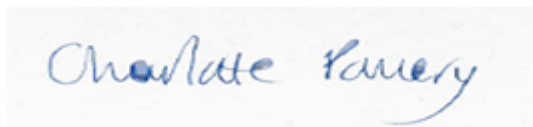


Report for: Cabinet, 13 February 2018

Item number:

Title: Approval to develop Linden House into supported accommodation for adults with complex health and care needs

Report authorised by : Charlotte Pomery, Assistant Director Commissioning

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Lead Officer: Sam Jacobson, Commissioning Manager

Ward(s) affected: All

**Report for Key/
Non Key Decision:** Key Decision

1. Describe the issue under consideration

- 1.1 Ensuring all adults lead healthy, long and fulfilling lives is a key priority of the Corporate Plan, Building a Stronger Haringey Together, 2015 – 2018. Whilst the Council faces a challenging financial climate over the coming years due to reducing funding and increasing demand, the approach continues to be ambitious focusing on improving outcomes for all residents, promoting independence and building choice and control.
- 1.2 Linden House is currently a vacant premise formerly used as an 8-bedded residential unit for people with profound learning disabilities. This report recommends that the Linden House site be converted into a 4-flat adapted supported living unit to enable residents with complex health and care needs – notably a learning disability and/or autism and behaviours that may challenge – to live more independently in the community, including a number of residents currently living in hospital settings and therefore falling within the Transforming Care cohort.

2. Cabinet Member Introduction

- 2.1 I am delighted to support the proposals in this report which offer an excellent opportunity to develop a specialist supported living unit in the borough for some of our most vulnerable residents.
- 2.2 The recommended option in this report will allow the Council and health partners to support residents with a learning disability and/or autism to live in the community,

with person-centred interventions delivered under the Positive Behaviour Support Framework.

- 2.3 I also welcome the significant investment by NHS England in this development which will directly benefit Haringey residents.

3. Recommendations

3.1 Cabinet is asked to agree that:

- a) Linden House, a Council property, is converted into 4 supported living accommodation flats for adults with a learning disability and/or autism to enable them to live independently in the community. This is subject to the availability of capital funding from NHS England:
- b) The Council enter into a Capital Grant Agreement with NHS England to secure the funding to convert Linden House into a supported living accommodation for people with learning disability and/or autism;
- c) The Deputy Chief Executive following consultation with the Section 151 Officer and the Monitoring Officer, be delegated the authority to finalise and agree the terms of the Capital Grant Agreement with NHS England;
- d) The Council commission and procure a development and construction partner to convert Linden House into the said supported living accommodation;
- e) Approximately £65k from the capital programme be committed towards the professional fees costs including the procurement of the construction partner;
- f) A report on the outcome of the procurement process to secure a development and construction partner be brought back to Cabinet for a decision.

On completion of the conversion, the Council enter into lease and management agreement for the property with an externally commissioned provider from the 'Positive Behavioural Support Framework', already approved by Cabinet, to provide specialist accommodation and support provision to adults with a learning disability and/or autism.

4. Reasons for decision

- 4.1 Linden House was an 8-bedded residential unit which was closed in July 2017 following a decision by Cabinet taken on 10th November 2015 as part of a Corporate Priority 2 report on a series of proposals pertaining to adult social care and linked to the Medium Term Financial Strategy.

- 4.2 In order to support the discharge of residents with complex needs from hospital, or acute, settings under the Transforming Care programme (outlined in section 6), or indeed to provide supported living provision to other adults with autism and/or a learning disability, the property requires adaptations to support these residents and facilitate the provision of a positive behavioural support service which would effectively meet the needs and achieve good outcomes for the identified residents in the community.
- 4.3 The option recommended here represents the most financially viable means to develop this property to support this client group, principally because the capital funding for the adaptations comes solely from NHSE.
- 4.4 The adapted property will enable the identified residents to be supported in the community and with greater levels of independence, at a lower on-going revenue cost than is currently available within alternative provision in the market. Costs of providing for this client group are high and therefore any provision which can improve outcomes, strengthen independence, be responsive to individual needs and cost less is to be pursued.

5. Alternative options considered

- 5.1 The option not to use Linden Road to support this care group and for the building to remain closed was not considered in any detail as the Council needs to develop appropriate properties to ensure it has suitable accommodation, ideally in borough, for adults with a learning disability and/or autism and behaviours that may challenge. Such an option would either result in the Council being unable to find alternative accommodation for residents currently living in acute settings under the Transforming Care programme, or result in the Council having to commission much more expensive provision, potentially out of borough for these residents.

6. Background information

- 6.1 The Transforming Care Programme is a national initiative to reduce the number of people with a learning disability and/or autism and behaviours that may challenge living inappropriately in long-term hospital or acute settings by March 2019.
- 6.2 As of August 2017 there were 63 North Central London residents (that is from Barnet, Camden, Enfield, Haringey or Islington) who were patients in hospital or acute settings. Across the sub-region, the existing target is to reduce this to 48 by March 2019.
- 6.3 Currently, a high proportion of these patients (21) are Haringey residents. It is the responsibility of Haringey Council and Haringey Clinical Commissioning Group to source alternative community based provision for these residents to enable them to be discharged from acute settings and move back into the community, to live more independently and to achieve improved outcomes.

- 6.4 A significant challenge to supporting adults within the Transforming Care patient cohort to be discharged into the community is the availability of suitably adapted premises. Adults with these needs in general require the following within their community environment to ensure their needs can be met outside of an acute setting (this list is by no means fully inclusive):
- Self-contained flats to support people with behaviours that may challenge in a safe and secure environment
 - Large, secure rooms and spaces
 - Suitably designed access and wayfinding to manage and where required restrict interaction between residents
 - Suitably adapted and robust fittings, furnishings and fixtures to withstand behaviour that may challenge
 - Sufficient space for support staff offices (including for sleep-in staff)
- 6.5 It is worth noting that this is not just a supply need for the Transforming Care patient cohort. There are a number of Haringey residents with a learning disability and/or autism with behaviours that may challenge, who currently live in the community but who are at risk of admission to acute settings if their care packages breakdown. These people may become part of the Transforming Care cohort in the future. Accommodation and support costs for these residents can often be very high because of a lack of suitably adapted supported living accommodation of sufficient size to allow for economies of scale in staffing costs, whilst also accommodating residents with needs for secure, private space. These residents are currently often placed in self-contained one-bed flats with 'wrap-around' 1:1 or 2:1 care packages, which are often very costly, and also impede the capability of residents, with support, to interact with peers and to achieve greater levels of independence.
- 6.6 Haringey Council is in the process of refreshing its market position statement which will seek to quantify the approximate shortfall in this supply for this cohort beyond the development of Linden House as described here.
- 6.7 To support local authorities and clinical commissioning groups to adapt accommodation to support these residents, NHSE established a capital grant programme to provide capital funds to statutory bodies to adapt and/or develop provision to support the discharge of residents from acute settings back into the community.
- 6.8 Haringey identified Linden House, a Council asset vacant as of July 2017, as a property with potential to be adapted for this cohort with the requisite investment. Following engagement with CCG and Council colleagues and Haringey's Learning Disability Partnership it was agreed that a design of 4 self-contained flats, with shared space to allow for sharing of staff but the requisite privacy/security to support people with behaviours that may challenge would be ideal for this cohort and possible within Linden House with adaptations. The design of the scheme would be suitable to discharge residents within the Transforming Care cohort, or indeed other residents with complex needs and behaviours that may challenge who live in the community.

6.9 In September 2017 Haringey Council commissioned Arcus Consulting to undertake a feasibility study into the cost and resource implications of converting the site to meet the requirements above. They estimated this would cost approximately £650,000 in capital. Through liaison with NHSE, Haringey Council have subsequently secured this capital in principle from NHSE subject to planning consent.

7. Delivery Plan

Construction

7.1 To develop the site the Council will need to secure a development partner with expertise in this specialist design area to design and build the provision in accordance to the preferred option in the feasibility study and the designs submitting to planning (subject to planning approval).

7.2 The overall value of this contract is projected as approximately £715,000 (inclusive of £650,000 in capital works and £65,000 in professional fees). The £65,000 in capital fees is included within a suite of capital programme costs subject to Council approval in February 2018.

7.3 It is anticipated that the procurement of a construction partner could be completed in Q2 2018/19. Given the estimated contract value, Cabinet would be asked to approve the award of contract later in the year. The construction process itself is estimated to take approximately 6-9 months.

Care and Support/Long-term Management of the site

7.4 Upon build completion, it is recommended that the Council commission a provider from the Positive Behavioural Support Framework, as approved by Cabinet in November 2017, to take over the site via a leasehold arrangement and provide care and support to residents.

7.5 This option is preferred over the alternative, to run the service in-house, on the following grounds:

- The Council does not provide any direct accommodation-based care and support services to adults with a learning disability and/or autism and therefore lacks the internal expertise to manage such provision.
- The Positive Behavioural Support (PBS) Framework is a joint commissioning arrangement for establishment in 2018/19 between Haringey Council and Haringey Clinical Commissioning Group. It is a framework of specialist support providers who will provide a positive behavioural support service to promote improved outcomes for adults with a learning disability and/or autism and behaviours that may challenge. The framework has been established in parallel with a successful application from Haringey Council to a Big Lottery Social Investment Fund to provide the requisite investment to organisations to develop their PBS offer and orient their services to deliver against outcomes. It is anticipated therefore that this framework will include providers with the requisite

expertise – as demonstrated in a strong track record of success – to deliver an effective, outcomes-focused package of care and support to residents in Linden House.

- It is likely that the unit cost of externally commissioning the service would be significantly more cost effective than keeping the service in-house, and with the significant focus on greater independence afforded by the Positive Behaviour Support approach outlined above.

8. Financial Benefits

- 8.1 Currently, the Council and CCG are being quoted between £5,000pw and £7,000pw to commission care and support packages for transforming care residents. As stated above this cost is often a direct result of the need to commission wrap around care packages for individual residents.
- 8.2 Developing a 4-flat supported living scheme with office space and shared communal areas will allow for staff support to be shared across a number of residents and allow the Council to benefit from economies of scale. The Council estimates that the on-going revenue costs per resident in such a scheme would amount to between £3,000pw and £4,000pw depending on the acuity of residents placed there, which would enable the Council to avoid higher revenue costs associated with alternative provision.

9. Contribution to strategic outcomes

- 9.1 The Corporate Plan, Building a Stronger Haringey Together, sets out the vision and priorities for the Council. Its underpinning principles of empowering communities to enable people to do more for themselves and enabling all adults to lead healthy, long and fulfilling lives align well with the proposals for changes to the current meals on wheels offer as set out for consultation in this paper.

10. Statutory Officers comments (Chief Finance Officer, Procurement, Assistant Director of Corporate Governance, Equalities).

10.1 Procurement – Head of Procurement

- 10.1.1 Strategic Procurement notes the contents of this report and recognises the challenges within the market for provision of such services/accommodation. Strategic Procurement would therefore support the recommendations for the Council to extend the Council's estate to provide such facilities.
- 10.1.2 Strategic Procurement has been consulting with the Commissioners in relation to the procurement support required to implement the recommendations.

10.2 Finance comments (ref: CAPH82)

- 10.2.1 The recommendations of this report give rise to two distinct sets of financial implications.

Capital Programme

- 10.2.2 Within the proposed capital programme there is a budget of £1,500k proposed for Supported Living Schemes (Scheme 208). The professional fees to support this development are contained within this scheme at £100k. The proposed fee level for this development can be contained within this budget. At this point the fee estimate is a high level one and may well change. The use of £65k of capital resources will give rise to capital financing costs of approximately £2k per annum.
- 10.2.3 The agreement that supports the grant allocation is one that cannot be varied and includes the normal suite of provisions such as using the premises for the agreed purpose and having a mechanism for NHSE to recoup their grant funding should the need arise (such as in the event of the Council wishing to dispose of the property).
- 10.2.4 The grant contribution from NHSE is fixed. This means that the London borough of Haringey holds the risk of cost and time overruns.

Revenue (ref: CAPH82)

- 10.2.5 There will be an opportunity cost to the Local Authority of not selling the site and it is recommended that an annual charge be included in the cost of service which will be equal to the cost of borrowing the receipt not gained. Assuming a valuation of £1.0m, this equates to £16k p/a
- 10.2.6 The development offers the opportunity of making savings against the high costs of care provision for LD clients including those in the Transforming Care cohort. The savings will be to the whole of the local Health & Social Care economy and there may be arrangements made to share savings with the CCG. The savings made to the Local Authority alone will depend on the composition of the cohort, their care costs and whether the client is funded by the CCG or the Local Authority. The table below illustrates a potential range of Local Authority savings from £0.03m to £0.14m based on original costs ranging from £3kpw to £7kpw. This assumes that the more expensive packages are the funding responsibility of the CCG but as discussed in paragraph 10.2.8, this situation could change.

no. of clients placed		potential annual saving		
£3k-£4k LA	£5k-£7k CCG	Haringey LA	Haringey CCG	Haringey total
1	3	£0.03m	£0.39m	£0.42m
2	2	£0.08m	£0.26m	£0.34m
3	1	£0.14m	£0.13m	£0.27m

- 10.2.8 Transforming Care clients may currently be either the funding responsibility of Haringey CCG or of NHSE. Expectations are currently that the CCG will transfer recurrent funding to meet the cost of care provision. There is not yet clarity around funding arrangements for those Transforming Care clients who are currently the

responsibility of NHSE. There is a risk that the clients will become the responsibility of the Local Authority and without a transfer of funding. This position should be monitored in order that the financial impact may be evaluated.

10.3 Assistant Director of Corporate Governance

10.3.1 Section 5 of the Act (*Promoting diversity and quality in provision of services*) requires the Council to promote an efficient and effective market in services for meeting care and support needs with a view to ensuring service users (a) has a variety of providers and services to choose from; (b) has a variety of high quality services to choose from; and (c) has sufficient information to make an informed decision about how to meet the needs in question. In performing this duty, the Council is required to have regard to a list of matters that includes the need to ensure that it is aware of the current and likely future demand for such services and to consider how providers might meet that demand. This is often referred to as the duty to facilitate and shape the market for care and support.

10.3.2 In the context of the Section 5 duty, the Care and Support Statutory Guidance provides that “4.2. *The Care Act places new duties on local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways. The ambition is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.* The Council must ensure that there is sufficiency of provision “in terms of both capacity and capability – to meet anticipated needs for all people in their area needing care and support – regardless of how they are funded (Paragraph 4.43 of the Guidance). The proposed conversion to supported living accommodation enables the Council to discharge its Section 5 duty. Also, the duty under Section 1 of the Act to promote the wellbeing of adults with care and support needs and the duty and power under Sections 18 and 19 to meet adult’s eligible needs for care and support.

10.3.3 Under Section 256 of the National Health Service Act 2006 (as amended), NHS England has the power to make payments to the Council towards expenditure incurred or to be incurred in connection with his social services function. They also have the power to make payment towards any of the Council’s function that have an effect on the health of any individual or any NHS functions or are connected with any NHS functions. The payment may be made in respect of capital expenditure or revenue or both. The Secretary of State may by directions prescribe the conditions for the payment. Pursuant to this provision, if Cabinet agrees to the recommendation, the Council and NHS England will enter into a Capital Grant Agreement that will set out the terms of the payment.

10.4 Equality

10.4.1 The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:

- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
- Advance equality of opportunity between people who share those protected characteristics and people who do not;
- Foster good relations between people who share those characteristics and people who do not.

The three parts of the duty applies to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

10.4.2 An Equality Impact Assessment was published in June 2015 regarding the decision to close the resident care facility previously on this site and is available online: http://www.haringey.gov.uk/sites/haringeygovuk/files/linden_road_residential_home.pdf

10.4.3 This site will be used to meet the needs of adults with a learning disability and/or autism. This is the same protected group who were served by the former residential care home on this site; however, this group's needs will be better served through the proposed adapted homes as these homes will maximise their independence and reduce social isolation. Consultation with adults with this group in 2015 ascertained that such accommodation - which allows them greater control over their own lives - is their preference.

10.4.4 There is a shortage of adapted supported accommodation in the borough. Seeking to develop more adapted supported accommodation for adults with a learning disability and/or autism in Haringey will have a positive impact on people with disabilities who disproportionately access these services.

10.4.5 A high proportion of people with a learning disability accessing supported accommodation in the borough are also from an ethnic minority background - 52% are non-white British (compared to 39.5% in Haringey's population). 36% of people accessing the service are Black (18.7% of Haringey's population according to the 2011 census). People from a minority ethnic background, particularly people from a Black background, are therefore over-represented among this client group and therefore it is expected this development will have a positive impact on people from ethnic minority backgrounds.

10.4.6 Through the procurement process to lease the site to a care and support provider, the service specification will set out the requirements of providers from an equalities standpoint; in particular, the need to comply with the public sector equality duty, monitor and report on equalities information to the Council.

11. Use of Appendices

None

12. Local Government (Access to Information) Act 1985

None