

REPORT TO CABINET

12 December 2018

Subject:	Proposed New Social Care and Health Centre, Rowley Regis
Presenting Cabinet Member:	Cllr Anne Shackleton, Cabinet Member Social Care
Director:	David Stevens, Executive Director, Adult Care, Health and Wellbeing
Contribution towards Vision 2030:	
Key Decision:	Yes
Forward Plan (28 day notice) Reference:	SMBC05/12/2018
Cabinet Member Approval and Date:	Approved 13 th November 2018
Director Approval:	
Reason for Urgency:	Urgency provisions do not apply
Exempt Information Ref:	Exemption provisions do not apply
Ward Councillor (s) Consulted (if applicable):	Ward Councillors have not been consulted on this report.
Scrutiny Consultation Considered?	Scrutiny have not been consulted
Contact Officer(s):	Chris Guest, Service Manager, Prevention & Integration christineanne_guest@sandwell.gov.uk

DECISION RECOMMENDATIONS

That Cabinet:

- (1) gives permission to investigate fully option 2, and the detailed implications of this, of the four options considered for the future of social care-led bed-based intermediate care provision in Sandwell – the building of a specialist 80-bed integrated Social Care and Health Centre at the Knowle site, Harvest Road, Rowley Regis, with the Centre to be managed and staffed by the Council.
- (2) approves the completion of a detailed building and service specification for this service, in partnership with the Sandwell and West Birmingham CCG and NHS Trust, and the seeking of necessary planning permission to proceed with this development.
- (3) approves the following financial adjustments to support the proposed development:
 - The transfer of £6 million from the 2018/19 Better Care Fund (BCF) to the capital programme as a Revenue Contribution to Capital Outlay (RCCO).
 - The redirection of £0.823 million from historic projects within the Adult Social Care capital programme; £0.714 million from Extra Care Development and £0.109 million from the Campus Closure project.
 - A capital allocation of £3.177 million to fund the balance of the development costs. The prudential borrowing to be repaid from BCF revenue budgets over a 20-year period.
- (4) accepts that further reports detailing the full implications of option 2 as a preferred delivery model and the recommended procurement process will follow, pending support of the above recommendations.
- (5) that the following action points identified within the appraisal report be implemented to reduce any risk to the Council:
 - Ensure long term strategic planning is undertaken to manage potential future reductions in government funding for social care and to ensure that the operational costs of the facility can be managed within available resources.
 - Determine contractual arrangements for nursing staff in order to identify both short term and long term financial implications to the Council.
 - That the project delivery programme is reviewed to ensure that potential delays due to required planning conditions can be

accommodated without impacting on delivery timescales and that contingency plans are in place should completion of the scheme be delayed.

- (6) that a nominated officer is identified to ensure that the project can be effectively evaluated and reported to appropriate partners.

1 PURPOSE OF THE REPORT

- 1.1 To seek Cabinet approval to proceed with the completion of a detailed building and service specification, in partnership with Sandwell and West Birmingham Clinical Commissioning Group and NHS Trust, for the design, build and equipping of a new purpose-built specialised Social Care and Health Centre, at Harvest Road in Rowley Regis.
- 1.2 To seek Cabinet support to pursue planning permission to build the Centre.
- 1.3 To seek support for the development of the detailed implications for the Centre to be managed directly by Sandwell Council, and the care staff employed by the Council, alongside necessary qualified nurses and other NHS professionals – in partnership with the Sandwell and West Birmingham NHS Trust - and GP support, to ensure the outcomes gained for Sandwell citizens are maximised.

2 IMPLICATIONS FOR SANDWELL'S VISION

2.1 Ambition 2

Sandwell is a place where we live healthy lives and live them for longer, and where those of us who are vulnerable feel respected and cared for.

The ongoing success of the Centre will be measured as follows:-

- Maintaining the achievement of or exceeding the most recent (tighter) Delayed Transfer of Care (DTC) targets set for the Sandwell health and care economy by Central Government
- Helping to improve performance in avoiding older adults' non-elective hospital admissions
- Significant improvement in relevant key performance indicators compared to previous intermediate care/re-ablement/Enhanced Assessment Bed provision commissioned from the independent sector eg length of stay of citizens in short-stay/intermediate care beds, more people returning home with lower care packages, or not requiring an ongoing package
- Rationalise/consolidate key health and social care staff, processes and activities on a common site – working towards a more coherent whole-Sandwell place-based “offer”

In so doing, this will result in the following benefits for older adults in Sandwell:-

- Improved health, well-being and confidence, helping them to live longer with a good quality of life, and being able to contribute more to local community life
- Maintaining their independence at home
- Avoidance of unnecessary admission to hospital
- Avoidance of preventable or premature admission to long term residential or nursing home care
- Maximising potential by working to maintain skills and rehabilitation
- Support for the transition from hospital to home as soon as people are medically fit

2.2 Ambition 5

Our communities are built on mutual respect and taking care of each other, supported by all the agencies that ensure we feel safe and protected in our homes and local neighbourhoods.

The intention is the Social Care and Health Centre will gain “Secured by Design” approval. Established in 1989, Secured by Design (SBD) is the title for a group of national police projects focusing on the design and security for new and refurbished homes, commercial premises and car parks as well as the acknowledgement of quality security products and crime prevention projects. It supports the principles of ‘designing out crime’ through physical security and processes.

More generally, the Centre will build strong links with the local community, work effectively with the Police, NHS and voluntary and community sector organisations, and ensure Sandwell Safeguarding Adults Board priorities and practice standards are promoted and followed.

2.3 Ambition 10

Sandwell has a national reputation for getting things done, where all local partners are focused on what really matters in people’s lives and communities. This Social Care and Health Centre and its surrounds will be ground-breaking nationally. It will be designed, built, equipped, operated and supported to the highest possible standards to reduce or delay the need for Sandwell older adults needing to be admitted into hospital or long-term residential or, if they do have to be admitted to hospital, ensure they stay there for as little time as possible and are quickly and safely discharged into a more appropriate care and support setting and, eventually, return home with either no or a limited package of care and support.

In so doing, the Centre will further enhance and improve Sandwell Council’s reputation, in partnership with others, as a regional and national leader in promoting the independence of its older citizens, supporting them to help themselves more, and eradicating unnecessary delays in transfers of people from hospital settings.

3 BACKGROUND AND MAIN CONSIDERATIONS

3.1 At its meeting on 29th March this year the Sandwell Health and Wellbeing Board gave its agreement and support to formally scope-up the long-term options to provide integrated social care and health centres in Sandwell.

This was in response to three main strategic challenges: to help deliver sustainable progress on Delayed Transfers of Care (DTOC) performance; provide more effective step-up/hospital admission prevention services; and aim to commission a minimum required level of short-term, bed-based intermediate care (IC) throughout the year rather than in “peaks and troughs” according to winter pressures reactions etc.

- 3.2 As far as DTOCs are concerned, Sandwell has been the best performing local authority area in the West Midlands’ region (consisting of 14 local authorities), in terms of lowest DTOCs per 100,000 population, since September 2017. This has been due to a range of successful initiatives carried out jointly with the Sandwell and West Birmingham (SWB) Clinical Commissioning Group, SWB Hospitals NHS Trust and the Black Country Mental Health NHS Trust, and within the Sandwell Better Care Fund (BCF) Partnership Programme and pooled funding arrangements. Based on the latest comparable validated information, Sandwell is the fourth best-performing area in the country – it is clearly very important to maintain this success in the context of tougher national targets and demographic pressures.
- 3.3 An immediate outcome from this was for the Better Care Fund to fund a minimum of 76 enhanced assessment beds for the next 2 years – these being only those beds commissioned by the Council from the independent sector and essentially a social care-led model of intermediate care and support.
- 3.4 In the longer-term, subject to more detailed justification and other work, it was also envisaged there would be a need for at least one new social care and health centre, providing up to 80 ensuite beds/flats, fully integrated with modernised/rationalised out-of-hospital care pathways and new ways of working, along with a second centre of up to 60 further beds. This report focusses only on the social care-led model for the 80 beds. The justification/business case for a second more health-based intermediate care centre is connected understandably to the business case for the Midland Metropolitan Hospital and supporting developments.
- 3.5 Importantly, it was also noted and agreed that a key strategic gain from planning for such a dedicated, permanent new intermediate care facility, providing both step-up (prevention) as well as step-up (discharge) capacity, would be that significant extra ongoing capacity would be freed up in the highly pressurised local long-term care market.
- 3.6 It is getting increasingly difficult to commission step-down, let alone step-up, bed-based intermediate care from the independent sector. A recent re-tendering process for Enhanced Assessment Beds resulted in a poor response to the invitation from Sandwell Council. Feedback suggests a number of concerns from providers (essentially care homes), including

that they felt the gains from being awarded the contracts are far outweighed by the pressures and difficulties of being able to deliver to the contract requirements, Care Quality Commission standards, and concerns about lack of or limited or inconsistent support from other key partners in the system eg hospital staff. This would, therefore, further support the view that independent sector care homes are more comfortable providing and sustaining long-term care and support in the market.

3.7 From the latest National Intermediate Care Audit report:-

- There remains a recommendation that intermediate care (IC) capacity overall needs to roughly double to meet potential demand
- That within this increase, a greater proportion of IC needs to be preventing hospital admissions (step-up) rather than dealing with discharges. The current national split is 30/70, step-up/step-down; locally, the current split is 25/75, with the agreement at the Health and Wellbeing Board that we should move to 50/50 over time
- 20% of older adult emergency hospital admissions are not necessary or are inappropriate
- 25% of older adults admitted to hospital have post-acute care needs
- Current average bed-based IC provision nationally equates to 21 beds per 100,000 population – which points to a current ongoing need of at least 73 beds in Sandwell
- However, bed-based IC is only one of four national IC categories – the others being home-based, crisis and reablement care – and the last two of these include bed/accommodation-based, short-stay care and support provided in care homes, but no breakdown is given in the national averages. Therefore, the 73 beds calculation in the previous point is of limited value as it is not a complete picture of current bed-based intermediate care provision.
- Again, although the data is limited and it is rather difficult to compare like-with-like, the average length of stay (efficiency) and outcomes (effectiveness) obtained from bed-based IC commissioned from the Sandwell independent sector does not compare well with the national averages:-
 - a) % of people whose independence improved – national 85%; Sandwell 30%
 - b) % people who return home after intermediate care – national 69%; Sandwell 20%
 - c) Length of stay in IC – national 27 days: Sandwell 44 days.

3.8 As with most other areas, we need to plan more generally for an increase in the older adult population, people with dementia, and with more of these citizens living alone, requiring self-care, and with more mobility/falls challenges and other risks to independent living enjoyed by others.

- 3.9 Based on the latest information Sandwell has more over 65's hip fractures and emergency hospital admissions due to falls, and a higher % of emergency re-admissions of people into hospital within 30 days of discharge, compared to both regional and national averages. Again, therefore, more can be done locally to help reduce these admissions.
- 3.10 It can therefore be concluded, from the above partnership decisions made and direction already given, together with clear national and local comparisons of need, demand and performance, and forward projections of these, that there is a strong case for proceeding apace with at least one new purpose-built, integrated Sandwell Social Care and Health Centre providing social care-led short-stay care and support for approximately 80 people – even if we are able to effect a significant shift to a higher proportion of home-based intermediate care provision, as is the partnership intent.
- 3.11 Furthermore, the building, its contents and surrounds, and the service model employed and how it inter-relates to other integration work in place and planned between the Sandwell local NHS and the Council should be such as to obtain the best possible outcomes for Sandwell older adults. Improved outcomes will include more people returning home with no or lower care packages of support. The service model will also aim to maximise efficiency/productivity i.e. reduced length of stay in intermediate care.
- 3.12 Four options have been considered for the future development and provision of Sandwell bed-based intermediate care, as follows, with a summary of the respective advantages and disadvantages of each option. A number of sites in the ownership of the Council have been considered in relation to options 2-4, and it proposed that the land at Harvest Road, Rowley Regis, currently known as the Knowle site, be used, based on these main reasons:-
- Location: close to Rowley and Russell's Hall Hospitals, with good transport links and easy access.
 - Planning permission for a similar type and size of facility was granted in January 2015 involving successful, positive consultation with over 50 neighbouring local residents – although that permission expired after three years due to failure to build.
 - An extensive appraisal was carried out in the local area and there were no other sites available capable of accommodating a building of this size.
- 3.13 **Option 1** - Do nothing - dispose of the site on the open market and continue to commission intermediate care from local care homes

ADVANTAGES	DISADVANTAGES
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Would not incur further costs of designing, commissioning and oversight of building and fitting out a Centre	Would have to explain and justify reversal of discussion and in principle agreements for way forward with the Health and Wellbeing Board earlier in year
Likely to be lower annual revenue costs for same number of beds – but would have to procure more beds to compensate for higher lengths-of-stay, more hospital (re)admissions etc	Sandwell bed-based intermediate care likely to remain with poor quality outcomes for citizens and inefficient lengths-of-stay
SMBC could sell the land at Knowle site – not likely to be a significant capital receipt though	Problems for providers getting necessary “wrap around” and other support from NHS provision, and issues with CQC and other system partners would continue
	Doubtful, therefore, whether existing independent sector providers would actually be interested in bidding for what would be a significant increase in ongoing IC capacity

3.14 **Option 2** – the Council to design, maintain and staff up a new Social Care and Health Centre on the site

ADVANTAGES	DISADVANTAGES
The Council would commission and provide the service	The Council would have to take on the liability of operating the Centre
The Council would retain greater control of the discharge / admittance to the Centre and as the Registered Manager be able to take full advantage of its excellent current relationship with the CQC	The Council would operate a Centre, where previously it has outsourced (long-term) care homes
Would be in a better position to aim for elimination of DTOCs	Potential PR problems from the market – easily dealt with through dialogue and joint transition

The cost of the Centre would be controlled	Higher annual revenue cost (care staffing) compared to option one, but offset by improved effectiveness (better outcomes) and efficiency (reduced LOS)
The Centre would allow office space for the Council and NHS “wrap-around” staff, and a “sub”-Equipment Store for local community access	
The beds would be used as the Council wanted and respond to changing needs and demands	
The Centre will be designed for flexible use and in the extreme case, be available for re-sale in the very long-term if necessary	

3.15 Option 3 - the Council to design and maintain the Centre and the NHS or an independent sector care provider to provide the care and manage the Centre

ADVANTAGES	DISADVANTAGES
The Council and CCG would not have any responsibility to operate a centre and only commission a service, reducing the control over admissions especially out of hours	There would not be a guarantee that any individual could be discharged / admitted into the Centre, and we would not have a social care-led service model
The Council could pre-determine the price that will be provided to the Company, subject to agreement	There is no guarantee that a provider will be found: local independent sector providers prefer to stay in the long-term care market (and we need that extra capacity in the market in Sandwell)
	The price charged will be determined by the organisation/market and would likely

	be more expensive than option 2 if fully staffed by the NHS
	Potential TUPE implications at the end of the contract

3.16 **Option 4** - Commission an external partner to design, build and operate the Centre

ADVANTAGES	DISADVANTAGES
Simplicity of Council role – to commission the services en bloc with a singular relationship	Previous recent experience of trying to commission similar en bloc Extra Care services externally produced no realistic market response
The Council could pre-determine the price/annual revenue cost, subject to agreement	More expense/time needed on specification of contract requirements, and increased costs of procurement
Likely to be less cost than option 2 for same number of beds – although would likely have to “spot” procure more beds to compensate for higher lengths of stay, more hospital (re)admissions in/from the Centre	Unlikely to gain all required efficiencies and effectiveness (better outcomes) as expected under option 2
	Problems for existing independent sector providers getting necessary “wrap-around” support and from other system partners would continue
	Doubtful, therefore, whether existing providers would actually be interested in bidding
	Potential TUPE implications

3.17 Based on the above summary of the detailed Council capital project appraisal submitted to and supported by the Strategic Investment Unit, option 2 is recommended as the most viable and consistent with the Council’s ambitions and top priorities. This option affords the Council to have optimum direct control and assurance over: the design, building,

fitting and equipping of the special Social Care and Health Centre, in the shortest possible timescale; and the establishment, ongoing delivery and amendment as circumstances and requirements change over time, of the operating culture and service model to meet current and forecast future priority demand, taking full advantage of other integration developments across Sandwell, and in so doing to maximise the potential to secure better outcomes (best for older adults and most cost effective) and efficiency (less time in short-stay care).

4 THE CURRENT POSITION

- 4.1 Local Members and the relevant key Cabinet Members were informed in the summer of the intention to carry out full site investigation works at the Knowle site.
- 4.2 Without pre-empting approval by Cabinet of the recommendations in this report, a brief prospectus has been produced and can be made available to all Members, describing the services that would be provided at the proposed Social Care and Health Centre, how Sandwell citizens would access and be discharged from the Centre, and with artist's impressions of the anticipated internal and external layout of the Centre.
- 4.3 Again, subject to Cabinet's approvals today, formal planning permission will be sought, and building/service specifications and designs advanced. Reports back to Cabinet on the full implications of option 2 and the proposed procurement process and key steps from that will follow in due course.

5 CONSULTATION (CUSTOMERS AND OTHER STAKEHOLDERS)

- 5.1 Noting that the proposal to develop a full case for an integrated Social Care and Health Centre was requested by the Sandwell Health and Wellbeing Board earlier this year, last month the Board supported the option put forward for the Centre development in this report. This endorsement was critical, as it is proposed that the annual revenue funding and a major proportion of the capital funding will be met from the Better Care Fund (BCF) - and the Board has overall responsibility for the BCF pooled budget.
- 5.2 Local residents will, of course, be given full opportunity to express their views on the proposed Centre development as part of the planning permission process. A similar scheme of a similar size and height (three floors) on the proposed Centre site had already gained outline planning approval in January 2015 and, although that expired in January 2018 due to failure to build, there were no objections from the 50 + local residents consulted.

5.3 More generally, national and local surveys of citizens, not surprisingly, continue to confirm that people would prefer not having to be admitted to hospital and, where there is no alternative to that, to be discharged quickly and safely to a more appropriate care setting, and preferably home.

6 ALTERNATIVE OPTIONS

6.1 The four options considered, their respective advantages and disadvantages, are summarised in paragraphs 3.13-3.16 above.

7 STRATEGIC RESOURCE IMPLICATIONS

7.1 The respective annual revenue costs of the four options considered are summarised as follows.

7.2 A full appraisal has been undertaken by Strategic Finance. The appraisal process recorded a score of 79%. A copy of the report can be found at Appendix 2. Some risks have been identified as a result of the appraisal and action points recommended to mitigate these risks.

Annual Revenue Cost Comparison (£000s)

<p><u>Option 1:</u> Do nothing - dispose of the site on the open market and continue to commission intermediate care from local care homes</p>	<p>£3,045k+ (80 beds x 52.14 weeks @ £730 per week {current NHS commissioned price – more realistic}). Highly likely though that a further approximately 20 beds would have to be commissioned to compensate for ongoing poor outcomes and efficiency.</p>
<p><u>Option 2:</u> Council to design, maintain and staff up a new Health and Social Care Centre on the site</p>	<p>£3,813k Estimated annual total cost of the Council managing and operating the Centre as a social care-led model + qualified nurses, non-staffing and debt charges costs.</p>
<p><u>Option 3:</u> Council to design and maintain the Centre and the NHS or an independent sector care provider to provide the care and manage the Centre</p>	<p>£3,045k - £4,000k Again, the lower figure is a minimum figure, as option 1, as unlikely that full expected better outcomes and efficiency would be gained. The higher figure in this range would be with estimated higher NHS</p>

	staff costs Both figures assume provider reimburses estimated £214k per annum loan charges on net capital cost.
<u>Option 4: Commission an external partner to design, build and operate the Centre</u>	£3,045k - £4,000k As with option 3 and no reason to assume total capital cost of Centre will be lower/higher under this option.

Note: all options require NHS “wrap-around” therapy and other support, at an estimated £550,000 per annum. This annual cost is already provided for as a BCF revenue budget commitment.

- 7.2 £6m of the estimated £10m total capital expenditure required can be met from available funding in the BCF Pooled Budget, and the balance met as follows: the redirection of £0.823 million from historic projects within the Adult Social Care capital programme; £0.714 million from Extra Care Development and £0.109 million from the Campus Closure project; and with a capital allocation of £3.177 million to fund the balance of the development costs. The prudential borrowing to be repaid from BCF revenue budgets over a 20-year period.
- 7.3 All revenue/recurrent expenditure, including debt charges, can be met in full from the BCF pooled budget, from the redirection of budget for existing intermediate care and other contracts that will be de-commissioned/cease before the Centre is due to open.
- 7.4 Based on projected need requirements and current efficiency and effectiveness achieved from commissioning from the independent sector, it is estimated that some 100 beds would need to be commissioned into the foreseeable future, whilst it is envisaged that a fully integrated, Council-run social care-led Social Care and Health Centre would be able to meet that need with only 80 beds as it would be more efficient and effective. The extra 20 beds that would be commissioned would cost £760,000 per annum. The Centre would only need to achieve the current national average length of stay for bed-based intermediate care in order to justify needing 20 less beds i.e a sustained 30% reduction in the current Sandwell intermediate care average length of stay. The national information is drawn from the 2017 National Intermediate Care Survey Report.

8. LEGAL AND GOVERNANCE CONSIDERATIONS

- 8.1 The proposed procurement process will comply fully with the public procurement rules and the Council’s Contract and Procurement Procedure Rules.

8.2 This project will be funded from the Sandwell Better Care Fund. The proposed use of these funds to finance recommended option 2 is entirely consistent with the national conditions for the use of BCF and improved BCF (iBCF) funding. The main BCF conditions are briefly as follows:-

- That a BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the Health and Wellbeing Board, and by the constituent LAs and CCGs;
- A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation;
- That a specific proportion of the area's allocation is invested in NHS-commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and
- All areas to implement the High Impact Change Model for Managing Transfers of Care to support system-wide improvements in transfers of care.

There are eight aspects to or elements of the High Impact Change Model – the proposed Sandwell integrated Social Care and Health Centre will deliver at least five of these – monitoring patient flow, discharge to assess, multi-disciplinary discharge support, seven day services, and a focus on patient/service user choice.

With regard to iBCF specifically, this funding can be spent on three purposes and, again, this project is fully consistent with these:-

- Meeting adult social care needs
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
- Ensuring that the local social care provider market is supported.

9. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment screening exercise has been carried out and a full Equality Impact Assessment is not considered to be required.

10. DATA PROTECTION IMPACT ASSESSMENT

Data used, stored and transferred as part of the Centre procurement and equipping process and personalised data in relation to the day-to-day operation of the Centre will comply with all current data protection legislation, regulations and Council policies and procedures.

11. CRIME AND DISORDER AND RISK ASSESSMENT

- 11.1 The intention is the Social Care and Health Centre will gain “Secured by Design” approval. Established in 1989, Secured by Design (SBD) is the title for a group of national police projects focusing on the design and security for new and refurbished homes, commercial premises and car parks as well as the acknowledgement of quality security products and crime prevention projects. It supports the principles of ‘designing out crime’ through physical security and processes.
- 11.2 The Centre will build strong links with the local community, work effectively with the Police, NHS and voluntary and community sector organisations, and ensure Sandwell Safeguarding Adults Board priorities and practice standards are promoted and followed.
- 11.3 For risk assessment generally, the Corporate Risk Management Strategy will be complied with throughout, in identifying and assessing the significant risks associated with this strategic proposal. An extensive risk register has been produced, covering 15 strategic risks, and based on this it is the officers’ opinion that for these initial risks identified, arrangements are in place to manage and mitigate these effectively. In line with the assessment of the Council’s overall strategic risk SRR 052 in respect of the future of the national Better Care Fund, one similar risk is also identified as “red” in the risk register for the Centre project. There are no other “red” risks apart from this.
- 11.4 Approval of the recommendations in this report and the development of the proposed Centre will also contribute significantly to the mitigation of the strategic risk SRR 049 in respect of Delayed Transfers of Care, which is currently assessed as red.

12. SUSTAINABILITY OF PROPOSALS

- 12.1 The project will be self-financing from recurrent BCF/iBCF revenue budget and ongoing increased productivity/efficiencies - which will be monitored closely and reported on within the BCF performance dashboard.
- 12.2 The annual costs of the recommended option, along with necessary NHS “wrap-around” costs, will be met in full from the BCF revenue budget. This will be through a combination of redirection of budget provision currently used to commission independent sector Enhanced Assessment Beds (EABs) and other relevant contracts/commitments ending by 2021.
- 12.3 Energy efficient facilities will be provided at the Centre, with good use of technology and low operating costs. The control of the internal

environment together with the efficient use of resource are very important. Older people tend to be more sensitive to temperature change and to draughts, therefore the design of the heating and ventilation will be critical.

- 12.4 The essence of a Care Centre is to develop healthier communities, which does not just stop with the level of services and facilities to be provided within the Centre. This new scheme is amongst the most significant developments within Sandwell in recent years and as such the Council and Clinical Commissioning Group have a duty to lead by example by ensuring that they contribute to a healthier environment and sustainability. The intention is that the building will represent the best in contemporary architecture, using the latest technologies, providing a high level of sustainable and environment solutions, yet engendering a traditional feel.
- 12.5 In consideration of materials the wide use of traditional masonry products; brick, stone, tiling etc will not only give a traditional feel but also the very best in terms of whole life cost (the cost of construction, maintenance and replacement in the building lifetime). These products have always been very high performers and remain so with acceptable capital cost and high durability plus they are produced without high levels of pollutant products. High levels of building insulation will be utilised with the materials selected to achieve this representing current developments in technology. The objective is to minimise heat loss in colder weather and heat gain in hot weather. The levels of insulation will be determined through the use of computerised thermal simulation modelling.

13. HEALTH AND WELLBEING IMPLICATIONS (INCLUDING SOCIAL VALUE)

- 13.1 The proposed project will deliver benefits, not only to the older adults being cared for and supported at the Centre, but also to the wider community and the Council. The following benefits have been identified.
- 13.2 Benefits to the service users
- Preventing or delaying them needing to be admitted into hospital
 - Discharging them quickly and safely from hospital
 - Helping them to return home or a more appropriate form of long-term care that allows them to live as independently as possible
 - Flexible person-centered services offering engagement, social inclusion, support to maintain existing new interests and to develop new interests, activities
 - Improved mental health and well-being
 - Income maximization
 - Increased carer support

- Enablement and re-skilling
- Equipment sub-store to enable local residents to access assessment and provision of aids to daily living

13.3 Benefits to the wider Community

- Opportunities to offer construction training places leading potentially to offers of full time employment.
- Opportunities for the main and sub-contractors to recruit local labour.
- Benefits to local economies through Think Sandwell and the use of local supply chains
- Links to project work with local schools, both in terms of syllabus and more general activities.
- Community cohesion
- The redevelopment of vacant sites which may have blighted local areas and the impact of the project in terms of creating sustainable neighbourhoods
- Community hub and access to well-being activities and initiatives
- Engagement and support from local voluntary and community sector providers to support ongoing independent living for people within their own community

13.4 Benefits to the Council

- Collaborative multi-agency partnership working
- Delivering a ground-breaking, fully integrated (with other related health and social care jointly commissioned and operational systems and working practices) Social Care and Health Centre that can be showcased regionally and nationally
- By developing fit for purpose short-stay accommodation that meets the headline objectives for the delivery of step-up and step-down personal care, housing and wider support needs for adult social care users we will improve short-term living conditions for vulnerable people.
- Increasing the number of people supported to live at home and supported for the transition from hospital to home, reducing hospital admissions and placements in residential care
- Improved high quality, person centered care and support services
- Full control over admissions to the Centre, its operation, delivery and any necessary changes in future years
- Contributing positively to the financial position of the Council by making considerable ongoing savings to and avoiding future costs falling on Adult Social Care budgets.

14. IMPACT ON ANY COUNCIL MANAGED PROPERTY OR LAND

- 14.1 The land at the Knowle site is owned by SMBC. There may be restrictions on the use of a capped mine area on the site, but this has been incorporated within the design of the Centre and its external features.
- 14.2 Officers are not aware of any covenants, access rights or previous grant conditions that might restrict this development.
- 14.3 The design of the building will be in accord with the largely lower level design of the neighbouring domestic properties, and it is felt the addition of a community-based state of the art facility for older adults will actually add value to the local community and help reduce the potential for antisocial behaviour.

15. CONCLUSIONS AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

- 15.1 In essence, this report and accompanying full capital project appraisal/business case are the culmination to date of a request made earlier this year by the Sandwell Health and Wellbeing Board to develop a detailed business case and specification of requirements for a new specialist integrated Social Care and Health Centre in Sandwell.
- 15.2 The need and demand for intermediate care services to be operated at such a Centre are laid out clearly, and four options considered and compared.
- 15.3 Option 2 – the provision of an 80-bed, ensuite Centre, along with other modern facilities and support services, to be managed, operated and staffed by the Council - is recommended, and Cabinet is asked to give its support to investigate fully the implications of this option and for further detailed design work, planning permission, etc to be pursued.
- 15.4 The annual costs, including debt charges on prudential borrowing, of the recommended option can be fully funded from the BCF pooled budget, along with £6m of the estimated capital cost. The rest of the estimated capital cost is recommended to be met from prudential borrowing and two other sources.

16. BACKGROUND PAPERS

Prospectus for proposed Social Care and Health Centre at Harvest Road, Rowley Regis site, with artist's impressions of the potential internal and external views of the Centre.

17. APPENDICES

Appendix 1 – Site plan

Appendix 2 - Appraisal report

