progress report on the successful delivery of Phase 1 of ALL and proposals for the development of Phase 2 of the project, including the development of a full business case and work underway to identify potential funding streams.
- 1.2 The proposals align closely with the Leeds Health and Wellbeing strategy as well as the Best Council Plan 2013-17 and the Leeds City Priority Plan.

2.0 Background information

2.1 **Phase 1**

- 2.1.1 Assistive Technology is not a direct replacement for care and support but it can ease the dependency on a carer and make the role of the carer more efficient and cost effective. Assisted Living Leeds provides a truly pioneering new approach for Technology Enabled Care (TEC) and support. This transformation in the way that AT services are delivered in Leeds was prompted by the realisation that the city was providing a wide range of good quality AT services but that these were, for the most part, operating independently and were not coordinated to provide disabled adults/older people, others with long term conditions and disabled children, with an integrated, complete package of technology which was embedded in their overall support plan.
- 2.1.2 Funding of £2.17m for Phase 1 of ALL was approved by Leeds City Council's Executive Board in spring 2013 to renovate the old Leeds College of Building site in the Leeds Dock area of the city. Construction work began in January 2014 and included refurbishment of the east side of the building and warehouse space to provide new facilities to host the Leeds Community Equipment Service, Tele care Service, Independent Mobility Assessment Team (Blue Badge Assessments), associated AT training and a newly developed Single Point of Information service. The refurbishment provides a physical space that allows for joining up of services and makes possible the coordination and promotion of (TEC) across all stakeholders who access AT services in Leeds. The new service opened in October 2014.
- 2.13 In 2014/15 Leeds Community Equipment service supported 17,682 adults and 715 disabled children with a range of impairments across Leeds. In total 82,629 people have some equipment on loan from the service. The service issued 71,282 items of equipment in 2014/15. The service plays a vital role in supporting discharge from hospital and enabling people to live independently in their own homes. LCES has a target of providing 97% of standard stock items within 7 days of request and in Q2 15/16 achieved 98%. For hospital discharges the target is 97% within 48 hours and the current performance is 96%. The service prioritises hospital discharges for the delivery of profiling beds and pressure relieving mattresses and is delivering 97% of beds and 100% of airflow mattresses within 48 hours in these situations. 99% of children's standard equipment was delivered within 7 days and 81% of non- standard equipment delivered within 14 days. In the first two quarters of the current financial year 13,214 items of equipment were collected for cleaning and re issue. 99% of these items were collected within the target of 14 days of a request being received.
- 2.14 In 2014 4,349 applications for assessment under the blue badge parking scheme were received, of which 3,106 were awarded following an assessment. The Independent Mobility Assessors are also proactive in advising and sign posting applicants to a range of relevant

services. In the past year over 500 people coming for assessment have been given information and advice to ensure they receive appropriate services for their individual needs. Customers are also asked to complete a customer feedback survey when visiting ALL. The following are examples of comments received about the new location;

Excellent – Quite apparent that a lot of thought has gone into the siting of the unit and the planning of the public areas.

Very good. Easily accessible toilet. Entrance door opens automatically. Staff very helpful.

Pleasant staff, nice and comfortable surroundings. Good all round experience

They were very nice, suitable for people with disabilities

Easy to park and good level access and helpful staff at reception and the assessor

First class. Very welcoming and friendly most impressive service

Very tidy, clean and comfortable above all the car parking, the whole package extremely good

A very pleasant waiting area with helpful reception staff. The general atmosphere is bright and clean and the parking facilities are good

My wife and I were exceedingly pleased with the facilities which we found comfortable, clean and very very nice. Very welcoming including the staff at the reception desk.

2.1.5 The Tele Care service supports 16,000 people, 24 hours a day, 365 days a year, using a range of equipment to alert the response centre if a sensor detects any problems. The service receives some 30,000 calls each month with 97% of all calls being answered within 60 seconds. There is a target of 180 new installations of second generation telecare a month, which is being achieved, in order to reduce demand on community care budgets by £500,000. Additionally in the first two quarters of 14/15 699 new people were provided with pendant alarms,64% of which were from self- referrals.

Actions arising from calls received in Quarter 1-2 in 2015 included 1,346 requests for an ambulance, 214 calls for a GP, 746 calls to the fire service,315 calls to the police,1,382 mobile response requests and on 6,747 occasions a key holder(family member or friend) was called.

It is estimated that each second generation tele care installation saves an average annual sum of £2,330 on the overall cost of care.

2.1.6 **Pro-Active Telecare**

Work is progressing to pilot a Pro- active telecare service at ALL as an enhancement of the existing telecare service. Our current delivery partner a major international telecare and telehealth company has indicated that they are prepared to provide, install and support the required software system to deliver this service in Leeds at no cost to the council or NHS. The current periods of staff down-time generated by the reactive service will be optimised to deliver the proactive service; improving the overall efficiency of the service and providing greater value for money. An options appraisal indicates that a one year period of testing and development offers best value for money and an opportunity to fully test the concept.

2.1.7 Funding of £47K has been secured from the Integrated Care Pioneers Programme to cover the cost of project support, staff training, evaluation and the involvement of service users and carers.

- 2.1.8 It is proposed that the testing and development period would run from March-December 2016. The service would provide targeted, short term interventions to service users, following initial goal setting. The range of interventions would support a reduction in GP visits, improved self- rated health and well- being and promote regular engagement in supportive community activities. The service will also provide relevant health promotion information to users. The scale of the testing and development is intended to be small and it is anticipated that the size of cohort will not exceed 200 people.
- 2.1.9 A small cohort of service users would be selected from the following target groups:
 - Individuals with long term conditions
 - Existing users of telecare
 - Frequent callers to telecare
 - Frail older people—who are socially isolated
 - Referrals from GPs in relation to frequent non-medical appointments
 - People with appropriate Mental Health conditions
- 2.1.10 In the latter phases of this project, the project team will consider the potential benefits of integrating with the Leeds Care Record and the Mental Health Portal.
- 2.1.11 The project will generate the following benefits:

Individual

- Delivering an enhanced, proactive service to existing and new service users
- Supporting people to live independently for longer in their own homes
- Providing a more targeted response to the mental/emotional need of ASC users
- Identify issues at an early stage
- Promote social connections of service users
- Providing choice and control through service user focus groups in the Innovation Lab

Service

- Co-production with service users and carers to ensure service functionality
- Creating a more skilled and responsive workforce
- Better utilisation of staff resources- utilising staff 'down time'
- Enhances Leeds profile as a leading provider of tele care /Assisted Living services
- Testing a service model that can be easily replicated across the city and in other parts
 of the country
- Increased efficiencies in the delivery of care services

Partnerships

- Establishing a behavioural insight / nudge model with the potential to inform wider public engagement /health and wellbeing message applications
- Fits closely with the Tele X agenda in the city to promote Telecare/Telehealth/Tele Medicine
- Strengthening the links between the Tele Care response service and the wider network
 of health and social care staff supporting individuals and communities and between
 Tele Care and preventive services such as Neighbourhood Networks.
- 2.1.12 The scope of Phase 1 did not include any redevelopment to the north side of the building where an existing structure provides around 1000 square metres of floor space over two floors. A plan of the building is shown at Appendix 1. Although there was early recognition

of the potential of Phase 2 and this was always part of the wider vision, the successful delivery of Phase 1 now offers potential for an ALL Phase 2 to host additional facilities and further enhance the services on offer.

3.0 Main issues – Phase 2

- 3.1 It is the intention that Phase 2 of ALL will enable the Leeds health and social care community to work in new and enterprising ways by engaging with the private sector, alongside the statutory and Third sectors, creating innovative partnerships aimed at further improving the services on offer to service users and carers. There are a range of reasons for a potential increase in the use of ALL services. Among these is an increase in the number of people living longer with a disability or long-term health conditions and these people will require some element of ongoing care and support. There has also been an increase in the numbers of children and young people with physical disabilities and complex health care needs, surviving birth due to improved technology. Despite this increase, the method by which these people will be supported is undergoing a period of transition. There has been a decrease in demand for residential care homes for older people and this is coupled with a planned increase in community based support and Extra Care Housing. ALL will maintain an awareness of other service areas both within the Council and in the private and community sector to ensure the role of AT is considered in the care and support planning process. The business case will provide detailed analysis of population change and estimate the demand for ALL services over the next 10 years.
- 3.2 Extensive consultation and research have identified key areas for enhancement, including: the siting of a retail unit at ALL to directly sell products to customers which would stock a range of AT products and will be staffed by impartial employees to ensure the customers are given choice to buy the AT product that best meets their need. A Smart House to demonstrate new AT to professionals and citizens in a domestic setting. Opportunities for innovation and for end users to influence research and development in the field are also intended through the development of an Innovation Lab, where service users can contribute to the design and development process of AT solutions via focus groups held with designers and manufacturers. Work on this is progressing through a 'pop up' model (see 5.3 below). It is also proposed to look to develop a specific dementia space which would provide a regional resource to demonstrate systems and products to support people with dementia and their families and to drive good practice in the quality of services delivered. The café would make ALL more hospitable to visitors especially with the enhanced phase 2 offer attracting increased footfall. It would provide an opportunity to develop a social enterprise as well as bringing people into the space and supporting creative partnership engagement. The office space for rent would support the development of new and existing businesses and third sector organisations working in the disability field. These key areas will be subject to detailed analysis in the full business case.

4.0 Strategic Fit

4.1 The approach to Phase 2 of ALL will help realise the potential of a single location for AT and TEC services in Leeds and also supports the aims of a number of Leeds City Council, Adult Social Care and NHS drivers and deliverables:

Driver	How Phase 2 of ALL can contribute:
The Care Act	Develop services that prevent care needs from becoming more serious, or delay the impact of long term conditions
	Allow individuals to gain the information and advice they need to make good decisions about care and support;
	Have a range of providers offering a choice of high quality, appropriate services
	Support the expanded assessment (including self-assessment and carers support) offer
	Stimulate and support the wider market
Better Care Fund	Support individuals to stay healthy and independent at home, and avoid inappropriate hospital admissions and more effective discharge.
	Delivering care that is centred on individual needs
	Develop services focused on prevention and housing, which can work effectively with the NHS and health-related services
	Make effective use of joint and pooled funding opportunities
Innovation Health Hub	Achieve improved health and social care outcomes for the population of Leeds
	Maintain and further enhance the international reputation for Leeds as a centre of excellence for innovation in health and medical technology
	Attract inward investment and encourage local enterprise and business opportunities through innovation in health and medical technology
	Provide the infrastructure required to create a world-leading hub for medical and healthcare innovation
Children and Families Act	Make sure children, young people and families know what help they can get when a child or young person has a disability
	Give children and young people and their parents more say about the help they get and support they need
	Providing specialist help for a child or young person's needs with their health and social care needs

Leeds Children	All CYP are safe from harm
and Young People's Plan 2015-19	All CYP do well at all levels of learning and have the skills for life
	All CYP enjoy healthy lifestyles
	All CYP have fun growing up
	All CYP are active citizens who feel they have voice and influence
Best Council Plan 2013-2017.	Delivery of the Better Lives programme - helping local people with care and support needs to enjoy better lives with a focus on:
	Giving choice.
	Helping people to stay living at home.
	Joining up health and social care services.
	Creating the right housing, care and support.
	Achieve the savings and efficiencies required to continue to deliver frontline services
	Making Leeds the Best City in the UK to Grow Old in
Leeds City	Support more people to live safely in their own homes.
Priority Plan	Give people choice and control over their health and social care services.
	Reduce the rate of emergency admissions to hospital.
	Reduce the rate of admission to residential care homes.
	Increase the proportion of people with Long term conditions feeling supported to be independent and manage their condition.
Health and Wellbeing Strategy	Outcome 1: People will live longer and have healthier lives – It is hoped that spending less time in hospital when this is not medically required and improved support at home will improve the health outcomes for patients.
	Outcome 2: People will live full, active and independent lives – It is hoped that facilitating people being discharged from hospital sooner will enable them to live independently in their own homes for longer.
	Outcome 3: People will enjoy the best possible quality of life – It is hoped that spending less time in hospital when this is not medically required and improved support at home will improve the quality of life for patients and carers.

	Outcome 4: People are involved in decisions made about them – It is a key principle of the Discharge to Assess model that people will be involved in all decisions about their care.
NHS Five Year	New models of care;
Forward View	 Targeted prevention; Primary care development – expanding the range of community based
	professionals.

5.0 Phase 2 Progress to date

Work is progressing with partners to develop a business case for Phase 2. As part of this process benefits realisation and financial viability workshops are arranged for December 2015. More detailed market testing of the different service elements is planned for spring 2016. A full options analysis will be carried out on the potential for developing each of the services, including a financial breakdown of capital and revenue costs and potential funding streams to meet these costs. It will also consider the most beneficial organisational structure to enable maximum benefit to the service users and the Council. This will include looking at options for forming a Social Enterprise to run elements of the services at ALL (eg the café)and whether this would be through an invitation to tender with existing Social Enterprises or through the spin-out of an existing Council provided service. The options analysis work will be carried out alongside the compilation of the business case to define a clear scope for delivery of Phase 2. Work on the business case is due to be completed by May 2016.

A consultation event held in June 2014 involving key stakeholders identified strong support for the retail unit, smart house, dementia space and innovation lab concepts. The Assisted Living Leeds project board has agreed to focus its work on these key elements.

An Architects brief has been developed to facilitate collaboration with Leeds Beckett University School of Art, Architecture & Design to develop innovative design solutions for the Phase 2 space.

- 5.2 Partnership working is a key element of the phase two proposals. Some partnerships already exist within the delivery of services at ALL, including the partnership with the NHS in providing the Community Equipment Service. The relationships with existing stakeholders will be reviewed to identify where there may be further opportunities for developing partnerships in the delivery of Phase 2.This will include strengthening partnership working with Children's services. Strong working relationships have already been established with Leeds Beckett University, Leeds University, AT, Telecoms companies and a range of other small and medium sized enterprises. These have all expressed interest in supporting Phase 2 of ALL as it develops.
- 5.3 In order to obtain early wins and inform the business case £55k of funding was secured from the Integrated Commissioning Executive to develop a trial of the Innovation Lab 'ALL INN' concept. By giving service users an opportunity to be involved in the Innovation Lab, ALL will enable people to have more choice and control over the services they receive from the development stage, through testing and into delivery. The development of ALL INN has allowed the creation of branding, and the recruitment of a 9/10 month Project Officer

responsible for running ALL INN on a daily basis. To develop interest in the concept health and social care innovators were invited to apply for a free trial. This approach enables ALL INN to refine processes, make use of it for further publicity and marketing and also gives a list of potential future paying customers. Two companies have been selected as winners and an initial meeting has taken place to plan the consultation sessions. One of the companies is a national telecare supplier who have developed a Telehealth wrist band and want to gain service user and professional feedback on design and barriers to take up of the product, and also to get professional and citizens views on their proposals to develop it as a self-management tool for diabetes. The second company, is a small local supplier of AT who intend to use the session as an opportunity to improve the design of an existing daily living product with a view to taking it to market. It is anticipated that these sessions will take place in January / February 2016. In addition to these initial sessions, a major international telecare and telehealth company has already agreed to invest £3000 to engage ALL INN to deliver some engagement around product innovations in the Telehealth field. The project team is currently in discussion with a number of other companies also looking to fund engagement activity at ALL INN. It is intended that performance of this pop up innovation lab over the 10 month trial period will provide an indicator as to the sustainability and working details of the concept.

5.4 The potential benefits of the new facilities are set out below:

Facility	Potential Benefits
Assistive Technology Smart House	Opportunity to show how products will work within the home and promote independent living
	Opportunity to link with other ALL concepts – testing lab/retail unit
	Potential training venue – for both staff and service users
Assistive Technology Retail Unit	Opportunity to link with other ALL concepts smart house/testing lab
	Social enterprise or private sector opportunity
	Source of revenue
	Opportunity to identify unique selling point
	Offers to all age ranges
	Offer demo kits or 'loan' items before buying i.e. library
	Potential Click & Collect service
	Diversion from statutory provision
ALL INN - Assistive Technology Innovation Lab (for product testing / interoperability	Source of revenue

/ innovation)	Opportunity to work with health science network
	Opportunity to work with University/college students i.e. for design or placement in lab etc
	Opportunity for user engagement, i.e. service users/focus group to be involved in product lifecycle/development - influence on products
	Opportunity to link with/have presence of voluntary/third sector Potential training, conference, room hire facilities
	Development of more informed products
	Encourage investment into Leeds
Dementia Space	Regional resource centre / demonstration area
	Outdoor sensory garden
	Source of information/ advice for carers
	Promotion of innovation in the field of Dementia services
Cafe	Potential to operate as a social enterprise
	income stream
	Supports interaction/ collaboration between the different ALL2 service elements
Office space/Assessment	Touch down space
Touchdown rooms	Income stream
	Promotes potential for joint working / collaboration

5.5 The objectives of Phase 2 are to:

- Encourage people requiring care and support and their families to maintain their independence and well- being and plan for the impact of any health issues by seeing and trying AT products in a home environment.
- Future proofing people's lives by providing an environment in which they can see
 what adjustments to their home and provision of AT products will be beneficial as
 they age and they experience any progression in health conditions.
- Create opportunities for people to make a choice about the AT products they use through a trusted retailer who can signpost to statutory services if necessary.
- Further enhance the Council's provision of a one stop shop for Assistive Technology living. Provision of a place where people will be assessed, be able to access information, see AT products in use and see up to date products.
- Engage service users and make them feel a part of the development of new AT products which will help them lead more independent lives.

 To increase the efficiency of the delivery of care services and in doing so reduce the overall cost.

5.6 The Key Performance Indicators will include:

- Increase proportion of people who use services who have control over their own lives
- Increase proportion of people using social care who self-direct their own support.
- Reduce permanent admission to residential and nursing care homes (18-64 and 65+
- Increase proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.
- Increase proportion of older people offered reablement service following hospital discharge.

5.7 Sources of funding for Phase 2 capital costs

The detailed business case will be used to apply to the Health Innovation Fund which is a £40 million fund which has been set up for projects which are investing to save or to generate income in the healthcare arena. Schemes which are successful in attracting grant aid will have to repay the grant over a set period whilst generating savings / income and covering all running costs. The business case will therefore include potential revenue income that ALL Phase 2 could attract (5.14). Other potential sources of funding include sponsorship of the Smart House/ Dementia space.

5.8 Income to support Phase 2 running costs.

The income streams to support the running costs of phase two developments could include:

- Annual rental of the assistive technology retail unit, cafe and office space
- Hire of training / meeting facilities
- Fees to bring products in development or ideas for new products and systems into the innovation Lab.
- Hire of space for the demonstration of assistive technology products in the Smart House to companies specialising in the field.
- A number of companies have expressed interest in providing technology and other investment into the building / infrastructure once established. This will significantly reduce revenue costs. These will be factored into the business case.

5.9 Innovative Partnerships

If successful in obtaining capital funding then it is proposed to make use of new procurement legislation to develop potential partnerships for delivering Phase 2. This is likely to take the form of either an 'Innovation Partnership' or to use a process of 'Competitive Dialogue'; An Innovation Partnership can be used where a need is identified for a service which cannot be sourced currently in the market. We would need to provide minimum requirements for bidders in regard to the nature of the solution we are seeking, these cannot change, but other aspects of the specification can. Crucially the Innovation Partnership can be set up with one or more partners, we then work together to develop the service. The partnership would be structured and with clarity around the duration and the value of the different phases, reflecting the degree of innovation of the proposed solution. Partners (from a minimum of 3) would be chosen through qualitative selection following assessment of bids. This can take place in successive stages and we can negotiate all tenders to improve content until the final decision is made. A Competitive Dialogue process follows much the same process, using dialogue with providers to identify the means to meet needs and requirements until an appropriate solution is identified. Again, this can take place over a number of stages.

6.0 Health and Wellbeing Board Governance

- 6.1 Consultation and Engagement
- 6.1.1 Service users, carers and a wide range of private sector partners have been involved in the development of the proposals for Phase 2. An initial workshop was held in June 2014 attended by 50 delegates to develop ideas. In order to develop these ideas a benefits realisation workshop was held in December 2015 with a financial viability workshop to take place early February 2016. Work with private sector partners continues to support the development of the innovation lab proposals.

7.0 Equality and Diversity / Cohesion and Integration

7.1 An equality, diversity, cohesion and integration screening document will be developed as part of the proposed Phase 2 developments.

8.0 Resources and value for money

8.1 It is the intention that Phase 2 of ALL will enable the Leeds health and social care community to work in new and enterprising ways by engaging with the private sector alongside the statutory and third sectors and creating innovative partnerships aimed at increasing the efficiency of the delivery of care services and in doing so reduce the overall cost.

9.0 Legal Implications, Access to Information and Call In

9.1 There are no legal or access to information and call-in implications arising from this report.

10.0 Risk Management

- 10.1 The main risks relating to the project currently are lack of identified finance for Phase 2 developments and the reputational risk of building expectations in the market place for the service enhancements without being able to deliver. These risks are being regularly reviewed and managed by the ALL Project board.
- 10.2 ALL operates from a council owned building and ASC have an agreement to occupy the building for a minimum of 5 years commencing from September 14. The location has potential for further development in future. ASC are maintaining contact with City Development so that any impact on ALL from regeneration activity is identified and plans put in place to manage service delivery from phase 1 and continued development of Phase 2.

11.0 Conclusions

- 11.1 Following the successful delivery of Phase 1 of ALL attention is now focussing on the potential to deliver Phase 2 of the project and identifying sources of funding for this work. A full business case is being developed to support this process.
- 11.2 It is the intention that Phase 2 of ALL will enable the Leeds health and social care community to act in new and enterprising ways by engaging with the private sector, alongside the statutory and Third sectors, creating innovative partnerships aimed at further improving the services on offer to service users and carers. Early work on the ALL INN innovation lab has shown the real potential of this approach.

12.0 Recommendations

12.1 The Health and Wellbeing Board is asked to note the contents of this report including the work currently underway to develop a full business case for Phase 2 of Assisted Living Leeds.

