

HEALTH & WELLBEING BOARD SUPPLEMENTARY AGENDA

8 May 2013

The following report is attached for consideration and is submitted with the agreement of the Chairman as an urgent matter pursuant to Section 100B (4) of the Local Government Act 1972

6 PRIORITY 2: IMPROVED IDENTIFICATION AND SUPPORT FOR PEOPLE WITH DEMENTIA (Pages 1 - 6)

Report attached..

9 JOINT COMMISSIONING REVIEW OF NHS SUPPORT FOR SOCIAL CARE PROGRAMME (Pages 7 - 12)

Report attached.

Ian Burns
Acting Assistant
Chief Executive

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HEALTH & WELLBEING BOARD

Subject Heading:

Dementia Friendly Environments Capital Investment and Pilot Scheme Initiative

Board Lead:

Joy Hollister,
Group Director - Children's, Adults & Housing, LB of Havering

Report Author and contact details:

Julie Brown
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01708 432496

The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- Priority 1: Early help for vulnerable people
- Priority 2: Improved identification and support for people with dementia
- Priority 3: Earlier detection of cancer
- Priority 4: Tackling obesity
- Priority 5: Better integrated care for the 'frail elderly' population
- Priority 6: Better integrated care for vulnerable children
- Priority 7: Reducing avoidable hospital admissions
- Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

This report provides an overview of Havering's successful bid called "**Four Seasons Gardens**" to the £50m dementia capital funding programme 2013-14.

This programme is providing investment to deliver physical improvements and knowledge-based evidence in NHS and social care environments that provide care for people with dementia through a range of national pilot projects. It builds on work already undertaken by The King's Fund that demonstrated that good design can help with the management of dementia, to further improve knowledge and

evidence about the aspects of the physical care environment which can be used to improve the care of people with dementia.

RECOMMENDATIONS

- i. To note the contents of the report.
- ii. To advise if the Board wishes to receive a further report on the outcomes of the project and the wider programme, which could have wider application within the Borough.

REPORT DETAIL

1. In December 2012, the Council advised all its care home providers of the Dementia Friendly Environments Capital Investment and Pilot Scheme Initiative. In January 2013, the council gave its support to the ten funding applications and submitted these to the Department of Health.
2. In February 2013, the Department of Health advised that its application from the Dementia Care Home Consortium had been successful in proceeding to Stage 1, which enabled it to access up to 10% of its requested funding of £237,000 inclusive of VAT to design the new environment and submit a stage 2 application. The stage 2 application was submitted on 30 April. The stage 2 process is not a competitive process, so providing the application shows sufficient design progress and meets the compliance checks, the remainder of the funding is assured. This is expected to be confirmed during May.
3. The Dementia Care Home Consortium comprises three separate care home providers which between them manage four care homes with a capacity for 116 residents:
 - Havering Care Homes Ltd (Abbcross and Upminster Nursing Home)
 - Romford Baptist Church Housing Association Ltd (Parkside)
 - Emerson Court Care Home
4. The project will improve the environment of care for people with dementia using design and colour to create four gardens, one in each care home location, that provide high quality dementia friendly environments all year round, where all the residents can visit and enjoy meaningful activity which will encourage independence and dignity, whilst providing calm and attractive environments that help reduce stress, anxiety and aggressive behaviour through the therapeutic value of nature.
5. The project will provide garden spaces accessible during all four seasons of the year. The flagship garden will be known as the Winter Garden, which will

provide an extensive outdoor area for use all year round. This will provide a fully covered, protected outdoor space with raised sensory garden, seating, walkways. The proposed roof structure will consist mainly of transparent material and therefore bedbound residents will enjoy a visually attractive, interesting and varied outlook from their private rooms.

6. The 2nd garden, known as the Spring Garden, will consist of raised sensory fruit and vegetable garden, walkways, seating and summerhouse. The 3rd garden, the Summer garden, will be based on a beach theme, encompassing a beach hut and seaside planting. The 4th garden, the Autumn Garden, will provide raised sensory gardens, walkways, covered seating along with chicken run.
7. All gardens will be fully accessible and aspire to the highest design standards. Residents from each care home who have had limited opportunity due to their conditions to enjoy alternative settings will have opportunity to visit all gardens, ensuring they remain within a dementia friendly environment.
8. An inclusive consultation and engagement strategy is being used to build pictures of residents' history and personal culture and the wider communities' memories of holidays, gardens and allotment experiences through their lives, via reminiscence therapy, which will inform the designs.
9. In addition to the residents of these care homes, other people will be able to access the gardens through a day care option through collaborative working with Age Concern Havering.
10. Havering Museum is working with a dementia care consultant, to support and carry out the work of evaluating the impact of these new environments on individuals' quality of life. In addition, the museum, has agreed to utilise this study to support the learning of young people through their educational programme.
11. An apprentice gardener will be employed to maintain the four gardens, and they will be dementia trained.
12. The Four Seasons Gardens project is due to complete in March 2014. The outcomes and learning gained from this project alongside others funded through the Dementia Friendly Environments Capital Investment and Pilot Scheme Initiative could have wider application across the Borough, so the Board may wish to receive a further report around Spring 2014.
13. The Department of Health have appointed the Kings Fund to evaluate the national programme, which they will formally launch in June. Individual projects have been requested to refrain from local publicity until after the national launch.

IMPLICATIONS AND RISKS

Financial implications and risks:

The Council is pass-porting the funding from the Department of Health onto the Havering Care Consortium. We have been advised that a standard memorandum of understanding (MOU) will be put in place between the Department and the Council which will set out the funding conditions and the responsibilities on the Council in relation to this funding. Though we have been advised that the responsibility will be limited to assuring the funding is spent in line with the application, until the MOU is received the extent of any risk can not be confirmed. The Consortium have confirmed that they will meet the cost if the project exceeds the funding it is given.

Legal implications and risks:

Until the MOU is received, it is not possible to comment on any legal implications or risks.

Human Resources implications and risks:

There are no HR implications or risks.

Equalities implications and risks:

The Council is pass-porting £237,000 funding from the Department of Health to the Dementia Care Home Consortium of providers in Havering to improve the environment of care for people with dementia by delivering The Four Seasons Gardens project. In their stage 2 Application, the Dementia Care Home Consortium, which is set up by private sector providers, confirmed they pay due regard to the general provisions of the Public Sector Equality Duty and have relevant E&D policies and training in place in accordance with the Council's Contract Framework.

The proposed project will improve the environment of care for people with dementia using design and colour to create four gardens, one in each care home location. The gardens will provide high quality dementia friendly environments all year round, where all the residents can visit and enjoy meaningful activity which will encourage independence and dignity, whilst providing calm and attractive environments that help reduce stress, anxiety and aggressive behaviour through the therapeutic value of nature.

An inclusive consultation and engagement strategy is being used to build pictures of residents' history and personal culture and the wider communities' memories of holidays, gardens and allotment experiences through their lives, via reminiscence therapy, which will inform the designs.

All gardens will be fully accessible and aspire to the highest design standards. A Dementia trained apprentice gardener will be employed to maintain the four seasons gardens.

In addition to the residents of these care homes, other people will be able to access the gardens through a day care option through collaborative working with Age Concern Havering.

It is anticipated that The Four Seasons Gardens project, which is due to complete in March 2014, will improve the health and wellbeing of local residents with dementia and their families/carers.

BACKGROUND PAPERS

Stage 1 and Stage 2 application forms that were submitted to the Department of Health for consideration as part of the Dementia Friendly Environments Capital Investment and Pilot Scheme Initiative.

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HEALTH & WELLBEING BOARD

Subject Heading:

Joint Commissioning Review of the NHS Support for Social Care programme

Board Lead:

Joy Hollister,
Group Director - Children's, Adults & Housing, LB of Havering
and
Alan Steward, Chief Operating Officer, Havering CCG

Report Author and contact details:

Julie Brown
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- Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

The NHS Support for Social Care programme was approved in March 2011. Through a series of pilot services it sought to deliver benefits to patients and service users and to provide financial savings through reduced service demand for Health and Adult Social Care (ASC) services.

The projects to establish these pilot services were initiated at various times since October 2011, the most recent being the Help Not Hospital service which became

operational in October 2012. Progress reports and benefits realisation reports have been presented to this Board on a number of occasions over the past two years.

At the request of the Board, Joy Hollister, Group Director, Children's, Adults & Housing and Alan Steward, Chief Operating Officer of Havering CCG have initiated a joint commissioning review to provide a focused review of progress and the benefits that these services have delivered.

This report outlines the joint commissioning review process, the outcomes of which will inform future commissioning intentions and enable evidence based decision to be made on whether to:

- Mainstream the service, as a prelude to subsequent discussions on how it is funded and from when this will take place
- Continue with the existing service until the end of the current contract and then review again
- Continue the service with adjustments until the end of the current contract and then review again
- De-commission the service in line with contractual terms

RECOMMENDATIONS

- i. To approve the joint commissioning review process.
- ii. To advise if the Board wishes to receive a report on the outcomes of the review at its July 2013 meeting.

REPORT DETAIL

1. In March 2011, the shadow Health and Wellbeing Board (HWB) agreed to use the Reablement and NHS Support for Social Care funding for the two financial years 2011/12 and 2012/13 to deliver a programme of pilot services with the aim of delivering benefits to patients and service users and providing financial savings to Health and Adult Social Care (ASC).
2. As a series of pilot services, the need for evaluation was always envisaged in order to determine the benefits that were achieved and to inform future commissioning intentions across both health and social care services.

3. The joint commissioning review will require the providers of each of the pilot services, alongside the transformation team project managers involved in establishing the services, to present to a panel using a consistent framework.
4. The panel members are:
 - Councillor Steven Kelly
 - Dr Gurdev Saini (Clinical Director)
 - Alan Steward (CCG)
 - Paul Grubic (interim Head of Adults Social Care)
5. Julie Brown (Transformation Programme Manager) will also be present in an advisory capacity to the panel.
6. The panel will take place on the 23rd May at Mercury House in Romford. The review will consider the service costs, and the potential savings and non financial benefits that the service provides.

The pilot services to be reviewed are:

Dementia services:

Peer Support
Information & Advice
Additional Support for Carers
Training and Development

Chronic Obstructive Pulmonary Disease (COPD) services:

Pulmonary Rehabilitation
Telehealth

Falls Prevention services:

Training in Care Homes
Outreach Programme
Exercise Programme

Telecare services:

On Track
Learning Disabilities
Rapid Response

Integrated Case Management

Help not Hospital service

7. Ultimately the review panel will make recommendations on the future commissioning of these pilot services to either:
 - Mainstream the service, as a prelude to subsequent discussions on how it is funded and from when this will take place

- Continue with the existing service until the end of the current contract and then review again
 - Continue the service with adjustments until the end of the current contract and then review again
 - De-commission the service in line with contractual terms
8. The recommendations will be accompanied by a rationale for the decision as elicited from the panel process and any decisions will then be taken by the Council in line with normal contractual procedures
9. Though there are a few exceptions, most of the pilot services are underpinned by contracts that run until 30th September 2013 with a minimum 3-month notice period. Therefore future commissioning intentions need to be clear and communicated to the provider organisations by 30th June.
10. A report on the outcomes of the joint commissioning review could be produced for the July meeting of the Board if this is the Board's wish.

IMPLICATIONS AND RISKS

Financial implications and risks:

The joint commissioning review does not itself entail any financial implications as it will be supported within existing resources, or risks, as the recommendations will be subject to a further decision process as necessary. The outcome of the review (which will inform future commissioning intentions) could have potential financial implications which can only be determined and considered once the review is complete.

Caroline May – Strategic Finance Business Partner

Legal implications and risks:

The outcomes of the review may result in the decommissioning of some services. As long as any service decommissioning is carried out in line with agreed contract terms at the stated contract end date the likelihood of any legal risk is limited.

Stephen Doye – Legal Services Manager

Human Resources implications and risks:

There are no direct HR implications or risks to the Council that can be identified at this time where delivery of the services under review is undertaken by an external provider. Any HR issues that may arise will be dealt with appropriately, in line with Council policy or employment legislation, once the outcome of the review is known.

Eve Anderson – Strategic HR Business Partner (Children’s, Adults & Housing and Public Health)

Equalities implications and risks:

As part of the commissioning of the pilot services, equalities impact assessments were undertaken. The review process itself does not have any equalities implications and risks. The outcome of the review which will inform future commissioning intentions will need to take into account any potential equalities implications but these can only be determined once the review is complete.

BACKGROUND PAPERS

Previous reports on the NHS Support for Social Care programme to the shadow HWB during the period March 2011 to March 2013.

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