



Adults and Community Directorate

Business Plan 2011- 2013



**Oakmeadow Community
Resource Centre**

Contents

Section		Page No.
1	National and Local Context	3
	1.1 Introduction	3
	1.2 National context	3
	1.3 Local context	4
	1.4 Case for Change	5
2	Service Delivery and Development	6-11
	2.1 Community Resource Model	6
	2.2 Activity Model	8
	2.3 Dementia Day Care	10
	2.4 Intermediate Care Beds	10
3	Finance	11
4	Performance	12-13
5	Appendices	14
	1. Office Usage- Oakmeadow	14-17
	2. Detailed budget proposal	18
	3. Consultation Plan	19-20
	4. Implementation plan	21-23

Section 1 National and Local Context

1.1 Introduction

This document aims to clearly define four elements for the future development of Oakmeadow Community Resource Centre. The document will play an important role in informing decision makers about the positive impact that the changes will have and how they fit within existing strategic plans. The four elements of the report are:

- What we currently offer at Oakmeadow
- Why is there a need to change
- What are the proposed changes
- What model will be used to deliver the redesign

It is important to point out that any proposed changes will need to improve community access and fit within the ethos of the building as well as local strategic objectives.

1.2 National Context

There has been a significant and growing emphasis, in recent national strategy reports, on the need to change the way adult social care services are delivered in response to the demographic challenge of an ageing population, and on the need for a whole system response built around personalised services with increased emphasis on prevention, early intervention and enablement.

The change in the structure of the population presents a significant challenge to health and social care services. Life expectancy has increased considerably with a doubling of the number of older people since 1931.

A number of recent reports have demonstrated that the cost to the public purse is greater when services are focussed on intensive interventions to manage complex health and social care needs, and that it is cost effective to shift the focus to prevention and the promotion of good health, supporting people in the community and reducing reliance on residential and acute hospital care.

'Our health, our care, our say,' (Department of Health, 2006) outlined the reform needed in both social and health care services to respond to the demographic challenge and rising expectations in the population. 'High quality care for all', the Darzi report (2008), building on the direction set in the White Paper highlighted the need to improve prevention, deliver services as locally as possible, and deliver patient choice and personalisation. Putting People First (Department of Health, 2007) and Transforming Social Care (Department of Health, 2008) have provided clear direction for the required transformation of social care and have made it clear that the new adult care system requires a collaborative approach with a broad range of partners to redesign local systems around the needs of citizens.

This direction of travel for health and social care services has been restated more recently with an increased emphasis on local government and health services enabling local communities to become more involved in decision making around their communities, health and well being.

The social care white paper (A Vision for Adult Social Care 2010) , the health service white paper (Equity and Excellence: Liberating the NHS 2010) and the public health white paper (Healthy Lives, Healthy People 2010) all seek to ensure that local people and communities are both involved in the delivery and development of local services and can expect that the respective agencies work collaboratively with them to gain the best outcomes in terms of health, well being and building strong communities.

The transformation agenda aims to bind together local government, primary care, community based health provision, public health, social care, and the wider issues of housing, employment, benefits advice, education, training and community safety The local approach should therefore utilise all relevant community resources especially the voluntary sector so that prevention and enablement become the norm, supporting people to remain in their own homes for as long as possible whilst ensuring addressing issues of poverty, loneliness and isolation are a priority area for action.

1.3 Local Context

Demographic Factors

Population projections for people over 65 for Halton from 2010 – 2030 are shown in the table below along with the projections for limiting long-term illness.

Table 1: Population and Long-Term Illness Projections

Total population 65 and over					
	2010	2015	2020	2025	2030
Halton	17,300	20,200	22,700	25,100	27,600
Total population aged 65 and with a limiting long-term illness					
	2010	2015	2020	2025	2030
Halton	9,585	11,143	12,527	13,972	15,409

Source: Projecting Older People Population Information

As can be seen, the forecast is that that there will be a very significant growth in the population of older people in the borough between 2010 and 2030 with an increase in the number of people over 65 in Halton of 60% compared to a national average increase of 53%. This is anticipated to be accompanied by a corresponding increase in limiting long-term illness, for people in this age range, of 61%, the national average increase being forecast to be 55%.

Without further development of prevention and early intervention measures the increased numbers of older people, many with limiting long-term illnesses will be likely to significantly increase the local demand for residential and acute hospital care. The increase in the number of older people and in the number of people with long term conditions will put additional pressure on

carers. This pressure will be experienced particularly by older carers as over the same period the available pool of younger carers will be shrinking as the population of people aged 18-64 is forecast to reduce by 4.3%.

Nationally the number of adults with learning disabilities is around 2% of the population and it is estimated that around 20% of these people are known to social care. The remaining 80% have mild/moderate learning disabilities and may not be known to services needing little support beyond their own families, friends and social networks. Projections by the Centre for Disability Research (2008) suggest that more people with mild to moderate learning disability will become known to and start using services and it is anticipated that by 2018 the number of people accessing services will increase by 50%. Thus it is crucial to provide information about and access to a range of preventative or early intervention services to ensure that existing informal support networks can continue.

1.4 The Case For Change

The client profile in care homes has changed over the past couple of years, with a corresponding change in the provision of residential care. In Halton we have a number of independent sector residential homes providing a range of service options to older people. There continues to be a number of vacancies within this sector, indicating an over provision of residential care in Halton.

Oak Meadow has undergone a number of change programmes over the past 10 years in line with the changing landscape of Health and Social Care services, however the overall focus has been on change of use of the residential beds, i.e. from long term provision to a short-term enablement approach, respite and short term dementia placements.

It is clear that as the modernisation programme for adult social care has developed over the past couple of years, the need for this model of service has reduced and this has been evidenced by:

- An overall occupancy rate of 50% across the building. The current Intermediate Care beds have an occupancy rate of 93%
- The number of people transferred direct to long term care from the non-Intermediate Care beds has increased suggesting these beds have acted as a further, potentially unnecessary, step in the final placement destination
- Excessively high unit costs, (due to under occupancy) which in the current economic climate are not sustainable.
- Increasing number of community social care options being made available as alternatives to residential options.

Improvements and an increase in investment in Intermediate Care, has resulted in people being referred, more appropriately, to these services (Including the Intermediate Care Beds at Oakmeadow).

The current residential service model delivers:

- 13 permanent Intermediate care beds
- 5 Short Stay Dementia Beds
- 18 Transitional/respice beds

In addition there is 1 long term service users, who has resided at Oak meadow for a number of years.

The Day service has approximately 50 service users and operates over 5 days a week. This is mainly focussed around providing a service for Older People with Dementia within a framework of a traditional model of day care. The people who attend are involved in a number of activities, including arts and crafts, bingo etc, and are provided with a hot meal. However, there are currently no opportunities to develop a more personalised approach, with meaningful activities and a focus on re-ablement and skill development.

In considering the future of Oakmeadow the department has an opportunity to realise a more coherent, socially relevant model of care combining the principles of choice, opportunity, integrated and inclusive services. This business plan will look to develop a new service, to deliver a more intensive approach to re-ablement, employment opportunities and integrated services as well as supporting a more proactive role for the centre within the local community.

This will include:

- Closure of the existing short term residential beds including Dementia, transitional and respice (13 beds)
- An increase in the number of Intermediate care beds from 13 to 18
- Continue to provide a home for the existing long term service user.
- Development of an integrated model of activity provision across day care and the intermediate care beds
- Development of the model of dementia day care provision
- Development of a community resource model, focussed on employment, meaningful activities for people with learning difficulties
- Inclusion of the voluntary sector, to enhance the opportunities within this overall model of provision.

The proposals made in this submission will bring the disparate elements of rehabilitation, leisure, volunteering and dementia services together into a coherent social inclusion model. With the involvement of external providers as a central and physical presence, the introduction of 'real-world' commercial cottage industries and a pan disability service using motivated and skilled staff the Directorate will rejuvenate dementia and day care services and allow a more spontaneous and energised environment. The benefits of a diverse central hub will apply to all those involved including people using the intermediate care beds and those across the wider community.

Section 2 Service Delivery and Development

2.1 Community Resource Model

By closing the existing service and opening up the space to other community groups and services, Oakmeadow has the potential to develop a new community resource model, which can be self-financing. With a combination of rent paying outside providers and the inclusion of a café, commercial use of the excellent kitchen, Day Room rental and even the potential development of a laundry service, the centre could be positioned to make the most of a captive audience and its geographical location, sited as it is at the end of the main Widnes central business district.

The model will, in one pass, fulfil the objectives of the new strategic thinking, deliver outcomes that are inclusive, promote independence, significantly contribute to the reduction of cost and set the services on a path of modernisation. There will also be an undertaking that all new activity and changes that take place will ensure that they are open and relevant to all residents of Oakmeadow. It is important that this remains as a valued ethos for now and all future developments within the centre. The planned services are:

- The Oaky Cokey Café. Based on the café services currently provided by ALD services and the estimated footfall over a seven-day week prudent forecasts would suggest an average monthly profit of between £700 and £1,000. Significantly it will also provide work experience for up to a dozen or more service users and can be supported by a cross section of staff from OP and ALD services.
- The Lilly Laundry Service is a little more difficult to forecast but based on high street charges and the minimum service wash for Country Garden Catering an estimate of £5,000 per annum is reasonable and certainly prudent. What opportunities there are to extend the service to other areas and departments of the council need to be explored but it wouldn't take much of a volume increase to significantly raise revenue. Most importantly the machinery in Oakmeadow is industrial, good quality and relatively new thus removing the need for costly initial start up expenditure.
- **Room Rental** by key voluntary groups
 - ✚ Age UK
 - ✚ The Alzheimer's society
 - ✚ British Red Cross
 - ✚ St Helens Advocacy Project
 - ✚ Together working for well being (IMCA provider)

The involvement of the 3rd sector and their very physical presence in the remodelled service adds a dimension of partnership and cooperation that is not fully in evidence currently. It is hoped that this proximity working will

hugely improve corporate working relationships and raise the standards of the services on offer. Certainly it should be easier to synchronise strategies and assess general progress.

- **Communal meeting room**, this is free to use for the organisations based in the building, but would incur a charge if outside agencies use it. Proposed charge for room £7.50 per hour.
- **Current Day room.**

The space could be used for a number of community and voluntary sector activities that are either currently being delivered elsewhere in the borough or that are new activities.

It is important that the activities link into the purpose of the building and that all activities proposed need to clearly identify if their service is available for existing residents.

If a pricing structure in line with other local venues is agreed it would suggest that the service would charge £6.00 per hour for the activity. The table below shows the income generated if the room was utilised for 2, 4, 6 and 8 hours per day, seven days a week and 52 weeks a year. The table does not take into account the cost of marketing and recruiting organisations to the building.

	Price per hour	Total annual income
2 hours	£6.00	£4,380
4 hours	£6.00	£8,760
6 hours	£6.00	£13,140
8 hours	£6.00	£17,520

2.2 Activity model

A number of community and voluntary sector activities that are either currently being delivered elsewhere in the borough or that are new activities. These may include:

- APEX classes for falls
- Men's health sessions
- Halton OPEN meetings
- Tai chi classes
- Recharge
- Dementia peer support
- Dementia reading group
- Stroke reading group

***This is not an exhaustive list, but examples of what is available*

It is important that the activities link into the purpose of the building and that all activities proposed need to clearly identify if the service is available for existing residents. The proposed model is to integrate access to day services and day opportunities for all client groups, with the development of a clear pathway for users.

The overall model will be based on direct access, enablement and enhancing opportunities for day services which offer meaningful activities and are tailored to the persons needs and aspirations.

Oak Meadow will be the centre, a place for people to engage in a range of activities, and a meeting place for individuals until they are able and confident to participate in community-based activities.

Staff at Oak Meadow will work with individuals to develop personalised plans of care. Staff will work closely with community teams to ensure that individuals have the support they need to participate in community activities

Residents of Oak Meadow will have the opportunity to participate in all activities. This will support the discharge planning and re-ablement for those users of Oakmeadow

The provision of day services within Oakmeadow will be integrated within adult services, this will ensure effective integration of provision across all ages and streamline the management and staff cover within this area.

Phase 1 of this development is the implementation of this business plan, with due consultation and within an acceptable financial agreement. Plans will be developed to ensure that this work stream and particularly the outcomes from it are clearly reported through corresponding work plans within NHS Halton and St Helens and seek to attract other sources of funding through PCT allocations.

Oakmeadow currently offers 74 hours per week of additional support to residents. This takes the form of:

- Activity Co-ordinator - 20 hours
- Carers break - 12 hours
- Day Care support – 42 hours

It is proposed that these activities will continue and will be integrated into the new Community Services structure in line with the overall organisational restructure.

2.3 Dementia day Care

The proportion of the population that is over 65 is increasing, and this is a trend that will continue for several decades. As there is a higher incidence of dementia in older adults the number of people in the UK with dementia is

forecast to grow from an estimated 750,000 today to 1.4 million in 30 years time. In Halton the number of people with dementia is forecast to increase by 55% between 2010 and 2025 rising from 1085 to 1683.

The 'Living Well with Dementia' set of objectives is focussed on improving current services such as home care, carer support, intermediate care, residential care and end of life care to ensure that they meet the needs of people with dementia and the needs of their carers. Current services have been mapped. It was recognised within the Dementia strategy that there is a need for further development of day opportunities for people with a dementia

It is likely that users of Oak Meadow who have a diagnosis of dementia, or dementia related illness will initially need supported day activities within the building with a view to these users moving on to more community based services. These supported day activities will be open to anyone within the community diagnosed with dementia. Plans will also be developed to work in partnership with The Alzheimer's Society to further enhance the provision of dementia day care.

Sure Start to Later life and Bridge building service will work with all people and their carers to ensure that the day activities are provided within the most appropriate environment. Those who are able will be supported to access community resources. The team will review the needs of people and the activities provided within Oak Meadow to ensure that they meet the needs of individuals. It is important that the opportunities available for people with dementia are developed in line with individuals needs as a result of consultation with them and their carers. It is planned that Oakmeadow will be a valuable resource in the area for the local community.

2.4 Intermediate Care Beds

Intermediate care services have played a significant part in achieving improvements in overall outcomes for people in Halton over the past 5 years. This has been reflected in a steady reduction in emergency admissions and acute hospital bed utilisation, the reduction being greater in the over 65 population. The number of people living in care homes has more than halved and over the same period of time the number of people over 65 supported at home has tripled. This approach has also supported people to remain living in their own homes more independently, evidenced in the reduction in size of on-going care packages.

A recent review identified the need for an increase in capacity, this will be achieved by reducing the overall length of stay and increase in the number of beds available.

The further development of the Intermediate Care Beds in Oakmeadow is in line with the overall development to ensure capacity is available to meet demand with a corresponding improvement in the quality of services delivered.

The service currently operates at full capacity, and often demand does outweigh the capacity available. At times of increases in demand; measures are put in place to enable the service to respond, however, this often results in people either waiting in acute beds unnecessarily or being signposted to an alternative service, which is not the most appropriate service to meet their needs.

The number of beds commissioned at Oakmeadow is flexed on a regular basis to meet increases in demand; this business plan has been developed to respond to this increase in demand and proposes an increase from 13 beds to 18. It should be noted that an additional 5 beds have been utilised at Oakmeadow on a temporary basis for Intermediate Care for almost 2 years with a corresponding 93% occupancy. This plan seeks to make this temporary provision permanent.

A contract specification with NHS Halton & St. Helens has been developed, which outlines the services to be provided in respect of the 18 Residential Intermediate Care Beds located within a dedicated unit at Oakmeadow Community Support Centre. In addition work is underway to review and update existing policies and procedures across Oakmeadow residential beds. This will include the development of a care task manual. The manual identifies the care tasks and procedures that staff will undertake and will be underpinned by an agreed competency framework.

An initial capital investment of approximately £50k is required to ensure all rooms have en-suite facilities. The funding for this investment is available from section 256 "health" funding.

Section 3 Finance

Appendix 1 highlights the detailed proposal and potential income could be generated from the Community Resource Model outlined earlier in the report.

- Contribution from External Providers rents £30,000
- Oaky Café £12,000
- Laundry £5,000
- Kitchen £5,000
- Day Room Rental £8,760

Please note these are estimates only.

Capital investment, approximately £50k.

Intermediate Care Beds

The Intermediate Care Beds (18) are funded 50/50 with the PCT, within the Intermediate Care Partnership agreement.

The unit cost per bed per week is £ 607,279, with a total cost of £599,992, for the 19 beds.

The one long term user will continue to be funded by HBC.

Income from the Intermediate Care Pool will be £568,414. This equates to

PCT 50% £284,207 and HBC 50% £284,207

HBC non-pool cost £31,578.

Capital investment approximately £50k.

Section 4 Performance

4.1 Community Resource Model

The initial first year forecasts are based on existing businesses run by the department. The new Oakmeadow businesses i.e. the Café, Laundry and kitchens will rely on minimum footfall levels, which should be produced by the populations of the redeveloped Oakmeadow site i.e. all the people using the building after redevelopment. The new model will need initial capital investment. The exact amount has yet to be determined but will be approximately £50k. The businesses should aim to pay back the initial investment over the first 3 years - a more than achievable target based on the forecasts. This is essentially an invest to save strategy and will also provide an environment and culture for further developments. This model will produce a return over the first 3 years that will cover the initial investment, provide more opportunities related to employment, offer the very real possibility of social enterprise and, perhaps most importantly, improve the quality and effectiveness of all services within Oakmeadow.

4.2 Intermediate Care Beds

The performance management framework agreed by the Executive Commissioning Board for the Intermediate Care beds is contained within the specification at Appendix 4

DETAILED PROPOSED BUDGET

1. Community Resource, activity and Dementia Day Care model.

Description	Budget	Comments
Activity Coordinator	10,996	20 hrs pw
Day Care	23,091	30 hrs pw
Total Care	£34,087	
Supplies & Services	19,679	
Premises	24,805	
Transport Related	1,410	
Support Service	39,868	
Agency Related	1,220	
Total Supplies and services	£86,982	
Total Gross Budget Required	£121,069	

2. Intermediate Care Beds

Description	Budget	Comments
Principle Manager	24,369	18.5 hrs pw
Practice Manager	22,020	18.5 hrs pw
Total Managers	46,389	
Senior Night Care	51,755	1 x 10hrs x 7 days
Senior Care Assist	73,547	1 x 7.5hrs x 7days + 1 x 7hrs x 7days
Plus 5 weeks cover	12,048	
Total Seniors	137,350	
Care Assistant Night	73,120	2 x 10hrs x 7 days
Care Assistant	161,634	3 x 8.5hrs x 7days + 3 x 6.5 hrs x 7 days
Plus 5 weeks cover	25,850	
Total Care	£260,604	
Premises		
Generals	24,485	55.5 hrs pw
Laundry	13,235	30 hrs pw
Cooks	18,137	32 hrs pw
Kitchen Assistant	15,441	35 hrs pw
Total Premises	71,297	
Total Staffing Budget	£515,640	
Supplies & Services	19,679	
Premises	24,805	
Support Service	39,868	
Total Supplies and services	£84,352	
TOTAL	£599,992	Cost per bed per week; £607,279



Halton and St Helens 
Primary Care Trust

Appendix 1 DRAFT

**Halton and St Helens Primary Care Trust and Halton
Borough Council**

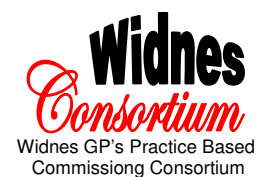
Intermediate Care Partnership Board

Contract for the provision of a

Residential Intermediate Care Unit within

**Halton Borough Council Oak Meadow Community
Support Centre**

April 2011 – April 2013



**Halton and St Helens Primary Care Trust and Halton Borough Council.
Intermediate Care Partnership Board**

**Service Contract : Residential Intermediate Care Beds Halton Borough Council:
Oakmeadow Community Support Centre**

1.0 General

1.1 This contract specification outlines the services to be provided in respect of a minimum of 13 Residential Intermediate Care Beds collectively located within a dedicated unit at Oakmeadow Community Support Centre (The Provider). Commissioning of Intermediate Care is undertaken through a section 75 partnership agreement between Halton Borough Council and NHS Halton and St Helens and, as such, the Halton Intermediate Care Executive Commissioning Board (The Commissioner) will be responsible for monitoring this service.

2.0 The Contract

2.1 The contract is effective from 1st April 2011 for a period of 2 years, subject to satisfactory performance against this contract specification.

2.2 The contract super cedes the previous service specification between the Partnership Board and Oakmeadow Community Support Centre.

3.0 Services Provided By Halton Borough Council at Oakmeadow residential Home (herein after referred to as The Provider)

3.1 The Provider must only operate a Home that is registered under the Care Standards Act 2000 (CSA) in respect of the category of Service User(s) receiving Services in that Home under the terms of this Contract.

3.2 The Provider must inform the Contract Manager of any changes to or restrictions placed upon the registration status of any Home it operates under the terms of this Contract, or any conditions placed upon the Provider or the Home by CQC, (or inherited from CSCI) or any notice served under the Care Standards Act 2000, or subsequent amendments, on any Home it operates under the terms of this Contract.

3.3 The Provider will make available 13 beds with on-suite facilities for the sole use of Halton and St Helens PCT and Halton Borough Council for the provision of Intermediate Care from 1st April 2011 to 31st March 2013. The number of beds may be increased as required and confirmed in writing between the parties.

3.4 The Provider will ensure that admissions to the beds can occur at any time between the hours of 08:00 – 22:00 and, exceptionally, outside of these times where appropriate assessment support is provided.

3.5 The Provider shall ensure that all service users admitted are temporarily registered with the responsible General Practice as soon as is practicable. Where an admission occurs Out of Hours then the Out of Hours medical service provider will retain medical responsibility in lieu of the patients own General Practice.

3.6 The Provider shall ensure that all risk assessment and management plans are undertaken before and after a patient is admitted to ensure that services can be provided safely.

3.7 The Provider shall ensure a minimum staffing ratio of 1 staff to every 6 beds for the period 08:00 – 22:00. In addition a Senior Care Assistant shall be on duty at all times, providing supervisory management to care staff, undertake relevant tasks and delegate where appropriate and within the policies and procedures of The Provider.

3.8 The Provider shall make available the provision of a room for a weekly Multi-Disciplinary Team meeting with staff from the Rapid Access and Rehabilitation Service (RARS), and ensure attendance at the same meeting by a Senior Care Assistant (or nominated deputy) from The Provider.

3.9 The Provider shall make available an appropriate space for the undertaking of rehabilitation programmes of care. This should ensure privacy and dignity.

3.10 The Provider shall maintain and arrange the storage of, contemporaneous records in relation to the provision of the accommodation and care of service users admitted. This shall include the temporary storage of notes made by medical and other health and social care professionals during an episode of care.

3.11 The Provider shall undertake care and treatment tasks prescribed by the responsible medical officer and health and social care professionals within the competency of the care staff group. Where such tasks are deemed to be outside of the competency of the staff then the responsible officer for the monitoring of this specification, or their designated deputy, should be informed.

3.12 The Provider shall inform the responsible officer (or deputy) of any deaths that occur within the designated Intermediate Care beds and any of the patients who are admitted to hospital and die within 48 hours of that admission. The Provider shall participate in a review of the circumstances of the death using an agreed format.

3.13 The Provider shall inform the responsible officer (or deputy) of any patients who are admitted to hospital. The Provider shall participate in a review of the circumstances of the hospital admission using an agreed format.

3.14 The Provider shall have systems in place to monitor the occurrence of any untoward incident / clinical incidents and procedures for the investigation of such occurrences. Where a serious incident occurs in respect of an individual in one of the designated Intermediate Care beds then the matter shall be reported immediately to the responsible officer (or deputy). The responsible officer (or deputy) may appoint relevant professional and / or managerial staff to assist with any such investigation.

3.15 The Provider shall immediately inform the responsible officer, (or deputy) of any proposals to withdraw the provision of a bed for any reason. The Provider will make

another bed available for use or, where this is not possible, agree an appropriate course of action to expedite the circumstances resulting in the closure.

3.16 The Provider shall immediately inform the responsible officer (or deputy) of any reasons why the specifications outlined above cannot be met and agree an appropriate course of action. Failure to provide the service will be considered a breach of contract and will result in non payment for the portion of the service not provided.

4.0 Performance Management Framework and Reporting Arrangements

4.1 The Registered Manager (or deputy) of The Provider shall prepare and submit a monthly report to The Commissioner in respect of activity and outcomes against an agreed Performance Management Framework. Appendix ?? specifies the performance areas to be monitored and reported. This may be changed by The Commissioner following negotiation with The Provider.

4.2 The Registered Manager (or deputy) of The Provider will attend the Executive Commissioning Board, and other such forums as specified by The Commissioner, as required to report on the performance of the unit.

5.0 Facilities, Equipment and Activities

5.1 The residential unit will comprise individual rooms with single sex toileting and bathing facilities. All rooms should have en-suite facilities within 12 months of the commencement of this contract.

5.2 The residential unit will have facilities, equipment, procedures and skilled staff to ensure compliance with Infection Management and Control policies and procedures of NHS Halton and St Helens.

5.3 The residential unit will have separate dining and activity areas for use by service users in addition to a rehabilitation / treatment area for use by appropriately trained professional staff.

5.4 The Provider will make available a space for a weekly multi-disciplinary team meeting and ensure the Registered Manager (or deputy) is in attendance.

5.5 The Provider will ensure there is an appropriate room for meetings to occur with service users and their families / carers to plan programmes of support, care and rehabilitation.

5.6 The Provider will provide facilities for the laundering of service users personal clothing where this cannot be undertaken by the service users family / carers.

5.7 The Provider will ensure that service users personal clothing and effects are reasonably protected from harm and have systems in place to ensure the safe storage of valuable items and cash. The Provider will have systems in place to ensure such items are returned to the service user at their request and on discharge from the unit.

5.8 The Provider will ensure there is an appropriate range of equipment available to ensure the safe manual handling and transport of service users within the premises. The need for specialist equipment should be negotiated between the professional undertaking the assessment, The Provider and The Commissioner.

5.9 The Provider will ensure that a range of daily activities are available for service users in addition to those described in individual plans of care and support. The availability and uptake of such activities will be reported as part of the monthly performance report.

Finance

7.0 Termination of this Contract

7.1 Either party may terminate the whole Contract at any time by giving not less than six months notice in writing stating the reason(s) for termination.

7.2 Where notice of termination is served for reasons other than the expiry of the Contract Period, and the termination takes effect, the server (The Commissioner) shall be entitled to recover the reasonable amount of any loss resulting from such termination that are directly attributable to a fundamental breach or breaches of the Contract.

7.3 The following reasons will allow either party to terminate the Contract with immediate effect. The Contract may be terminated :-

- (i) if either party is persistently in breach of their obligations under the terms of the Contract;
- (ii) if either party commits any other material breach of any obligation under the Contract and where the breach is capable of being remedied, fails to remedy such breach within ten days of receiving notice from the other party specifying the breach to which notice refers. The ten day period may be extended only by express agreement of the Divisional Manager, Intermediate Care with delegated authority from the Executive Commissioning Board. The extension request and agreement or denial will be in writing and retained on the relevant file.

7.4 The following reasons shall entitle The Commissioner to terminate the Contract with The Provider if:

- (i) The Provider persistently fails to meet the agreed provisions and targets specified in the Performance Management Framework.

7.5 Termination of this Contract, for whatever reason, shall have no bearing on the liability of either party to the payment of any sums arising under this Contract prior to the date of termination.

8.0 Authorisation

Signature:..... Name:.....

Position:..... Date:.....

on behalf Halton Borough Council and Halton and St Helens PCT Intermediate Care Partnership

Signature:..... Name:.....

Position:..... Date:.....

on behalf of Oakmeadow HBC