



Havering
LONDON BOROUGH

Notice of Non-Key Executive Decision

Subject Heading:	Approval to launch the D2A Residential and Enhanced Homecare Pilots
Decision Maker:	Barbara Nicholls, Strategic Director of People
Cabinet Member:	Cllr Gillian Ford, Cabinet Member for Adults and Health
SLT Lead:	Barbara Nicholls, Strategic Director of People
Report Author and contact details:	Laura Wheatley Telephone: 01708 434019 Email: laura.wheatley@havering.gov.uk
Policy context:	The Adult Social Care and Support Planning Policy states that Havering's vision is: 'Supporting excellent outcomes for the people of Havering by helping communities to help themselves and targeting resources and interventions to encourage independence'
Financial summary:	Residential: Modelling has indicated that there is a requirement for approx. 4 beds on the Residential pathway for Havering patients to manage the flow and the cumulative number of patients on the pathway over each 6-week period. The beds will be block booked at a rate of £1,100.00 per week The total cost of the 4 beds over the 6 months is £105,600.00

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	Enhanced Home Care The maximum number of calls per day will be 6 at our usual home care rate of £21.84 per hour which is £917.28 per week for double handed and £458.64 for single handed.
Relevant OSC:	People's Overview and Scrutiny Sub Committee
Is this decision exempt from being called-in?	The decision will be exempt from call in as it is a Non Key Decision

The subject matter of this report deals with the following Council Objectives

People - Things that matter for residents X

Place - A great place to live, work and enjoy

Resources - A well run Council that delivers for People and Place.

Part A – Report seeking decision

DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

This decision paper is seeking approval to launch the D2A Residential and Enhanced Homecare Pilots as follows:

1. Residential Care

The service users on this pilot will be provided with enhanced support with a view to enabling them to return home rather than stay in residential care. The Authority will block book 4 beds on the Residential pathway for Havering patients to manage the flow and the cumulative number of patients on the pathway over each 6-week period. The costs of block booking will be £1,100 per week and over 6 months this equates to a total spend of £105,600.

2. Enhanced Home Care

For those determined to be suitable the D2A pathway will involve service users returning home for enhanced home care instead of residential care. The maximum number of calls per day will be 6 half hour calls at our usual home care rate of £21.84 per hour which is £917.28 per week for double handed and £458.64 for single handed.

The pilots will last for 6 months and will be subject to continuous review to determine whether the approach is successful and if so will be continued on an ongoing basis.

AUTHORITY UNDER WHICH DECISION IS MADE

The Havering Constitution:

Part 3: Responsibility for Functions, Article 2 – Executive Functions
3.3 Powers of Members of the Senior Leadership Team

Members of the Senior Leadership Team (SLT) have delegated authority to act as follows within the assigned service service/portfolio of responsibilities, subject to the general provisions and limitations set out in section 3.1 of the Constitution.

To make arrangements to secure continuous improvement in the way the Council's functions are exercised having regard to a combination of economy, efficiency and effectiveness etc. as required by external regulatory agencies.

STATEMENT OF THE REASONS FOR THE DECISION

This paper is seeking approval to launch the D2A Residential and Enhanced Homecare Pilots.

Analysis of the current D2A pathway has indicated that the majority of patients being discharged via this route remain in a Residential Home setting rather than returning to their usual place of residence following the 6-week assessment period. This is not the optimum outcome for the individual and has had a negative impact on the Council's financial position.

In addition, some initial analysis has indicated that with some additional support (beyond the current maximum 4 calls per day) some individuals would be able to return home directly from hospital. They would be supported by a dedicated homecare agency working in partnership with

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the NELFT therapy team and the social work team to gradually reduce the level of care as they stabilise and regain a level of independence.

The purpose of the project is to deliver a Residential D2A pilot pathway in conjunction with an Enhanced Homecare pilot pathway for 6 months to determine if benefits can be achieved in terms of people returning to / staying in their usual place of residence at the end of the assessment period (likely 6 weeks).

A Social Worker and Care Assessor will be recruited to support the D2A pathways. The social worker will work on the care of elderly wards to support identification of patients for the pilots and support general decision making re discharge. The care assessor will be leading the weekly review process in the community alongside the other MDT members.

Residential Pathway

The pilot pathway will follow the current approach to Nursing D2A. It is proposed that the pilot is undertaken for an initial six months to test the new ways of working, the model will be continually reviewed and evaluated to inform longer term commissioning decisions.

One Residential home will be used for the pathway initially and be commissioned on a block contract basis. This will enable a more controlled environment in order to monitor, refine and make necessary changes to improve the quality of the service. It will also ensure the therapy resource is used effectively and time is not wasted travelling across the borough to multiple homes.

The beds will be supported by a therapy team provided by NELFT and funded by the ICB, therapy will be available for the individuals Mon-Fri. The therapists will form part of an MDT with the Social Workers and Care Home staff with a shared goal of supporting the individual to regain independence to return to their usual place of residence.

Modelling has indicated that there is a requirement for approx. 4 beds on the Residential pathway for Havering patients to manage the flow and the cumulative number of patients on the pathway over each 6-week period.

The beds will be block booked at a rate of £1,100.00 per week

The total cost of the 4 beds over the 6 months is £105,600.00

For every person that returns home as opposed to remaining in residential provision the following savings will be made:

DH Homecare Package x4 calls per day - £488.48 per week

SH Homecare Package x4 calls per day - £794.25 per week

NB this doesn't take into account any financial contributions made by the service user following financial assessment

Enhanced Home Care

One Homecare agency will be used for the pathway initially and care will be spot purchased as required. This will enable a more controlled environment in order to monitor service user needs and reduce care packages when required. The Homecare agency has committed to being able to respond on the same day as referral to support discharge flow.

The provider will be able to accept one referral per week for enhanced care but it is expected that there will be a maximum of 2 referrals per month initially as there is a cultural shift with the decision making in the hospital.

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It is expected that the majority of individuals will require 6 calls per day initially with 20% of the total referrals being double handed. These individuals will also be supported by the NELFT therapy team for up to 6 weeks and there will be an MDT approach to a weekly review process to gradually manage the package down. A Care Assessor is being recruited in the HACR team to provide dedicated review support for this cohort ensuring that there is no backlog or that packages remain high unnecessarily.

Double handed packages of 6 calls per day will cost £917.28 per week

Single handed packages of 6 calls per day will cost £458.64 per week

For every person who has their Homecare package reduced down to 4 calls per day at week 5 the following savings will be made:

DH Homecare Package x4 calls per day - £305.76 per week

SH Homecare Package x4 calls per day - £152.88 per week

OTHER OPTIONS CONSIDERED AND REJECTED

Option 1 - *Do nothing*

There is the option to do nothing but analysis of the current D2A pathway has indicated that the majority of patients being discharged via this route remain in a Residential Home setting rather than returning to their usual place of residence. This is not the optimum outcome for the person and has had a negative impact on the financial position. Therefore, this option has been rejected.

PRE-DECISION CONSULTATION

None

NAME AND JOB TITLE OF STAFF MEMBER ADVISING THE DECISION-MAKER

Name: Laura Wheatley

Designation: Senior Commissioner & Project Manager

Signature: *L Wheatley*

Date: 27/10/2023

Part B - Assessment of implications and risks

LEGAL IMPLICATIONS AND RISKS

There are no apparent legal risks in adopting the recommended trial. Block booking of beds will need to follow normal contract procedural rules.

FINANCIAL IMPLICATIONS AND RISKS

This decision paper is seeking approval to launch the D2A Residential Pilot and the Enhanced Homecare Pilot. The pilots will run for six months to test the new ways of working, the model will be continually reviewed and evaluated to inform longer term commissioning decisions.

Residential D2A

Four beds will be purchased within one residential home for the pilot and the beds will be purchased on a block basis at a rate of £1,100 per week per bed. The total cost of the 4 beds over the 6-month period is £105,600.

The rate of £1,100 is around the average weekly charge for a residential placement in the current market.

This is not an additional cost for adults as the clients that will fill these bed would generally go into a long term residential placement at a similar weekly cost to the weekly rate being paid for the block beds. The D2A pilot will review clients after 6 weeks with the aim of getting clients out of residential care placements and providing them with care at home which would be a cheaper alternative.

The assumption is that savings will materialise for every client that returns home with a homecare package rather than remaining in residential care at the following rates:

DH Homecare Package x4 calls per day - £488.48 per week

SH Homecare Package x4 calls per day - £794.25 per week

The exact amount of savings that could materialise over the 6-month pilot is hard to quantify as this is dependent on individual clients' care needs. The activity will be monitored throughout the pilot and an evaluation of the success of the pilot and the savings achieved will be undertaken.

There is a slight risk with the block beds that even if there are voids we will still need to pay the weekly rates; this risk is minimal for the pilot as only 4 beds are due to be commissioned.

Enhanced Homecare

Enhanced homecare is a pilot that aims to provide up to 6 calls a day to support clients in their home rather than them being in high cost residential placements. Although the initial packages would be high cost, the package would still be cheaper than a residential placement and the aim would be to reduce the package over a period of 5 weeks with support from the NELFT MDT team.

The cost of providing 6 homecare calls per day are as follows:

Double handed packages of 6 calls per day will cost £917.28 per week

Single handed packages of 6 calls per day will cost £458.64 per week

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For every person who has their Homecare package reduced down to 4 calls per day at week 5 the following savings will be made:

DH Homecare Package x4 calls per day - £305.76 per week

SH Homecare Package x4 calls per day - £152.88 per week

The activity of the enhanced homecare pilot will also be monitored closely over the six-month period to identify the benefits and to establish the amount of savings that have been achieved to determine longer term commissioning arrangements.

This pilot also requires additional resources and a Social Worker and a Care Assessor are required, these posts are funded from the Demand and Capacity Funding.

HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)

The recommendations made in this report do not give rise to any identifiable Human Resources implications or risks.

EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

Havering has a diverse community made up of many different groups and individuals. The council values diversity and believes it essential to understand and include the different contributions, perspectives and experience that people from different backgrounds bring.

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the council, when exercising its functions, to have due regard to:

- I. the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- II. the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- III. Foster good relations between those who have protected characteristics and those who do not.

Note: 'protected characteristics' are: age, gender, race and disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council demonstrates its commitment to the Equality Act in its decision-making processes, the provision, procurement and commissioning of its services, and employment practices concerning its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing of all Havering residents in respect of socio-economics and health determinants.

A range of Shared Lives carer homes have been recruited in order to provide a personalised service and to respond to the needs of the population and the service is accessible to people regardless of their disability, condition or illness.

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HEALTH AND WELLBEING IMPLICATIONS AND RISKS

The change in the service design responding to the review and evaluation of the existing D2A service will enable right care in the right place which will be beneficial to the resident, carers and the care system. Projected reduction in the cost for the selected individuals will also help maximise the resources available to all the residents. Continued monitoring of the service's output and outcomes must will support further improvement and will help mitigate the possible risks early.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

The recommendations made in this report do not give rise to any identifiable environmental implications or risks.

BACKGROUND PAPERS

None

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Part C – Record of decision

I have made this executive decision in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

Decision

Proposal agreed

Details of decision maker

Signed:



Name: Barbara Nicholls

Cabinet Portfolio held:

CMT Member title: Strategic Director of People

Head of Service title

Other manager title:

Date: 31/10/2023

Lodging this notice

The signed decision notice must be delivered to Democratic Services, in the Town Hall.

For use by Committee Administration

This notice was lodged with me on _____

Signed _____