

<b>Report to:</b>	Trust Board
<b>Date:</b>	6 <sup>th</sup> April 2016
<b>Report From:</b>	Chief Operating Officer
<b>Report Title:</b>	Decision paper:  Delivery model for community health and social care services for the Brixham community incorporating the re-provision of services currently provided at St Kilda's care home.

## 1. Summary

The Board has been previously briefed on the rationale for 'pausing' the legacy Care Trust proposal to re-provide services provided at St Kilda's care home, through a substantial investment in the redevelopment on the Brixham Community Hospital site. The decision to pause this proposal was based on the requirement to assess future needs and consider how a new model of care might be delivered to more appropriately meet these needs, driven by changes to the original assumptions as summarised on page 4 of this paper.

This paper sets out recommendations on how a proposed new model of care for the Brixham community will re-provide the services that local people currently access from St Kilda's care home. The paper will therefore begin by setting out why a new model of care is needed to serve the future needs of local people and describe what this may look like.

In consideration of the new model of care this paper will also explore the set of factors that underpin a recommendation that the services currently provided by St Kilda's care home can be equally well accommodated via an alternative option, rather than through the previously planned new build St Kilda proposal. If the Board decides that the new care model requires a different solution to that previously proposed and no longer requires a new build St Kilda, a decision is also needed in relation to the current contract for services from St Kilda's.

From previous and current assessment it is confirmed and evidenced that the current building is no longer fit for purpose and that the contract for services is not sustainable going forward. As a consequence the Trust would like to work in partnership with Sandwell Community Caring Trust (SCCT) who provides the services at St Kilda's on behalf of the trust, to find suitable alternative services for our current clients and secure alternative employment for SCCT staff within the local NHS. SCCT and the Trust will work together to develop a detailed operational plan to transition services to the new care model and agree the sequence of changes required. We are requesting Board approval to engage with affected clients and local stakeholders to hear their voice in the re-provision proposal for the services currently provided at St Kilda's care home.

The Trust is commissioned by Torbay Council to deliver the services which it sub-contracts to SCCT/St Kilda's. The nature of this proposal makes it a "Key Decision" for Torbay Council under the existing formal partnership agreement. Following Trust Board consideration and decision the Trust is required to present a formal recommendation on the model of care, configuration of services and therefore future of the contract with SCCT for the provision of services from St Kilda's to the Director of Adult Social Care Services (DASS) of Torbay Council for a final decision.

## 2. Background

### 2.1 Context - A New Model of Care

The inception of the Integrated Care Organisation in October 2015 provided the platform to deliver a new innovative model of care to deliver high quality services to local people that are designed to more appropriately meet the current and future needs of the local population and are financially sustainable.

The new model of care is based on supporting people to improve their health and wellbeing and 'live their life to the full' through the resources they have or can access in their local community. The model is centered on health promotion, 'recovery' and re-ablement to maximum independence after a period of dependence on health and social care services. People with more complex needs will be supported to become 'experts by experience' through increased investment into local community-based services, reducing the need for hospital-based care and avoiding where possible the deterioration and crisis which often results in long periods of inpatient or professional care.

This new model will be delivered by health and social care staff working as a joined up team in each locality (in this case the locality of Brixham and Paignton), working in partnership with the local voluntary sector, housing, mental health services and others to meet the needs of local populations in a more integrated and effective way, and with an ethos of empowerment, responsibility, choice and independence. The new care model is very different from the way services have been provided in the past and importantly means that additional investment will be made into community based services – statutory, 3<sup>rd</sup> sector and independent - to help support people where they choose to live. People tell us that the 'best bed is their own bed' and so the plan is to invest in a range of people and services to provide enhanced community support and care delivered as locally as possible. The aim will be to only admit someone to a hospital bed if needed and as a last resort.

### 2.2 St Kilda's Care Home

St Kilda's Care Home is currently delivering residential, care and day services for the population of Brixham and surrounding area from 24 beds:

- 10 intermediate care beds;
- 10 step down , consisting of 7 step down beds and 3 respite beds; and
- 4 residential care beds.

A recent analysis of people occupying the intermediate care beds at St Kilda shows a split of 39% from Paignton, 34% Torquay and 27% Brixham.

The facility is owned and maintained by Torbay Council. Service delivery has been subcontracted by the Trust to Sandwell Community Caring Trust (SCCT) since 2008 and based on the availability of 29 beds, paid for on a block contract with an annual value of £896,000 for bed-based care, £117,000 for Day Care, and £47,000 for community meals. The service contract is in place until 2018, but has within it a break clause that can be activated to give nine month's notice.

The current building is in very poor condition and has significant maintenance issues, such that it is unfit for purpose beyond 2016.

St Kilda's has four permanent residents. There is considerable interest from other stakeholders including residents, Brixham Town Council and the Brixham Hospital League of Friends to ensure that the needs of the local elderly population are met through local social

and health care services located in Brixham. The community and staff at St Kilda would also appreciate a clear message about the future of St Kilda given colleagues have been managing the services for some years against a background of some uncertainty.

### **2.3 Brixham Community Hospital**

Brixham Community Hospital, owned and run by the Trust, provides 20 inpatient beds (only 10 are currently in operation due to limitations of local GPs to provide medical cover beyond that number) and a range of outpatient and community health services. It also has a minor injuries unit.

St Luke's GP practice is located in the centre of Brixham, accommodation is poor, and the GPs have been looking for some time for a viable solution to relocate their premises to the Brixham Community Hospital site. St Luke's has recently merged with Greenswood Road GP practice, which is situated close to Brixham Community Hospital and has similar, if not more pressing, accommodation concerns that are driving the search for more suitable and better quality premises. Both practices together serve a population of 11,000. The total population of Brixham Town is c18,000. The two practices will be key partners in the development of any health-care arrangements at the Brixham Community Hospital site.

The Brixham Health and Social Care team are housed on the Brixham Community Hospital site - their co-location is fundamental to the delivery of 'joined up' care. The team are accommodated in a Portakabin on site, which the Trust purchased two years ago. Following an assessment it has been established that while this temporary accommodation would be suitable in the medium term, this is not an appropriate long-term solution.

## **3 Evolution of the St Kilda's development and previous plans**

### **2012:**

Previously Torbay and Southern Devon Health and Care Trust (TSDHCT) had been seeking to replace the aged St Kilda's care home and were working on the development of a solution for a number of years. The proposal in 2012 was to provide a new build, 36 social care bedded St Kilda's as a like for like, stand-alone development on land on the Brixham Community Hospital site. The new development was envisaged to be afforded in entirety from the existing adult social care revenue budget with the business case predicated on the funding model being a block contract.

### **2013:**

In late 2013 it became apparent that two key changes impacted on the development and the proposed model. The demand for the care in St Kilda's had reduced; particularly the need for residential care. Taken together with the 20% reduction in social care funding, and a direction that all contracts will change from a block to spot purchase over time, this had a significant impact on income assumptions. At this stage, it was also identified that a like for like replacement of St Kilda's did not fit with the future integrated model of care aspired to by the community and commissioners i.e. reduced bed based care and increased investment in community services to care for people at home. These changes adversely impacted on both the service and business model rendering a stand-alone new build unviable.

### **2014:**

In early 2014 a new option was developed and endorsed by the TSDHCT Board. The solution described a c£7m stand-alone, new build, integrated care facility to include inpatient beds from St Kilda's and from Brixham Community Hospital, on land on the Brixham

Community Hospital site. This envisaged the development being part of an integrated “hub” that included Brixham Community Hospital. The new development planned to re-locate 18 community acute beds from the Brixham Community Hospital inpatient unit into the new build, alongside 18 social care beds (36 single rooms) together with a day unit. A new staffing model was developed that saw the social care beds cared for by social care staff and enhanced numbers of professions allied to medicine, with nursing oversight from the staff caring for the 18 acute community beds. The unit was envisaged with dual registration as a social and health facility. The integrated development released some internal space within the existing Hospital that was earmarked for possible occupancy by the local St Luke’s GP surgery and an onsite pharmacy. Plans were submitted and permission granted in February 2014 for this development and the outline business case approved by the TSDHCT Board in July 2014.

### **2015:**

Detailed planning was undertaken up to Full Business Case (FBC) stage, which was ready for submission in June 2015. A number of external factors became apparent at this point which affected the viability and affordability of the scheme and the ability to approve the FBC and the final development. These elements were:

- a further reduction in the demand for bed based social and community acute care;
- a change signalled in the commissioning intentions of the CCG around community hospital care;
- further adult social care savings requirements;
- more detail and enhancement of the community integrated care model being developed to be delivered by the new Integrated Care Organisation (ICO);
- insufficient available capital or space to re-locate the newly merged GP services into the existing inpatient area as planned;
- financial challenge and reduced healthcare financial envelope; and
- the capital cost of the development had increased to c£8m.

At a multi stakeholder meeting held in August 2015 it was agreed to take and communicate a six month “pause” to the progression of the St Kilda’s scheme to enable the impact of these changes to be considered alongside the affordability and fit of the proposed care model. This decision was disseminated via a joint communication to key community stakeholders including the staff and residents of St Kilda’s, Brixham League of Friends, Brixham Town Council and MPs. We appreciate community stakeholder’s patience during this period; we believe it was the right decision to pause and make a considered decision because of the significant long-term implications.

Following further work on the needs analysis, progression of the detail of the ICO integrated care model, clarification of commissioner intentions, review of affordability and full analysis of the business model, the multi stakeholder group i.e. senior representatives of the CCG, TSDFT and Torbay Council determined in November 2015 that an alternative option should be developed in the short-term specifically for the services provided within St Kilda’s and with reference to future hospital inpatient bed requirements. This decision was made on the grounds that:

- the original proposal was no longer consistent with the whole system integrated model for the delivery of “hub” and “spoke” care across the ICO footprint and within the Paignton and Brixham locality as envisaged by the CCG;
- the original proposal did not fit with the community integrated model, care closer to home and commissioned number of community beds (i.e. it had too many hospital beds);
- the day services model although vital, did not fit with future aspirations of vibrant day services including socialisation fully integrated with the voluntary sector; and

- income streams were significantly reduced from the previous assumptions which rendered the revenue and significant capital cost unaffordable.

Since November 2015 work has been undertaken on developing a model of health and social care to provide an effective re-provision of services delivered at St Kilda's, that is consistent with the need and integrated locality model of care being developed by the CCG and ICO, is affordable and most importantly can be supported by our stakeholders in Brixham.

From our needs analysis work, it is clear that the current model of intermediate care is increasingly challenged in meeting the complex needs of the increasingly aged population and that there is a requirement for a different form of care to that currently delivered in some areas where the challenges are particularly great, including in Brixham. We believe elderly people with this increasing complexity requiring intermediate care would have their needs more safely met by having rapid access to nursing assessment when needed. This would require intermediate care capacity to have the presence of some nursing oversight to be able to meet the progressively complex needs of this cohort of patients.

The revised locality needs assessment determines that the current level of medically supervised hospital beds in Brixham is sufficient to meet current and future demand, as is borne out by the fact that 10 beds have been closed at Brixham Community Hospital over the last six months with minimal impact.

## **4 Change in the model of care**

### **4.1 Social care**

The new model identifies the need to provide services in the client's home or as close to home as possible and at the heart of the community. It is proposed that the step-down and respite care beds and residential beds currently in St Kilda's are re-provided within the local community in other private care homes with capacity. This model supports the care market and utilises private sector assets in delivering these services locally via purchasing contracts as part of the way forward. This is a move away from a centralised model to a person centred model with people cared for within their community.

### **4.2 Care requiring nursing oversight**

Small bed numbers and the need for nursing oversight necessitates consideration of the co-location of acute community and intermediate care beds where possible and where needed, and is the model approved and stakeholder endorsed in the St Kilda's business case. As the demand for acute community beds has reduced, capacity has become available to accommodate the ten intermediate care beds from St Kilda's requiring nursing oversight adjacent to the community hospital beds within the existing inpatient area at Brixham Community Hospital, eliminating the need for a new build to house beds. Investment will be required to provide a suitable single room setting for intermediate care and active assessment and rehabilitation.

### **4.3 Day Services Model**

The day centre at St Kilda's currently provides a regular service to 11 members of the population of Brixham five days per week with the capacity to increase to 20 places. It is an extremely well regarded service for the local population that is seen as vital for the community and an essential service provision. The aspiration is that the day centre will form a critical component of a health and well-being hub centred on the Brixham Community



Hospital site that also provides a base for socialisation opportunities for older people experiencing isolation thus reducing their need for other care services, and which can also support people with more complex needs including essential personal care. Client and carer day support for people with dementia will be provided through tailored activities such as a dementia café. This will help prevent the increasing demand for services driven by isolation and loneliness of older people. While the local voluntary sector, primarily Brixham Does Care, provides a sterling service in this regard, they too have identified an unmet need which such a base could provide a solution to, and have indicated an interest in being involved as a partner to deliver this service. This facility will also provide a location to undertake needs assessments in a more 'normal' environment to evaluate activities of daily living, etc. In summary, the future service model described for day caring is intended to be delivered through partnership with the local voluntary sector, supported by skilled not qualified staff as needed for the complexity of need and with clinical oversight from the nursing leadership within the bed based services in Brixham Community Hospital.

Space can be created within the existing buildings on the Brixham site which, with the investment of c£200,000, could be re-configured as a vibrant day caring and assessment centre at the heart of the Brixham hub. This extended service would be challenging to deliver in St Kilda due to the constraints of the facility. The existing partnership with the voluntary sector is vital to the successful delivery of this service model and both Torbay Council and the ICO would support these services being delivered primarily by the third sector on the healthcare owned site. We would wish to build upon these arrangements and anticipate voluntary sector involvement as Brixham has a strong voluntary sector. This sector has already expressed an interest in being involved in the development of the service model, supporting a co-design with the wider community and in being a potential delivery partner. Upon formal agreement of the model, the plan will be developed and the re-configuration costs and delivery model determined.

This proposal was discussed recently at an engagement event run by Brixham Hospital League of Friends; provisionally this proposal may have good community support, but of course requires further development and discussions with the community.

#### **4.4 Community Meals**

About 30 to 40 meals per day are made in the kitchen at St Kilda's and distributed by volunteers. This number, and potentially more if the need presents, could continue to be provided in partnership from the kitchen at Brixham Community Hospital and delivered by volunteers perhaps co-ordinated by Brixham Does Care. This would mean the service would benefit from the oversight of Trust trained catering staff and the security of Trust policies procedures and standards to supplement the excellent work from existing volunteers. The meals are funded through an existing chargeable rate to the clients receiving them, so there is no financial impact on the Trust.

### **5 Model for Brixham and Future of St Kilda's**

In summary the proposal is that 10 enhanced intermediate care beds be provided within Brixham Community Hospital and co-located beside the 10 acute community beds on the Brixham Community Hospital site, with long-stay residential and step-down/respite capacity purchased in the independent sector. This will meet the aspirations, objectives and elements of the previously agreed St Kilda's business case, and bring the service model in line with current need and to provide a practical solution that can be more quickly delivered given the current risks of the St Kilda's building. This proposal includes the creation of a health and well-being centre on the Brixham Community Hospital site, providing a flexible and

integrated response to the needs of older people for community hospital, enhanced intermediate care and day support. This can be achieved by re-configuring existing vacant and other new space within the existing building, which is available as a result of reduced demand, in an affordable and quickly delivered model. The move of the local health and social care team to a fully integrated office accommodation between Brixham and Paignton in turn frees up space for an amenities hub, voluntary sector base and central café.

The land earmarked for the previous development could be prioritised for a GP centre if funding was available through NHS England thereby delivering the full integration aspirations. If this could not be delivered by the partners (CCG, GPs and Trust) the land could be identified for the development of supported or social housing for people who would benefit from proximity to the health and wellbeing hub in line with the Council's Health and Wellbeing plan and Housing Strategy. Likewise, the vacated St Kilda's site could be considered by the Council as a potential site to meet local housing need.

This new model delivers the investment objectives detailed in the original St Kilda's business case, arguably better than the previous model in terms of integrated care. Looking back at the new build business case for St Kilda, the proposed way forward is a solution that meets those original investment objectives in that it:

- replaces the social care provision and health intermediate care delivered in the current St Kilda complex;
- is compatible with the new model of care and its approach to integrated care.
- both delivers savings from the Adult Social Care and NHS revenue budgets (from integration) as well as increases investment in the community to support care at home (from shift in bed based care);
- improves the patient experience and environment and delivers joined up care; and
- creates a vibrant health and social care hub for Brixham at the heart of the local community.

## **6 Affordability and availability of funding**

The Trust had planned to secure a loan of £6m capital to fund the St Kilda new build proposal. The new proposal and model of care will still require capital for the reconfiguration of space in the existing hospital for intermediate and day services. Following Board and stakeholder agreement this will be confirmed in a final business case for approval but costs are likely to be in the region of c£600,000 to £800,000 for the day, social and health services elements which is clearly considerably less than the previous new build scheme.

It is anticipated that, if agreed, termination of the St Kilda revenue contract and the recommissioning of services in the independent sector would deliver an annual net saving in the region of £218,000. However it should be noted that recently Torbay Council agreed a fee increase for the independent sector price per case placements. Potentially this could reduce the net saving however SCCT are holders of a block contract with the ICO in which there is a pricing mechanism independent of the main care homes market and upon which TSDFT decides. The wider care home market fees are met from the agreed Adult Social Care budget, whilst the Council have undertaken to meet any backdated payments that may result from the current Judicial Review. In meeting the pricing and capacity pressures in the market - for example in relation to the new accommodation for the residents in recently opened, up-to-date facilities - this may return the position to a similar net saving. However it is clear this figure will require a definitive adjustment in due course.

The Brixham League of Friends offered significant funds to support the previous scheme and will be an important stakeholder in taking forward the proposed new projects and developments at the Brixham hospital site if these proposals are agreed by the Board as the preferred way forward.

Developments and funding related to public amenities i.e. café and shop, will be considered for provision by local groups or businesses if possible, enhancing the community hub. Similarly the retail pharmacy will be through a private sector arrangement but will only be a viable proposition if GP services are also on site. Aspirations on co-located and extended GP services will be subject to similar funding and potential business model discussions between the GPs, CCG and the Trust similar to those currently taking place in other areas.

## 7 Engagement

As outlined, the proposed like-for-like replacement of St Kilda's is no longer a sustainable or desirable option in the context of our aspirations for our new model of care. Given the long period of development for the abortive new build scheme and the long standing community involvement in developing the project, it is important we appropriately engage with all the stakeholders with respect to the new proposals.

The current service users, particularly the four permanent residents of St Kilda's, will be engaged in the development of these plans as they directly affect them, with the alternatives for their future care, fully and sensitively discussed with them and their families.

While the re-provision of the services provided from St Kilda's does not require formal public consultation, it is paramount we engage with and secure support from our key partners representing the views of the local population of Brixham. Although different from the original plan, it is anticipated that this alternative model can be supported by these stakeholders and the Trust will engage with them to explain the model and to provide assurance.

### 7.1 Engagement process

If the Board approves the recommendations put forward in this paper, an engagement process will begin. As part of this process Torbay Council Overview and Scrunity function will take a role in the programme to ensure our approach is valid and appropriate in terms of engaging with key stakeholders. It is envisaged that this will take four weeks and consist of the following meetings with stakeholders to explain our proposals, the rationale for change and hear views and general feedback that can be recorded and considered. The following sessions are suggested:

<b>Engagement with</b>	<b>Led by</b>
Brixham Torbay Councillors	Torbay Council with ICO support
Brixham Town Council	Torbay Council with ICO support
CCG	Torbay Council with ICO support
Brixham Does Care	Torbay Council and ICO
League of Friends	ICO
Sandwell Community Caring Trust	ICO
SCCT divides into the following sub group, SCCT will be present at all sessions	
Long Stay residents	Brixham Zone & St Kilda matron/staff
Day Services	ICO and SCCT rep
Meals services	ICO and SCCT rep



As this change is classed as a “Key Decision” under the terms of the Trust’s Partnership Agreement with Torbay Council, the DASS will take the final decision with respect to the St Kilda/SCCT contract and the proposals in this paper, with the support of the Torbay Council Mayor, having been reviewed by the Council’s Senior Leadership group. A final report will be produced following the consultation to inform the decision making process. It is anticipated that the report will go before the Council and a decision made in May 2016.

## 8 Sandwell Community Caring Trust

Clearly SCCT are key partners in implementing a change to the current arrangements. It is recognised that SCCT and their staff at St Kilda’s have delivered a flexible and high quality service despite the limitations of the facilities, and the Trust values and appreciates the quality of care provided to our clients who are placed in this service. The services at St Kilda are also highly regarded in Torbay and Brixham specifically. We should also acknowledge that SCCT worked with us in a partnership throughout the extended planning to deliver the St Kilda rebuild and we are appreciative of all that they have contributed to our community.

On 22<sup>nd</sup> March a meeting took place with the Trust’s Chief Operating Officer and the CEO of SCCT to discuss the new model of care and our conclusion that the original new build proposal no longer fits with future intentions and that it is in everyone’s interests to pursue the new care model. A way forward and a partnership approach to the management of change was agreed with a view to bringing the current SCCT contract for St Kilda to a mutually acceptable early conclusion, if the proposal to re-provide in line with the new model of care is approved.

The key elements of this partnership approach are as follows:

- to take a consensual and partnership approach through which St Kilda will close;
- residents/service users will be found replacement services and SCCT staff skills and experience will be retained in new roles in the local health and social care system;
- priority will be given to engaging with existing long-stay residents and their families to discuss and agree alternative suitable and appropriate care placements;
- we agreed to meet with SCCT staff at St Kilda before this matter is in the public arena. This has been a considerable period of uncertainty for staff and we need to provide clarity about the future and assurances about what this decision means for these staff. This staff meeting is scheduled for 1<sup>st</sup> April 2016 in the afternoon;
- the NHS will facilitate a process to ensure SCCT staff at St Kilda secure employment in the Trust and local health and social care system, and that a clear mechanism to achieve this will be identified to deliver this requirement promptly. Our objective is to secure staff skills and employment in the local health system - detailed arrangements to be confirmed, but this would include consideration to conditions, pay protection, length of service etc; and
- we will work together to expedite this work and deliver the desired outcomes for both organisations including agreeing a phased programme, with a mutually agreed and yet to be confirmed closure date between 2- 9 months (The contractual notice period being 9 months).

## 9 Next Steps

It is now over six month’s since the pause in the St Kilda new build scheme was announced. If the recommendations in this report are approved it is important that the decision and its consequences are communicated and set in context. At the time of writing, the CCG-led public consultation on the wider locality new model of care for South Devon and Torbay is

pending - it is anticipated this will commence in May 2016. This delivery model for the Brixham community is in line with the wider community plans.

As the provider commissioned to deliver the service at St Kilda's, the Trust is required to formally agree and subsequently convey a proposal for consideration by the DASS as this is considered a Key Decision under the terms of our Partnership Agreement with Torbay Council. SCCT are making a financial loss on the current contract and are clear that they were not intended to be a part of the future service provision in the previous St Kilda's business case. Throughout, SCCT's main concern has been two-fold: that staff working at St Kilda find valued and secure employment elsewhere in the health and social care system locally and that the people receiving services at St Kilda are provided with appropriate alternatives. SCCT have now formally given notice on their contract for St Kilda's.

## 10 Conclusion

The model presented for health and social care in Brixham represents the most pragmatic and cost effective option that meets the objectives of the original scheme, reflects the current assessment of need, fits with the CCG locality model and is affordable within the financial envelope available.

It achieves the objective of mitigating the risk around the condition of St Kilda's care home whilst maintaining day services, some intermediate care provision in Brixham and creating an integrated health and well-being hub centred on the Brixham Community Hospital site.

It offers additional opportunities for other schemes to enhance the integrated offering including a possible new build GP centre and co-located services as well as possible opportunities for local housing with nominated rights for the Brixham population. This is also an opportunity for the voluntary sector to be involved in planning the future and using the facilities on the hospital site.

Finally it includes an agreed way forward for people in receipt of services at St Kilda and for the valued SCCT staff.

## 11 Recommendations

The Trust Board is asked to agree the following recommendations:

- that the previously proposed new build St Kilda on the Brixham Community Hospital site does not proceed and instead the Board accepts the revised proposal as presented as the preferred solution;
- that the team undertakes more formal engagement with current service users and with stakeholders in Brixham (League of Friends, Brixham Does Care and the Town Council) with respect to these proposals;
- that the ICO work's in partnership with SCCT to find alternative services for its clients and employment for SCCT staff within the local NHS - the ICO and SCCT will develop a detailed operational plan and agree the sequence of changes required; and
- the output of the engagement will be detailed into a report and a recommendation made to the Director of Adult Social Care at Torbay Council at the earliest opportunity for a final decision (likely early May 2016).