

North Yorkshire County Council

Informal Meeting of Executive Members

31st August 2021

Development of Adult Social Care Provider Services

Report of the Corporate Director – Health and Adult Services

1.0 Purpose of Report
1.1 To seek approval for the retention of Elderly People’s Home provision at Ashfield (Skipton) and Silver Birches and the transformation of this provision into Care and Support Hubs

2.0 Executive Summary

2.1 This paper sets out proposals from Health and Adult Services to transform existing Elderly Persons Home (EPH) provision into locality Care and Support Hubs, based around a local preventative offer.

3.0 Background

3.1 Under his delegated decision making powers in the Officers’ Delegation Scheme in the Council’s Constitution, the Chief Executive Officer has power, in cases of emergency, to take any decision which could be taken by the Council, the Executive or a committee. Following on from the expiry of the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020, which allowed for committee meetings to be held remotely, the County Council resolved at its meeting on 5 May 2021 that, for the present time, in light of the continuing Covid-19 pandemic circumstances, remote live-broadcast committee meetings should continue (as informal meetings of the Committee Members), with any formal decisions required being taken by the Chief Executive Officer under his emergency decision making powers and after consultation with other Officers and Members as appropriate and after taking into account any views of the relevant Committee Members. This approach will be reviewed in September 2021.

3.2 Under the Care and Support Where I Live Strategy (CASWIL - 2015 and updated 2020 [Link](#)), Health and Adult Services has undertaken a phased programme of Extra Care Housing (ECH) development which in many cases has involved the replacement of existing Elderly People’s Home (EPH) capacity.

3.3 This programme has been highly successful, supporting the Council in developing the largest Extra Care programme in the country whilst realising significant savings through the replacement of ageing EPH provision.

3.4 Whilst the need for Extra Care Housing remains, changes in the care market and increasing pressures throughout the health and care system require a review of the assumption that EPHs will be replaced in parallel with the opening of ECH provision.

3.5 In addition to the need for provision that provides long term care and support there is a clear and growing need for capacity which is able to support people in the short term, to either prevent admission to long term health or care services or support people in returning home.

- 3.6 As a first step to addressing this need, Station View in Harrogate was converted into a 'hub', comprising a mix of short and long term bed based support with input from partners across the system. Station View is embedded as a core part of the health and care system in Harrogate. The success of Station View has led to the exploration of options to expand this model to other areas of the County.
- 3.7 New Extra Care schemes at Filey and Skipton are due to open in Autumn 2021. Under the standard approach set out in CASWIL these new schemes would result in the replacement of Silver Birches and Ashfield (Skipton) EPHs. Based on the factors set out above, this paper proposes an alternative future for these settings.
- 3.8 In parallel to this evolution of the CASWIL strategy, HAS provider services is undertaking a change process to focus more on providing high cost, complex and time critical aspects of care. This is a shift away from more generic offer which has been the approach in the past and which the open market is more capable of providing. This enables in-house provision to operate competitively in the market whilst offering increased value for money for the Council.

4.0 Proposal

- 4.1 It is proposed that both Ashfield Skipton and Silver Birches be retained by the Council, for conversion into locality Care and Support Hubs based on from the successful model at Station View. This approach reflects the need for additional facilities of this kind as part of local health economies (e.g. Craven and Scarborough/Filey/Whitby/Ryedale)
- 4.2 These hubs will offer a flexible range of bed based support, which is responsive to local need. Initial configurations for both settings will include long and short term capacity for people living with dementia, as well as a range of short break, interim and rehabilitation capacity.
- 4.3 Each hub will be flexible to changing local need with the type of capacity available changing over time. The proposed initial configuration for each hub will be as follows:

Silver Birches	Ashfield, Skipton
Long Term Dementia	Dementia Assessment
Dementia Respite	Dementia Respite
Rehab Beds	Assessment Beds
Interim Beds	Rehab Beds
Short Breaks	Short Breaks / LD Respite
	Day Service (OP / LD)

- 4.4 Alongside Ashfield, HAS also operates an EPH at Neville House in Gargrave which forms part of the same care and support system.
- 4.5 Several previous attempts to secure an Extra Care provider for Gargrave have been unsuccessful. It is therefore proposed to offer the new Extra Care provision at Skipton as the Extra Care replacement for Neville House. This proposal will provide existing residents with the option to move to Extra Care. Neville House will remain open whilst further work is completed on future options for its use.
- 4.6 Through the autumn of 2021 the HAS Housing Team will engage with local stakeholders and complete an options appraisal for the future use of Neville House to be presented to the Executive later in 2021.

5.0 Issues

5.1 Impact on residents:

5.1.1 All residents of Ashfield, Silver Birches and Neville House will be offered the opportunity to move to the relevant Extra Care

5.1.2 Where people choose to move, they are able to do so at no financial detriment, the Council will meet the costs of moving from a furnished to an unfurnished setting.

5.1.3 Where people choose to remain at the EPHs, they will be able to do so. New long term admissions will be ceased and the long term population of the home will be reduced over time whilst operationally viable to do so.

5.1.4 Based on initial assessments it is likely that the majority of EPH residents will be unsuitable for Extra Care with higher levels of nursing support more likely

5.2 Impact on Staffing

5.2.1 As part of these changes, all care and support colleagues currently employed at any of the three existing EPHs will be offered a guaranteed permanent post with Council. This may be in roles within the Hubs or in Reablement or other community based services.

5.2.2 The nature of the Hubs will mean that new or additional roles will be required to deliver the service effectively.

6.0 Policy Implications

6.1 This approach represents a change in the delivery of the Care and Support Where I Live Strategy which has so far linked the opening of ECH and replacement of EPHs where appropriate.

6.2 This change reflects the evolving market position since 2015 as well as the change in strategic direction for Provider Services as set out in Section 3. As such CASWIL continues to support the overall strategic plan for HAS and remains an integral part of the Council's role in supporting the market and ensuring people are able to remain independent and living in their own communities.

7.0 Options Appraisal

7.1 Option 1: Replacement of EPHs aligned to opening of Extra Care

This option is the existing default / do nothing option. This option releases the savings required under MTFS and divests HAS of the properties at Ashfield, Silver Birches and Neville House.

This option reduces the overall market capacity for residential and short stay care in both localities. The care market in Skipton and Filey (as in much of the rest of the county) is limited and as such the closure of these services could lead to additional cost pressures to locality budgets or an increase in out of area of more distant placements.

The original MTFS proposal assumed that the majority of residents from the EPH would transfer to the relevant Extra Care. Reviews undertaken with residents suggest that given the age and need profile at each setting, only a small number of people are likely to be willing or able to transfer. This suggests an ongoing need for a more complex level of service, along with investment in prevention in these localities.

7.2 **Option 2: Retention of EPHs under existing model**

This option would see either all three or two of three EPHs retained under the existing long term care model, securing long term care capacity within the two localities where overall market capacity is low.

By locking in a model of care that is delivered effectively and at scale in the private sector this option would not align with the long-term strategic vision for provider services which sees the service delivering high cost, complex and time critical care.

This option would not realise any savings that are required under MTFS.

7.3 **Option 3: Closure of EPHs and Commissioning of Locality Care and Support Hubs**

This option would see the closure of the existing EPHs, and a commissioning process undertaken to specify and procure a Locality Hub model from the commercial sector.

The challenge of this option lies in the maturity of the market and the ability of providers to operate to a preventative specification, based on short term interventions and reduction in activity. Whilst it may be that the market is able to address this need in the future it is likely that a procured solution would require extensive oversight to ensure the ethos was adhered to.

In addition, the development of two locality Care and Support Hubs requires use of two vacant care homes which would not be possible to source in the immediate term.

The North Yorkshire care market is currently highly fragile following the COVID pandemic which further reduces the possibility of a successful procurement approach being successful at this time.

7.4 **Option 4: Transformation of EPHs into Locality Care and Support Hubs**

This is the preferred option as set out under section 4.

8.0 **Financial Implications**

8.1 The proposal will realise MTFS savings of £485,000 annually through the Extra Care closure and replacement programme in line with the existing Care and Support Where I Live Strategy. These savings are comprised of a reduction in the overall base budget to the service and increased income through changes to the existing bed base.

8.2 The hubs will be funded through existing HAS operational budgets, part of which will be held as a base budget by provider services and part of which will be held by locality teams and deployed as needed to ensure most effective use of resources.

8.3 In addition to MTFS savings, evidence from Station View indicates that the preventative nature of the services through the hubs will have a benefit to locality Care and Support budgets by reducing or delaying the need for more intensive care. Conservative estimates from Station View indicate an average annual £15,000 cost avoidance per admission.

8.4 In order to protect locality budgets through a transitional phase, and to ensure the efficacy of the model, the Hubs will be part funded through transformation funding for 3 years. The model will be fully reviewed after 2 years and recommendations made on long term sustainability and need.

8.5 Each Hub will have a flexible mix of long and short stay bed capacity which will generate income through standard charges. In addition Silver Birches will host Rehab and Interim beds funded through Improved Better Care Fund (IBCF) whilst Ashfield will offer an Learning Disability Respite service.

8.6 Some alterations to the existing buildings will be required. HAS officers are working closely with colleagues in property services to develop these proposals. Capital works will be funded from the existing Provider Services and Extra Care capital budgets.

9.0 Legal Implications

9.1 No legal implications have been identified as part of the development of this proposal.

10.0 Human Resources Implications

10.1 HAS colleagues currently employed within Silver Birches and Ashfield will be able to continue working at the settings as the service is transformed. As the nature of the support offered at each site changes there may be the need for additional training and development.

10.2 A dedicated HR lead will be part of the transformation project group.

10.3 As set out at 5.2, all HAS colleagues currently employed at Silver Birches, Ashfield and Neville House will be offered a permanent role within Care and Support as part of this process.

11.0 Equalities Implications

11.1 An EIA has been completed and is included as Appendix A

12.0 Environmental Impacts/Benefits

12.1 The upgrading of Ashfield and Silver Birches will involve modernisation of windows, insulation and potentially heating systems, significantly improving the thermal efficiency of the buildings and reducing their carbon footprint.

13.0 Recommendations

The Executive is asked to

- i) Note the proposal to undertake further feasibility studies into the future use of Neville House EPH whilst continuing to deliver services from the site.
- ii) Recommend to the Chief Executive Officer that using his emergency delegated powers, he approve:
 - the retention of Ashfield, Skipton and Silver Birches as locality hubs, and;
 - the use of capital and transformation funding to allow for the necessary physical and operational changes to be made to both sites

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Background Documents:

Care and Support Where I Live Strategy

[Care and support where i live strategy \(apr 2015\).pdf \(northyorks.gov.uk\)](https://www.northyorks.gov.uk/sites/default/files/2015-04/Care_and_support_where_i_live_strategy_(apr_2015).pdf)

Appendices:

Appendix A – Equalities Impact Assessment

Appendix B – Data Protection Impact Assessment