

EXECUTIVE BOARD DECISION



REPORT OF:	Executive Member for Health and Adult Social Care Executive Member for Resources
LEAD OFFICERS:	Director of Adult Social Services (DASS) Deputy Chief Executive
DATE:	9 February 2017

PORTFOLIO/S AFFECTED:	Health and Adult Social Care	Resources
WARD/S AFFECTED:	All	
KEY DECISION:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

SUBJECT:
Residential Intermediate Care Services

1. EXECUTIVE SUMMARY

The Blackburn Clinical Commissioning Group (CCG) and Blackburn with Darwen Borough Council (BwDBC or council) seek to jointly fund through the Better Care Agreement the rent and care elements required to enable residential intermediate care to be delivered from a bespoke facility within the Albion Mill Scheme.

We seek to engage the NHS as a key partner both in the facilitation of a 'whole system transformation' and to adopt a collaborative approach to support 'in reach' services. This transformative approach is part of the wider work we are undertaking across Pennine Lancashire and has a clear fit with the direction of travel of the Sustainability and Transformation Plan (STP).

We will adopt a residential intermediate care approach with 'step up' beds (to provide a short term intermediate level of residential care for people to prevent them from experiencing unplanned hospital or long term care admissions) and 'step down' beds (to provide a short term intermediate level of residential care for patients in hospital who require ongoing support and/or rehabilitation in order to continue their recovery so that they can return home). In order to:

- manage demand on the sub-acute and acute services for older people.
- improve the prevention, discharge and after care pathway for how we provide health and social care for older people.
- align our residential intermediate care strategy to form a valuable asset in reducing admissions, duration of stay and facilitate discharge.

We have a shared aspiration to shift the current level of resource, investment and provision from being over-balanced towards reactive support that results in an over-use of unplanned acute services and long-term care support into pro-active intervention to maximise independence. This will facilitate better outcomes, help maintain independence and manage demand. In order to make this shift, it is critical that the overall agreed system change and transition process is understood and managed collectively by all the key stakeholder organisations through and beyond the transformation. To ensure that the community, clinical and acute pathways align their strategy and culture to maximise value by engaging in a single jointly owned philosophy to deliver residential intermediate care.

Overall to achieve greater value from working in partnership, joining up resources, improving quality and outcomes for people we care for.

The purpose of this report is to:

- Seek approval of the integrated health and care service specification and number of beds to be commissioned.
- Note decisions required and timescales.
- Note the procurement and development timescales supporting the further extension of existing contracts
- Support the use of Albion Mill as the primary site for the provision of residential intermediate care and note the funding parameters for both the lease of accommodation and commissioning of care.
- That an intention to lease is signed by Blackburn with Darwen Borough Council and that they become leaseholder for the facility. That this be backed by the CCG in a risk sharing agreement.
- Recommend the existing contracts are extended to allow transition into a newly commissioned facility at which point the contract will cease.

2. RECOMMENDATIONS

That the Executive Board:

- 1) Delegates authority to the Director of Adults Social Services (DASS) in conjunction with the Directors of Finance & IT; Director of HR Legal & Corporate Services, and in consultation with the Executive Member for Health and Adult Social Care and Executive Member Resources to enter into negotiations and agree heads of terms with the landlord.
- 2) Agrees for BwDBC to act as the lead organisation for entering into legal agreements directly with the landlord and a service provider for the purposes of commissioning and entering into care contracts.
- 3) Agrees joint funding and commissioning, under the provisions of the Better Care Fund Agreement, for residential intermediate care with the CCG both for the leasing of accommodation and for the purposes of care contracts. That these are backed by risk and cost sharing agreements between the partner organisations.
- 4) Agrees to extend the current service until the new residential intermediate care facility is commissioned and ready for use, if required.

3. BACKGROUND

3.1 In September 2016 a paper was presented to the Council's Executive Board for the approval to enter into nomination agreements in connection with the new Extra Care facility at Albion Mill, Ewood, Blackburn. Albion Mill is part of a wider strategy to help transform how we care for our older people. The provision of Extra Care is part of a whole system response to keeping people independent for longer and having appropriate quality of accommodation and flexibility of care. This paper does not seek to change the fundamental principles of that decision. It does however seek to redesign two floors previously allocated for Extra Care/Dementia Care for the purpose of residential intermediate care.

3.2 The council works with the CCG, NHS, housing and care providers to have a range of solutions to keep the whole system resilient. Whilst the quality and provision of Extra Care and Residential Care has improved significantly in recent years the demand on hospital beds has increased. This has also

been accompanied by a 'Duty to Discharge'. We currently manage this either by supporting complex care packages and adaptations in people's homes or through intermediate care packages being delivered in nursing or residential care homes settings. Residential intermediate care is seen as a key part of our strategy in managing demand on the whole system and reducing cost.

3.3 As demand on hospitals and urgent care is increasing it is causing a bottle neck. In simple terms the system is not coping because there are not enough provision in the community and there are not the sub-acute facilities within which we can discharge. In the short term this is very costly on the system, but equally is not the best solution for the patients who need to be discharged and it can lead to them losing their independence.

3.4 The Council currently procures intermediate care packages to support those older people who are infirm as a means of discharge from Hospital into an environment where they can receive re-ablement support before being able to return to their home. Blackburn with Darwen CCG and the Local Authority currently fund the provision of residential and sub-acute intermediate care under a contract with a provider which runs until September 2017. The proposed service would not be available until October 2018 and we would therefore seek to extend the current service until the new residential intermediate care facility is commissioned and ready for use.

3.5 This proposal recommends a way to transform how the whole health and social care system works to become more integrated, agile and focused on what is needed at each key stage of the patient journey. There is an opportunity to improve intermediate care both in terms of the quality of accommodation and how care is designed and delivered in an integrated way around the needs of the person. This person centred approach would aim to achieve better quality and outcomes through a stepped care approach and 'Home First Principles'.

3.6 The developers of Albion Mill are prepared to work with the Council and the CCG to redesign two floors of accommodation to provide modern, tailored residential intermediate care bed accommodation. The facility would provide individual rehabilitation suites with shared facilities that would provide service users with suitable accommodation to rehabilitate and access nursing and therapy support. The proposed layout would include individual en-suite rooms with a communal lounge and dining area with assisted bathrooms, dedicated therapy space and therapy kitchens. The overall facility will have access to communal space for alternative forms of therapy, social inclusion and community support. We also wish to provide follow up support for individuals and carers to help maintain their independence.

3.7 The developer would need to have an agreement in place confirming agreement to lease to safeguard their willingness to adapt the design and invest in making the changes. Once committed to construction it would be very costly to reverse, hence the need to have agreement in advance.

3.8 The development would take 18months to complete and during this period the Council and CCG would need to continue to maintain existing arrangements whilst developing the new approach.

4. KEY ISSUES & RISKS

4.1 The Pennine Lancashire health system has been discussing new models of care that draw patients into a planned system of community support for what would often presently become unplanned care within an acute hospital setting.

4.2 This proposal for transformational change to the health and care system would offer the degree of support and management dependent on the complexity of the individual built on an early action approach or quickly stepping up support.

4.3 It is built around the shared aspiration to shift the current level of resources, investments and

provision from being over-balanced towards reactive support that results in an over-use of unplanned acute services and long-term care supports into a position where pro-active intervention in the community and support within the Primary care system can be enhanced by additional investment and resource. In order to make this shift, it is critical that the overall agreed system change and transition process is understood and managed collectively by all the key stakeholder organisations to ensure that both the stability of the local system and the sustainability of key organisations are maintained through and beyond this transition process.

4.4 Blackburn with Darwen BC are working collaboratively with the Pennine Lancashire STP to ensure the offer in the borough aligns to and supports the new models of care.

4.5 Blackburn with Darwen BC are in the process of getting nominations agreed for Albion Mill for Extra Care. This proposal does not have any negative impact or risk on what has already been agreed by the Council's Executive Board. Arguably it mitigates the residual risk by reducing the number of Extra Care/Dementia Care beds from 98 to 74.

4.6 Creating two floors of bespoke intermediate care beds, up to 35 units, that are funded from the joint council and CCG budget for intermediate care. This is an existing budget and therefore there is no new call on resources. Allowing for general market inflation the resources needed are already within the medium term financial planning of both organisations within the Better Care Fund Agreement.

4.7 The council and CCG will need to ensure that the scheme is capable of supporting dual registration for both domiciliary and residential care.

4.8 The council would need support the developer by entering into an agreement to lease in order to provide the developer with confidence to redesign and build the intermediate care to our specification. The developer would be taking a risk ahead of commissioning in 2018 and therefore is asking for a form of underwriting.

4.9 The council would need to ensure any financial and legal contracts are backed by the CCG and any other relevant partners in a risk sharing agreement.

4.10 The specification included in Appendix 1 has been produced with support from both commissioners and input from the Pennine Lancashire Urgent care team, additional advice from primary care and from the Pennine Lancashire Intermediate Care Steering Group.

4.11 Projections of likely Adult Social Care requirements between 2016 to 2030 are appended at appendix 2. This trend shows continued demand and growth in our older population who would require this type of support.

4.12 The overarching bed base in the revised specification will include:

- Active convalescence/recovery beds – allowing time to recover/gain strength before commencing therapy
- Residential rehabilitation beds – They will be non-clinical, step up & step down with therapy and will have a programme of measurable outcomes set against progress on a recovery path.
- Sub-acute beds – Clinical care & Therapy with medical oversight step up & step down.
- Sub-acute 'plus' beds – reflecting additional nursing requirements in line with Intensive Home Support principles to prevent hospital admissions. These can be step up or step down
- Short term care beds – reprovide existing short term care beds into the intermediate care facility which will ensure more people go home after their stay.
- Recuperation short term beds to prepare residents for the home environment, this could

also allow them to consider extra care housing as a better longer term option.

4.13 The service will have the capacity to support discharge to assess beds preventing any assessment of need being carried out in an acute hospital bed. The service will include a clinical care coordinator to work with the acute hospital discharge service to ensure patients are discharged and accepted in a timely manner and that their care needs can be met by the new service. They will be responsible for monitoring the delivery of individual care plans and 'moving' patients through the rehabilitation/reablement programme to their final destination and discharge home.

4.14 One of the risks is managing the co-ordination of the different phases of commissioning, allocation of funding for short and longer term.

4.15 The council and CCG will need to demonstrate value for money and compliance with procurement policies. Therefore has to undertake a procurement exercise to commission residential intermediate care to be delivered from the new facility, this would allow existing providers to bid to be the care provider and would also allow widening of competition. Ultimately it has to fall within an affordability envelope.

4.14 The council has also considered what it would do in the event of residential intermediate care not being affordable from Albion Mill. In this scenario we would revert to using the two floors to provide residential care beds in conjunction with an existing provider. This would essentially seek to decommission poorer quality and re-provide within Albion Mill. In terms of cost this should not require any additional resource as it would simply displace existing provision.

5. POLICY IMPLICATIONS

5.1 There are no adverse Policy Implications. This is a positive proposal which has a clear strategic fit with the Lancashire Sustainable Transformation Plan and more locally the work we are undertaking in partnership with the NHS, CCG and Pennine Lancashire.

5.2 The transformational approach and the setting of the residential intermediate care in a 'Whole System', is in line with our ambitions to manage future demand, improve quality and outcomes for our older people.

5.3 The proposal also continues to develop closer working between health and social care services in line with national policy.

5.4 The Care Act (2014) places a duty on the council to provide preventative services which will assist local people to remain as independent as possible over the long term.

6. FINANCIAL IMPLICATIONS

6.1 The funding for the procurement and commissioning of residential intermediate care is within existing resources. In the main the Better Care Fund Agreement between the council and CCG is the main fund. The budgeting has been carried out on the basis of bed type requirement. Using the proposed facility to bring together various aspects of current provision in community.

6.2 In the event of a scenario where the council had to revert to using the facility for residential care, the financial implications would be cost neutral.

6.3 The total budgeted cost is made up from components that reflect contributions from each partner arising from specific service needs. Therefore from a risk sharing perspective this would be reflected in our negotiations and any subsequent agreements between the council and CCG.

7. LEGAL IMPLICATIONS

Following agreement of the heads of terms the council would be seeking to enter into an agreement for lease with the Landlord. This would be for the lease of two floors of Albion Mill with the specific purpose of using them for the provision and delivery of Intermediate Care. Acting as lead organisation the council will be taking the responsibility for being the legally accountable organisation for the direct relationships for the leasing for the accommodation and care contracts. Therefore to safeguard the council from financial and legal risk it would need to have a back to back arrangement with the CCG to enable risk sharing and financial underwriting.

The council is in the process of entering into a nomination agreement for the provision of Extra Care at Albion Mill following approval of the Executive Board report in September 2016. This proposal will take two floors of accommodation for Intermediate Care and will therefore reduce the total number of Extra Care beds.

8. RESOURCE IMPLICATIONS

8.1 There are no new resource implications as the council is already procuring and intermediate care in partnership with the CCG as well as short term residential care. This proposal is about transforming and potentially being able to deliver savings in the longer term.

8.2 As part of the STP proposals for Pennine Lancashire the council needs to be exploring ways in which it can manage demand into the future. This requires the focus on making our existing resources go further whilst reducing demand longer term.

9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below. Where appropriate please include the hyperlink to the EIA.

Option 1 Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2 In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision. (*insert EIA link here*)

Option 3 In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision. (*insert EIA attachment*)

10. CONSULTATIONS

The council is working in conjunction with the CCG and NHS in the design and development of integrated approaches to care. As part of the development process the council will continue to consult users and providers of care to find ways of improving quality and outcomes.

11. STATEMENT OF COMPLIANCE

The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

12. DECLARATION OF INTEREST

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded in the Summary of Decisions published on the day following the meeting.

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CONTACT OFFICER:	Steve Tingle/Sayyed Osman
DATE:	01 February 2017
BACKGROUND PAPER:	

Appendix 1 – Residential Intermediate Care specification

Appendix 2 – Population demand projection