



Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

Title:	Future Use of Knoll House Resource Centre	
Date of Meeting:	28 January 2020	
Report of:	Rob Persey, Executive Director of Adult Social Care and Health, Health and Adult Social Care, BHCC	
Contact:	Andy Witham, Head of Commissioning	Tel: 01273 291498
Email:	Andrew.Witham@brighton-hove.gov.uk	
Wards Affected:	All	
FOR GENERAL RELEASE		
Executive Summary		
<p>The need to reduce the reliance on residential and nursing placements while providing alternative and more appropriate accommodation and support options are a key principle that underpins our commissioning approach. The options explored below regarding the future use of Knoll House would play a positive role in supporting this direction of travel.</p>		
Glossary of Terms		

1. Decisions, recommendations and any options

It is recommended that the Board agree:

- 1.1. Option C: Supported Living Service for people with Physical Disabilities and Acquired Brain Injury is taken forward as the preferred option;
- 1.2. That a final decision about the model and whether to provide a Council run or outsourced service is made at the June Health & Wellbeing Board once further detailed work has taken place to identify the viability and model for each option;
- 1.3. To consider Options A & B: Services for people with Mental Health needs within the Commissioning Strategy;
- 1.4. To put in place a Guardian Scheme at the property.

2. Relevant information

- 2.1 It was agreed at the Health & Wellbeing Board on 10th September 2019 that a business case and options appraisal would be produced for the use of Knoll House as; a) High level supported step-down accommodation for adults with mental health needs; or, b) Lower level supported accommodation for adults with a mental health condition to enable independent living c) Both of the above options would be considered within the business case and options appraisal.
- 2.2 It is recognised that in Brighton & Hove too many people are placed in residential and nursing placements when compared with our comparator authorities. It has been noted that in many cases this is due to the lack of suitable alternative accommodation / provision.
- 2.3 The merger of the service at Knoll House onto the Craven Vale site has provided an opportunity to look at how this reliance on nursing and residential placements can be addressed by providing alternative accommodation for specific client groups.
- 2.4 There is currently a lack of supported accommodation in the city to support those with Mental Health needs discharged from Mill View, who are ready to move on from Wayfield Avenue or who are currently being placed in out of city placements.

- 2.5 The need for this supported accommodation falls into two main areas High level supported step-down accommodation and lower/medium level supported accommodation to enable independent living.
- 2.6 Additional specialist mental health step down accommodation could enhance the discharge pathway and help to stop those who are discharged being placed either unnecessarily into residential units where their outcomes are not optimised or directly into the community without the available support they would ideally benefit from. Inadequate support and inappropriate placements increase the likelihood of readmission into hospital.
- 2.7 Alongside a lack of Mental Health Supported Accommodation it is also recognised that there is a gap within provision for people with Physical Disabilities and Acquired Brain Injuries (ABI) with a significant shortage of supported living options and an over reliance on residential care and out of area placements. This was not included as part of the original Health and Wellbeing paper but this option is explored in further detail below.
- 2.8 This outline business case looks at the two groups as requested by the Health and Wellbeing Board but also includes a third group in relation to Physical Disabilities and ABI.
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| Option A | Mental Health High level step down supported accommodation |
| Option B | Mental Health Low Level supported accommodation |
| Option C | Physical Disabilities and ABI |

3. Options Appraisal

3.1. Option A - Mental Health High Level Supported Accommodation

Description of the service

- 3.1.1. This service would provide intensive 24/7 support in the community for people aged 18-64. The need for this service is currently high based on our analysis of placement activity. This service would provide more scope for individuals to move into more suitable accommodation rather than being placed in a residential setting while helping them to maintain independence and reduce the potential for readmission to hospital. Given the level of vulnerability and based on our experience of similar services it may be more appropriate to focus this service as an abstinence based facility for those free from, or at risk from, substance misuse. The exact service model and referral criteria would need to be established in the detailed business case/service specification.

Referral Routes

- 3.1.2. While initially we would be identifying people from residential settings where people have been placed out of area or in a residential setting due to a lack of appropriate alternative, it is likely that the majority of ongoing placements would come direct from Mill View Hospital and/other adult social care assessment pathways.

Demand

- 3.1.3. As of November 2019, there are currently 27 individuals that have been identified who would potentially benefit from this type of accommodation. The financial modelling show in section has used an average unit cost of these placements to highlight the potential financial benefit.
- 3.1.4. Seven individuals are currently in residential accommodation and a further eleven are in-patients who are likely to require residential accommodation if nothing else is available. A further three individuals are in temporary accommodation, three are in short-term accommodation, one has no fixed abode and one is due to be evicted.

Accommodation

- 3.1.5. Knoll House in its current configuration is unlikely to need any significant capital works but this would be explored in greater detail if this became the preferred option. The site could continue to accommodate 20 people and consideration would need to be given to the shared facilities as this may require some minor capital work e.g. kitchen/cooking facilities.

Staffing

- 3.1.6. Staffing levels would be relatively high with the need to provide 24/7 staffing. Staffing would typically include team leaders, project workers, support workers and night security staff. Training in independent living skills and work and employment opportunities would be provided where appropriate. The exact details of the service model including specific staffing levels would be developed as part of the detailed service specification.

Capital Investment

- 3.1.7. There would be limited capital works required in order to deliver this model. The site would need some investment in equipment has been transferred to other operational sites, either to equip new rooms at Ireland Lodge or to replace old and worn out equipment at other council run sites residential sites.

Running Costs

- 3.1.8. Staffing costs are likely to be in the region of £650k p.a. This figure is based on the cost running a similar facility with a commissioned service.
- 3.1.9. Running costs are estimated £200k pa and income from Housing Benefit at £240k.

Potential cashable benefits

3.1.10. In addition to be able to provide more appropriate accommodation this option is also likely to deliver operational savings. Maintaining individuals in high cost accommodation, often out of the city is expensive and the provision of a facility specialising in high level supported accommodations could save £0.557m p.a assuming clients move from high level support in external placements. This is included within the table in 4.1 below.

Risks and Opportunities

3.1.11 While Knoll House would provide a valuable high Level Step down facility the likelihood of residents moving on will be limited by their suitability for move-on and the availability of suitable low level supported accommodation.

3.1.12 However support of this nature is needed in the city and it should reduce the numbers being admitted to less appropriate residential care.

3.1.13 There are risks with moving individuals with functional mental health issues from their existing and familiar accommodation and any move would need to ensure that Best Interest assessment were undertaken and that where appropriate advocacy services were made available.

3.2. Option B - Mental Health low Level supported accommodation

Description of the service

3.2.1 This service would accommodate those with low to medium support needs (defined by the number of support hours) who are engaged with secondary mental support services. This level of supported accommodation would also provide a step down from those who had been in a higher level services.

Demand

3.2.2 There are currently 21 individuals who would benefit from this type of accommodation who are currently within existing supported accommodation services, are in patients or are in alternative accommodation i.e. Wayfield Avenue Resource Centre or Temporary Accommodation.

Accommodation

3.2.3 This type of service typically offers self-contained flats with some shared cooking, laundry and social facilities. The existing building would need to be remodelled in order to provide this type of accommodation and initial estimates put the cost of this work at around £1.3m. The work would reduce the capacity from 20 units to 18.

Staffing

- 3.2.4 While the staffing levels would be at a lower level than the high support model Staffing there would still need to be a 24hr staffing presence on site.

Capital Costs

- 3.2.5 As stated in 3.1.7 above there would need to be a reconfiguration of the building to support this model. The cost of carrying out the building work to convert the site into self-contained flats is estimated to between £1m and 1.3m.
- 3.2.6 The site would need some re-equipping as equipment has been transferred to other operational sites, either to equip new rooms at Ireland Lodge or to replace old and worn out equipment at other council run sites residential sites. The equipment needs in this scenario are likely to be in excess of that for option A.

Running Costs

- 3.2.7 These are estimated to £330K p.a. and this model is expected to attract housing benefit in the region not £183k p.a.

Potential Cashable benefits

- 3.2.8 Once the initial cost of the building work has been recovered the estimated annual benefit of this option, assuming clients move from medium level support in external placements, is £0.637m.

Risks and Opportunities

- 3.2.9 There is a danger that individuals in this type of accommodation become resistant to any further move-on.
- 3.2.10 The provision of additional supported accommodation should help to reduce the number of individuals needing residential care.
- 3.2.11 There are risks with moving individuals with functional mental health issues from their existing and familiar accommodation and any move would need to ensure that Best Interest assessment were undertaken and that where appropriate advocacy services were made available.

3.3. Option C – Physical Disability and ABI Supported Accommodation

Description of the service

- 3.3.1. The proposal is for 18 supported living flats providing medium to high support, rehabilitation and an assessment function and respite for people who have conditions such as Multiple Sclerosis, Huntington's, Cerebral Palsy, have

experienced a stroke, a spinal injury or have an Acquired Brain Injury (ABI). It would provide step down from residential care and rehabilitation services or prevent a move into residential care or nursing homes populated by older people or out of city. 4 flats would be clustered together for people aged 18-25, 4 flats for people with ABI and the remaining 10 for people with physical disabilities aged 35-65.

Demand

- 3.3.2. There are currently in excess of 18 people who are in residential care, placed out of area or living in inappropriate accommodation who would benefit from accommodation that is level access and adapted and able to facilitate equipment such as ceiling track hoists, profiling beds and wheelchairs.

Accommodation

- 3.3.3. The accommodation would be self-contained flats with some shared laundry and social facilities. The existing building would need to be remodelled in order to provide this type of accommodation and initial estimates put the cost of this work at around £1.3m.
- 3.3.4. There would need to be a 24hr staffing presence on site with additional 1:1 support for people.

Capital Costs

- 3.3.5. As stated above there would need to be a reconfiguration of the building to support this model. The cost of carrying out the building work to convert the site into self-contained flats is between £1m and 1.3m.
- 3.3.6. The site would need some re-equipping as equipment has been transferred to other operational sites, either to equip new rooms at Ireland Lodge or to replace old and worn out equipment at other council run sites residential sites. As these will be individual tenancies the Community Equipment budget can be used to provide some of the additional equipment.

Running Costs

- 3.3.7. Staffing costs for this model would be approximately £710k p.a (based on £750 per week). Housing Benefit income est £183k.

Potential Cashable benefits

- 3.3.8. Assuming clients move from high level support (residential care average of £1,326 per week) in external placements the ongoing benefit is estimated to be £0.568m.

Risks and Opportunities

- 3.3.9. There is a risk that individuals in this type of accommodation who need more or less support become stuck due to a lack of suitable, accessible alternatives for this age group so it is essential that this is part of a range of services with step down and more intensive nursing care as required.

3.3.10 The building has been designed specifically to accommodate people with physical disabilities so is already fully accessible with wide corridors and doorways and lifts.

3.3.11 The provision of additional supported accommodation and general needs wheelchair accessible units will significantly help to reduce the number of individuals needing residential care.

4. Financial Implications

4.1 The table below shows the costs for each model with details of the potential savings associated with each model.

	Option A	Option B	Option C
	Mental Health High level step down supported accommodation	Mental Health Low Level supported accommodation	Physical Disability supported accommodation
	(Capacity 20)	(Capacity 18)	(Capacity 18)
	£'000	£'000	£'000
One-off capital costs *:	0	1,300	1,300
Ongoing Revenue costs:			
Staffing Costs	650	180	710
Operating Costs	200	150	150
Total ongoing revenue cost	850	330	860
Total cost (incl. one-off capital cost)	850	1,630	2,160
Housing Benefit	230	183	183
Total ongoing income	230	183	183
Ongoing annual net cost	620	147	677
Year 1 net cost (incl. one-off capital cost)	620	1,447	1,977
Typical average weekly cost of current placement	£1,129 per week	£835 per week	£1,326 per week
Projected annual cost (£'000)	1,177	784	1,245
Year 1 benefit / loss (incl. one-off capital cost)	557	-663	-732
Ongoing annual benefit	557	637	568

- 4.2 The table in paragraph 4.1 details the projected annual costs and savings for each option proposed.
- 4.3 There is significant one-off capital work proposed for options B and C to convert the building for Supported Accommodation use, which has been projected to cost up to £1.3m. This impacts on the initial savings expected as options B and C both make a loss in year 1 of £0.663m and £0.732m respectively. However, from year 2 all 3 options are expected to bring annual savings between £0.557 and £0.637m.
- 4.4 Option A has no associated capital costs and therefore makes a saving from year 1 of £0.557m. These projected savings are as a result of moving clients from expensive out of city placements and stepping down from high level support.

5. Timescales & site security

- 5.1 Potential timescales are as follows:

Timeline	Option A	Option B	Option C
Detailed report to HWB with Operational Specification	June 2020	June 2020	June 2020
Procurement Process	June to August 2020	June to August 2020	June to August 2020
Planning approval		July 2020	July 2020
Building development		July to December 2020	July to December 2020
Mobilisation	August to October 2020	September to December 2020	September to December 2020
Service starts	November 2020	January 2021	January 2021

- 5.2 This would result in the site remaining empty for a number of months and consideration should be given to Guardian Scheme to help to secure and protect the site.
- 5.3 If a property is likely to be empty for longer than 3 months, it is economically beneficial to the council to enter a Guardian contract thus avoiding security costs (minimum £600 per week) and obtaining revenue for the council.
- 5.4 We have a standard BHCC Guardian contract that we use and we procure as a concessionary contract.
- 5.5 The Guardian tenants are generally “low income” workers and thoroughly vetted before occupation is permitted, the Guardian company take on full HMO

compliance, maintenance, welfare, utilities and security responsibility for the property, we have a 16 day notice termination period for vacating the premises and returning it to its original condition on occupation.

- 5.6 The council has used this method with great success at 3 properties since 2014.

6. Preferred Option

- 6.1 Having taken all of the above considerations into account the preferred option is Option C Supported Living for people with Physical Disabilities and Acquired Brain Injury. This is due to the following reasons:

6.1.1 There is very little purpose built, fully accessible accommodation in the city. The Council are regularly approached by care home owners who wish to leave the market but these properties tend to be period properties that do not have wide corridors, level access or lifts. Should this option not be chosen the Council will need to build or acquire alternative, preferably purpose built, accommodation for this cohort as identified in the draft Health and Adult Social Care Commissioning Strategy.

6.1.2 Whilst it is recognised that there is also an urgent need for accommodation for people with mental health needs, this number of wheelchair accessible accommodation is not essential for this cohort.

6.1.3 There are 28 people with physical disabilities or ABI living outside of the city in supported living, care or nursing homes, aged between 18 and 64. Around half of these people were placed to be near family or were placed elsewhere due to local risks to them but around half have expressed a preference to live in Brighton and Hove.

6.1.4 12 people have been placed in care homes in the city that are largely populated by older people and it is essential for people's quality of life that alternatives are developed. There are currently 5 Court of Protection cases for this cohort where the Court have specifically asked the Council what alternatives are being commissioned locally to enable moves.

7. Important considerations and implications

7.1 Legal:

Local authorities are required to promote diversity and quality in the provision of services through the Care Act 2014, section 5. They should seek to ensure that any person in its area wishing to access services in the market has a variety of providers to choose from who (taken together) provide a variety of services and has a variety of high quality services to choose from. Local authorities need to ensure that they are aware of current and likely future demand for such services and to consider how providers might meet that

demand and have regard to the need to ensure that sufficient services are available for meeting the needs for care and support of adults in its area.

As gaps in the level and availability of local service provision to local residents with eligible care needs have been identified, the Local Authority is expected to demonstrate how it is addressing this. The proposals considered in this report evidence the Local Authority's efforts to improve local service provision.

The Local Authority will need to factor in any work required to apply to change the Knoll House services registration with CQC in its future planning.

Lawyer consulted: Nicole Mouton

Date: 8/1/20

The process for procurement of the services necessary to implement an Option identified by the Committee must comply with the Council's Contract Standing Orders and the applicable Public Contracts Regulations. The period taken to undertake a procurement will need to be factored into the timetable for implementation of the chosen option.

Lawyer consulted: Judith Fisher

Date: 8/1/20

7.2 Finance:

Section 4 of the report details the financial implications including projected annual costs and savings for each option proposed.

Finance Officer consulted: Sophie Warburton Date: 6th January 2020

7.3 Equalities:

7.3.1 An EIA is underway to support the commissioning intentions for people under 65 requiring physical and social support. This has identified the equalities issues and the numbers stated above that include younger people being placed in older people's care homes, people being placed out of city away from their families and networks and a need for supported living for people with physical disabilities and ABI locally.

7.3.2 This service will have a significant impact on the above equalities issues by offering supported living locally to people who may otherwise have been placed in residential care with older people or placed out of city.

7.4 Sustainability:

7.4.1 Sustainability will be incorporated into the Planning process for any building development work.



