

Summary Sheet

Council Report

Cabinet and Commissioners' Decision Making Meeting – 11 July 2016

Title:

Recommendation to relocate the Intermediate Care provision at Netherfield Court

Is this a Key Decision and has it been included on the Forward Plan?

Yes

Director Approving Submission of the Report

Professor Graeme Betts, Interim Strategic Director of Adult Care and Housing

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Ward(s) Affected

All

Executive Summary

On the 14th March 2016 Advisory Cabinet agreed for consultation on the proposal to absorb the intermediate care provision currently provided at Netherfield Court into Lord Hardy Court and Davies Court. The proposal will generate an estimated £312,398 in service efficiencies as well as allowing better deployment of other intermediate care therapy and social work resources. It has further strategic value for the Council as it prevents the need for investment in Netherfield Court which is an ageing building.

The consultation process has included affected staff, partners in the Rotherham Foundation NHS Trust (TRFT) and the Rotherham Clinical Commissioning Group. Feedback from the consultation highlighted the positive service at Netherfield Court and a need to ensure that the same or enhanced quality intermediate care services could be provided from the alternative locations. Overall the consultation did not raise any issues which would change the recommendation to relocate this provision.

Recommendations

It is recommended that:

- 1.1. The Commissioner is asked to **agree** the proposal to absorb the intermediate care provision currently provided at Netherfield Court into Lord Hardy Court and Davies Court.

Following 1.1 it is recommended that:

- 1.2. The Commissioner **approves** the decommissioning of Netherfield Court in line with the agreed Council protocol.

List of Appendices Included

Appendix 1- Summary of feedback from staff consultation

Appendix 2 – Feedback from Rotherham Foundation Trust therapy team

Appendix 3 – consultation response Rotherham Clinical Commissioning Group

Background Papers

Proposal to commence consultation on provision of intermediate care, Advisory Cabinet 14th March 2016

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Council Approval Required

No

Exempt from the Press and Public

No

Title: Recommendation to relocate the Intermediate Care provision at Netherfield Court

1. Recommendations

It is recommended that:

- 1.1 The Commissioner is asked to **agree** the proposal to absorb the intermediate care provision currently provided at Netherfield Court into Lord Hardy Court and Davies Court.

Following 1.1 it is recommended that:

- 1.2 The Commissioner **approves** the decommissioning of Netherfield Court in line with the agreed Council protocol.

2 Background

- 2.1 On the 14th March 2016 Advisory Cabinet agreed for consultation on the proposal to absorb the intermediate care provision currently provided at Netherfield Court into Lord Hardy Court and Davies Court. Following this decision consultation took place with affected Council staff and with partners in the Rotherham Foundation NHS Trust (TRFT) and the Rotherham Clinical Commissioning Group. As Intermediate Care is a short term service there is not a set group of users who would be directly impacted by this proposal.
- 2.2 The provision of free reablement is a key requirement of the Care Act 2014. This reablement can take place within a home setting (known locally as enabling) or within a day or residential setting (known locally as intermediate care). Reablement focuses on supporting citizens to regain skills which have been lost due to a period of illness or through age. Intermediate residential care often focuses on supporting users following a period in hospital for example following an acute incident for example a fracture or a stroke.
- 2.3 In Rotherham all registered residential intermediate care is funded through the Better Care Fund and provided directly by the Council. This is across three locations, Netherfield Court in Eastwood, Davies Court in Dinnington and Lord Hardy Court in Rawmarsh. Netherfield Court is the only one of these services that exclusively provides Intermediate Care and currently provides twenty beds. Lord Hardy Court and Davies Court are sixty bedded care homes separated into four units of fifteen beds. Currently each home delivers one full unit, fifteen beds, of intermediate care with the remaining three units offering long term residential and respite provision. All the services perform well and offer a good service to the citizens of Rotherham.
- 2.4 Looking towards the future there is a need to increase the options for citizens of Rotherham to maximise their independence and reduce the reliance on residential care. Increasing the range of provision such as intermediate care and other flexible short term residential services to support citizens to remain in their own homes is crucial to promoting better long term health. This impacts

on the sustainability of the whole system and is in line with the outcomes of the Commissioner's Roadshows that took place in 2015, in which over 90% of citizens surveyed reported that they would like to remain living in their own homes.

- 2.5 The ambition is to provide a single centre of excellence for intermediate care. This is a partnership project between the Council and Rotherham Clinical Commissioning Group and involving the wider health and social care economy. This is a key priority of the Better Care Fund 2016 plan however this work is at an early stage. In the interim there are options to start to move the current in-house services towards a more sustainable model.

3 Key Issues

- 3.1 In Rotherham too many people are placed in long term residential care compared to other authorities, consequently residents are not supported to remain as independent as possible. To improve long term health outcomes there is a need for flexible options that support users during periods of illness and crisis to step up into higher levels of support from home and step down from hospital. There needs to be an overall aim of supporting people to return to their own homes in line with what the people of Rotherham report they want.
- 3.2 In addition to the intermediate care offer there is currently a pilot underway for short term assessment beds at Lord Hardy Court. The purpose of this provision is to bridge a gap for people not generally seen as requiring intermediate care but for whom a short term intensive residential option avoids a need for a longer term placement. Expansion of this provision is a key part of reducing residential care admissions and ensuring timely discharges from hospital.
- 3.3 The provision of intermediate care across three locations offers some flexibility however the reduction to two locations would improve the affordability of the models and start to move the service to one that best meets the needs of Rotherham citizens. This would also release some budget savings as there would no longer be a requirement to run Netherfield Court.
- 3.4 Netherfield Court is an ageing building. This is in reasonable condition but is dated and if it is retained as an asset is likely to need significant capital investment over the next few years in order to continue to maintain this.

4 Options considered and recommended proposal

- 4.1 The options for intermediate care are being considered as part of a wider review of the Rotherham offer with the Rotherham Clinical Commissioning Group as part of the Better Care Fund. There is an option to "do nothing" and wait for this review however this limits the options to make efficiencies and start to move the service forward.
- 4.2 The original report suggested two other possible options. The first was to consolidate all intermediate care from the three locations Netherfield Court, Lord Hardy Court and Davies Court into one unit. The second was to absorb the Netherfield Court provision into one home either at Lord Hardy Court or at

Davies Court. Both of these options involve the relocation of intermediate care away from Netherfield Court.

- 4.3 As part of the consultation there were some requests to “do nothing”. This was based in part on the interpretation that Netherfield Court was closing and the service would be decommissioned. This generated a small number of queries directly, and on behalf of, users who have previously received support at Netherfield Court. Additionally there are some Council and therapy staff who have raised practical issues with the relocation of the service in relation to their personal circumstances.
- 4.4 Following the consultation the recommended option is to absorb the service into Lord Hardy Court and Davies Court by creating an additional intermediate care unit in each building. This would generate savings and have the added advantage of potentially creating additional ten short term social care beds subject to Better Care Fund agreement and funding. This is an option that could be achieved in a relatively short space of time.

5 Consultation

- 5.1 Intermediate care is a short term provision and citizens are offered this provision based on availability of beds rather than a choice of location. Given that the proposal does not reduce the overall amount of provision and there is not a fixed user cohort formal user consultation did not form part of this proposal. There was feedback received from and behalf of former users of Netherfield Court concerned about the potential loss of this facility and reassurances were provided to these enquires.

Staff

- 5.2 An initial staff briefing was followed by a thirty day formal consultation process including individual and group consultation sessions with staff.

This feedback with staff highlighted that expertise had been built up at Netherfield Court around intermediate care provision in particular specialist support for users who had experienced a stroke. There were concerns that this specialism could be eroded if the service moved to other sites and that the practice was not consistent across the three locations. These concerns will be addressed through a number of staff workshops to identify and address any inconsistencies.

- 5.3 There are a small number of staff who would find relocation of the service difficult due to their personal circumstances and this will be looked at on an individual basis. However a scoping of alternative options against staff preferences suggested that most staff could be matched to a preference if the service was absorbed into the other units.

Partners

- 5.4 A briefing note was issued to all partners following the decision to consult. Dedicated discussion sessions were held in a number of forums, including a

session with therapy staff, and discussion slots at the Better Care Fund Operational and Executive Groups and a Health Economy Ward round.

- 5.5 A mixture of formal and informal feedback was received from partners with written feedback provided by the intermediate care therapy team (appendix one) and Rotherham Clinical Commissioning Group (appendix two). The major theme of this feedback related to the consistency and quality of the services across the three sites in particular maintaining consistency and quality and provision of specialist stroke and bariatric.
- 5.6 The intermediate care therapy team also raised practical issues including communication, management, following of rehabilitation plans, medication management, layout of the buildings, training and office provision for therapy staff. This feedback is useful and will be used by the service to improve the consistency of the service across the locations.
- 5.7 In particular the Rotherham Clinical Commissioning Group, as joint commissioners of the service, sought reassurances on several additional issues in relation to the financial implications of the proposal. The governance and decision making around joint commissioning agendas as well as highlighting in particular an issue around GP cover for intermediate care.

6 Timetable and Accountability for Implementing this Decision

6.1 A timetable for implementation can be seen in the table below:

Date	Milestone
Pre decision	<p>Workshops with staff and partners to identify consistency and practice issues</p> <p>Identification of base for bariatric provision and consideration of any capital works required</p> <p>Review of savings and re-investment proposal to be ratified through Better Care Fund operational group and recommended to Executive.</p> <p>Start to review the eligibility criteria for the new intermediate care services to ensure fit for purpose to meet need.</p>
July 2016	Proposal agreed at Cabinet / Commissioners Decision Making meeting 11 th July 2016.
July 2016	<p>Start to transfer service over incrementally by increasing the bed base at Lord Hardy Court and Davies Court</p> <p>Formal notification of proposal to close Netherfield to be communicated to The Rotherham Foundation Trust (therapy).</p> <p>At risk and notices issued to affected staff, options for absorption, re-deployment and voluntary severance considered</p>

	<p>on an individual basis.</p> <p>Development of a decommissioning plan for Netherfield Court building following Council protocol and taking into account records management.</p> <p>Review of GP contract and development of options for continued provision.</p>
August 2016	<p>Undertake any building alteration works required to Lord Hardy Court to ensure Bariatric needs are met</p> <p>Continue to incrementally move services where possible.</p> <p>Sign off revised intermediate care criteria.</p>
September 2016	No new admissions to Netherfield Court
October 2016	Closure of Netherfield Court

8. Financial and Procurement Implications

8.1. The current operating budget for Netherfield Court is £859,438 and part of this budget is required to deliver the intermediate care provision at Lord Hardy Court and Davies Court. Initial scoping estimated savings at £312,398¹ with the full financial impact to be worked up through the implementation period.

8.2. The breakdown of these estimated savings are shown in the table below.

Netherfield budget (15/16)	£859,438.00
Cost of remodelling at Lord Hardy Court and Davies Court	-£547,040
Savings	£312,398

8.3. The Netherfield Court budget of £859,438 does not include £84K premise budget as this comes under the Corporate Landlord. There may be non-recurrent costs and possible opportunities with relation to leaving Netherfield Court through the alternative use or disposal of an asset. In addition to the £312,398 savings, there could also be the further corporate savings to be realised.

8.4. The Rotherham Clinical Commissioning Group have requested visibility of the financial breakdown to be available through the Better Care Fund governance process and the impact that this re-provision will have on other elements of Better Care Fund investment. A full financial assessment will be presented to Better Care Fund Executive as part of this process.

8.5. Assuming timely implementation savings will be achievable in part in 2016/2017 and in full from 2017/18.

¹ Scoping completed as part of original cabinet paper.

9. Legal Implications

9.1. The legal implications are dealt with in the body of this report in particular at section 11.

10. Human Resources Implications

10.1. This proposal impacts on all of the staff at Netherfield Court, Davies Court and Lord Hardy Court. There are currently:

- 20.41 FTE staff on the Netherfield Court establishment
- 60.19 FTE staff on the Lord Hardy Court establishment
- 63.18 FTE staff on the Davies Court establishment

10.2. There are however a number of vacant posts at each establishment and most of the staff have part time contracts. As part of the consultation a scoping exercise was undertaken to identify the exact number of staff impacted through this proposal and identify where additional staff may be able to be absorbed by releasing staff who have previously requested severance through the corporate scheme.

10.3. It is inevitable that there will be an overall reduction in staff posts as a result of this proposal. However, given the need to increase staffing at Lord Hardy Court and Davies Court to accommodate intermediate care, the number of vacancies and temporary posts in the system and the small cohort of staff who have requested voluntary severance there are unlikely to be any compulsory redundancies as a result of this proposal.

10.4. Provision of focused reablement support is a different skill set to general residential care and there may be some additional training and development needed for care staff moving from a residential environment to intermediate care.

10.5. There is a difference in some of the grading of staff at Netherfield Court and this will need to be looked at as part of the implementation.

11. Implications for Children and Young People and Vulnerable Adults

11.1 This proposal impacts on vulnerable adults however there are no expected impacts for Children and young people.

12. Equalities and Human Rights Implications

12.1. The Council has to ensure it complies with its duties under the Equality Act 2010. Under section 1 of that Act, the Council must, when making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage. In addition under s149 of the Act, the Council must comply with the public sector equality duty which requires it to have due regard to the need to:

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In dealing with this duty, the Council must have due regard in particular, to the need to:

- (i) remove or minimise disadvantages suffered by persons who share a relevant characteristic that are connected to that characteristic;
- (ii) take steps to meet the needs of people who share a relevant protected characteristic that are different to the needs of persons who do not share it; and
- (iii) encourage persons who share a relevant characteristic to participate in public life or any other activities where their participation is disproportionately low.

12.2. Protected characteristics include disability, age, race, sex, religion or belief, gender reassignment, marriage and civil partnership, pregnancy/maternity and sexual orientation.

12.3. An Equality Impact Assessment has been undertaken as part of this process. There has been some suggestion through the feedback process that the service at Netherfield Court provides a better level of consistency than the other intermediate care units, due to this being the primary business of this unit. This should not be the case and an action plan will be put in place to address any inconsistencies in service provision that are identified.

12.4. Currently there are some inequalities in the level of therapy support across the three intermediate care units due to the way that staff are deployed. This proposal presents the opportunity to reduce these inequalities by consolidating the staff into two units rather than three units.

12.5. The delivery of intermediate care in various locations across the Borough has advantages in terms of potentially offering options that are convenient for relatives. It is not always possible for users to have this choice as it is dependent on availability of beds. As intermediate care is a short term provision this impact is considered proportional.

12.6. Currently there is bariatric provision at Netherfield Court. The possibility of developing this provision at either Lord Hardy Court or Davies Court will need to be considered as part of this proposal. If this is not possible, this will have an impact on availability of intermediate care for users with bariatric needs.

12.7. The team at Netherfield Court have developed expertise around support to users recovering from a stroke. This expertise needs to be embedded within

the wider intermediate care provision to ensure that users with these needs can receive the appropriate level of input.

- 12.8. There is a need to review the eligibility criteria for intermediate care to ensure that this remains fit for purpose to meet the needs of the citizens of Rotherham. This piece of work will be picked up as part of the implementation of this proposal.

13. Implications for Partners and Other Directorates

- 13.1. This proposal needs to be developed in conjunction with partners in the Clinical Commissioning Group through the Better Care Fund governance process and with the Rotherham Foundation Trust. There needs to be transparency around the financial risks and savings through the Better Care Fund agreement and decision making needs to take place in parallel.
- 13.2. There are implications for Rotherham Council property services as Netherfield Court will no longer be required as a building for adult social care. Additionally there may need to be some alterations to either Lord Hardy Court or Davies Court to create bariatric provision.

14. Risks and Mitigation

- 14.1. There is a risk that there will be insufficient vacancies created within Lord Hardy Court and Davies Court within the implementation timescales. This can be mitigated through holding vacancies and utilising respite beds. The intermediate service currently runs with some capacity and if necessary there is an option to manage a temporary reduction in capacity through the summer period. This is considered a manageable risk.
- 14.2. There is a risk that there will be loss of jobs for Council staff. This will be mitigated as far as possible through holding vacancies, releasing staff who have already requested voluntary severance and redeployment into other areas where possible. This is considered a low risk.
- 14.3. There is a risk that the loss of residential beds within Lord Hardy Court and Davies Court will cause a pressure on residential provision. This is a low risk as there is currently sufficient capacity in the market to absorb this reduction.
- 14.4. There is risk of a cost pressure associated with reducing in-house bed capacity as this may result in additional purchasing in the independent sector. As the direction of travel for adult social care is away from long term residential provision this is considered a low risk.
- 14.5. There is a risk that the Care Quality Commission will not support the proposals however this is extremely low as both Lord Hardy Court and Davies Court are already providing intermediate care services.
- 14.6. There are financial and reputational risks to Council if the building is not decommissioned in a timely manner; this includes liability for utilities and potential risk of vandalism.

15. Accountable Officer(s)

Professor Graeme Betts, Interim Strategic Director of Adult Care and Housing

Approvals Obtained from:

Strategic Director of Finance and Corporate Services: Mark Scarrott

This report is published on the Council's website or can be found at:-

<http://modern.gov.rotherham.gov.uk/ieDocHome.aspx?Categories=>

Appendix 1 – Feedback from Rotherham Foundation Trust therapy team

Concerns and comments regarding the consultation on the potential closure of Netherfield Court

Following the proposed closure of Netherfield Court as an intermediate care therapy team we met to reflect on current good practice within the intermediate care beds at this present time. The potential closure of Netherfield Court and moving intermediate care services across to Lord Hardy Court and Davies Court highlighted some concerns. The table below provides a comparison of the intermediate care beds therapy staff current experiences of working within the three units over the last few years.

Areas of concern/comments	Netherfield Court	Davies Court	Lord Hardy Court
Communication	Close working links with therapists-enablers will feed back to therapists and concerns with clients. Therapists communication with seniors regarding health concerns – always actioned by senior. Enablers work day and night shifts which helps with carry-over of rehab and 24 hour experience.	Close working links with therapists-enablers will feed back to therapists and concerns with clients. Therapists communication with seniors regarding health concerns – always actioned by senior. Difficulty contacting seniors to discuss transfer of clients/issues predominantly on weekend.	Further integration between staff is required.
Management	Manager attends meetings at RDGH-close links with hospital.	Manager unable to attend these meetings due to commitment to higher number of beds.	Manager unable to attend these meetings due to commitment to higher number of beds.
Paperwork	Working to second version of rehab plans. Enablers always follow rehab plans	Working to new rehab plans which were amended and approved by management 18 months ago. Enablers always follow rehab plans	Working to original rehab plans despite feedback given to change this years ago. Enablers do not follow rehab plans

Staffing	<p>Tend to be more flexible with amount of double handlers they can take if staffing levels appropriate.</p> <p>Access to a 7-2 daily therapy specific enabler who completes rehab plans set.</p> <p>Dedicated staff/seniors working specifically on this unit only to enable clients.</p> <p>Dedicated night staff specific to ICAB clients</p> <p>? are all staff on same job descriptions.</p> <p>Because of uncertainty staff are looking for other posts.</p> <p>Cook fully aware of all dietary needs and swallowing problems.</p>	<p>Impacts on double handling capacity- typically only take 4/5 at a time.</p> <p>Access to a 7-3 daily therapy specific enabler who completes rehab plans set.</p> <p>Dedicated staff/seniors working specifically on this unit only to enable clients.</p> <p>Night staff cover both ICAB and Residential sides.</p> <p>? are all staff on same job descriptions.</p> <p>Flexible and accommodating GP</p> <p>Cook not aware as cooks for whole building.</p>	<p>Tend to take more double handlers due to fast response beds.</p> <p>No specific daily enabler available for therapy only.</p> <p>It appears that there is no dedicated team of enablers/seniors covering the ICAB/Fast Response beds only. Night staff cover both ICAB and Residential sides.</p> <p>? are all staff on same job descriptions.</p> <p>Flexible and accommodating GP</p> <p>Cook not aware as cooks for whole building.</p>
Fast Response Beds		<p>Until client is accepted for IMC bed (pre admission assessment completed) bed can be allocated to a fast response client.</p>	<p>Needs to be clarified in writing who is priority fast response or IMC for the beds as currently larger amounts of IMC beds on the unit.</p> <p>How will the fast response beds be split given the changes? will some go to Davies Ct.</p>
Medication	<p>Promote and facilitate self-medication when appropriate</p> <p>Enablers dispense medication</p> <p>Medication kept in clients room</p>	<p>Promote and facilitate self-medication when appropriate.</p> <p>Enablers dispense medication</p> <p>Medication kept in client's room.</p>	<p>Do not promote or facilitate any self-medication.</p> <p>Medication kept in main trolley separate to bedrooms</p> <p>Seniors dispense medication</p>

Location/accessibility	Central location, therefore this could pose potential difficulties for visitors. When surge plan was instigated due to central location made going to the hospital to support easier and effective.	South of borough can pose difficulties for clients who are more central having visitors.	North of borough can pose difficulties for clients who are more central having visitors.
Therapy room/ new layout of ICAB	Dedicated therapy room and computers for clients for speech and language therapy programmes. More sociable layout for clients when visitors come, various lounges and small kitchens available to make environment more homely.	Advised by manager that positive changes will be made to increase space for therapists and therapy. i.e. relocation of desks etc. Reassurances given that the new beds will be allocated on the residential unit, therefore this is linked to the current unit which will make rehab better and also be more appropriate than using EMI beds. Concerns however how appropriate it is to have rehab and residential clients mixed.	No assurances given, needs to follow in Davies Ct lead.
Training	Well trained in handling stroke clients All enablers had rehab training with therapists and do carry out and follow all rehab plans i.e. for kitchen practices and exercises. Some staff are trained in Otago exercises and complete these with clients without	No stroke handling training. All enablers had rehab training with therapists and do carry out and follow all rehab plans i.e. for kitchen practices and exercises. Some staff are trained in Otago exercises.	No Stroke handling training. All enablers had rehab training with therapists; however do not carry out any rehab with clients.

	needing therapist direction.		
Stroke clients	Specialist unit with all members of MDT dedicated to stroke care and rehab in central location which makes easier for families to visit. Dedicated unit for strokes needs to remain, cannot be separated due to risk of this impacting on clients care and therapy outcomes. Concerns if staff leave will be loss of skills which will affect clients.	No experience of complex stroke clients. Lack of training in this.	No experience of complex stroke clients Lack of training in this.
Social Work Cover	Dedicated social services staff	Loss of dedicated social worker this is impacting on delaying discharge for clients.	Dedicated Social Services staff
Health and Safety Issues			Incidence in past regarding not following moving and handling procedures as documented by therapist.
Rehab ethos and philosophy.	Purely dedicated to rehab therefore all staff are in this mind-set	Enablers ring fenced purely for IMC beds therefore all dedicated to rehab and are in this mind-set.	Dual registered home therefore mind-set in conflicting and divided.

Our key concern is the effect this will have on the delivery of therapy for stroke survivors and their families. Netherfield Court is a dedicated unit with specialist therapy input which runs alongside enablers and seniors that have developed specialist skills in this area. Addressing this concern is key in achieving quality outcomes for the stroke survivors. The skills and expertise currently exists, but presently only at Netherfield Court. The transition of

skills and knowledge in this area requires significant attention to ensure the quality of care is not compromised for clients.

An area to explore further is the unit managers role/relationship with RDGH as this is fundamental in preventing barriers to discharge and developing flexible working relationships moving forward.

Thank you for taking the time to read and consider our feedback. Please could you provide a response as to how our concerns and comments will be addressed? If you wish to meet with us to discuss these concerns any further then please contact us to arrange this.

Kind Regards

The Intermediate Care Beds Therapy Team

Appendix 2 – Consultation response Rotherham Clinical Commissioning Group

Please see attached document