



Leicester
City Council

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All

FORWARD TIMETABLE OF CONSULTATION AND MEETINGS:
Joint Health Overview and Scrutiny Committee

31st March 08

Reprovision of the Learning Disability NHS Campus Accommodation

1. The purpose of this report is to brief Elected Members on the re-provision of NHS Learning Disability residential campus accommodation. (Health Homes). This report outlines plans to develop new services to replace Learning Disability NHS Campus accommodation by 2010. The requirement to re-provide all NHS Campus Accommodation stems from 'Our Health Our Care Our Say' (DoH 2006) and Valuing People now (DOH 2007).
2. **Summary**
 - 2.1 Leicester City Council and Leicestershire and Rutland County Councils are working in partnership to achieve the closure of NHS Campus accommodation by 2010. A local project is in place, which receives strategic direction from a multi-agency Project Executive of Directors from the Councils, the Leicestershire NHS Partnership Trust and the Leicester and Leicestershire and Rutland Primary Care Trusts. Project management is governed by the use of Prince 2 methodology. The Health Homes are owned by the NHS Leicestershire Partnership Trust, which employs the qualified and unqualified nursing staff who provide support to the 77 people who live there.
3. **Recommendations (or OPTIONS)**
 - 3.1 To note plans to develop new services to enable re-provision, in two distinct project phases
 - 3.2 To note the intention to submit capital bids to the Department of Health to develop further housing options for re-provision
4. **Report**
 - 4.1 People who are currently resident in NHS Campus accommodation live in housing that is owned by the NHS, with care and support provided by NHS staff. They originate from both City and County addresses. This model of institutional service provision is now outdated and is regarded as delivering poor outcomes for people with learning disabilities according to 'Our Health Our Care Our Say' (Do H 2006). This national issue is now being addressed through re-provision projects across the country. The aim is to

improve outcomes for people with learning disabilities, through Councils commissioning care on a more individual basis, and securing suitable housing options in community settings. The Project Executive has agreed, based on the analysis of evidence and good practice that the new services locally will have the following characteristics:

- i. Housing will be provided by Registered Social Landlords and not the NHS
- ii. People will as far as possible live in ordinary housing in their local communities
- iii. Nursing care is not required by the vast majority of residents. Any nursing will be provided through enhanced local Community Learning Disabilities Teams, whose staff will visit people at home if required
- iv. Social care supported living services will be provided by independent support agencies

4.2 People in health homes are currently classed as NHS in patients but will ultimately be discharged from the NHS and become the responsibility of the local authorities. In order to access Community Care Services people are currently being assessed for eligibility to Community Care Services in line with the Community Care Act 1990. The assessments will provide needs based information on both how support and housing should be provided. The task is being shared by city and county social workers on a home- by home basis regardless of originating address. To date 44 of the 77 Community Care Assessments are complete.

4.3 Once Community Care Assessments are complete, outline re-provision plans are produced in discussion with service users where that is possible and their relatives. The individual plans are based on needs based evidence from the assessment, as well as what people would like if feasible, based on their Person Centered Plan. This is dealt with on a case by case basis through a multi disciplinary team meeting, involving, a range of health professionals, social workers, advocates and relatives advocates as well as the IMCA service which represents individuals who lack capacity and have no independent support.

4.4 This, and other analysis of the needs of service users, has informed the development of two distinct project approaches to housing options for re-provision.

Phase one -Sourcing existing high quality properties located in community settings and carrying out improvements to them

Phase Two- Investing in new purpose built accommodation

4.5 Significant progress has been made in relation to the Phase One approach. In particular, a housing provider and support providers are in place following successful procurement exercises, and 70% of capital has been secured locally from several sources. A full bid was developed to secure the remaining 30% capital via a Department of Health bidding process, but the Project Executive decided to defer the bid until Summer 2008, pending further work on the revenue required to support the service models (4.9-4.10). Plans were at a very advanced stage for submission and included a full Campus Closure Plan. The bid and Closure Plan were subject to wide consultation and an Equalities Impact Assessment. Consultation involved working groups of relatives, individuals, staff, and Partnership Board Members. The Executive is currently considering how partial implementation might be achieved given the success

of achieving 70% of local capital, pending resubmission of a capital bid for the remainder required.

4.6 Phase One housing options are as follows and will allow for the re-provision of 25 people.

- Utilising 2 existing high quality properties (currently NHS owned) located in the community where 9 individuals have developed positive relationships and actively engage in activities within their community.
- Significantly improving 4 community –based properties, which are currently empty to provide high quality accommodation for 12 people who would benefit from the particular housing and location.
- A planned new build scheme called Daybreak, which consists of 8 purpose built flats within a site of 32 mixed dwellings (4 flats are for people from Health Homes)
- The purchase of a two bedroom bungalow

Ownership of the properties will be transferred to East Midlands Housing Association following successfully tendering for this work. Rent levels are affordable and within Housing Benefit market rents.

Significant local capital has been sourced from East Midlands Housing Association, the NHS Leicestershire Partnership Trust, North West Leicestershire District Council, and through joint work with the Housing Corporation. The total capital requirement requested from the Department of Health is £800,000, which is a third of the total requirement.

Detailed plans were drawn up for implementing Phase One, and will shortly be reviewed by the Project Executive to enable partial implementation pending re-submission of a capital bid to the Department of Health to secure the remaining capital required for this part of the project.

4.7 Due to a shortage of local accommodation, it is likely that we will need to invest in new purpose built accommodation for the remaining 52 residents. Approximately six new build schemes are needed based on a core and cluster model of eight units per scheme. The core and cluster model is where individuals have their own front door but share communal areas with other people who have similar needs. We have submitted an indicative bid of £5m to the Department of Health for this purpose and will need to submit a full bid by Summer 2008. This will be Phase two of the project.

This phase will feature more tailored services through some use of individualised budgets and direct payments as well as commissioning from existing supported living providers. A European wide tender exercise will take place during April 2008 for housing providers, in order to ensure probity and value for money. This is in line with legal advice following the judgment of the European Court of Justice in the case of Auroux, which states that contracts likely to exceed £3.6m must be exposed to the European market.

- 4.8** There are several key revenue implications involved in moving to new service Models. Care is currently provided to people living in health homes by the NHS Leicestershire Partnership Trust (LPT) by a workforce made up of qualified nursing staff and unqualified support staff. The service is funded by the Leicester City and Leicestershire and Rutland PCTS via pooled budget arrangements.
- 4.9** It has been identified by the Project Executive that there is a significant revenue shortfall in terms of what the service currently costs and what it will cost in the future. This must be resolved to ensure that the new service models are sustainable and to have the best chance of securing Department of Health capital via the bidding process. The reason for deferring the capital bid intended for January 2008 submission was that health partners locally were not then in a position to identify the precise revenue implications for endorsement by the Strategic Health Authority, which is a pre-condition of submitting the capital bid.
- 4.10** Several issues need to be addressed by the NHS Leicestershire Partnership Trust and the Primary Care Trusts. Firstly a workforce development strategy is needed to identify the financial implications and approach to dealing with large numbers of qualified nursing staff that are not required by the new service models. This is a complex and sensitive issue and any approach to defining the new work force must be considered in line with The Transfer of Undertakings and Protection of Employment Legislation 2006 (TUPE).
- 4.11** Once the likely workforce is known for TUPE purposes this needs to be fully costed and will be more expensive than the services currently provided for two reasons. Firstly the costs of TUPE have to be factored into the hourly rate of staff and budgets transferring to new providers. Secondly, supported living is more expensive than traditional institutional care models, although the outcomes for individuals are significantly improved in community settings (Emmerson et al, 1999, 2004,2005). Significant work will follow in the light of this; to ensure that budgets are equitably disaggregated between the Councils It has recently been agreed by the Executive that the project will need greater involvement from the Directors of Finance in the PCTs in order to resolve these issues. The PCTs and LPT are currently developing an action plan to resolve these issues as a matter of priority.

5. FINANCIAL, LEGAL AND OTHER IMPLICATIONS

5.1. Financial Implications

A finance sub-group, led by a PCT Director of Finance will oversee the financial issues associated with this project. The key issues to be addressed through this group will be:

- i) assurance that the service model provides value for money, with a reasonable unit cost both in terms of capital and revenue cost per placement
- ii) transitional revenue support may be required, currently estimated at £3.5m

- iii) release of overheads currently with the service provided by Leicestershire Partnership Trust, which will offset the additional revenue costs associated with the new service models
- iv) technical arrangements to transfer the capital funds across the complex partnerships involved in this business case

5.2 Legal Implications

Legal advice has been sought in relation to European case-law and in the light of this the Project Executive has agreed to carry out a Europe wide housing tender exercise as outlined in Para 4.7. LPT are seeking legal advice in relation to the TUPE implications of any workforce development strategy (para 4.11)

6. Other Implications

OTHER IMPLICATIONS	YES/NO	Paragraph Within Supporting information	References
Equal Opportunities	Yes	4.5. Health Homes Re-provision is essentially a rights based agenda aimed at improving the lives of some of the most socially excluded people with Learning Disabilities. Advice has been sought from both Corporate and Departmental Equalities leads prior to and following Equalities Impact Assessment	
Policy	Yes	Paragraph 1 of the report	
Sustainable and Environmental	No	None at this stage but will be key in the development of new build housing options	
Crime and Disorder	None	None	
Human Rights Act	Yes	The development of community based housing will enable the right to privacy as there will be no shared bedrooms in the new models	
Elderly/People on Low Income	Yes	Welfare benefits workers are part of the project structure and will raise individual incomes through benefits maximisation	

8. Background Papers – Local Government Act 1972

'Our Health Our Care Our Say' (DoH 2006) and Valuing People now (DOH 2007)
Emmerson et al 1999, 2004,2005

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