Rotherham Metropolitan Borough Council

Public Report
Cabinet and Commissioners' Decision Making Meeting

Summary Sheet

Name of Committee and Date of Committee Meeting
Cabinet and Commissioners Decision Making Meeting – 21 May 2018

Report Title:
Proposals for the future of Rotherham Intermediate Care Centre (RICC) Badsley Moor Lane

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

Strategic Director Approving Submission of the Report
Anne Marie Lubanski, Strategic Director of Adult Care, Housing and Public Health

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Ward(s) Affected
Rotherham East Ward (Badsley Moor Lane)
All (community based services)

Summary
The Rotherham Plan, Integrated Health and Social Care Plan and Better Care Fund (BCF) Plan 2017-19 illustrates the importance of prevention, early intervention, rehabilitation and reablement to maximise independence, increase quality of life, support people to live in the community for longer and reduce reliance on support from the health and social care economy. The purpose of intermediate care services is to facilitate hospital discharges, prevent admissions and re-admissions to secondary care, and reduce the need for home care packages and admissions to 24 hour residential care.

The RICC is located on Badsley Moor Lane in the centre of Rotherham and delivered in partnership by Rotherham Council and The Rotherham Foundation Trust and contributes to the aims, objectives and outcomes set out in the intermediate care service specification and BCF Plan 2017/19.

The centre is jointly commissioned by Rotherham Clinical Commissioning Group (CCG) and Rotherham Metropolitan Borough Council through a Section 75 Agreement under the Better BCF to provide rehabilitation and community integration facilities within a day setting for residents of Rotherham or who are registered with a Rotherham GP practice. As such, the report has been through the CCG's governance (Operational Executive 13 April 2018 and Strategic Commissioning

Executive 18 April 2018) and the BCF governance (BCF Operational Group 4 April 2018 and BCF Executive Group 12 April 2018).

The centre also accommodates therapists, specialist mental health workers and support workers who are providing services across Rotherham to promote and maximise independence following a person's recent episode in hospital, change in functional abilities or a worsening of their long-term condition.

The national context in relation to Adult Social Care and Health is reflected in:-

- Care Act 2014
- 5 Year Forward View, October 2014
- Next Steps 5 Year Forward View March 2017
- 6 Steps to Managing Adult Social Care, John Bolton, March 2017

The legislation affirms the commitment to personalisation and shaping responses to individual circumstances, enabling people to exercise choice and maintain control over their own lives, whilst promoting efficiency and value for money in the use of shrinking resources. The challenge at both national and local level is to develop robust, sustainable opportunities and support which promotes prevention and early intervention.

Recommendation:

That option 2 of the report be approved, which is to move the provision of rehabilitation out of the building base (RICC at Badsley Moor Lane) and re-provide within the community.

List of Appendices Included:
Appendix A Equality Impact Assessment

Background Papers:
Vision and Strategy for Adult Social Care – March 2016 and January 2018
Care Act 2014/15
Think Local, Act Personal 2010
Rotherham Housing Strategy 2016 – 2019
Rotherham Integrated Health and Social Care Place Plan, November 2016
Health and Wellbeing Strategy 2015-18

Consideration by any other Council Committee, Scrutiny or Advisory Panel:
Overview and Scrutiny Management Board – 21 May 2018

Council Approval Required:
No

Exempt from the Press and Public:
No

Proposals for the future of Rotherham Intermediate Care Centre (RICC) Badsley Moor Lane

1. Recommendations

1.1 That option 2 of the report be approved, which is to move the provision of rehabilitation out of the building base (RICC at Badsley Moor Lane) and re-provide within the community.

2. Background

2.1 **RICC Day Rehabilitation Service (Phase 1 and Phase 2)** The service provides rehabilitation sessions to adults 60 years and over in a day setting. There are two elements within the day rehabilitation service. The first comprises of the physical rehabilitation service in order to improve safety, function and independence and the second includes the community integration service in order to maintain the physical health and well-being achieved through on going exercise and access to community services. Both services (Phase 1 and Phase 2) are delivered at the RICC.

2.2 **Physical Rehabilitation Service (Phase 1)** The physical rehabilitation service provides holistic physiotherapy and occupational therapy assessment leading to a treatment/rehabilitation plan being developed.

The emphasis of this phase is to increase and optimise customer's physical function and ability to live safely at home. This is a 6 week exercise programme that addresses the physical needs of the customer.

The service can only be accessed on 2 days per week, either on a Monday and Wednesday or a Tuesday and Thursday.

2.3 **Community Integration Service (Phase 2)** The Community Integration Service concentrates on the person's health and well-being and assists them to consider options available, through existing community opportunities, once their treatment/rehabilitation plan at the physical rehabilitation phase has been fully completed.

If the customer has been referred from the physical rehabilitation phase (Phase 1), then the aim is to maintain the physical well-being achieved through on-going exercises and to enhance this with purposeful activity and access to community services to prevent social isolation and promote good mental health.

Purposeful activity is dictated by the customer's own interests and abilities. A mixture of groups currently run at RICC to assist customers to maintain or improve physical or mental function, while enjoying the activity and achieving an end product or outcome of their choice.

Customers are assisted to access community groups according to their needs and personal interests. For some customers, this will include participation in the Lifestyle Matters programme which covers many topics affecting everyday life, such as keeping physically active, social relationships and memory. This allows customers to set their own goals and outcomes within the area discussed and look at breaking down any barriers to achieving these goals.

2.4 The Care Act 2014 requires people to be assessed as individuals and for their needs to be determined in terms of their personal 'wellbeing'. The Act focuses on looking at people's strengths, what they can do and what outcomes they want to achieve, which is described as strength based approach. It anticipates that most individuals can lead full lives focussing on prevention and timely advice and information. This will require a significant practice and cultural shift locally to which the Council has to respond.

2.5 Historically adult social care in Rotherham has been based upon a traditional "assess for service" model which has resulted in a higher proportion of adults in receipt of services when compared to regional neighbours. Care and support has been provided by services rather than prevention and promotion of an individual's strengths.

2.6 In many Local Authorities, they have moved away from providing any in house building based offers and offered a tailored individualised service to people in the community, predominantly in their own home. A personalised approach will look at the individual's outcomes as outlined in the Care Act 2014 and support a recovery in the person's home environment.

2.7 **Opening Hours -**
The service operates Monday to Thursday between the hours of 10.00 am and 4.00 pm. Customers arrive at the centre from around 9.30 0am (depending on availability of community transport) and leave at around 3.00 pm.

2.8 **Accommodation -**
The RICC building accommodates both Phase 1 and Phase 2 services; the service also acts as a central hub to provide office accommodation for all intermediate care therapists (beds, community and day rehabilitation facilities). However, use of RICC by the intermediate care therapists has declined over the past 12 months due to improved IT access within Lord Hardy and Davies Court.

The service operates from a large health building of which the Council pay rent to the NHS. There are a number of issues with the security of the building overnight and weekends and there is underutilised space that remains either unoccupied or rarely used within the centre. The centre is also based in the centre of Rotherham and excluded from the community.

2.9 **External Provider Usage -**
The Stroke Association (voluntary sector provider providing a service commissioned through CCG contract) occupies some office space at RICC and pays the Council rent.

The TRFT Falls Team uses the Phase 2 large rehabilitation room for customers/patients on a Friday morning (as it is not in use for Phase 2 on a Friday) at no additional cost.

The large room within Phase 2 is also rented out to an Otago self-help exercise group on a Friday afternoon for up to a maximum of 30 customers/patients (mainly for people 60 years and over, although a person of 18 years of age also attends who has autism). This generates an income of £10 per hour (1 hour per week) for room hire which amounts to £470 in 2016/17 (hired out approximately 47 weeks of the year). Otago sessions by this provider are also delivered at Maltby, Wath and Swinton.

If the decision is made to proceed with option 2 to vacate the building then notice will have to be given to the Stroke Association to end their occupation. Otago will also need to be notified that this accommodation will no longer be available.

2.10 **Transport -**
Transport is provided via the Council's in-house adults transport consisting of the use of around six vehicles at any one time to transport customers from their home address to the Centre (including return journeys) for those living in the Rotherham area or those registered by a Rotherham GP.

The practicalities of this operation are not sustainable or cost effective. This also creates dependency for customers who may be able to self-travel or access services more locally.

Customers currently contribute towards their travel costs (in accordance with the Council's charging policy).

2.11 **Meals Provision -**
A two course meal is offered and provided to all Phase 1 and Phase 2 customers on Mondays to Thursdays every week. Customers contribute £4.84 per meal (in accordance with the Council's charging policy).

3. Key Issues

3.1 The proposal to move away from a building base provision of rehabilitation is in line with the Integrated Care Partnership's vision through the Rotherham Place Plan. The importance of prevention, early intervention, rehabilitation and reablement to maximise independence, increase quality of life, support people to live in the community for longer and reduce reliance on support from the health and social care economy is paramount. The shift to community rehabilitation supports the ability to ensure that individualised care planning takes place to maintain people's independence for longer at home.

3.2 At present there are a number of inter-related issues which result in the delivery of a service from a building base which is not easily accessible for some customers and is limited in the number of days per week it operates. This then results in the use of transport (adult care and community transport) of which routes have to be re-configured every six weeks due to a change of customer base.

3.3 The building which is occupied at Badsley Moor Lane is one of several buildings on a health site, owned by NHS Prop Co. The site is underutilised and costly with several buildings having to be secured and attracting some anti-social behaviour.

3.4 The existing model is delivered within a building based setting and could be maximised through a delivery of an integrated community based offer which would be provided from customers' homes, through the current reablement provision. The current model is a traditional model, which is not replicated elsewhere (based on benchmarking data) and does not provide value for money due to the high cost per customer.

There are new models emerging to support social inclusion, community cohesion and wellbeing principles including self-management, which provide a more innovative approach to Phase 2 of RICC. This includes services such as social prescribing and community connectors employed by the Council.

3.5 The current model does not fit with the Rotherham Place (Integrated Care Partnership) vision for a more streamlined pathway of provision to prevent, reduce and delay care and support needs through an increased focus on an integrated intermediate care/ reablement pathway home.

3.6 The service is partly funded through the BCF under a Section 75 Agreement with the CCG. Any reconfiguration of the service would require agreement through the appropriate governance arrangements for the BCF. Savings need to be agreed with the CCG in terms of proportionality across the funding partners (CCG and the Council).

3.7 The service is provided by both adult social care and health (TRFT) staff; consultation would therefore be required with TRFT as changes may impact on their staff as well as the Council's staff.

3.8 The review of RICC needs to coincide with the wider review of intermediate care/reablement in particular community bed base provision.

3.9 **Performance 2016-17 & 2017-18**

3.9.1 The data below is provided by the Council and TRFT staff, based at RICC, on a monthly basis to the joint commissioning team (Council and CCG). The total number of new customers receiving rehabilitation and community integration services from Phase 1 and Phase 2 during 2016/17 was 228.

3.9.2 147 people attended rehabilitation sessions at Phase 1 in 2016/17 and the average length of stay was 11.1 days (2 weekly sessions x 6 weeks).

3.9.3 81 people were in receipt of Phase 2 services in 2016/17and the average length of stay was 18.6 days in 2016/17.

Performance Data 2017/18

Year 2017/18	RICC Phase 1	RICC Phase 2
April 2017	7	10
May 2017	23	6
June 2017	13	5
July 2017	14	4
August 2017	13	9
September 2017	28	2
October 2017	11	6
November 2017	13	11
December 2017	15	3
January 2018	15	6
February 2018	25	2
March 2018	15	6
Cumulative Total	192	70

3.9.4 The table above shows that a total of 262 new customers received rehabilitation and community integration services from Phase 1 and Phase 2 in 2017/18.

3.9.5 192 people attended twice a week for rehabilitation sessions at Phase 1 in 2017/18 and the average length of stay is 9.6 days.

3.9.6 70 people were in receipt of Phase 2 services and the average length of stay is 20.9 days in 2017/18.

3.10 **Property Maintenance**

3.10.1 The Adult Care & Housing Directorate has liaised with colleagues from Asset Management to establish its terms of occupation and the potential cost of ending its occupation of the RICC. There is a service charge provision within the lease to pay a fair and reasonable proportion for maintenance of the communal area. The Council are occupying the premises under an expired lease (NHS granted lease to the Council from 1.4.11 to 31.3.16). As the lease has expired, this is now on a periodic tenancy which normally requires 3 months' notice served on the landlord to terminate the tenancy.

3.10.2 The building is owned by NHS Prop Co.

4. Recommended Proposals

4.1 Option 1: The service would remain 'as is', the Council and CCG would continue to commission a traditional day service model of provision to a low number of people per annum (an average of 300 new customers per year), at a high cost to the Rotherham health and social care economy, that does not align with the principles of 'Home First' set out in our Rotherham Place Plan priorities.

4.1.1 This option is not viable and therefore is not recommended. The option does not tackle the need to change and transform Council business, in line with the requirements of the Care Act 2014.

4.2 Option 2: Decommission RICC as a building based rehabilitation service and re provide within the community. The support staff, therapists and admin would be redeployed into the in house reablement service with a focus on recovery at home. Reablement provision supports customers to live life as independently as possible, through an outcome-focused, personalised approach, whereby the person using the service sets their own goals and is supported by a reablement team to achieve them over a limited period. It focuses on what people can do, rather than what they can't, and aims to reduce or minimise the need for on-going support after reablement. This is in line with the current competencies of the RICC staff team.

4.2.1 The current reablement model is being reconfigured with a pilot underway to integrate health and social care provision by including occupational therapy resource. This is having a positive impact on staff skill mix (sharing of knowledge and skill throughout the team) and the ability to assess the reablement needs of more complex customers appropriately. Feedback from the service is that physiotherapy input would also be valuable in the model.

4.2.2 This would leave a small number of (4) staff members that provide maintenance and catering provision at risk. See HR section.

Option 2 Potential staffing models

4.2.3 Health employed therapy (Occupational and Physio Therapy) staff, would support the delivery of reablement programmes in customers own homes in order to promote independence and reduce care packages/admission to care homes. This would also help to support clients coming out of bed based provision including Intermediate Care.

4.2.4 If the new service is provided purely with the existing qualified therapy provision (Phase One and Two combined) this would limit the likely number of contacts to approximately 12 new customers per week (this is based on appropriate calculations provided by clinical resource at TRFT), and is predicted to meet the current customer base per annum at RICC.

4.2.5 By also utilising the current RMBC support staff working alongside the qualified therapists a more balanced skill mix would be achieved, making more efficient use of therapy skills, and delivering a more productive service. The combined service would increase the number of potential contacts.

4.2.6 In summary, this would enable a similar level of service that is currently offered but in a more person centred method, closer to the person's home, and making more use of locally available resources.

4.3 **Services accessing the Building Base**

Falls Group Rehabilitation

4.3.1 One group session per week is delivered at RICC on Friday's by the Falls and Bone Health Team. The falls group rehabilitation session can be re-located to an alternative venue on the Badsley Moor Lane site with no identified impact to the service. The day/time may be subject to review depending on room availability.

Base for TRFT teams/staff

4.3.2 The following TRFT staff currently use RICC as their base:

- Therapy Clinical Lead Localities -Intermediate Care
- Intermediate Care Admin Support Officer
- Central Therapy Locality team members

4.3.3 Alternative accommodation for the above staff will be identified in partnership with the TRFT Estates Lead. The intermediate care therapy teams have recently relocated from using RICC as a base to the respective units (Lord Hardy Court and Davies Court), significantly reducing the number of staff accessing the building.

5. Timetable and Accountability for Implementing this Decision

5.1 The next stages to take the recommendations forward once approved will be to conduct a period of formal consultation with the relevant staff and stakeholders to establish the implementation of the new model and how it will operate. The consultation would take place between June to July 2018 and would involve officers from HR and Union representation where necessary.

6. Financial and Procurement Implications

6.1 The total cost of the service as currently provided, including transport, is £553,655. CCG funding of £240,844 is provided through the Better Care Fund and £47,869 is funded from the intermediate care therapy pooled budget, leaving a net annual cost of £264,942 met by the Council.

6.2 If it was agreed to decommission the service, this is the maximum annual saving which would accrue to the Council. However, further analysis would need to be done around the operational details of the service being reconfigured to move from a building based service to one provided within the community, in order to assess the exact financial savings.

6.3 In particular this includes savings from transport which are closely linked to the review of Learning Disabilities and thus the timescales for delivery of these savings will be determined by how quickly the 2 projects progress.

6.4 In addition decommissioning the service could have the following one-off potential financial implications:

- Severance costs for displaced staff which could cost up to £93k (based on an average severance cost)
- Potential dilapidation costs estimated in the region of £20k

7. Legal Implications

7.1 The purpose of the Care Act is to improve people's independence and wellbeing. The legislation sets out specific duties of local authorities to provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support.

7.2 Local authorities are required to consider the following:

- what services, facilities and resources are already available in the area (for example local voluntary and community groups), and how these might help local people
- identifying people in the local area who might have care and support needs that are not being met
- identifying carers in the area who might have support needs that are not being met

In discharging this duty, local authorities are required to work with their communities and provide or arrange services that help to keep people well and independent. This should include identifying the local support and resources already available and helping people to access them.

7.3 In addition to the legal requirements for robust consultation, 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 Section 149 of the Equality Act, the Council must comply with the public sector equality duty which requires it to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- 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:

- Remove or minimise disadvantages suffered by persons who share a relevant characteristic that are connected to that characteristic.
- 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.
- Encourage persons who share a relevant characteristic to participate in public life or any other activities where their participation is disproportionately low.

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

7.4 It is proposed that full assessments of customer and carers will be undertaken to ensure all care and support packages are appropriate.

8. Human Resources Implications

8.1 Each proposal will need more detailed work to assess the specific impact on staff and appropriate consultation with staff and trade unions will need to be undertaken.

8.2 There is a total of 20 staff members attached to the Phase 1 and Phase 2 RICC service that would be affected by the change in the model of provision from a building base to the community.

The Council currently employs a total of 17 staff members at RICC for Phase 1 and Phase 2:

The Rotherham Foundation Trust currently employs 3 members of staff at RICC.

Transport section – a number of drivers are employed to transfer customers/patients to and from the RICC centre on 4 days a week.

8.3 The consultation would include specific consultation with staff for a period of 30 days, to understand the implications of the options detailed in this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The service is for older people and would not affect the provision of any Children and Young People services.

10. Equalities and Human Rights Implications

10.1 An Equality Analysis specific to this piece of work will be completed in conjunction with the consultation to determine the appropriate course of action.

11. Implications for Partners and Other Directorates

11.1 It is a requirement as part of the Section 75 agreement for the BCF to ensure that all parties (CCG/RMBC) are fully appraised on any decision regarding BCF provision. Formal agreement from the CCG is being sought in conjunction with agreement through the Council.

11.2 Key partners and stakeholders have been engaged in some early discussions and this will continue through the formal consultation stage.

11.3 There is a need for a clear engagement and communication/media plan. There will need to be a working group that would drive this project and include dedicated officers from a variety of teams including the communications team.

12. Risks and Mitigation

12.1 Risk of not agreeing to the recommendations will mean that the aspirations and outcomes for customers will not be achieved and the budget savings will not be met, and alternative options will need to be identified in order to achieve a balanced budget.

12.2 There is an increased risk of formal complaints, which will be mitigated through appropriate consultation with staff and service users.

12.3 There is a risk of disruption to other service which utilise the building which will be mitigated through early engagement in the process of decommissioning and support to seek alternative arrangements where appropriate.

13. Accountable Officer(s)

Anne Marie Lubanski, Strategic Director of Adult Care and Housing
Nathan Atkinson, Assistant Director Strategic Commissioning
Janine Moorcroft, Head of Service, Adult Care Services (Provider)
Claire Smith, Head of Adult Commissioning (CCG/RMBC)

Approvals obtained on behalf of

	Named Officer	Date
Strategic Director of Finance & Customer Services	Julie Copley	13.03.2018
Assistant Director of Legal Services	Neil Concannon	13.03.2018
Head of Procurement (if appropriate)	Neil Murphy	21.02.2018
Head of Human Resources (if appropriate)	Kay Wileman	13.03.2018

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