

## Report of Director of Adults and Health

### Report to Executive Board

**Date: 19<sup>th</sup> April 2017**

**Subject: The Green - Moving from a Residential Home to a Recovery Service:  
Transition Plan**

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

### Summary of main issues

On the 8<sup>th</sup> February 2017 a report was brought to Executive Board to provide an update on developments affecting The Green care home. The report fulfilled the commitment given at Executive Board on 19 October 2016 and the full Council meeting on 11th January 2017, to bring an update on The Green care home following a decision about its future as part of the Better Lives Phase Three review of services. The report also set out a further commitment to report back to Executive Board with a detailed transition plan for closure of the home as part of a transition to the new service, when agreement with the NHS was confirmed. This report now sets out the process for changing The Green from a long term residential care home to a Recovery Service.

### Recommendations

Executive Board is asked to:

- Note the Transition plan as set out in this report.
- Note the proposed timescales as at Appendix 3.
- Note that the Director of Adults and Health will be the responsible officer for implementing the Transition Plan.

## **1.0 Purpose of this report**

- 1.1 The purpose of this report is to set out a detailed transition plan for The Green care home and day centre as it is developed into part of the city-wide in-house integrated Leeds Recovery Service.

## **2.0 Background information**

- 2.1 The Green care home and day centre was one of three care homes and day centres identified for closure as part of the Better Lives Phase Three review. Executive Board agreed on the 19<sup>th</sup> October 2016 that The Green should close as a long term residential care service and day service but remain open until there was a transition to a new function.

## **3.0 Main issues**

- 3.1 Confirmation has been received from the three Clinical Commissioning Groups (CCGs) to support the continuation of partnership working with Adult Social Care to develop an integrated community beds service. The service will work closely with the wider community intermediate care bed model being implemented throughout 2017/18.
- 3.2 The first stage of this new delivery will be achieved by the CCGs funding 37 beds at The Green from 1<sup>st</sup> November 2017. This will be through the governance of the Better Care Fund as a Section 75 agreement.
- 3.3 Although the proposal for The Green will offer the wider community a resource that will be available to more older people and with the potential to achieve better outcomes, the impact on existing residents, service users, their families and carers is fully acknowledged. As such, maximum care and sensitivity will be taken to ensure that the assessment and transfer process is centred on their needs and that the Care Guarantee will be applied to ensure that an equal quality of alternative service is achieved. Appendices 1 and 2 set out the Council's commitment to provide those affected with support and help throughout the whole process.
- 3.4 Appendix 3 sets out the timeline for this process.

## **4.0 Residents' Assessment and Transfer Delivery plan**

- 4.1 The Assessment and Transfer Process is scheduled to commence at The Green care home in May 2017 with a provisional closure date of July 2017. However, and as in previous phases of the Better Lives Programme, the pace of closure will be dictated first and foremost by the needs of the residents and their families. The process will be undertaken in-line with the Council's established assessment and transfers protocols including its Care Guarantee, which provides reassurance on the service that customers and their families can expect to receive.

- 4.2 A number of family members have already approached the Council with requests for earlier assessments and a view to moving earlier if possible. The Assessment and Transfer Team is actively responding to these requests and will bring forward assessments on an individual basis on request.
- 4.3 Some next of kin have indicated that they would like to move their relative closer to where they live so each person has received a personalised list of good quality care homes that are within a five mile radius of where they live, as well as within 5 miles of The Green. This range is from around 250 to around 1000 beds in good-rated homes within Leeds. While there may not be an immediate vacancy, we have ensured a good lead in time for re-provision so people can then move when a space becomes available in their home of choice.
- 4.4 Choosing a care home is a very personal choice and there are a number of factors that each family need to take into consideration. Nobody will be expected to move into a home that they are not happy with and does not meet their needs. It is very much a personal choice and what suits one person may not suit another. As an aid to helping family members choose a care home, we have provided an Alzheimer's Society booklet and Information Sheet which sets out the key things to consider.
- 4.4 Care reviews with residents and their families will be held approximately six weeks after transfer and further reviews will take place at approximately 6 months to ensure that transfers are going well and to address any outstanding issues and concerns.
- 4.5 **Day Centre Service Users Assessment and Transfer Delivery Plan**
- 4.5.1 The Green day centre is on the same site as the care home and will close at the same time. All current service users at The Green day centre are guaranteed a place in one of the three complex needs/ dementia day services that Adult Social Care has retained.
- 4.5.2 The current expectation is that most service users will transfer to the nearby Wykebeck day centre. However, the Council also commissions a dementia day service from the Methodist Homes Association and this provides 20 places per day at its Bay Tree Resource Centre in Moor Allerton, Alwoodley ward. Together with the three in-house day centres, this provides an evenly distributed geographical offer for Leeds residents who may require services in the future.

## **5.0 Leeds Recovery Service Transition Plan**

- 5.1 Leeds Recovery Service will play a crucial role in meeting the city's requirement for intermediate care bed-based support. The service is comprised of three key components that support recovery and rehabilitation:
- Assisted Living Leeds: offering a range of assistive technology to promote safety and peace of mind for family members

- Skills for Independent Living Service (SkILS) – a seven day a week enablement service which supports recovery in people’s own home
  - A bed-based service offering a “recovery hub” located in the city.
- 5.2 The Green will offer residential-based intermediate care, as part of the Leeds Recovery Service. The Service will be registered with the Care Quality Commission as a registered care home and have a registered manager on site.
- 5.3 The Recovery Service will offer:
- the opportunity to recover from a spell in hospital
  - the opportunity to avoid an admission to hospital
- 5.4 The philosophy of the service is that recovery is multi-dimensional and holistic with attention being paid not just to someone’s physical recovery but their social and emotional well-being too. Staying motivated, building confidence and having hope are recognised as being really important factors in a person’s recovery journey.
- 5.5 The Recovery Service will act as an asset for the local area, with the staff forging close and trusted relationships with the relevant GPs and Integrated Neighbourhood Teams. General practitioners, community nurses and teams and physiotherapists will play an active role as part of a multi-disciplinary team to deliver good positive outcomes for each individual. They will also work closely with the relevant third sector agencies, especially Neighbourhood Networks to promote social inclusion and help with a safe discharge home.
- 5.6 The Green will offer an enhanced staffing complement that is over and above the standard long stay residential care homes. There will be an ability to flex with the SkILs service to add additional staffing easily if higher ratios are needed should a service have a profile of people with higher mobility or other support needs. The minimum staffing levels will be 5 front line staff during day hours and 3 staff during the night.
- 5.7 From the funding committed by the CCG’s, the Council will invest an additional 2 fulltime occupational therapists as part of the skill mix. Working in conjunction with physiotherapy support which will be delivered in partnership, the occupational therapists will be able to set a bespoke recovery programme with each individual based on their personal goals. Support staff will act as agents of therapy to reinforce and support the individual in achieving their goals.

## **6.0 Workforce Transition plan**

- 6.1 Consultation has been ongoing with Trade Union colleagues as part of the Better Lives phase 3 programme. To avoid, reduce or mitigate against compulsory

redundancy, staff have been offered voluntary severance or voluntary early retirement in line with the Council's Early Leavers Initiative, including staff who currently work at The Green. Any posts that subsequently become vacant can be offered to those staff who work within services that are to be decommissioned and are classed as 'at risk'. Consultation concluded that because the new role for staff at The Green will not be too dissimilar to their current role then they could have the option of remaining at The Green to deliver the Recovery Service.

- 6.2 During the 3 month refurbishment programme it has been agreed that staff will work flexibly across the in-house service to prevent the use of agency and overtime. The service will work closely with staff to ensure a good work life balance and take into account current work patterns and geographic locations.
- 6.3 The current staff team at The Green will commence the Recovery Qualification Competence Framework in April 2017 and during October (prior to moving back on site) they will complete a 7 day induction/development programme which will include: new ways of working – strengths-based approach, enabling and empowering, working towards independence, person centred approaches, working alongside nurses and therapists, building community capacity and linking people back to their local community, collaborative working with other professionals, third sector and community groups and how to promote social inclusion and support a safe discharge home.

## **7.0 Asset Management Transition Plan**

- 7.1 In order to be able to begin delivering the new Recovery Service from 1<sup>st</sup> November 2017, the building requires a number of minor improvement works to ensure service compliance with the Fundamental Standards of Care published by the Care Quality Commission (CQC) for outcomes for Quality and Safety. The works are scheduled to take 3 months to complete. Planned works include minor modifications to the reception area, decoration, replacement flooring, essential equipment and furniture.
- 7.2 Provision to meet the initial estimate of the additional refurbishment works has been provided in the approved 17/18 capital programme.

## **8.0 Corporate Considerations**

### **9.0 Consultation and Engagement**

- 9.1 Throughout the transition, stakeholders will be kept fully engaged and informed of progress. Consultation under Employment Legislation with Trade Unions and staff and support for staff will continue throughout the decommissioning process including identifying any opportunities for employment within the Council.

## **10.0 Equality and Diversity / Cohesion and Integration**

- 10.1 A comprehensive Equality Impact Assessment was undertaken as part of the Better Lives Phase 3 review and was presented as part of the Executive Board on 21 September 2016 and again at Executive Board on 19 October 2016. As this is an updating report the EIA is not appended to this report.

## **11.0 Council policies and the Best Council Plan**

- 11.1 The review of the directly provided services for older people has been undertaken as part of the Adult Social Care's Better Lives Programme. This strategy focuses on the Council's capacity to help support the growing number of older people with their care and support needs. It recognises the changing expectations and aspirations of people as they grow older and the need to match these with appropriate and affordable responses.
- 11.2 Implementing the Better Lives Programme is key to delivering the Council's 'Best Council Plan 2015-2020'. The Plan identifies specific priorities for 2016-17 to make Leeds "The Best Place to Grow Old in" and to provide "Early Intervention... reducing health inequalities". These priorities link closely with the realignment of services to be more responsive to older people's needs, giving them greater choice and control over their care and reducing the impact on longer-term care services. The Plan also refers to Leeds' intention to "become a more efficient and enterprising council", which again is reflected by the move towards commissioning more quality services from the independent sector where it is more efficient to do so. The Plan's vision is "for Leeds to be the best city in the UK: one that is compassionate with a strong economy that tackles poverty and reduces the inequalities that still exist". Adult Social Care will continue to work with others to achieve better outcomes for the city through a "combination of innovation and efficiencies".

## **12.0 Resources and value for money**

- 12.1 The agreement by the CCGs to fund the 37 beds at The Green evidences the clear business case that exists for a new Recovery Service.
- 12.2 The estimated value of the contract is £7.6m over a 5-year period (£1.520m per annum). The CCGs have provided confirmation that LCC has secured the provision of 37 beds at the Green at a price of £790 per bed per week. The contract commencement date is 1<sup>st</sup> November 2017.
- 12.3 A significant purpose of the proposal is to prevent the number of people going into long-term care straight from a hospital setting. If this service prevents one person from entering residential care then the council will have saved circa £20k per annum.

## **13.0 Legal Implications, Access to Information and Call In**

- 13.1 This report is not eligible for call-in on the basis that the substantive decision was called in in September 2016. Executive and Decision Making Procedure Rules:

5.1.2 states *The power to call in decisions does not extend to decisions which have been the subject of a previous Call In.*

## **14.0 Risk Management**

- 14.1 A detailed plan has been drawn up to carefully manage the transition process in-keeping with the Councils approach to managing projects

## **15.0 Conclusions**

- 15.1 NHS Commissioners has confirmed the commissioning of 37 intermediate care beds at The Green and as such the detailed Transition plan can be delivered to transform The Green into a bed-based Recovery Service.

## **16.0 Recommendations**

- 16.1 Executive Board is asked to:

- Note the Transition plan as set out in this report,
- Note the proposed timescales as at Appendix 3.
- Note that the Director of Adults & Health will be the responsible officer for implementing the Transition Plan.

## **17.0 Background documents<sup>1</sup>**

None

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<sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

## **Leeds City Council Care Guarantee – Better Lives for Older people: Future Options for Long Term Residential Care Home Service**

### **Our Care Guarantee**

It is recognized that decisions to close or re-commission any local authority care home is likely to cause anxiety for residents, their families, carers and staff.

To alleviate these anxieties, Leeds City Council Adult Social Care has developed the following Care Guarantee for people affected by the changes. This guarantee outlines our commitment to provide you with support and help throughout the whole process.

### **Our commitment to you:**

- We have consulted fully and widely, and made sure people's views were considered before any final decisions were made by Leeds City Council, on the future of the Council's long term residential care homes.
- We will continue to consult fully and widely and secure ongoing engagement at every stage of the process.
- Older people and people acting on their behalf can contact Leeds City Council by telephoning one telephone number for information about services and we will get back to you within 1 working day (during the working week). This number is 0113 37 83821
- Information on decisions and timescales will be shared with residents and their families in a timely and accessible manner.
- When a home is closing people's dignity, choice and rights will be protected.
- People who don't have the capacity to understand what is happening will be provided with an independent advocate arranged by us.
- The health and wellbeing of residents is paramount and risk assessments will be carried out to ensure that clinical and therapeutic needs are responded to urgently and with sensitivity.
- The assessment of need, care planning and choice of alternative service will be focused on the individual, their carer/family and developed in partnership with their named social worker.
- Residents will not be asked to move until we are sure we have alternative options available; these may include housing with care schemes or residential homes in the private and independent sector – depending on the person's individual needs.
- Support will be given to residents and their carer/family in identifying and moving to an alternative home that meets the person's individually assessed need; a dedicated care manager will work with each resident throughout the whole process.
- Residents of the Council's residential care homes and their carer/family will have visits arranged to alternative home(s) of their choice where they will have the chance to meet other residents and speak with staff before any decision to move is made.
- Where the Council is currently contributing towards a resident's care home fee there will be no financial detriment to the resident or carer/family in choosing a



new care home from the Council's quality framework list. Any proposed transfer to a care home not on the Council's quality framework list will be considered on an individual basis and may incur a top-up fee. The Council will not pay any supplement relating to enhancements that a care home may offer (such as a larger room).

- Staff in the current home will work closely with any new provider to ensure that they get to know each new resident, their likes and dislikes. Ongoing support will be available for new residents and their new care provider.
- The move of residents from their existing care home to another will be carried out by a dedicated team of social workers and the process will be overseen by a group which will include therapy, nursing and medical staff to assure its quality and effectiveness. The assurance group will also advise on complex or sensitive issues as they arise.
- The social work team will work closely with the health service during this period of change and involve nurses and GPs as required.
- A resident or anyone acting on their behalf who is concerned about the transition process can speak to their social worker or the team manager.
- When a resident has moved to their new care home their care plan will be reviewed by the social work team after approximately three months or as needed. Once the resident has settled in, the care plan will be reviewed on an annual basis. The resident's social worker will be available for support and to answer any queries throughout this period.

## **Leeds City Council Care Guarantee – Better Lives for Older people: Future Options for Day Care Support**

### **Our Care Guarantee**

It is recognized that decisions to close or re-commission residential and day care facilities will cause anxiety and uncertainty for day centre users their families and carers and staff.

To alleviate these anxieties, Leeds City Council Adult Social Care has developed the following Care Guarantee for people affected by the changes. This guarantee outlines our commitment to provide you with support and help throughout the whole process.

### **Our commitment to you:**

- We have consulted fully and widely, and made sure people's views were considered before any final decisions were made by Leeds City Council, on the future of day care facilities.
- We will continue to consult fully and widely and secure ongoing engagement at every stage of the process.
- Older people and people acting on their behalf can contact Leeds City Council by telephoning one telephone number for information about services and we will get back to you within 1 working day (during the working week). This number is 0113 37 83821
- Information on decisions and timescales will be shared with you in a timely and accessible manner.
- When a day centre is closing people's dignity, choice and rights will be protected.
- People who don't have the capacity to understand what is happening will be provided with an independent advocate arranged by us.
- The health and wellbeing of service users is paramount and risk assessments will be carried out to ensure that clinical and therapeutic needs are responded to urgently and with sensitivity.
- The assessment of need, care planning and choice of alternative service will be focused on the individual, their carer/family and developed in partnership with their named social worker.
- You will not be asked to move until we are sure we have alternative options for you; these may include local community facilities or respite facilities depending on your individual needs.
- Service users of the Council's day centres and their carer/family will have visits arranged to alternative provision of their choice before any decision to move is made. You will have the chance to meet other service users, and speak with staff before you decide.
- There will be no financial detriment to you or your family in choosing a new placement – it will not cost you any more than it does now.
- Staff in the current day centre will work closely with any new provider to ensure that they get to know you, your likes and dislikes and will be available for

support and reassurance to you in your new centre and for support they can give the new provider.

- The move of service users from one service to another will be carried out by a dedicated team of social workers and the process will be overseen by a group which will include therapy, nursing and medical staff to assure its quality and effectiveness.
- We will work closely with the health service during this period of change and involve nurses and your GP as required.
- A service user or anyone acting on their behalf who is concerned about the transition process can speak to their social worker or the team manager.
- The transition process will be overseen by an assurance group who will advise on complex or sensitive issues as they arise.
- Once you have moved to a new service your care plan will be reviewed within the first three months by your social worker and then on request as needed. Once you are settled, the care plan will be reviewed on an annual basis. Your social worker will be available for any queries or support during this time.

## Appendix 3

Workstream	Detail	Date / Timeframe
<b>Governance</b>	Executive Board	19 April 2017
<b>Project Management</b>	Transition of The Green to a Community Asset (as part of development of the Recovery Model)	April - November 2017
	Project Board	April 2017
	Project Board	May 2017
	Project Board	June 2017
	Project Board	July 2017
	Project Board	August 2017
	Project Board	September 2017
	Project Board	October 2017
	Project Board	November 2017
	Project Board	December 2017
	Project Board	January 2018
	Early Review of Service	February 2018
<b>Stakeholder Engagement</b>	Ongoing engagement with staff and Trade Unions to provide updates on service transition progress	April 2017 - February 2018
	Communication Strategy for new service developed	May 2017
<b>Assessment and Transition</b>	Assessment & Transition of The Green CH (22 Residents) & DC (16 Service Users)	April - July 2017. Closure July 2017
	6 Weeks Follow Up of Residents from The Green Residential Home Reviews	June - August 2017
	6 Month Follow Up of Residents from The Green Residential Home Reviews	October 2017-January 2018
	12 Month Follow Up of Residents from The Green Residential Home Reviews	April 2018-July 2018
<b>Workforce</b>	Staff start Recovery Qualification Competency Framework	April - November 2017
	Staff temporary deployed to alternative sites	July - November 2017
	Staff mobilisation and induction into new service	October 2017
<b>Operational</b>	Staff and customers from Wykebeck Valley temporarily move to The Green day centre while building works carried out at Wykebeck	May - June 2017
	The Green Closed as a Residential Care Home	July 2017
	Develop CQC Registration/Statement of Purpose	September - November 2017

<b>Commissioning</b>	The Green Recovery Hub serving Leeds North Contract Start	November 2017
<b>Asset Management</b>	Refurbishment works (Corporate Property Management anticipate 3 months) Leeds Recovery Service Contract Mobilisation	July - October 2017
	Snagging and service mobilisation	October 2017