

DECISION-MAKER:	CABINET		
SUBJECT:	HOUSING PROVISION FOR PEOPLE WITH LEARNING DISABILITIES AND COMPLEX NEEDS		
DATE OF DECISION:	17 DECEMBER 2013		
REPORT OF:	CABINET MEMBER FOR HEALTH AND ADULT SOCIAL CARE		
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STATEMENT OF CONFIDENTIALITY			
None.			

BRIEF SUMMARY

Following the Winterbourne View Hospital findings, the Government issued requirements to local authorities and health services. These requirements include a review of current hospital placements for people with a learning disability with complex needs, placements made out of area and those at risk of admission

Southampton City Council and Southampton City Clinical Commissioning Group (SCCCG) has taken this opportunity to review all current placements of complex individuals to ensure the most appropriate housing solutions for those individuals considered at highest risk are being identified.

Another requirement set by Government was that by April 2014 each area needs to have also developed a joint plan to ensure high quality care and support services for all people with learning disabilities or autism and mental health conditions or behavior described as challenging, in line with best practice.

A total of 58 individuals across the CCG and Council were identified from the joint review who would benefit from rehousing outside of residential care settings. These individuals form part of the development plan in response to the Winterbourne Concordant that needs to be in place by April 2014. The proposals are in line with the City Council's plan to reduce reliance on residential care and in more appropriate support settings.

This document provides the rationale for undertaking joint work with Southampton City CCG to meet these needs and to develop a Section 256 agreement to enable the transfer of £1,500,000 to support the development of housing for this group.

RECOMMENDATIONS:

- (i) To enter into an arrangement under S256 National Health Service Act 2006 to manage the transfer of financial resources from Southampton City CCG to Southampton City Council upon such

terms as the Director of People considers reasonable in line with the joint commissioning arrangements for learning disabilities.

- (ii) To allocate £1,500,000 that will transfer from SCCCG on housing developments for this group focused on those with continuing healthcare needs.
- (iii) Delegate authority to the Director of People to carry out all such ancillary matters to give effect to this resolution.

REASONS FOR REPORT RECOMMENDATIONS

1. Southampton City Council and Southampton City Clinical Commissioning Group (CCG) have similar agendas in relation to support to people with complex needs. A number of individuals identified within residential care settings are jointly funded and the development of a section 256 agreement will provide for a coordinated response to needs. The transfer of £1,500,000 from the CCG to the City Council will enable flexibility in the housing solutions found, and will benefit a number of Council clients.
2. The City Council will be undertaking a series of actions to better support individuals in the community, mainly within supported living arrangements, and the relationships already developed with housing providers will be utilised to maximise their positive impact. A single approach across the two agencies will provide clarity for the housing market and ensure there is no competition for limited resources. It also sends a strong message to the residential care market that Southampton is actively promoting the supported living model for people with complex needs, where this is appropriate.
3. The City Council and the CCG will share resources in relation to consultation with clients, families and carers to maximise their impact. This will create efficiencies in this approach and will ensure the resources of the Integrated Commissioning Unit are fully and appropriately utilised.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

4. For the City Council and CCG not to enter into a Section 256, and to make alternative arrangements for the provision for people with complex needs.
5. This was rejected because the failure to agree a section 256 arrangement will place at risk the funding from the CCG. This is only available for use/transfer in 2013/14, and will not be available to the CCG after March 2014. This will place developments at risk, and will therefore not benefit local people, including Council clients. In addition, this would not maximise the potential of the new Integrated Commissioning Unit, nor would it provide the necessary clarity to the housing market.

DETAIL (Including consultation carried out)

Background

6. Many individuals with a learning disability who have complex needs are currently cared for in residential care settings. This type of service provides support in communal arrangements. As a result, personalised services are difficult to deliver. Individuals with complex needs benefit from bespoke service designs to appropriately support their physical, social and psychological needs. It is recognised that individuals' health and wellbeing

can be more effectively supported if the person has control over who, where and how they live (DOH, 2007 Department of Health: Services for people with learning disabilities and challenging behaviour or mental health needs).

7. Approximately 200 clients with learning disabilities in Southampton already have their own tenancies. This includes 33 individuals who from 2008 were provided with accommodation through the Locally Based Hospital Unit re-provision; a joint arrangement between the City Council and Southampton City PCT (the pre-cursor to the current CCG). This involved significant investment from the PCT into housing stock jointly with Registered Social Landlords. These 33 make up the majority in supported living who have complex needs. The outcomes for these clients are positive, and there is an accepted need to ensure greater independence for more people, including those with similar and more complex needs by enabling more clients to reside in supported living.
8. Southampton City Council already has plans to both review clients in residential care settings and to provide more local community based and supported living options. This includes individuals living outside of the City and younger people in transition, who may traditionally have moved into high cost residential settings.
9. In addition, in response to the criminal abuse of residents at Winterbourne View Hospital near Bristol, there is now a Government requirement to review all such hospital placements, and to ensure moves to more appropriate settings are planned by April 2014 to enable the provision of local personalised care services.
10. The CCG are working under the same requirements and have reviewed not only the hospital clients but others in residential care settings.
11. The outcome from a review of those clients placed in residential care by the CCG and City Council has found
 - The City Council has initially identified 41 individuals with a learning disability who could benefit from their service being re-provided.
 - CCG has identified 17 individuals with a learning disability who would benefit from their service being re-provided.

These figures target those identified as at risk (Winterbourne recommendation) as well as those who are in high cost residential care for whom a move to supported living is seen as achievable and more appropriate. The numbers above are not the totality of need as there are others outside of this group as well as those in transition who could benefit.

12. In the past change was achieved using similar partnership arrangements to those proposed here. However, since 2008's Local Based Hospital re-provision there have been many changes in the structure of Health organisations. The most significant has been the move from Primary Care Trusts to Clinical Commissioning Groups. Unlike Primary Care Trusts, Clinical Commissioning Groups do not have legal powers to transfer funding to Housing Associations directly and do not have powers to hold capital legal charges against asset. However, to support the development of appropriate housing for this current group the CCG has identified £1,500,000 non-recurring funding (available for payment to the Council in 2013/14. This can

be transferred as part of a Section 256 arrangement to enable the procurement of housing for individuals with Continuing Healthcare needs. A number of these clients are jointly funded by the Council, so there is an added benefit to the authority in this arrangement.

13. The City Council would hold a legal charge against any property made available due to making use of this fund. If the property was disposed of in the future by the housing agency then a percentage of the sale price would be returned to the Council.
14. To achieve a change to better and more appropriate care settings, liaison with housing agencies would also benefit from a single approach to both maximise options and prevent competition for limited resources. The Council already has strong links with housing agencies, including registered social landlords, the private sector and others, including the Council itself as the largest single housing provider in the city. In addition, the Council's Housing Strategy provides a framework for these discussions and liaison has already taken place with housing colleagues on this issue. It is therefore sensible that the authority is the lead agency in this process on behalf of both agencies.
15. While the initial focus of this work will be on individuals in Hospital settings, and individuals living outside of the city, this will also enable the identification of options to meet all the needs above. This will also develop housing and support for the long term, minimising the transferring of clients between residential and hospital units, and build on current good practice and resources in the city.
16. The work undertaken will further support the development of networks with housing providers in all sectors to enable longer term developments across all social care need groups.
17. A procurement process will need to be followed, with a preferred housing partner list being a potential solution. The City Council is working with Capita to identify the procurement resources to take forward the Project if approved. Any procurement process would use the £1,500,000 from the CCG so this cost would be nil to the Council.
18. Infrastructure requirements such as case management, occupational therapy and supported employment worker have been identified as being needed to deliver the business case. These workers will be responsible for assessment, service design and coordinating the delivery of the care and housing for the identified individuals. The financial share of the infrastructure costs have been divided between the Council and the CCG based on the number of individuals identified within the business case.
19. Consultation already undertaken with housing associations suggests there is a willingness to engage with this agenda and to provide suitable options for development.
20. The development of the Integrated Commissioning Unit brings together commissioners from both the CCG and Council in a single joint team. This development supports the approach outlined above, with a comprehensive structure of commissioners, contract managers, quality assurance and housing officers working together to provide appropriate housing for those

with additional care needs.

21. The City Council and CCG are in the process of jointly procuring qualified providers to provide domiciliary care for all in the City. These agencies will provide the care within supported living services, and will provide for control of quality and other standards. For individuals who do not wish to access a direct payment or a personal health budget then providers will be engaged to deliver care through this process.
22. While the initial focus of providing supported living to those with Complex Care needs in Hospital settings and individuals living outside of the city, this will also enable the identification of options to meet needs. All individuals will be provided with individualised care packages to support them 24/7. Care Managers and clinical staff will assess their needs individually and services designed specifically.

RESOURCE IMPLICATIONS

Capital/Revenue

23. It is estimated that this project will impact upon 57 clients. In addition to achieving better outcomes for these clients it has been estimated within the business case that there are potentially savings of £726,000 and £986,000 per annum to be achieved by Southampton City Clinical Commissioning Group (SCCCG) and the Council respectively.
24. An overall reduction in the ongoing cost of care is achieved as the cost of residential care is generally higher than the cost within the supported living arrangements clients will be moving to. The implementation of this project will require some additional one off funding. This funding is required in order to contribute towards the cost of the accommodation and the cost of the additional client reviews and assessments.
25. The cost of the staff required to undertake the reviews is estimated to be £340,000 in total over three years. It is proposed that this cost will be split between SCC and SCCC based on the number of clients to be reviewed. This equates to SCC funding 71%, (£240,000). This funding will be found from the savings achieved. The current profile of savings indicates that there will be sufficient SCC savings in each year to cover the costs of this team. The CCG will fully fund the infrastructure costs for the Continuing Healthcare and shared SCC funded users in recognition that these individuals may require more intensive assessment. It is currently undecided through which organisation this team will be employed / supervised.
26. In order for suitable accommodation to be available for the clients with most severe needs it has been agreed that a grant will be made available to the housing partner. It has been assessed that only 13 of the SCCC clients will need accommodation of this nature.
27. The estimated cost of the grants to housing providers is £1,500,000. It is proposed this will be met, in its entirety, from SCCC resources that are available in 2013/14. Legally SCCC are unable to enter into grant funding arrangements with Housing Associations. It is therefore proposed, as detailed within this report, to transfer this sum to the Council under a S256 agreement. This will enable the use of this sum for the purposes described and for use beyond 2013/14. Furthermore it will cover all procurement costs

incurred by SCC.

28. Where a grant is awarded to a Housing provider, upon completion of the specified works, SCC will obtain a Legal charge on that property. Under the S256 agreement any sums SCC receive in relation to the legal charges will be reinvested at the discretion of the Council.
29. Under the S256 agreement SCC will have no responsibility to fund any over spends, conversely if there are any under spends these will need to be returned to SCCCG or used for an alternative purpose as directed by SCCCG.
30. It has been assumed following initial conversations with a number of housing providers, that to achieve the potential saving there will not be any costs associated with the accommodation of SCC clients and that the requisite accommodation will be available as required. Should this situation change and an additional resource be required, (that cannot be met from within existing Portfolio resources) a separate report will need to come back to Cabinet. Please note that without this new client accommodation the saving is not achievable.

Property/Other

31. Any property implications relate either to external providers or opportunities within the Housing Department to redevelop existing stock. Decisions relating to in-house accommodation changes will follow the usual routes.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

32. Section 256 National Health Service Act 2006.
33. CCGs can make payments (service revenue or capital contributions) to the local authority to support specific additional local authority services
This is a grant for additional local authority spend (a contribution to the other partner's costs for care delivery), not a transfer of health functions to the local authority. The provision can be used to create joint budgets for joint and integrated services. The CCG must ensure it offers a more efficient use of resources than if an equivalent amount were used directly for NHS purposes.

Other Legal Implications:

34. The Council will undertake a procurement process to appoint housing partners. The council will provide grant funding to housing partners on completion of the properties to defined specifications. On transferring the grant the Council will then place a Legal Charge for the grant on the property on a proportionate basis. If the property was sold by the housing provider then the proportionate percentage of the sale price would be returned to the Council for reinvestment.

POLICY FRAMEWORK IMPLICATIONS

35. None.

KEY DECISION?

Yes



WARDS/COMMUNITIES AFFECTED:	None
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SUPPORTING DOCUMENTATION

Appendices

1.	None.
2.	

Documents In Members' Rooms

1.	<p>Business Case – Housing For Individuals With A Learning Disability and Complex Needs – November 2013</p>  <p>LD Housing Business Case draft 4.docx</p> <p>Presentation to Housing Providers</p>  <p>Housing for People with a Learning Disab</p>
2.	

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	Yes
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Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at: SB to add

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.		
2.		