

To: NHS Overview & Scrutiny Committee – 12 October 2007

Subject: Re-provision of NHS supported accommodation in Kent

Introduction

1. The White Papers “Valuing People” and “Our Health, Our Care, Our Say” made it clear that people with learning disabilities should enjoy the same rights as other citizens and should no longer have to live within the NHS. The latter White Paper set a deadline of 2010 by which NHS should stop providing long term residential support.
2. The recent reports of the Healthcare Commission (Cornwall and Merton & Sutton) highlighted the deficiencies of the NHS residential support and have led to a national audit of all such services.
3. A commissioning plan has been developed, setting out a programme to transfer the support currently provided by the NHS in Kent to independent providers with a development path to create a wider range of housing and support options to meet people’s person centred plans. This plan aims to be consistent with the wider strategy in Kent of reducing reliance on residential care.
4. This paper aims to inform the Kent Health Overview and Scrutiny Committee on the content of the commissioning plan and progress to date.

Aims

5. The commissioning plan aims to:
 - a. Meet aims of Valuing People:
 - Person focused
 - Choice and Control
 - Support independence
 - Inclusion
 - Fulfilling lives
 - b. Transfer support out of NHS provision/ NHS managed services.
 - c. Base resources on needs.
 - d. Reduce reliance on residential care and increase supported living.
 - e. Develop and diversify market.
 - f. Be consistent with and enable KCC’s strategy of reducing reliance on residential care in Kent.
 - g. Carry out the programme of work in partnership with all interested parties.
 - h. Transfer commissioning to KCC via Section 28A – future potential S31.
 - i. Be cost neutral to the PCTs and KCC for the resultant provision.

Scope of the Plan

6. In East Kent, Eastern & Costal Kent PCT provides unregistered residential care to 45 people and registered domiciliary care to an additional 33. We are

including both groups as part of this re-provision programme although the second group does not meet strictly the definition of campus as set out in the White Papers referenced in paragraph 1.

7. In West Kent, Kent & Medway Partnership Trust provide unregistered residential care to 97 (was 102) people with Learning Disability, which are included in this re-provision programme as Eastern & Coastal Kent PCT acts as host commissioner for learning disability.
8. Excluded from the scope are 8 West Kent people currently cared for by KMPT in settings, which would meet the campus definition set by the Department of Health. However one client is currently on a discharge path at the Assessment and Intervention Service, and 7 other clients are at Woodend, a long term step down facility, where future service design is under review.

Maintaining a person centred focus

9. Individual person centred plans (PCP) and service designs will be the building block to the programme of change. Individuals will be supported by their circle of support to develop their plan. Their circle of support should include people chosen by the individual and it is envisaged that the circle will include a relative and / or an advocate, a member of staff who knows the person well, someone who will facilitate the group and anyone else who is important to the individual.
10. A care manager will collate the key recommendations from the PCPs to build up a commissioning picture of requirements so that support and housing can be identified and procured to meet individual service designs.

Procurement of support

11. Whilst the market is very large in Kent for residential care it still provides limited choice, thus the aim of this plan is to increase the range of living options available to people and to reduce reliance on residential care.
12. Wherever feasible and providing it is consistent with person centred plans, supported living will be the aim for type of provision to be commissioned. This will be consistent with national and local policies to reduce reliance on residential care and increase opportunities for equality of access to normal housing and greater inclusion in the community. Supported living provides the appropriate level of support to meet individual needs in the person's own home.
13. Existing providers of residential care will be encouraged to re-focus their business on supported living, some already are moving in this direction. Existing providers of supported living will be encouraged to consider limited expansion in areas where there is a lack of supported living.
14. The programme will be split according to procurement methodology which reflects current work in progress or the need for change in people's living arrangements, i.e.
 - a. Group 1 – Continue with current work in progress to find individual move-on plans. (28 people)

- b. Group 2 – Current living arrangements meet individuals plans, no property or staffing issues to address – identify providers to transfer existing services for continuity of existing service. (47 people)
 - c. Group 3 – Services which do not meet individuals plans, properties not fit for purpose or staffing issues and require complex change to deliver new living arrangements for individuals – identify providers to whom service can transfer and can develop new arrangements. (101 people)
15. Within each of the above project groups there will be distinct phases of work. The project Board's approval will be required to agree these phases and will need to give authority for each phase to commence. This will ensure appropriate control of the programme.
 16. It is intended that the procurement process will be consistent with KCC purchasing guidelines. The process will be developed with KCC as it is envisaged that the new contracting arrangements will sit within either a Section 28a Agreement* or preferably a Section 31 Agreement**.

Procurement of housing

17. Most of the housing stock used in the existing NHS provision is owned by the NHS provider organisations. The delivery of the project's objective is reliant on these assets being ring-fenced for future use or sale and re-investment into this programme.
18. The Estates strategy must help to deliver the objectives of the overall project by:
 - Facilitating choice and independence by providing the means to deliver affordable housing for individuals to lead as independent lives as possible;
 - Ensuring the assets and capital invested in the projects are used for schemes which ensure value for money and provide flexibility of use in the long term;
 - Making sure all possible housing options are explored including council housing, shared ownership schemes and use of clients' own assets where appropriate.
19. Steps to Procurement of housing involve:
 - a. Assess Needs: Through Person Centred Planning, produce a requirement of where, how and with whom people wish to live.
 - b. Assess Capital available: This will involve valuation and condition survey of any available capital, including any additional capital that can be made available through Department of Health or Housing Corporation, and client use of their own asset or mortgage contribution through shared ownership schemes where appropriate.
 - c. Agree Systems and processes to transfer this capital so it can be used to provide social housing for clients under the supported living model, where appropriate.
 - d. Tender for any building / refurbishment work as appropriate.

** Section 28a Directions come into force on 1 April 2000 and govern powers of money transfer between NHS and local councils introduced by the Health Act 1999.*

*** The Section 31 partnership arrangements in the Health Act 1999 have been developed to give NHS bodies and local authorities the flexibility to be able to respond effectively to improve services, either by joining up existing services, or developing new, co-ordinated services, and to work with other organisations to fulfil this.*

Community Teams and Clinical Support

20. People living in the NHS have had a varied amount of access to the Community Teams. Some individuals are well known to the community teams while others have had no or limited access to the teams. Very few have had access to a Care Manager.
21. As people move out of the NHS it is important that they have the same access to community support as other people. The components are:
 - Care Management: People will need a community care assessment. In Dartford a Care Manager has been funded through the Learning Disability Development Fund to do the assessments and help people move on. This post was specifically funded to work with the people who lived at Greenacres (Archery House), an NHS campus in Dartford. It is anticipated that similar support will be required elsewhere. In addition, future ongoing needs of the individuals will need to be assessed. Existing section 28a agreements between the PCTs and KCC have allowed for the provision of care management and it is envisaged that this mechanism can be used again.
 - Clinical Support: A distinct work-stream of the project plan will be dedicated to identify if there are any clinical support resource requirements, based on mapping of existing support needs of the target population. The finance appendix assumes future needs in community nurses and this will need to be reviewed in light of overall clinical support. The joint working protocols for Learning Disability and Mental Health, which are in the process of being approved, should provide a sound platform to build on.

Consultation and Communication

22. Formal consultation of interested parties will be undertaken, according to section 7 of the Health & Social Care Act 2001. It is anticipated this will start in October 2007. Due to the complexity and number of audiences involved, a communication plan (attached) has been produced to capture all audiences and required communication timetable. An essential element of the communication plan is to present information in easy to understand formats. The plan and progress against it will be reported to the Project Board that oversees the re-provision programme.

Project Management

23. A Project Board has been set up to oversee the re-provision programme and reports to the Kent Strategic Learning Disability Board (chaired by Oliver Mills).

The Project Board is chaired by David Meikle, Director of Finance and Commissioning for ECK PCT. The project Board includes decision makers in each of the organisations involved (Kent County Council, East & West Kent PCTs and both NHS provider organisations). It also includes representation from the third sector, the Kent Learning Disability Partnership Board and the Joint Planning and Policy Board for housing.

24. A Scheme of Delegation has been agreed, which grants the above Project Board delegated authority to commit project resources and agree tendering and contractual arrangements for the programme to be completed successfully.
25. The Project Board has been meeting monthly since June 2007.

Progress Report

a) Individual move on plans

26. In East Kent, 8 people have moved on to support in the independent sector in recent years, resulting in the closure of 2 services previously provided by the PCT.
27. A further 33 people are living in supported living accommodation. The people remain supported by PCT staff who are part of PCT's domiciliary care agency, the next step will be to outsource this support.
28. There were previously 62 people living at Greenacres in Dartford. There remain 10 people living at Greenacres at August 2007. All but 4 people moved to other provision managed by KMPT, including 2 x 5 people bungalows (Shore Lodge) purposefully designed for older people on the original site. Thus whilst people have moved from the original campus, they have not moved out of the NHS. There is a need to find alternative providers of care. There are currently 7 move-on plans in progress a service still needs to be identified for the remaining 3 clients.
29. Two people have moved on in July 2007 from other services managed by KMPT in west Kent, and there are a further 7 move-on plans in progress in these services.

b) Wider strategic work

30. The Project Board has been established and commissioning plan approved and further developed.
31. The project team has received support from consultants, commissioned by the national Valuing People Support Team. This has provided useful mentoring on the plan and specific help with some of the workstreams, e.g. developing providers, housing and person centred planning. A recent review of the plan with the consultants indicated that substantial progress had been made in the last six months.
32. A register of risks for the project has been established and is monitored regularly by the Project Board. A range of risks have been identified with management action to reduce impact of the risks. However two areas of risk are

worth noting. Agreement of the regulatory body – Commission for Social Care Inspection (CSCI) – to the plan is required as the majority of services are currently unregistered and would not meet CSCI standards. A meeting has been arranged with CSCI to share the plan and seek their support. The second area is around the agreement to fund necessary project costs, this is a matter for ongoing scrutiny of the Project Board.

33. In July two workshops were held, one for providers of support and one for housing agencies. These proved useful in introducing the aims of the commissioning plan, sharing knowledge and ideas and establishing a network of contacts. Through KCC a networking forum of support providers is to be established as a direct result of the first workshop.
34. Recently the Department of Health advised that £175 million of capital is being made available over the next three years to assist the NHS campus closure programme across England. The project team is currently working on a bid for this capital.
35. A communication plan has been produced and a consultation leaflet is currently being prepared.
36. The Project Board has considered and approved some of the processes and related resources necessary to carry out the project. Once the first phase of approval, including formal consultation, has been completed, the project can move on to the next phase of tendering for services.

Conclusion

The HOSC is asked to note the substantial progress which has been made in the set-up phase of the project and individual move-on plans, and the further work required to complete the programme successfully. The HOSC is asked to endorse the future direction of this plan, the outcome of which will provide substantial benefits for people with learning disabilities in Kent.