

Executive Decision Report

Provision of Intermediate Care and Short Term Residential Beds Facilities

Decision to be taken by: Assistant Mayor, Adult Social
Care

Decision to be taken on: 27 June 2014

Lead director: Ruth Lake

Useful information

- Ward(s) affected: All
- Report author: Ruth Lake
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- Report version number: 007

1. Summary

- 1.1 On 15th October 2013, the Assistant Mayor for Adult Social Care took a number of decisions regarding the future of the Councils Elderly Persons Homes and the provision of Intermediate and Short Term Care Facilities.
- 1.2 To progress the Intermediate and Short Term Care element, this report explores the options and makes a recommendation for the creation of a 60 bedded Intermediate and Short Term Care Facility.

2. Recommendations

It is recommended that Assistant Mayor;

- i) Consider the options explored.
- ii) Confirm agreement to proceed with the development of a 60 bedded Intermediate Care and Short Term Care Facility in accordance with the Intermediate Care and Short Term Residential Care Commissioning Strategy.
- iii) Agree to the proposal to construct the facility on the site at Tilling Road, Beaumont Leys subject to favourable site surveys.
- iv) Agree the procurement and project governance arrangements outlined in para's 3.41- 3.46.
- v) Agree to the release of £200,000 capital funding to enable the project to proceed to tender stage.
- vi) Request further reports at key stages of the project.

3. Supporting information including options considered:

- 3.1 Leicester City Council has identified Intermediate Care and the provision of Short Term Residential Beds as a key priority within the overarching transformation of adult social care services.

Intermediate Care and Short Term Beds

3.2 The term 'Intermediate Care' covers a wide range of services which are characterised by the following features:

- It is aimed at helping people avoid prolonged stays or inappropriate admission to acute hospital settings or residential care.
- It features comprehensive assessment and outcome-focused rehabilitation support, aimed at maximising independence and enabling people to resume normal living.
- It typically comprises multi-professional, multi-agency working.
- It is time-limited, usually between 1-6 weeks.
- These services are central to the delivery of a number of key national policies, including the National Dementia Strategy and the Intermediate Care 'Halfway Home' guidance. They are also integral to working to reduce acute care demand, in line with the Better Care Together strategy for Leicester, Leicestershire and Rutland.

3.3 There will be occasions when Short Term care beds are needed for a period of time. This is not specifically about rehabilitation and can usually be characterised as the following:

- Assessment – An on-going assessment to determine the future need of an individual. Often a crisis can occur and an individual cannot stay at or return home because it may not be safe and an assessment is required to determine the long terms needs.
- Interim – After an assessment, an individual may need to move to alternative accommodation or receive a package of community support including major adaptations in their home; they may need to wait for a short period for suitable/alternative care or housing to become available.
- Respite – Can be planned or unplanned. Planned respite is where a person is going into a residential placement to enable their family carer to have a break. Unplanned respite can occur when a crisis situation arises; often this happens where a carer becomes unwell or is temporarily unavailable.

3.4 In terms of current provision, the Council has one dedicated Intermediate Care Unit at Brookside Court, which has 27 beds, of which 12 receive active physiotherapy and occupational therapy support; 15 are for assessment purposes. In addition there are 10 short term assessment beds at the Kingfisher Unit within Preston Lodge Elderly Persons Home, utilising existing vacant capacity at that home pending the development of new facilities.

3.5 Short term interim and respite care is currently provided in a variety of residential and nursing care homes, including the Council's own homes. Pending the delivery of the new unit, individual placements will continue to be made, utilising capacity in local homes.

Proposed Model for Delivery of Improved Services

- 3.6 The proposed model for future care provision is outlined in the Intermediate Care and Short Term Residential Care Commissioning Strategy, already approved by the Council.
- 3.7 Demographic information highlights that the need for these types of services will increase as the population of the city grows older. Evidence also shows that the use of Intermediate Care Services reduces the likelihood of individuals being admitted to long term residential care prematurely, which will reduce the cost to adult social care.
- 3.8 There will also be occasions when a sudden change of needs may occur and an individual will need to move into short term residential care, to enable their needs to be fully managed and assessed. The provision of flexible respite care is also important to give carers a break from their caring responsibilities or to respond to an unplanned situation e.g. if the carer is unwell.
- 3.9 There is no single model for intermediate care services and the research has highlighted the wide variation in approaches. In most areas, intermediate care has developed over time, opportunistically and depending on local need, service configurations and the nature of partnerships with health services. This has led to a conclusion that;

Fragmentation and poor integration with other services remain features of current provision and continues to have an impact upon the ability of intermediate care to deliver patient-centred care and contribute towards health and social care systems as a whole.

A national evaluation of the costs and outcomes of intermediate care services for older people : final report.

Leicester : Leicester Nuffield Research Unit, 2006

- 3.10 The current intermediate and short term residential bed service provided by Leicester City Council has some positive aspects but the model of delivery is inconsistent and fragmented. This can be attributed to the differing access and referral processes linked to the delivery of the services across several sites. With the exception of Brookside, the homes do not provide the most suitable environment to effectively rehabilitate and support individuals to regain their independence. The existing approach leads to inefficiencies and reduces the extent to which individuals are able to reach their potential, affecting unit costs and outcomes.
- 3.11 Therefore a new model is required that will provide a holistic service; this would be integrated with NHS therapy services and support maximised independence to prevent premature admissions to long-term residential care. Ideally the service should be flexible and delivered in a consolidated way, to maximise the opportunity to provide rehabilitation, therapy and other services to all short term residents, in a way that will support their long term independence.

3.12 The proposed model in the Intermediate Care and Short Term Residential Care Commissioning Strategy is therefore to create a single integrated new build resource delivering 60 beds. Once constructed and operational the existing Brookside Court facility will be able to close, in line with previous Executive decisions.

Progress to Date

3.12 In order to provide sufficient information to enable decision making, progress has already been made in a number of areas. These include initial scheme design, site options appraisal, project planning and governance, and capital and revenue funding.

Initial Scheme Design

Scheme options

3.13 Work to develop the commissioning proposals to deliver the Intermediate Care and Short Term Residential Care Commissioning Strategy concluded that a new build unit on a single site was financially and operationally the preferred model, subject to further work.

3.14 As part of the dialogue about the decisions for the Elderly Persons Homes (EPH) and intermediate care, work has already been undertaken to explore a multiple site solution. This work concentrated on comparing a new build 60 bedded facility on a single site against four lots of fifteen beds in four of the existing EPHs. The analysis showed considerable capital and revenue advantages for the single site option. It was noted that the capital plan for the project also assumed capital receipts from the sale of vacated EPHs.

3.15 During this dialogue some specific areas of interest emerged in relation to ensuring accessibility, links with local communities and the 'homeliness' of a scheme. Two main options have now been explored in more detail in developing this proposal; to create a single 60 bedded unit or to create two 30 bedded units.

Operational Considerations

3.16 The operational advantages and disadvantages of the options have been considered.

3.17 Effective Intermediate care models require

- a clear pathway between acute and community health and social care services
- integrated working between health and social care
- the input of enhanced health services in a coordinated and timely way, to manage more unwell patients than would otherwise be possible in a social care setting
- a focus on moving without delay towards the home setting, or as close to this as possible

- flexible use of beds to allow for maximum usage and to accommodate future growth in demand

3.18 Consolidating all Intermediate care and assessment beds onto a single site will allow for more effective management of bed numbers across the types of beds required. A suitable single site, with adjacent development land, would also allow for the opportunity of service collaboration with an extra care scheme, in line with the Council's wish to enable the development of further extra care housing.

Accessibility

3.19 The facility is not intended to be a permanent service offer but to assist with a therapeutic intervention, a temporary transition or with short term care provision. It is therefore important that it is well located and accessible by public transport. Accessibility by public transport and ease of access by car has therefore been given a high weighting in the site options appraisal. It is less important that it is located close to the individual's usual home. The city is geographically compact and therefore all distances are minimal, unlike in shire authorities. It should be noted that in a dispersed model there would be no assurance that a placement would be offered closest to an individual's home, this being based on availability of beds in smaller units.

Community location

3.20 This is a functional, independence-focussed unit and the aim is to provide a therapeutic intervention to return someone to their own home. Maintaining links with the customer's usual community is less of a challenge when the stay is short term and when there is good public / private transport access for visitors. It is important that there are local facilities, such as health services, but it should be noted that the majority of people staying at the scheme will not be independently able to access community services – were that the case, they would likely have been supported with community-based reablement services in their own home.

3.21 An opportunity to develop a unit which encourages the community to 'come to it' (for example through the dementia café or assistive technology demonstration suite) would help to maintain a sense of connection with the community. The development of extra care housing alongside the scheme, site permitting, would give rise to opportunities for connections between tenants and intermediate care unit residents to be made, normalising some activities within a linked community setting.

Homeliness

3.22 It is important that the scheme be attractive, comfortable and supportive to people who may only be staying for a very short time. There is a balance to be struck between creating an environment which mimics home and one which is independence-focussed, as this scheme is not intended to be 'home'. It is important that people maintain their desire / aspirations to return to their own home environment.

3.23 Small households within a scheme would also accommodate the provision of culturally appropriate facilities, such as prayer rooms and vegetarian kitchenettes and enable a reflection of the diversity of Leicester, for example through decorative styling. The specification for the scheme will include the provision of 'household' style units, for example providing clusters of 10 residential bedrooms arranged around one of 6 smaller shared living and outdoor spaces. This also enables the service to support clients in a small grouping together with people who have similar needs; for example people with dementia or people receiving reablement who have physical needs but high levels of mental functioning. This helps to ensure that people feel comfortable, appropriately stimulated and in an environment that enables peer support.

National developments

3.24 A high level trawl of new developments elsewhere in the UK has been completed, to understand any typical models for this type of facility. This identified that there are a variety of schemes, none directly comparable, but which give a sense of the general size and scope of care developments. A summary of recent schemes is attached at Appendix A. This indicates that the proposal for a single scheme of this size, with the service specification ensuring a homely feel to the units, is in keeping with developments across the UK.

3.25 In relation to the overall size of the unit, it is further noted that extra care schemes, which deliver high quality, homely environments with reassuring rather than intimidating public spaces, are typically 50 – 80 unit schemes.

Capital Cost Comparison

3.26 Through the Council's framework contract, Pick Everard were asked to estimate the cost of a two x 30 bedded unit scheme as well as the single site option. They also provided a cost for an enhanced single scheme, with greater floor space. This identifies that the additional cost of enhanced floor space on a single site is 5.5% higher than the standard specification. The build costs of a standard two-site scheme are projected to be 34% higher than a standard single site.

Scheme	Comparative costs
Standard Single Site x 60 bed	baseline
Enhanced Single Site x 60 bed	baseline + 5.5%
Standard Two Site x 30 bed	Baseline + 34%

3.27 This relates only to build costs. There would be increased costs in the two-site option from the duplication of fixtures and fittings, for example kitchen, therapy and assistive technology equipment.

Revenue Cost Comparison

3.28 The revenue costs for staffing have been modelled, in line with Care Quality Commission requirements. These are detailed at Appendix B. In summary the staffing for a single site 60 bedded unit would cost £1,284,572 per annum. The staffing costs for 2 x 30 bedded units would cost £1,635,836 per annum, 27% higher than for a single site.

3.29 On the basis of the above evaluations, it is proposed that a single scheme offers a clear opportunity for ensuring a good experience and good outcomes for people using these services and also the greatest value for money.

Scheme requirements

3.30 Adult Social Care Operational Managers and Client Liaison staff in Property Division have worked together to determine the facilities required to deliver effective care. These facilities can be broken down into five main groups as follows:

- Intermediate Care and Short Term Care: to include 60 en-suite bedrooms, lounges, dining rooms, reablement therapy facilities.
- Day/Emergency facilities, enabling access to lounges, sensory provision and rest areas without overnight accommodation.
- Resource unit: to include front of house, dementia café, Assistive Technology suite, hairdressers.
- Staff/back of house: staff areas, visiting staff drop in, kitchens, laundry.
- External: to include dementia friendly gardens, parking, service yards.

3.31 Managers have worked together to estimate both the number and size of these required facilities, and to provide an initial “Accommodation Schedule”. Contractors were appointed to turn this schedule into a very initial design for a single scheme. Although outline in nature, this initial design suggested an overall two storey building size approaching 3500 square metres, and a minimum site size of around 6000 square metres.

3.32 The initial design also provided some early build cost information, to which was added an estimate for items such as furniture and equipment and IT provision. This figure has been used for initial budget setting.

3.33 The figures do not include an allowance for specialist equipment e.g. hoist systems, or costs associated with achieving either a Building Research establishment Environmental Assessment Methodology (BREEAM) rating or University of Stirling Dementia Design Accreditation. An estimated cost for these requirements is between 5 and 7.5% of the total build cost.

3.34 One of the first tasks for the new project would be to review the specification with the aim of ensuring an affordable project within the resources available. The approach to procurement would set a financial envelope which was affordable to the Council, allowing for contingency.

Site Options Appraisal

3.35 A site option appraisal has also been undertaken using Council sites identified as being available for sale or development.

3.36 Initial design work for a single scheme, as indicated above, had already

suggested a minimum site size of 6000 square metres and this was therefore a critical factor in appraising the options, as was the accessibility of the site.

- 3.37 Further criteria were used to appraise the shortlisted sites including location, ease of travel access, proximity to health care, the site environment. Each of these criteria was weighted in terms of overall importance to the scheme, and each site then scored against those criteria.
- 3.38 A total of nine sites were evaluated and a copy of the options appraisal is attached Appendix C. The exercise produced a preferential site on Tilling Road, Beaumont Leys, which scored considerably higher than the other sites.
- 3.39 An additional benefit to the Tilling Road site is the opportunity to work with a housing provider to develop extra care on the adjacent site. Discussions are underway as part of the Extra Care Strategy and this site has been identified as a preferred location. This would enable cross-service opportunities, similar to those being developed between the Wolsey and Abbey Mills schemes.
- 3.40 It is therefore recommended that subject to necessary site surveys, the Tilling Road site is selected for construction of a single 60 bedded Intermediate Care and Short Term Beds facility. It can be noted that this would be consistent with the decisions in 2009, to use this site for the development of a single city intermediate care unit, for which part of the capital funding now available was granted by the Cabinet at that time.

Procurement Issues/ Procurement Plan

- 3.41 Initial thoughts on a Procurement Strategy have been provided by the Council's Procurement Section. They recommend a design and build construction strategy and procuring the contractor via competitive tender.
- 3.42 An important aspect of this will be architectural support. With the assistance of Faithful and Gould a mini- competition for Architect support had already been run, which particularly tested key areas such as experience of delivering care facilities, dementia design awareness and sustainability awareness.
- 3.43 The Council will secure expert advice to the design and build procurement process, through the engagement of a dementia specialist client advisor.

Project Governance

- 3.44 Once it has been formally authorised by the Executive the project will be entered onto the Corporate Project Register as a project within the Adult Social Care Transformation Programme, and will report on a monthly basis to the Adult Social Care Programme Board (which reports to the Corporate Programme Management Office). Additional governance will be provided by the corporate Capital Projects Board.
- 3.45 The Divisional Director, Adult Social Care and Safeguarding, will act as Project Director. The Client Liaison Manager in Investment Division will act as overall Project Manager with input from the relevant senior operational managers. Property services will provide a dedicated capital development project manager.

3.46 Relevant project documentation will be developed as the project moves through Gateway 0 into Start- Up, Planning and Design.

Delivery Timeline

3.47 An indicative timeline of 138 weeks has been prepared but this is subject to refinement. It is possible that procurement timelines can be reduced.

Stage	Activity	Indicative completion date
Approval to proceed	<ul style="list-style-type: none"> • Executive Decision 	End June 2014
Feasibility (21 weeks)	<ul style="list-style-type: none"> • Site Risk Assessments • Stakeholder meetings • Site surveys • Agree Project Brief • Develop Scheme Feasibility • BREEAM Pre Assessment 	Mid November 2014
Planning and procurement (47 weeks)	<ul style="list-style-type: none"> • Submit Planning Application • Issue PQQ for OJEU • Prepare ITT documentation • Finalise tendering information/specifications/ drawn information • Planning Approval • OJEU Tender process • Identify contractor • Contract Signature 	End Oct 2015
Site (70 weeks)	<ul style="list-style-type: none"> • Mobilisation period • Contract commencement on site • Practical Completion 	Early March 2017

4. Details of Scrutiny

4.1 The future of the Council's Elderly Persons Homes and provision of Intermediate Care Facilities has been the subject of regular scrutiny at the Adults and Housing / Adult Social care Scrutiny Committee over the last 2 years. There has been extensive public consultation.

4.2 This project has also been scrutinised by the corporate Capital Projects Board

on two occasions prior to this report coming forward for consideration. This is to ensure that the business case and proposed methodology is likely to result in a successful capital development. The Board supported the report progressing to a decision and will continue to provide scrutiny and support to the project as it is taken forward.

5. Financial, legal and other implications

5.1 Financial Implications

5.1.1 Capital funding of £6.7m for a new facility has been earmarked (£3.7m from the Council's capital programme, £1.8m from capital receipts, and £1.2m NHS funding). The risk of the capital costs exceeding this amount have been considered. Proceeding to tender stage will require the release of capital monies.

5.1.2 Budgeted revenue savings of £880k are associated with the development of the facility.

Rod Pearson, Head of Finance

5.2 Legal implications

5.2. There will be legal implications in respect of the matters outlined in paragraphs 3.35 – 3.40 above as well as any consents required, and early legal advice should be taken.

As highlighted in 5.5.1, the Council must procure services and works in accordance its Contract Procedure Rules and EU Procurement law. The Corporate Procurement team will assist with the procurement process and early legal advice should be taken with regard to the procurement route, procurement law and form of contract, prior to going out to tender.

It is noted that architects will be appointed, and the appointment should be confirmed in a written contract.

Beena Adatia – Principal Solicitor (Commercial, Contracts and Capital)

5.3 Climate Change and Carbon Reduction implications

5.3.1 The Council has a corporate carbon dioxide (CO₂) reduction target of 50% of the 2008/09 level by 2025/26. The addition of a new building to the Council's property portfolio will increase emissions. However, the emissions will be partly off-set through the closure of the current intermediate care and short-term

residential bed provision. The scheme could consider the option of BREEAM certification if funding were available, but should consider BREEAM guidance on best practice where applicable. Particularly where there will be no additional cost to the project.

5.3.2 As a major development the building will also be subject to planning policy CS2, incorporating retained policy BE16:

1. Retained policy BE16 would require on-site renewable energy generation. In 2014, the requirement will be for 18%. The % would be calculated based on the predicted total annual operational energy demand of the development for both regulated and non-regulated energy uses.
2. Core Strategy Policy 2 contains CS2.2 covering best practice in energy efficiency and CS2.3 covering decentralised energy. Decentralised energy includes possible provision on site or connection to an existing system, such as the Leicester District Energy Company. A whole-life assessment would be required. CS2.4 is also relevant and is similar in its objectives to CS2.3.

5.3. Any client brief should contain the Council's climate change and carbon reduction aspirations, as well as considering other opportunities to incorporate Sustainable Urban Drainage and climate change adaptation measures should also be considered.

5.3.4 Once occupied, the building's energy usage should be actively managed to ensure that the actual emissions performance of the building meets the potential of the design.

Mark Jeffcote, Environment Team (x37 2251)

5.4 Equality Impact Assessment

5.4.1 An Equalities Impact Assessment (EIA) has been developed to identify specific groups accessing intermediate care and short term residential beds that would benefit or be detrimentally affected by any change to the service. The following issues have been highlighted during consultation:

- People with dementia will require specialist support and care.
- A higher proportion of White British currently access the service.
- Those over 85 appear to benefit the most.
- People with a need for physical intervention benefit more than those with mental health.
- The existing provision does not cater for all religious and race needs.
- Mental health and dementia must be catered for in future provision.
- Data on equality needs improving.

5.4.2 In order to address these areas of concern, the following will be addressed:

- All relevant protected characteristics will be fully considered when developing and planning the service.
- The new model will provide a consistent and coordinated approach and access to a range of services to promote independence. In turn, this will improve overall quality of support.
- A robust performance management system will be able to demonstrate value for money, an equality service and effective service.
- A comprehensive learning and development programme will be delivered to ensure staff are competent in all areas of quality and equality.

5.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

5.5.1 Procurement Implications

The size of the scheme is such that both services and works procurements will exceed the threshold values above which the EU Procurement Regulations apply

Accordingly all procurements must comply with the regulations. Additionally as the value of the works exceed £3.5 million the scheme is subject to the requirements of the Council's Employment and Skills strategy in relation to meeting objectives around employment training, apprenticeships and skills training.

Programmes should reflect the timescales needed to comply with the regulations.

Given the nature of the works, the recommendation and intention is to undertake a two stage restricted procedures procurement process, using a standard form of contract to appoint experienced high quality contractors who have a track record of undertaking the design and building of similar type of projects.

The project and opportunity to tender will be fully advertised in accordance with the requirement of the regulations.

6. Background information and other papers:

Intermediate Care and Short Term Residential Care Commissioning Strategy 2013-2016

<http://www.cabinet.leicester.gov.uk/documents/s54578/Elderly%20Persons%20Homes%20-%20Appendix%20A%20Intermediate%20Care%20Strategy.pdf>

7. Summary of appendices:

Appendix A

National Schemes summary

Appendix B

Staffing Costs Analysis

Appendix C

Site Options Appraisal

- 8. Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?**

No

- 9. Is this a “key decision”?**

Yes

- 10. If a key decision please explain reason**

- 10.1 The proposed Intermediate Care Centre will result in the Council incurring expenditure which is, and the making of savings which are, significant having regard to the Council’s budget for Adult Social Care Services.