

Report of Director of Adult Social Services

Report to Scrutiny Board (Health and Wellbeing and Adult Social Care)

Date: 29 February 2012

Subject: Health and Social Care Service Integration: Harry Booth House

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

Summary of main issues

1. This report provides an overview of the development of the City's first Intermediate Care unit to provide residential and nursing intermediate care beds jointly commissioned by NHS Airedale, Bradford and Leeds [NHSLBA] and Adult Social Care delivered in partnership with the Leeds Community Health Trust [LCH].
2. The report sets out the progress made so far in the project and the plans for delivering the service by October 2012.
3. The Leeds Clinical Commissioning Groups [LCCG] are aware of the project.

Recommendations

4. The Scrutiny Board are invited to consider and comment on the issues addressed in the report.

1 Purpose of this report

- 1.1 The purpose of this report is to update members of Scrutiny Board on the programme of work developed by Adult Social Care (ASC) to progress and implement the recommendations of Executive Board to develop in partnership with NHSLBA and LCH, the city's first residential care home with nursing and intermediate care beds.

2 Background information

- 2.1 At its meeting in June 2010, the Adult Social Care Scrutiny Board agreed to undertake an inquiry into the future provision of older people's residential care services. The inquiry offered the first opportunity since the inspection of Adult Social Services conducted in 2008 to begin to articulate the ways in which care and support services for older people could be better shaped to offer a significantly wider range of high quality future options.
- 2.2 Further to this inquiry, a report to Executive Board in December 2010 considered the future requirements of the Council's residential services particularly in light of the changing demographic profile of older people in Leeds and people's wishes to remain living independently and safely at home for as long as possible. One of the overwhelming messages received from the course of extensive consultation undertaken last year on proposed future options for older people's care was that maintaining people's independence is a priority. People also indicated their support of partnership working with the NHS to ensure that priorities for older people's care and support are not set in isolation.
- 2.3 Following this consultation, at its meeting on 7 September 2011, Executive Board approved recommendations to recommission Harry Booth House as a specialist facility, in partnership with NHSLBA and LCH. The aim is to deliver directly provided residential care home with nursing to provide 30 nursing and 10 residential intermediate care beds.

3 Intermediate Care – the local context

- 3.1 Harry Booth House is a 40 bedded residential care home in Beeston. It is a large building with four wings of 10 bedrooms each and ample communal space over two floors.
- 3.2 Intermediate care is defined as:
- 3.3 "A short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays, or inappropriate admission to hospital or residential care. The care is person centred, focused on rehabilitation and delivered by a combination of professional groups"
- 3.4 Intermediate care can be described as a 'bridge' between hospital and home. It is a rehabilitation service that aims to help people regain the best possible level of independence following illness. It can also be an aid in the recuperative process following on from hospitalisation or to avoid hospital admissions.

- 3.5 The three principles underpinning an intermediate care service are:
- Services should be provided that prevent people being admitted to hospital;
 - Services should be provided to assist a timely hospital discharge;
 - Services should be provided that encourage promotion of good health, enabling people to make informed choices to remain as independent as possible, within their own homes.
- 3.6 Intermediate care is offered to those no longer needing hospital care; those who need extra support/therapy to prevent admission to hospital; those requiring rehabilitation after a stroke/fall; those living in the Leeds area that have been assessed as being able to benefit from a short period of focused rehabilitative work to enable a return home.
- 3.7 The benefits of intermediate care are that it provides intensive rehabilitation in a non-hospital setting with the aim of providing care closer to home. It also allows people to become as independent as possible before going home. In Leeds, Harry Booth House will be part of a continuum of care with acute services at one end, Intermediate Care in the middle and reablement and support service at home at the end of the spectrum.
- 3.8 Intermediate nursing care is currently provided at a number of independent sector homes across the city on a spot basis, this is not the most efficient way of delivering these services as the beds tend to be spread over a wide geographical area in non-specialist homes.
- 3.9 There is agreement that a dedicated unit for intermediate care will provide better results in terms of the increased range of services delivered from the facility. In addition it will provide opportunities for positive joint working and more efficient use of adult social care and health staff resources, allowing the service to operate in more integrated ways.
- 3.10 Current intermediate care services in Leeds delivered from Richmond House reflect the local commitment to joint working at both grass roots and strategic level. The model of Richmond House is one that provides residential intermediate care with nursing support and is not directly comparable with the model to be developed at Harry Booth House.
- 3.11 Considerable work has been undertaken by officers in the Council and the NHS during the last year to clarify the vision and direction for services for older people. To this end a partnership between NHS Trusts (Leeds Teaching Hospitals NHS Trust, NHS Leeds and Leeds Community Healthcare (LCH)) and Local Authorities has been developed. Other working relationships (statutory, private and voluntary agencies) contribute to maximising or optimising the opportunities to realise the objectives of Intermediate Care.

4 Main issues

- 4.1 Project Management.

- 4.2 A Project Team has been established comprising membership from all commissioning and provider partner organisations and chaired by the Chief Officer for Older People and Learning Disabilities and the Director of Integration for LCH. Governance and Terms of Reference have been drafted and circulated for consideration by Project Team members. The project lies within the Better Lives for Older People Programme and has dedicated project management support.
- 4.3 Progression towards the change of use of Harry Booth House is being made and a number of workstreams established which will;
- develop operational policies and procedures;
 - undertake asset management and building works;
 - elicit and deliver IT requirements; identify workforce requirements;
 - carry out other changes necessary to become an Intermediate Care Unit.
- 4.4 The Project Team oversee a detailed action plan and set delivery targets against each workstream. It receives monthly Highlight Reports in line with the Council's project management systems. The following section outlines work underway to progress each workstream;
- 4.5 Service Users
- 4.6 The social work assessments of the permanent residents at Harry Booth House are now complete. There are four residents remaining in the home. Of these, two are awaiting confirmation that their new accommodation is ready and they are expected to leave within 4 weeks. The other two will remain within the home as, following their assessments, it has been agreed with their families that it would be in their interests to remain at Harry Booth House due to their individual circumstances. However this will be reviewed by a Consultant Geriatrician before work begins to ensure this is still the case as it may be a greater risk for them to remain. We are mindful that the building works required are carried out in a way that does not adversely affect the remaining residents if possible although this may be problematic.
- 4.7 Service Specification
- 4.8 There is a formal specification for the service and ASC will be the lead commissioner on behalf of ASC and NHSLBA. The completed specification will form a part of an agreement between NHSLBA and ASC as part of a Section 75 Agreement within the provisions of the National Health Service Act 2006. The service specification sets out the outcomes we wish to achieve for people who access the service and the contribution it will make to the health and social care system in Leeds.
- 4.9 The service will ensure that it complies with current guidance around best practice requirements issues by the Care Quality Commission. Compliance with these

standards will ensure that people who use our service are protected from harm, supported by suitably qualified and experienced staff.

- 4.10 The provision of this service will enable older people to receive care and support closer to home in an environment that reduces the risk of exposure to healthcare associated infections, reducing the time they need to be away from their own home.
- 4.11 The service will contribute to the achievement of the national performance indicators for health and social care by reducing the numbers of avoidable admissions to an acute hospital and providing an alternative to remaining in hospital when they no longer need that level of care and support.
- 4.12 The service will promote the recovery and continued independence of people who use it through the multi-disciplinary team who deliver the care and support that is required. The staff team will comprise of both health and social care staff including nurses, physiotherapists, occupational therapists, care and ancillary staff. This skill mix will ensure support is provided in a holistic way so that people who use the service will not have to face multiple assessments and it will enable the more efficient use of the staff resource.
- 4.13 By supporting people to maximise their independence through and ability to undertake the activities of daily living safely they will be less likely to require a long term intervention such as residential or nursing care. People will leave the service better equipped to live in the community with a reduced package of care or, in some cases, with no support needs.
- 4.14 The service provided at Harry Booth House will be an integral part of the wider network of intermediate tier and preventative services which will be developed across the City in partnership with NHSLBA and LCH. The team at Harry Booth will have close and established links with services and be better able to ensure the seamless transfer from a residential based service to a package of community support through close liaison with the Intermediate Care and Social Care Reablement Teams [SKills].

5 Benefits of intermediate care

- 5.1 Joint working between Health and social care brings benefits in terms of the whole economy, intermediate care aims to prevent premature admission into hospital by providing a service at home that can help people to receive a level of care that reduces the need for admission to hospital. By saving this cost in the acute sector, resources can be invested into lower level services which tend to be more cost effective. Risks involved in hospital admission are the loss of skills, which can occur with older people alongside the avoidance of hospital acquired infections such as MRSA.
- 5.2 Another outcome is to promote early discharge from hospital and ensure people get the therapy and rehabilitation support in a unit that often doesn't occur in a hospital setting. By reducing dependence on acute beds and improving outcomes for people, the unit would provide a timely alternative to inappropriate admissions and lengthy stays in a hospital environment.

- 5.3 This approach is supported by evidence from a number of authorities across the country and from the success of the Intermediate Care Project for Older People in Leeds [DoH Report – Commissioning Care Closer to Home (2009)]. This project promoted independence, reduced the need for beds based solutions, extended the range of home based services, realigned systems to support prevention and earlier intervention and partnership working. This partnership continues through the dementia CIC beds provided across the City
- 5.4 Kent County Council developed a partnership with the West Kent PCT to develop an intermediate care centre [The Limes] in Dartford. At the beginning of the project the average number of delayed discharges from the acute hospital was over 40 per week. After 18 months that had reduced to single figures. Outcomes for residents were improved. Between January and July 2002 53 residents were referred to The Limes. Of these 42 (79%) were discharged to their own home with a reduced package of care; 7 (13%) went into residential care 1 (2%) was admitted to a nursing home; 2 (4%) returned to hospital and 1 (2%) died. Six months after discharge 35 (83%) remained in their own home; 2 (12%) were admitted to residential care and 2 (5%) died. These figures do illustrate the potential benefits we would expect to see as a result of the development of Harry Booth House.
- 5.5 The aim is to track the outcomes for people upon discharge from the unit to monitor the extent of reduction in care packages upon leaving the unit, also to create a reduction in residential care placements and provide an analysis for the following twelve months to demonstrate the extent to which the unit has reduced dependence on services and enabled people to live more independently in the community.

6 Staffing issues

- 6.1 Consideration will be given to the arrangements for staff working within the service and options for the future management of staff in the new redesigned service. These management arrangements are the subject of discussion and confirmation of the staffing arrangements within the service are not yet concluded. The job descriptions, person specifications of both parties employees will be reviewed to ensure that they are fit for purpose to deliver the model of intermediate care required.
- 6.2 Any arrangements or proposals to change the job description or person specification will be subject to consultation with staff and the trade unions and LCC's job evaluation protocols. The consequent financial risk of any potential change in the grade posts because of additional duties has been logged with the project team as a risk.

7 Operational Policies and Procedures

- 7.1 NHSLBA commissioners are currently deciding on how they wish to commission the medical support for the unit and are considering a number of options. A workshop is arranged for 2nd March 2012 to consider the options and a recommendation will then be brought back to the Project Board. Officers from both LCH and ASC are working together to ensure that the day to day operational

procedures and reporting systems will ensure that the partners comply with all of regulations as determined by the Care Quality Commission and so enable the service to be registered with them from October 2012.

8 Asset Management

- 8.1 Harry Booth House is currently registered with the Care Quality Commission as a residential home that provides personal care for older people. Work is on going between corporate property management and estate managers from LCH to ensure that Harry Booth House can deliver nursing care in the future. The site has been measured against agreed guidance and necessary works have been identified. The capital monies for the works have been included in the capital plan and are funded by NHSLBA. In addition some capital investment is required for backlog maintenance works which are required to bring the building up to a suitable standard. Estimates are currently being worked up.

9 Finance

- 9.1 The cost of the new service has been agreed between NHSLBA; LCH and ASC and the funding will be managed by ASC through a pooled budget mechanism. The details of this will be included in the Section 75 agreement establishing the service.
- 9.2 The funding envelope for the service is in the progress of final calculation but the estimate is it would be around £2 million total running costs for the 40 beds. The 30 nursing beds will cost more than the 10 residential due to the more complex nature of the users and the need for more intensive support including nursing care. The project will be funded by contributions from both NHSLBA and ASC.
- 9.3 The capital costs are currently being developed with estimates being drawn up, at the time of writing no agreed costs were available.

10 Consultation and Engagement

- 10.1 The future of Harry Booth House was the subject of consultation undertaken between May and August 2011 on the future of residential and day services for older people and reported to Executive Board in September 2011. It was also subject to a Scrutiny Board review as part of the reporting process to the Executive Board in September 2011.
- 10.2 There will be formal consultation with staff and the trade unions on the proposed working arrangements and any proposals to change the job description or person specification for staff.

11 Equality and Diversity / Cohesion and Integration

- 11.1 The Equality Impact Assessment [EIA] on the proposal to change the service was completed in September 2011.

- 11.2 By nature of the need for intermediate care, most of the users of this service are some of the most vulnerable and excluded residents in the City. Improving this service will help to ensure that people are enabled to have more control over their care and reduce the risks to the loss of their independence. A further EIA will be undertaken once the final service specification has been agreed by the commissioners and project board.

12 Resources and value for money

- 12.1 The project is jointly commissioned and funded by NHSLBA and LCC. ASC contributions are from existing revenue budgets. In addition some capital investment is required for backlog maintenance works which are required to bring the building up to a suitable standard. NHSLBA are providing the remainder of revenue funding and are also providing significant capital funding and equipment costs for the new service.
- 12.2 Officers are currently working up an ideal, affordable scheme which will inform the extent of the refurbishment and capital works required.
- 12.3 Investment in the project will reduce demand for long term nursing and residential care placements funded by the authority. This will have a positive impact on the community care placements budget.

13 Legal Implications, Access to Information and Call In

- 13.1 A Partnership Agreement under Section 75 of the National Health Service Act 2006 will define the partnership arrangements for the joint commissioning of services. Individual services specified in the Schedule are to be provided from the Commencement Date under section 75 of the 2006 Act Lead Commissioning Arrangements. Under these, the Council will be responsible for commissioning the named services on behalf of the NHS. In addition, this Agreement includes the arrangements for the local agreed transfer of social care funds to go directly from the NHS to the Council as required by the Department of Health.

14 Risk Management

- 14.1 The completion of the various activities outlined in this report will determine the earliest completion of the project. Currently the suggested timescale for the operational start date is 1 October 2012. Commissioners in NHS Leeds will be appraised of any issues and risks that could impact on this date. The Project will be subject to a full risk assessment.

15 Recommendations

- 15.1 The Scrutiny Board are invited to consider and comment on the issues addressed in the report.

16 Background documents

Inquiry into the future of residential care provision for older people in Leeds, Adult Social Care Scrutiny Board October 2010; November 2010.

Future Options for Long Term Residential and Day Care for Older People; Executive Board December 2010.

Better Lives for Older People; Executive Board, September 2011.