

Leeds City Council Care Delivery Services: Specialist residential provision for people with dementia and more complex needs

Date: 1 December 2022

Report of: Deputy Director, Integrated Commissioning, Adults & Health

Report to: Director of Adults and Health

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

This report proposes:

- a new development of twelve specialist dementia beds at Dolphin Manor, Rothwell; and
- sustaining the existing provision of ten specialist dementia beds, known as 'The Willows', at the Council's RecoveryHub@South.

The Council is / will be the registered provider of both services. Both the funding, and the service provision, involve close partnership working with NHS colleagues. The purpose of these services is to provide out-of-hospital care options for people with psychological, behavioural, and other more complex needs in dementia.

The rationale for the proposals is: to reduce lengths of stay in acute and specialist hospitals; provide a further care option within Leeds and reduce placements 'out of area'; and improve outcomes for people and families / carers. The services will offer opportunities for 'recovery' from psychological and behavioural distress which, in turn, enables more choice and lower costs for long-term care arrangements.

Recommendations

It is recommended that the Director of Adults and Health approves the following, to improve access to out-of-hospital care options for people living with dementia and more complex needs:

A. *Dolphin Manor, Rothwell:*

- To invest £456Kpa. funding on a recurrent basis in the Council's direct care provision at Dolphin Manor, to develop a specialist service for people living with complex needs in dementia. The purpose of the funding is to recruit additional care staff and thereby meet needs for care, support and meaningful activity / occupation. The start date for this additional investment is subject to the timing of refurbishment works, and is anticipated to be during spring 2023.
- To meet the additional costs by using the recurrent social care funding announced in the Chancellor's Autumn Statement, an element of which has been allocated for the primary purpose of supporting hospital discharge. The net additional cost is estimated as £450Kpa.

B. *'The Willows', RecoveryHub@South:*

To utilise the provision for negotiated procedure without publication of a notice under the Public Contracts Regulations 2015, Regulation 32 (2) (b) (ii), in order to enter into a contract with Leeds Community Healthcare NHS Trust (LCH) for the continuing provision of nursing and physiotherapy services. This contract to cover the period from 16th December 2022 to 31st March 2024, with an option to extend to 31st March 2025. The contract funding comes from by ongoing pooled budget arrangements with the NHS, within the Better Care Fund (BCF), and the net cost to the Council is zero.

The annual value of this contract for 2022-23 is £244,897. The BCF income and contract expenditure will both be subject to the annual NHS England tariff uplift. The contract value over its lifetime is £316,018 to end March 2024; or £560,915 if extended to March 2025. This contract value will change annually in April with the addition of NHS tariff uplifts; and the costs will be offset by income via the above BCF arrangement, again with the annual NHS tariff uplift.

C. The responsible officers to lead the implementation of these recommendations are: the Head of Service, Care Delivery; and the Commissioning Programme Lead, Dementia.

What is this report about?

1 This report:

- 1.1 Describes proposals to sustain and increase care home capacity directly provided by the Council, for people living with dementia and more complex needs. It explains the partnership arrangements with local NHS organisations for joint funding, clinical staffing and multidisciplinary working. It makes the case for the additional Council investment required.
- 1.2 Is one element of a programme of work, jointly with local NHS and other partners, to: reduce unplanned disruption to people's lives; reduce hospital bed-days when it is achievable and right to do so; promote person-centred and recovery approaches to treatment and care; and offer more care options within the Leeds City Council area. This is complemented by other elements of this wider programme:
 - To develop capacity to meet dementia and mental health needs within NHS urgent community response ('Virtual Frailty Ward'), and thereby reduce hospital admissions. This is funded by the local NHS from NHS England 'Ageing Well' monies.
 - Two Admiral Nursing roles in Leeds Teaching Hospitals, to improve inpatient assessment and care, and thereby reduce lengths of stay in hospital. 70% of the funding for these roles for a two-year period is from the charity Dementia UK; the rest from local NHS funds.
 - 'Home First for Dementia Care' project to support people to return home after a short hospital stay, managing risks positively; and avoid the deterioration which can occur with long hospital stays.
 - 'Market development' with independent sector care homes, including personalised fee levels where required to meet more complex needs.

What impact will this proposal have?

2 It will:

- 2.1 Change the service provision at Dolphin Manor, as follows: The home has two "wings", one of which has 21 bedrooms and will continue to provide 'mainstream' residential care. The new service is proposed for the smaller wing, which has 14 bedrooms. It is proposed to use two of the rooms for clinical staff and individual / small group activities, so the service would accommodate 12 people. This has the additional benefit of a smaller group size, which is an important consideration when people may have psychological and behavioural needs including agitation and risk of aggression.

- 2.2 There is no requirement for any permanent residents of the home to move. The service has supported residents to move to the larger ‘wing’ of the building, ahead of refurbishment work due to commence early in 2023. During the refurbishment, the smaller wing will be used to accommodate people temporarily, in turn, as the work progresses through the building. Once refurbishment is complete, the specialist dementia service is proposed to commence in that smaller wing.
- 2.3 It is anticipated as a result that there will be a range of benefits:
- Reduce lengths of stay in hospital, by offering more options and capacity for out-of-hospital care. The specialist beds will take people from both acute settings (eg. Leeds Teaching Hospitals) and specialist inpatient settings (eg. LYPFT The Mount). In both these settings, there are people delayed in hospital because of difficulties identifying discharge destinations able to meet needs related to dementia.
 - Enable more people to remain living in Leeds, and closer to family members in Leeds; rather than move out of area to specialist care homes.
 - Achieve and identify recovery outcomes, as far as possible, so that people with dementia can benefit from individually-designed interventions and approaches to reduce distress and care needs. The two-year period of operating The Willows has shown that this can enable people to move to less specialist care, which gives more choice of care settings closer to family; and reduced long-term care costs.
- 2.4 The proposal will continue the arrangements in place at ‘The Willows’ to provide specialist dementia care. This service was established in December 2020, and has enabled people to leave inpatient beds in a more timely way.
- 2.5 There will be positive impact for people with protected characteristics under the Equality Act. People living with dementia are living with a disabling condition which affects cognitive ability, mood and behaviour, and physical abilities. This puts people at increased risk of longer hospital stays and poorer outcomes. The Council’s Care Delivery Service is able to meet diverse language, communication, dietary and other cultural needs; and will develop person-centred care plans for all residents, informed by understanding of diversity and inclusion.

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

3 Considering each of the three pillars:

- 3.1 The greatest impact is on the Leeds Health and Wellbeing Strategy, including the priorities of “*The best care, in the right place, at the right time*”, i.e. out of hospital unless inpatient treatment is required; supported by “*A valued, well-trained and supported workforce*”, because dementia care requires specific skills, knowledge, values and co-working.
- 3.2 There is impact on Inclusive Growth from developing specialist services and investing in a skilled workforce; particularly when some alternative high-cost placement options are with independent sector providers owned outside the region.
- 3.3 There is some impact on Zero Carbon from reducing travel distances for families to visit people who would otherwise have to move out of area. Refurbishment of Dolphin Manor is due to commence early in 2023; and work is in progress with Council colleagues to design in energy efficient heating and lighting.

What consultation and engagement has taken place?

Wards affected: Rothwell

Have ward members been consulted?

Yes

No

- 4 This section focuses mostly on the Dolphin Manor proposal, because this would be a new development which would require change to services.
- 4.1 All permanent residents of Dolphin Manor and families have been made aware of the planned development within the service. Consultation with customers was carried out both within customer forum meetings and within the formal care plan review process, with family members invited to attend.
- 4.2 Service managers have consulted with the staff team at Dolphin Manor on several occasions including team meetings attended by Trades Union colleagues. Local ward members have been informed of both the refurbishment work and proposed change to customer group via email. Further consultation is planned with all stakeholders following confirmation of the planned works start date.
- 4.3 This is formally a change to the staffing structure, therefore, following the above consultation, a further administrative decision may be required following a decision to invest in increased staffing. This will give rise to increase employment opportunities, and no detriment to staff.
- 4.4 The plan for joint investment in the service was discussed with senior NHS colleagues at Integrated Commissioning Executive (ICE) on 26th April 2022. The Executive Management Team of the ICB agreed the required additional NHS investment on 24th August 2022. This is a total of £128kpa. to:
- enhance the LYPFT clinical team, that currently covers The Willows, to cover both The Willows and the Dolphin Manor beds;
 - provide a contingency in case additional primary care input (i.e. GP practice cover) is required as a result of the change of use of the beds.
- 4.5 The project team that established The Willows has continued to steer and monitor the service since it opened December 2020. It has now been extended to include colleagues involved in the Dolphin Manor proposal. This forum has involved LYPFT and LCH colleagues to co-design and ensure commitment to the proposed service model.
- 4.6 Additional meetings have been held to consult with: Leeds Community Healthcare; the local GP practice which covers Dolphin Manor; and NHS colleagues providing medicines management support to community beds. This engagement will continue as necessary to ensure a safe operational model, and access to timely support as required.
- 4.7 The proposal has also been covered in presentations at Leeds Frailty Population Board, and Leeds Dementia Partnership. The shortage of out-of-hospital options, and the stress caused for families / carers, is a recurring theme from discussions of dementia, complex needs, and hospital discharge.
- 4.8 The operational model at The Willows is covered by a tripartite Memorandum of Understanding between the Council, LCH and Leeds and York NHS Partnerships Foundation Trust (LYPFT). This agreement will be reviewed to reflect that the LYPFT team, with enhanced staffing, will cover both The Willows and Dolphin Manor. The review will also embed learning from two years operation.
- 4.9 A similar multiagency operational agreement will be developed for Dolphin Manor, with the Council and LYPFT as the key partners. This service model does not have LCH as part of the staffing establishment, although consultation has involved LCH to establish that any

nursing needs of the resident group could be met by the Neighbourhood Team (i.e. in the same way as any person living at home or in a residential care home).

- 4.10 A specific name would be required for the specialist dementia service at Dolphin Manor. It is proposed that this is chosen in consultation with people and families who use the service, and the staff team.

What are the resource implications?

- 5 The joint approach with the local NHS, to invest in new specialist service development, is designed to reduce expenditure on unplanned care and high independent sector costs; alongside improving experience and outcomes for people and families.
- 5.1 The new investment required to increase the staffing at Dolphin Manor is £456Kpa. This will enable high staffing ratios to meet people’s needs: 4-5 staff per day shift and 3 per night shift to care for 12 residents. This requires a decision to allocate this sum to the direct service delivery.
- 5.2 The NHS ICB is investing a further £128kpa, as described at 4.4.
- 5.3 The proposal is anticipated to deliver savings against the high-cost packages of £802Kpa; this is calculated from an average of recent high-cost placements, assuming 90% bed occupancy. Most higher-cost placements of this nature are joint-funded with the NHS on a 50:50 basis, therefore the saving to the Council is estimated at £401Kpa.
- 5.4 The proposal will reduce the capacity for ‘mainstream’ residential care provision by 14 beds, therefore over time is likely to necessitate the commissioning of 14 beds from the independent sector, at a cost of up to £439Kpa. This is not an immediate cost pressure, because the 14 beds are already held vacant and ready for the planned refurbishment programme (see 2.2). The financial pressure this causes has been built into the proposals for next year’s budget.
- 5.5 However, the business case for ‘prudential borrowing’ to fund the refurbishment was based on reduced purchasing in the independent sector, assuming 90% bed occupancy. Therefore to balance the impact on this business case, it is necessary to allow for long-term purchasing costs @ 90% of £439Kpa., i.e. £395Kpa.
- 5.6 Therefore there is a net estimated cost to the Council of £450K:

| Item | Cost per annum |
|---|----------------|
| New investment in direct staffing costs | £456K |
| Estimated savings from high cost placements | (£401K) |
| Independent sector purchasing costs | £395K |
| TOTAL | £450K |

- 5.7 The scale of this cost pressure is largely due to the way costs are shared with the NHS. The Council is proposed to fund the majority of the new investment, whereas the anticipated savings accrue to 50:50 joint-funded placement costs. The rationale for this is that it balances the position at The Willows, for which the NHS currently funds 82% of the costs. The net outcome for the proposed 22 beds across the two sites would be a 54%:46% cost share (NHS:Council); see Appendix 2. This represents an overall ‘fair shares’ approach for partnership working, although it does not reduce the immediate financial impact of this proposal for the Council.
- 5.8 Therefore, it is proposed that this cost pressure is met by recurrent social care funding announced in the Chancellor’s Autumn Statement, an element of which has been allocated for the primary purpose of supporting hospital discharge.

- 5.9 The Willows is covered by a pooled funding arrangement with the NHS West Yorkshire Integrated Care Board, Leeds Office (the ICB), as part of local Better Care Fund (BCF) arrangements. While this report is to record a new decision, it is acknowledged that ongoing arrangement as described in the original decision to establish the service (ref. D52312)¹ will remain. The detail of BCF income and expenditure for The Willows is described at Appendix 1. The BCF is a rolling, year-on-year arrangement, subject to change when negotiated between the partners. It is not a fixed-term agreement, and does not require a decision to renew or extend.
- 5.10 The proposed service model across the two locations gives costs which are within the range of out-of-area independent sector options for people with more complex needs (see Appendix 2). Although individual placement costs may be higher than some independent sector alternatives, the case for investment in direct provision is predicated on:
- The reduced long-term costs when recovery outcomes are achieved, through person-centred interventions which reduce distress. During the first 15 months of operation at The Willows, 7 people moved on to residential homes; 6 to nursing homes; and 1 to live with family.
 - Reducing the long-term risks associated with demand outstripping supply, which tends to lead to increase in independent sector fees.
- 5.11 Regarding income from charging for services, it is likely that most residents will be entitled to 'aftercare' as defined by section 117 of the Mental Health Act, therefore will be exempt from social care charging arrangements. Charging may apply to people without this entitlement, if it is evident that a person is a long-term resident in the specialist beds; i.e. recovery approaches have not significantly affected care needs and the person will not be able to move on to 'mainstream' care. However, it is not possible at this stage to forecast the level of any charging income.

What are the key risks and how are they being managed?

- 6 There are a range of risks associated with: Caring for people with complex needs, including psychological and behavioural needs; and committing the investment required to develop a new service:
- 6.1 Managing staff health and safety will go hand-in-hand with a person-centred approach to understanding individual needs and designing interventions so that people living in the unit feel as safe and calm as possible. To minimise the incidence of aggressive behaviours, and manage any incidents that do arise, LYPFT colleagues will work with the Dolphin Manor staff team, as at The Willows, so that all staff receive training in Prevention and Management of Violence & Aggression (PMVA).
- 6.2 Experience at The Willows has shown that success at enabling people to move on gives rise to the risk that there will be periods of low occupancy. For a service with fixed costs, this in turn causes high unit costs, calculated per occupied bed-day. This risk will be managed by ensuring that the role and purpose of the services is clear to all NHS and Council staff referring in, and that the pathway and referral process is straightforward and clear. The LYPFT manager over the clinical team routinely attends weekly meetings for people ready to leave the inpatient wards at The Mount; and the team at The Willows are working to further strengthen links with Medical Social Work at Leeds Teaching Hospitals. However, there is a clear need for out-of-hospital destinations for specialist dementia care, and the numbers of people delayed leaving hospital has remained high during the spring & summer months during 2022. Therefore the risk of short periods of lower occupancy is accepted, as part of managing a bed-base where people will move on to long-term care destinations. Risk

¹ <https://democracy.leeds.gov.uk/ieDecisionDetails.aspx?ID=52312>

management will focus on minimising these time periods and maximising occupancy. This will be achieved by ensuring hospital-based colleagues are clear about referral processes and pathways; and continuing to actively seek referrals when beds are full, and planning for new admissions alongside discharge planning when people are able to move on.

- 6.3 There is a risk that unpredictable events will change health & care system pressures and prioritise different kinds of provision. This did happen during the pandemic, and flexibility is a potential advantage of a statutory sector partnership; as opposed to being tied into a commercial contract. It is unlikely that the demand for specialist dementia care will reduce.
- 6.4 The proposed service model is an innovative one for the 12 beds at Dolphin Manor, in that there is dedicated clinical cover from 8am – 10pm, but not 24/7. The regulatory framework for older people’s care homes causes homes to have either: no clinically-qualified staff (care homes without nursing); or 24/7 cover (care homes with nursing). The innovative approach offers high clinical input and high skill levels for non-clinical staff; and is noted as a risk factor because of the lack of experience of operating such a model. Analysis of admissions to The Willows has shown that overnight needs of residents admitted to date could be met without dedicated nursing cover. For people who do need a nursing home level of care, The Willows will still have overnight general nursing cover from the LCH team at the RecoveryHub@South. The registered manager, advised by the multi-disciplinary team, will only admit residents that can be safely cared for.
- 6.5 The proposed service model spreads the LYPFT clinical team over two bed bases; whereas at present the team covers only The Willows. This will reduce unit costs at The Willows. However, this approach does give rise to risks:
- The new clinical model will give 1 LYPFT specialist² per daytime shift at The Willows, and 1 at Dolphin Manor. The current model at The Willows is 2 LYPFT specialist staff per shift. Therefore the proposed new model is less robust regarding staff vacancies / absences. The contingency plan is that LYPFT will guarantee at least 1 staff member per shift to cover both bases, with a guaranteed response time if there is a need to travel to the other base.
 - The risk of individual needs being unmet by the new model will be addressed by ensuring admission decisions are safe, in accordance with the duties of the registered manager. Decisions will be based on comprehensive assessment on the hospital ward and a multi-agency process for planning admissions.
 - The judgement of the multi-agency team, based on operational experience at The Willows is that this will better match the clinical resource to the levels of need which can be met in the building, given the limitations of room sizes and corridor widths. Trying to duplicate the current clinical model from The Willows at Dolphin Manor would give rise to risks around not being able to fill posts, as well as high costs.
- 6.6 There is a risk that investing in direct Council provision will not be fully offset by reduced expenditure on placements purchased from independent sector providers. As described at 5.5, the additional benefit of recovery outcomes (for both people and long-term care costs), reduces this risk. It is also offset by the risk that independent care costs will increase in a “sellers’ market” without action to increase capacity.

What are the legal implications?

7 The legal implications cover Council decision-making and procurement:

² The specialist roles at present are Band 6 nurses; although future recruitment will be open to Band 6 Occupational Therapist filling the roles.

- 7.1 This is a key decision as the maximum cost of the service is more than £500k. A notice was published on the List of Forthcoming Key Decisions on 10th October 2022³ and the report will be subject to call in.
- 7.2 The report does not contain any exempt or confidential information under the Access to Information Rules.
- 7.3 There is provision under the Public Contracts Regulations (2015) to award a contract by a negotiated procedure without publication of a notice (Regulation 32 (2) (b) (ii)). This is proposed in order to enter into a contract with Leeds Community Healthcare NHS Trust (LCH) for the provision of nursing and physiotherapy services at The Willows. This contract is proposed to cover the period from 16th December 2022 to 31st March 2024, with an option to extend to 31st March 2025. This contract period is proposed in order to align with the contract between the ICB and LCH which covers the other 30 beds at the Council's RecoveryHub@South.
- 7.4 The Council's Contracts Procedure Rules (CPRs, para.10.2) require that "*Where the relevant Director in consultation with PACS agree that the negotiated procedure without publication of a contract notice applies... the grounds for using this procedure must be evidenced in the authority to procure report...*".
- 7.5 The grounds for awarding the contract by this 'negotiated procedure' provision are the same as applied to the original decision (ref. D52312, see 5.4 above) to establish The Willows. The effect of this proposed award is to renew the arrangements which have applied to the service since December 2020. The grounds are as follows:
- Prior to the establishment of The Willows in December 2020, LCH were the provider of these services for all forty beds at the RecoveryHub@South, under contract to the ICB. The new arrangement for The Willows involved the Council taking over as lead provider for ten of the forty beds, through the above Better Care Fund (BCF) arrangement. The BCF pooled funding includes the proportionate cost of LCH service provision for the ten beds.
 - Therefore the net result of the Council awarding this contract to LCH is to preserve the resource that goes to LCH for service provision covering all forty beds. The proposed contract is a technical consequence of LCH being the lead provider for thirty of the beds, whilst LCC is lead provider for the other ten beds.
 - There is an option for competitive tender to provide 24/7 nursing cover for The Willows. However, there is a clear commercial advantage to contracting with the established provider for the marginal cost of covering forty rather than thirty beds; rather than engaging a separate provider. Furthermore, it would add an additional partner, and operational complexity, to the multi-agency arrangements for the whole of the registered service at the Recovery Hub.
- 7.6 The NHS contract remains the same for the thirty Community Care Beds as it was in December 2020. It is logical for the Council's contract with LCH to mirror the specification and duration of the NHS contract; hence it is proposed to issue an Award Letter with the proposed contract duration as above at para.7.3.
- 7.7 Regarding the use of the negotiated procedure without the publication of a notice, it must be noted that there is the potential risk of challenge that there are no real technical reasons justifying the use of the negotiated procedure without publication of a notice under regulation 32 (2) (b) (ii) in accordance with the Public Contracts Regulations 2015, and that the Council is simply seeking to circumvent the application of the procurement rules. However, due to the reasons set out in paragraph(s) 7.5 above this risk is considered to be low.

³ <https://democracy.leeds.gov.uk/mglIssueHistoryHome.aspx?IId=124266&Opt=0>

- 7.8 In addition, the risk of challenge can be diminished somewhat by the publication of a voluntary transparency notice on Find a Tender immediately after the decision to award the contract has been taken and then waiting 10 days to see if any challenges are made. If no challenges are made the chances of a claim for ineffectiveness being brought are significantly reduced and would only be successful if the Council had used the negotiated procedure without publication of a notice incorrectly. Further, publishing such a notice will also start time running for any other potential claim for breach of the Regulations, which must be brought within 30 days of the date that an aggrieved party knew or ought to have known that a breach had occurred.
- 7.9 However, it should be noted that voluntary transparency notices themselves can be challenged. Although we have now left the European Union the case of Italian Interior Ministry v Fastweb SpA (Case C-19/13) is still good law and highlights the limited protection that the voluntary transparency notice route can offer to contracting authorities wishing to make direct awards without following an above threshold procurement process in accordance with the Public Contracts Regulations 2015. A grey area remains around whether the protection of a voluntary transparency notice will be available where the contracting authority genuinely, but mistakenly, considers it was entitled to award the contract without notice. It shows that the 'safe harbour' will only be 'safe' to the extent that the justification for the direct award is in itself sound and ready to stand up to the increased scrutiny that the publication of the voluntary transparency notice may well invite.
- 7.10 These comments should be noted by the Director of Adults and Health who, in making the final decision, should be satisfied that doing so represents best value for the Council. It is recommended that the grounds described at 7.5 are sufficient to ensure the risk of challenge is very low, and that the contract award represents value for money.

Options, timescales and measuring success

What other options were considered?

- 8 The following alternative options have been considered, given the strategic importance of out-of-hospital care, and the investment required for a specialist service:
- 8.1 Maintaining the status quo – ie. sustaining The Willows, but not opening any new beds at Dolphin Manor. This was ruled out because of the continuing level of unmet need for people with dementia delayed in acute and specialist hospitals. There would be a risk that increasing demand would cause upward pressure on prices for a limited supply of independent sector beds.
- 8.2 Duplicating the existing model at The Willows, so the specialist beds at Dolphin Manor would have two LYPFT clinical staff per shift and/or 24/7 general nursing cover. This was ruled out because of the importance of meeting needs whilst achieving best value for money. It would be costly to provide 24/7 nursing cover at Dolphin Manor, and to rota two LYPFT specialist clinicians at both bed bases. Furthermore, of specialist staff are themselves a scarce resource and hard to recruit. Learning from The Willows indicates that there would not be a significant difference in the needs which could be met for the additional cost. The reasons for this are:
- Environmental constraints e.g. corridor widths and room sizes.
 - The positive achievements of a care staff team with high skill levels and high staffing ratios. This has demonstrated that, whilst the multidisciplinary NHS clinical input is necessary, safe care and good outcomes can be achieved with a lower level of input than was designed into the original clinical model for The Willows.
- 8.3 The development of independent sector provision for specialist dementia care in Leeds is seen as complementary to this development, rather than as an alternative option. Higher-

cost specialist independent sector placements have not been found to achieve recovery outcomes and lower long-term costs for residents.

How will success be measured?

9 A set of metrics has been developed for The Willows, and will be applied to the proposed Dolphin Manor development, if it is agreed. These include:

- Customer satisfaction – usually as reported by family members
- Admissions and occupancy levels
- Lengths of stay and discharge destinations
- Logging of incidents of aggression

What is the timetable and who will be responsible for implementation?

10 For the two specialist provisions, different dates will apply.

10.1 The estimated timeline for refurbishment works means the opening of the new service at Dolphin Manor is planned for spring 2023. A start date for the works is still awaited and therefore there is some uncertainty.

10.2 The renewal of arrangements at The Willows will be effective from 16th December 2022, i.e. two years on from the original start date for that service provision.

10.3 The Head of Service, Care Delivery; and the Commissioning Programme Lead, Dementia (both in the Directorate of Adults & Health) will have lead responsibility for implementation.

Appendices

Appendices one and two are included within this document -

- Appendix 1: Better Care Fund arrangements for The Willows
- Appendix 2: Comparison of care costs
- Appendix 3: Equality Assessment

Background papers

- Report to Integrated Commissioning Executive, April 2022. Available from the Commissioning Programme Lead, Dementia: timothy.sanders@leeds.gov.uk

Appendix 1: Better Care Fund arrangements for The Willows

These figures represent the agreement made when the service was first established, as described at 5.4; with the additional of annual NHS tariff uplifts.

| | |
|---|-----------------|
| Income from NHS West Yorkshire Integrated Care Board (Leeds Office) | £738,940 |
| <i>Income comprised of:</i> | |
| <ul style="list-style-type: none">• Original level of NHS income for ten Community Care Bedsⁱ, i.e. the use of beds prior to The Willows was established | £551,722 |
| <ul style="list-style-type: none">• 50% contribution towards the cost of additional care staff, to establish The Willows | £187,218 |
| <i>Expenditure:</i> | |
| Contract with Leeds Community Healthcare NHS Trust for nursing and physiotherapy services | £244,897 |
| NHS contribution to direct expenditure by Leeds City Council Care Delivery Service at The Willows. | £494,043 |

Appendix 2: Comparison of care costs

Table 1 and Table 2 show a cost comparison of the proposed Council-led service development, and independent sector costs for people with more complex needs in dementia. The service at Dolphin Manor will offer an alternative within Leeds, for people who would otherwise be likely to go to out-of-Leeds placements. The services will not meet the full range of needs corresponding to the highest costs in Table 2; the table offers a broad comparison with the alternative care options.

| Table 1 – The Willows and Dolphin Manor unit costs for proposed 22 beds | | | |
|--|--------------|------------------|----------------------|
| <i>Unit cost per week</i> | Total | NHS share | Council share |
| per available bed | £2,120 | £1,152 | £968 |
| @ 90% occupancy | £2,356 | £1,280 | £1,076 |
| | 100% | 54% | 46% |

| Table 2 - Joint-funded care home placements people with dementia and more complex needs, ongoing at February 2022⁴ | |
|---|--------------|
| Cost range | Total |
| £700-£999pw | 8 |
| £1,000-£1,499pw | 9 |
| £1,500-£1,999pw | 6 |
| £2,000-£2,499pw | 8 |
| £2,500-£2,999pw | 6 |
| £3,000-£3,999pw | 6 |
| £4,000-£5,000pw | 1 |
| Total | 44 |
| <ul style="list-style-type: none"> • The average LCC:NHS sharing of individual placement costs is 52:48 • The mean weekly cost per person is £2,004pw • The mean LCC contribution per person is £1,040pw | |

ⁱ Community Care Beds offer short-term care for assessment, recovery and rehabilitation, eg. after a hospital stay.

⁴ Data from the NHS & Leeds City Council "section 117" funding panel, which determines funding and cost share for higher-cost placements for people with aftercare entitlement under s117 of the Mental Health Act