Brighton & Hove City Council

Adult Social Care & Public Health Sub-Committee

Date:	**8 June 2021**
Time:	**4.00pm**
Venue	**Hove Town Hall - Council Chamber**
Members:	**Councillors:** Nield (Chair), Fowler (Opposition Spokesperson), Mears (Group Spokesperson), Appich and Shanks **Invitee:**
Contact:	**Penny Jennings** Democratic Services Officer 01273 291065 penny.jenning@brighton-hove.gov.uk

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AGENDA

PART ONE **Page**

1 PROCEDURAL BUSINESS

(a) Declaration of Substitutes: Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.

(b) Declarations of Interest:

(a) Disclosable pecuniary interests
(b) Any other interests required to be registered under the local code;
(c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare
(i) the item on the agenda the interest relates to;
(ii) the nature of the interest; and
(iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

(c) **Exclusion of Press and Public:** To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: *Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.*

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls.

2 CHAIR'S COMMUNICATIONS

3 CALL-OVER

(a) Items (4 –11) will be read out at the meeting and Members invited to reserve the items for consideration.

(b) Those items not reserved will be taken as having been received and the reports' recommendations agreed.

4 PUBLIC INVOLVEMENT **7 - 8**

To consider the following matters raised by members of the public:

(a) **Petitions:** to receive any petitions presented by members of the public to the full Council or as notified for presentation at the meeting - petition received set to run until 7 June 2021 (copy attached);

(b) **Written Questions:** to receive any questions submitted by the due date of 12 noon on 3 June 2021;

(c) **Deputations:** to receive any deputations submitted by the due date of 12 noon on 3 June 2021.

5 MEMBER INVOLVEMENT

To consider the following matters raised by councillors:

(a) **Petitions:** to receive any petitions submitted to the full Council or at the meeting itself;

(b) **Written Questions:** to consider any written questions;

(c) **Letters:** to consider any letters;

(d) **Notices of Motion:** to consider any Notices of Motion referred from Council or submitted directly to the Committee.

6 RE-COMMISSIONING OF HEALTHWATCH SERVICES **9 - 16**

Report of the Executive Director for Housing, Neighbourhoods and Communities (copy attached)

Contact Officer: *John Reading*
Ward Affected: *All Wards*

7 COMMUNITY EQUIPMENT SERVICE CONTRACT EXTENSION **17 - 22**

Report of the Executive Director for Health and Adult Social Care (copy attached)

Contact Officer: *Anne Richardson-Locke* *Tel: 01273 290379*
Ward Affected: *All Wards*

8 MENTAL HEALTH SUPPORTED ACCOMMODATION PROCUREMENT **23 - 62**

Report of the Executive Director for Health and Adult Social Care (copy attached)

Contact Officer: *Jenny Knight* *Tel: 01273 293081*
Ward Affected: *All Wards*

9 SUPPORTED HOUSING FOR PEOPLE WITH PHYSICAL DISABILITIES ON KNOLL HOUSE SITE **63 - 72**

Report of the Executive Director for Adult Health and Social Care (copy attached)

Contact Officer: Anne Richardson-Locke Tel: 01273 290379
Ward Affected: Hangleton & Knoll

10 ITEMS REFERRED FOR COUNCIL

To consider items to be submitted to Council meeting for information.

In accordance with Procedure Rule 24.3a, the Committee may determine that any item is to be included in its report to Council. In addition, any Group may specify one further item to be included by notifying the Chief Executive no later than 10am on the eighth working day before the Council meeting at which the report is to be made, or if the Committee meeting take place after this deadline, immediately at the conclusion of the Committee meeting

PART TWO

11 PART 2 KNOLL HOUSE - EXEMPT CATEGORY 3 **73 - 128**

Report of the Executive Director for Health and Adult Social Care (copies restricted to Members only)

12 PART TWO PROCEEDINGS

To consider whether the item(s) listed in Part Two of the agenda and the decisions thereon should remain exempt from disclosure to the press and public.

The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to committees and details of how questions can be raised can be found on the website and/or on agendas for the meetings.

The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fourth working day before the meeting.

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Infra-red hearing aids are available for use during the meeting. If you require any further information or assistance, please contact the receptionist on arrival.

FURTHER INFORMATION
For further details and general enquiries about this meeting contact Penny Jennings, (01273 291065, email penny.jenning@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

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- Do not re-enter the building until told that it is safe to do so.

Date of Publication - Date Not Specified

ADULT SOCIAL CARE & PUBLIC HEALTH SUB COMMITTEE	Agenda Item 4(a) Brighton and Hove City Council

Subject:		**Petitions**		
Date of Meeting:		**8 June 2021**		
Report of:		**Executive Lead Officer for Strategy, Governance & Law**		
Contact Officer:	**Name:**	**Penny Jennings**	**Tel:**	**01273 291065**
	E-mail:	penny.jennings@brighton-hove.gov.uk		
Wards Affected:	**All**			

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 To consider any petitions received.

2. RECOMMENDATIONS:

2.1 That the Committee responds to the petition either by noting it or writing to the petition organiser setting out the Council's views, or where it is considered more appropriate, calls for an officer report on the matter.

3. PETITIONS:

CALL FOR GOVERNMENT TO PUBLICY FUND RESEARCH INTO COMPLIMENTARY AND ALTERNATIVE MEDICINE

Lead Petitioner – Mr John Kapp

3.1 receive the following petition placed on the Council website and set to run until 7 June 2021: (2 signatures at the time of going to print)

"We the undersigned petition Brighton & Hove Council to Send the following petition to the prime minister for the D10 summit in June. We, the undersigned, welcome the governments of the world decision to follow the science, and call on them to reduce health inequalities by publicly funding research into interventions that use psychical effects, (psi) complementary and alternative medicine (cam) indigenous systems of shamanic medicine, Indian Ayurveda, traditional Chinese medicine, and other drug free interventions that prevent and alleviate suffering, and call for those treatments that are found to be evidence-based to be integrated into public healthcare systems, and funded so that no patients are excluded by inability to pay."

This is part of a worldwide movement to shift the materialist paradigm to the holistic one, and the medical model to the bio psych social one, see http://www.aapsglobal.com

ADULT SOCIAL CARE & PUBLIC HEALTH SUB COMMITTEE	Agenda Item 6 Brighton & Hove City Council

Subject:		**Re-commissioning of Healthwatch services**	
Date of Meeting:		**8th June 2021**	
Report of:		**Executive Director for Housing, Neighbourhoods and Communities**	
Contact Officer:	**Name:**	**John Reading**	**Tel: 07517 131 351**
	Email:	**John.reading@brighton-hove.gov.uk**	
Ward(s) affected:		**All**	

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 The report seeks the approval of the Adult Social Care and Public Health Sub-Committee to re-commission a Healthwatch service for Brighton & Hove

1.2 The current contract ends on 31st March 2022.

2. RECOMMENDATIONS:

Either

2.1 That the Sub-Committee approves the re-commissioning of the Healthwatch contract and delegates authority to the Executive Director for Housing, Neighbourhoods and Communities to procure and award a three year contract and to grant a two year extension (subject to satisfactory performance).

Or

2.2 That the Sub-Committee instructs the Executive Director for Housing, Neighbourhoods and Communities to award a grant of £178,600 per annum to HealthWatch Brighton & Hove CIC for the provision of local HealthWatch Services for three years, subject to annual Budget Council.

Or

2.3 That the Sub-Committee instructs the Executive Director for Housing, Neighbourhoods and Communities to direct award a three year contract to HealthWatch Brighton & Hove CIC for the provision of local HealthWatch Services.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 The Council has a statutory responsibility to have in place a Local Healthwatch service as set out in Part 14 Local Government & Public Involvement in Health Act 2007(as amended by the Health and Social Care Act 2012) and Part 6 NHS

Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012.

3.2 The Council is required by law to establish a contractual agreement (grant or contract) with a social enterprise that delivers Healthwatch activities.

3.3 The statutory functions of a Healthwatch service and the high level elements of the required service provision are to:

- Obtain the views of people about their needs and experiences of local health and social care services. Local Healthwatch make these views known to those involved in the commissioning and scrutiny of care services.
- Make reports and recommendations about how those services could or should be improved.
- Promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services.
- Provide information and advice to the public about accessing local health and social care services and the options available to them.
- Make the views and experiences of people to Healthwatch England, helping them carry out their role as national champion.
- Make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern.

3.4 The current contract expires on 31st March 2022. A waiver of the Council's Contract Standing Orders was granted in March 2018 to facilitate the direct award of a new two-year contract for Healthwatch services from 1st April 2019 to 31st March 2021 to the existing supplier (Healthwatch Brighton & Hove). This was to maintain a period of stability while a Sussex wide configuration of Healthwatch was explored to mirror and work in synergy with the emerging integrated structures for health and social care across the county.

3.5 A further waiver was granted in 2020 to facilitate the extension of the current two year contract with the existing provider Healthwatch Brighton and Hove CIC from 1st April 2021 to 31st March 2022. This was to ensure that the delivery of Healthwatch services are maintained during the Covid-19 pandemic, to reduce the work impact on Healthwatch staff and volunteers, and to maintain a period of stability whilst the national emergency continues, and future recovery takes place.

3.6 The current service provider, Healthwatch Brighton and Hove CIC, has a good reputation in the city, performs well through the contract management reporting, and is well regarded by Healthwatch England. It is expected that this provider will express an interest in the new contract.

3.7 Having waived Contract Standing Orders for three years, with sound rationale, the officer recommendation is that a contract is now procured (using the PIN process described below) for an initial period of 3 years, starting April 2022, with the ability for it to be extended for a further two years (subject to satisfactory performance).

3.8 A Prior Information Notice ('PIN') as a Call for Competition is the procurement route proposed as this allows for any interested parties to express interest in the contract, whilst also enabling a more simple and cost effective route to contract should only one potential provider express that interest. This route ensures that there is open and transparent procurement that is compliant with the requirements of the Public Contracts Regulations 2015. It is an appropriate route to follow where it is considered that there is a limited market for the Services advertised.

3.9 Where more than one organisation expresses an interest, then bids that are submitted are evaluated by a panel of council officers under the chair of a procurement manager, with the highest score being awarded the contract, the final decision being that of the Executive Director for Housing, Neighbourhoods and Communities under delegated authority. Questions are set on quality, including social value, and price.

3.10 Monitoring of the contract awarded would take place through three monthly performance reports based on an agreed set of outcomes, as is the case under the current contract.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Whilst a further contract extension might be seen as allowing a further period of stability for the current provider, extending on a year by year basis is of itself potentially destabilising and does not allow the organisation to create longer term plans and improvements. This is not a recommended option.

4.2 Ceasing to provide this service is not an option as it is a statutory requirement.

4.3 Providing the service in-house is not an option because the legislation requires that local Healthwatch is provided by a social enterprise through a contractual agreement (e.g. a contract or a grant).

Option to provide a Grant for 3 years

4.4 One option would be to award a grant to the incumbent local Healthwatch provider of £178,600 per annum for a period of 3 years. This is a legal option, which some authorities use for their Healthwatch arrangements. Normally grants are appropriate where the Council wishes to support an organisation rather than secure a service, the delivery of which is highly prescribed. Where the Council is required to provide a service it must ensure the service is provided fully in accordance with its obligations; otherwise the Council is at risk of legal challenge on the ground that it is in breach of its statutory duty. As a grant, the detailed service provision cannot be specified, measured or managed in the same way as under a contract.

Option to Directly Award a contract for 3 years

4.5 A further option would be to award a contract to Healthwatch Brighton & Hove CIC for a period of 3 years, with no provision for extension. The financial value of a 3 year contract (rather than 3 plus 2 years) would be such that the award of the

contract could be made directly, without a requirement for advertising through the PIN process.

4.6 This option would achieve the greater ability to specify and monitor the service which a contract provides as opposed to a grant. It would mean that the contract would need to be considered again in three years' time, which may be seen as providing less security and stability for both the provider and the Council.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 There has been no community engagement or consultation in regard to this report's recommendations. However, if the Committee approves the recommendations, it will be the intention of officers to seek views on the specification for the new contract with health and social care providers in the city.

6. CONCLUSION

6.1 The council has a statutory responsibility to have in place a Local Healthwatch service and the current contract expires in March 2022.

6.2 Re-commissioning and award of a new contract will give developmental stability to the successful bidder.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 The current Healthwatch contract costs £178,600 per year. The price of the contract in subsequent years is always subject to the annual budget planning that the council does in February of each year.

Finance Officer Consulted: Michael Bentley *Date: 11/05/21*

Legal Implications:

7.2 As set out in the body of the report, the Council is required to secure the provision of a local Healthwatch service by the Local Government and Public Involvement in Health Act 2007 (as amended). The nature of these requirements are prescriptive and the Council will wish to ensure that it continues to meet the statutory obligations placed on it. A contract in excess of three years in length would require a procurement process to be undertaken pursuant to the public Procurement Regulations 2015, as set out in the report, because it would be above the financial threshold. The other options for delivery are set out in the body of the report

Lawyer Consulted: Elizabeth Culbert *Date: 12/05/21*

7.3 Equalities Implications:

An EIA will be prepared prior to re-commissioning. Preparatory work is underway with a survey to community and voluntary organisations seeking their views on Healthwatch. The survey is attached as Appendix 1.

7.4 Sustainability Implications:

None

7.5 Brexit Implications:

None

7.6 Any Other Significant Implications:

None

7.7 Crime & Disorder Implications:

None

7.8 Risk and Opportunity Management Implications:

None

7.9 Public Health Implications:

Healthwatch services make an important contribution to improving local health and social care services, and in making residents in the city aware of services and how to access them.

7.10 Corporate / Citywide Implications:

None

SUPPORTING DOCUMENTATION

Appendices:

1. Healthwatch re-commissioning Equality Impact Assessment questionnaire

Healthwatch re-commissioning Equality Impact Assessment questionnaire

Name of organisation:

Service user/client group that you are reporting on:

Protected characteristic of the service user/client group:

Any specific impairment or condition:

Name of person completing the questionnaire:

Contact details (e-mail or telephone):

What do your staff and volunteers tell you about Healthwatch?

What do your client group/service users tell you about the Healthwatch service?

Do you consider that your client group/service users benefit from having a Healthwatch service, and to what extent?

Is there evidence that your client group/service users have engaged with Healthwatch, and to what extent?

Please return this form by 28th February 2020 to John Reading, Third Sector Manager, Brighton & Hove City Council john.reading@brighton-hove.gov.uk

Thank you

ADULT SOCIAL CARE & PUBLIC HEALTH SUB- COMMITTEE	Agenda Item 7 Brighton & Hove City Council

Subject:		**Extension of the Community Equipment Service Contract**
Date of Meeting:		**8th June 2021**
Report of:		**Executive Director of Health and Adult Social Care**
Contact Officer:	**Name:**	**Anne Richardson Locke Tel:**
	Email:	**Anne.Richardson-Locke@brighton-hove.gov.uk**
Ward(s) affected:		**All wards**

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 The purpose of this report is to seek agreement to extend the Contract for the Provision of the Brighton and Hove Integrated Community Equipment Service for a further 6 months. The contract is currently scheduled to end on the 30th of September 2022 and officers are seeking permission to extend this until the 31st of March 2023.

1.2 The Community Equipment Service Contract is due to expire on the 30th of September 2022. The extension is required to enable a full recommissioning process and to enable the exploration of contractual alignment and joint commissioning with other parties, including neighbouring local authorities, Clinical Commissioning Groups and NHS Foundation Trusts.

1.3 Recommissioning plans have been impacted by the demands placed on the Commissioning Team and Community Equipment Service due to the Covid 19 pandemic. Without the extension there would not be sufficient time to engage the public and or explore and consider a full range of sustainable options to recommission the Integrated Community Equipment Service.

2. RECOMMENDATIONS:

2.1 That authority to extend the Contract until the 31st of March 2023 is granted to the Executive Director of Health and Adult Social Care.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 The Integrated Community Equipment Service contract provides for delivery, installation, collection, maintenance, repair and recycling of a range of health and social care equipment and minor adaptations such as stair rails, external rails and other fixed items. The service is available to people with physical and sensory impairments of all ages, including children.

3.2 The Contract was awarded as a 7-year (5 +2) year contract and is currently delivered by Nottingham Rehab Limited which is the trading name for NRS Healthcare Limited.

3.3 The Brighton & Hove Community Equipment Service (CES) is commissioned through a partnership between Brighton & Hove City Council (acting as Lead Commissioner) and NHS Brighton & Hove Clinical Commissioning Group.

3.4 The contract has been extended in accordance with its terms and is due to expire on the 30th of September 2022. Officers would like to extend the contract for a further 6 months until the 31st of March 2023 to support the recommissioning process.

3.5 As Brighton & Hove City Council and other Sussex local authorities have been responding to critical community equipment need and government guidance/directives during the Covid 19 pandemic, procurement and engagement activities have been impacted. The focus for Commissioners and providers has been to ensure that supply of equipment meets demand, that people have been supported to remain in their own homes and that hospital discharges are timely.

3.6 The impact of the Covid 19 pandemic and Brexit on equipment is still being quantified in terms of costs and market variances due to international shortages in raw materials, manufacturing and import delays. Additional time would support a more accurate picture of the market and business continuity needs going forward.

3.7 A 6-month extension would enable the Council to conduct a further needs assessment of the equipment model and comprehensive engagement with the wider public, including service users and prescribing professionals, before the service is re-procured. It would also enable the Council to align its procurement timescales with other local authorities and Clinical Commissioning Groups in Sussex who are also seeking to recommission their own Community Equipment Services (CES) within similar timescales. This alignment would afford all parties the benefits of jointly recommissioning including; economies of scale, resource efficiencies and sharing knowledge and experiences.

3.8 The Care Act 2014 defines that social services have a general duty to promote the wellbeing of an individual with an eligible need. Wellbeing is defined through 9 components, several of which include; dignity, daily living, independence and care and support, community equipment will be a considerable factor in providing. The National Health Service Act 2006 sets out health related duties some of which include general duties that provide the legal basis for the provision of equipment. As such the provision of community equipment will continually be required and the need for the service will increase as the population of Brighton & Hove increases.

3.9 The Council has approached the current provider to establish if they are willing to extend the contract for a further 6 months (until the 31st of March 2023) in the event that the Adult Social Care & Public Health Sub–Committee permit a further extension, and they have agreed to this in principle and are discussing the terms of an potential extension with their landlord.

3.10 The actual cost of CES contract since October 2015 until March 2021 was £17.998m (including VAT) with the forecast to March 23 being at a further £6.324m including VAT. This gives a total value of the 7 years contract = £24.322m.

The cost of extending the contract will be ¼ of further forecast £1.581m including VAT. However, the service is a statutory provision under the Care Act 2014 and NHS Act 2006 and as such the provision of equipment will need to be made.

4 ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS -

4.1 Option 1 - Extend the contract by 6 months allowing more time to do further needs assessment of the equipment model and a comprehensive engagement with the wider public including people using or potentially using the service and prescribers. This would ensure the service specification, procurement, mobilisation procedures and timescales are effectively informed and legally compliant. This would also allow adequate time for our potential partner local authorities and CCGs to agree their contract alignment position within their own organisations processes. In addition, the wider scoping of the contract will attract efficiencies and savings of scale. Joint engagement activities can attract a higher level of funding to assist with analysing of best practice models, to improve sustainability and use of equipment resources including a higher level of recycling.

4.2 Option 2 - Continue with the current timescale with reduced or no engagement with people and prescribing professionals using the service and the wider public. There would be limited opportunity to fully inform/develop the service specification or to align with potential partner local authorities and CCGs as the contract timelines would vary and there would be less time to agree operational and policy requirements across several organisations.

5 COMMUNITY ENGAGEMENT & CONSULTATION

5.1 The purpose of this extension is to provide sufficient time to produce a thorough piece of engagement to inform procurement, continue improvements made since previous survey recommendations and to ensure the Integrated Community Equipment Service continues to support people with an eligible or functional need to access the equipment they need. Dependent on the wider participation by other partners this will include people who live locally and in Sussex.

5.2 The engagement will work in line with BHCC (other LAs and CCG) commitment to modernisation programmes that inform the way we work to ensure better outcomes for people with care, support and or functional needs. To do this we will focus on that role of equipment in relation to.

- How people access the help they need, including self help
- How we support people to be as independent as possible
- How we work with people who have more specialist needs

5.3 Since the Integrated Community Equipment Service was last recommissioned the number of people supported and active prescribers has increased significantly from 6,000 people in 2011 to in excess of 8,750 people using the service between April 2020 and March 2021 and it is expected that this trend will only increase as the population of the city increases.

6 CONCLUSION

6.1 The recommendation is that Option 1 is taken and that the Executive Director, Health and Adult Social Care is delegated authority to extend the Contract for 6 months until the 31st March 2023. This will be at least cost neutral and the benefits of informed commissioning and opportunities of scale that can be achieved during a 6-month extension period outweigh the limitations of Option 2.

In the event that both Brighton and Hove City Council and the Clinical Commissioning Group agree to the extension, it is anticipated that financial resources will be available to enable the commissioning of the services detailed in the report.

7 FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 The Community Equipment Service falls within the Better Care Fund pooled budget S75 agreement between the Council and Brighton & Hove CCG.

The annual provisional pooled budget for April 2021 to March 2022 is £2.635m, however the Better Care Fund budget for financial year 2021/22 is still to be finalised.

The extension of the contract from October 2022 to March 2023 would equate to budget of £1.318m. It is anticipated that financial resources will be available to enable the contract extension as detailed in the report. However, the annual funding is subject to government financial settlements which can impact on the availability of funding.

The CCG have provisionally agreed their contribution to the 6-month extension.

Finance Officer Consulted: Sophie Warburton

Date: 14/05/2021

Legal Implications:

7.2 Regulation 72(1)(e) of the Public Contracts Regulations 2015 permits contracts to be modified without a new procurement procedure where the modification is not substantial within the meaning given to the term substantial set out in Regulation 72(8) of the Public Contracts Regulations 2015. A modification is substantial if it renders the contract materially different in character from the original contract, changes the economic balance in favour of the contractor in a manner not provided for in the original contract, extends the scope of the contract considerably or if it introduces conditions that had they been part of the initial award procedure, would have changed who bid for or won the contract. As the extension is for a short period, there is a reasonable argument that it is not substantial and the risk of a legal challenge to that extension is low.

Lawyer Consulted: Sara Zadeh *Date: 13/05/21*

Equalities Implications:

7.3 The proposed extension will not have a negative impact on the equality characteristics of the CES service recipients and will seek to improve outcomes for local people by improving service delivery, performance and efficiency through facilitating adequate time for a robust period of engagement with current and potential CES service recipient. The outcomes will inform the specification and ensure the best quality service is procured and value for money is achieved. The engagement will include questions that relate to how people's equalities characteristics are responded to by the CES service. Upon completion of the engagement, an Equality Impact Assessment will be carried out to reflect new information as appropriate and inform the specification further. The equipment service is designed to support people and promote independence and is of particular benefit to older people, children and adults living with long term conditions and disabilities who are the primary beneficiaries of the service.

Sustainability Implications:

7.4 The procurement and engagement processes will consider sustainability opportunities and develop a service specification that defines this further. For example, providers will need to demonstrate within their bids how they will approach new technology such as the use of electric/hybrid vehicles, increase recycling of equipment and sustain business continuity in light of Brexit and the recent pandemic. Joint commissioning opportunities across local authorities and health partners will explore how to reduce duplication and create efficiencies of physical resources and financial costs, for the commissioning bodies, the equipment provider and any subcontracted services.

Any Other Significant Implications:

SUPPORTING DOCUMENTATION

No supporting documentation

ADULT SOCIAL CARE AND PUBLIC HEALTH SUB COMMITTEE	Agenda Item 8 Brighton & Hove City Council

Subject:		**Mental Health Supported Accommodation Procurement**
Date of Meeting:		**Adult Social Care & Public Health Sub Committee 8th June 2021**
Report of:		**Rob Persey, Executive Director Health & Adult Social Care**
Contact Officer:	**Name:**	**Jenny Knight** **Tel: 01273 293081**
	Email:	**Jenny.knight@brighton-hove.gov.uk**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 Following approval at Procurement Advisory Board on the 19th April 2021 this paper provides an overview of the proposed Mental Health Supported Accommodation remodel and re-procurement and seeks approval to proceed with a joint BHCC and CCG procurement process.

2. RECOMMENDATIONS:

2.1 That the Committee grants delegated authority to the Executive Director of Health & Adult Social Care (HASC) to take all necessary steps to

(i) Procure and award contracts for five (5) years for the provision of a joint mental health supported accommodation pathway with a council contribution of £330,000.00 per annum.

(ii) to approve an extension to the contract referred to in 2.1(i) for a period or periods of up to two years in total if it is deemed appropriate and subject to available budget.

3. CONTEXT/ BACKGROUND INFORMATION

The Mental Health Pathway:

3.1 Brighton & Hove City Council in partnership with NHS Brighton & Hove Clinical Commissioning Group (CCG) commission three Mental Health Supported Housing services in Brighton and Hove (Shore House, Sanctuary Star, and Route One) and a floating support service (Southdown Support).
These services form part of the Mental Health Supported Accommodation Pathway which offers a range of accommodation with different levels of support for people with mental health needs in Brighton and Hove.

3.2 The current accommodation is as follows:

- Shore House; 20 units of shared accommodation with high level support - CCG funded
- Sanctuary Star; 32 units of shared accommodation with medium level support – CCG funded
- Route One; 60 units of shared and self-contained accommodation with medium to low level support – BHCC funded
- Southdown Support: Floating Support to those with mental health support needs living in independent accommodation – BHCC funded

Current Model

3.3 Higher levels of supported accommodation are offered to people who need it most with people moving into medium or lower supported accommodation, and then on to independent living when they're ready. The services provide support for people with the aim that residents move on to more independent living within approximately two years.

The services are accommodation-based with support for people with mental health needs. They work proactively with people in their recovery and provide personalised and flexible support to build confidence, resilience, and the skills needed for independent living.
The support provided includes assistance with:

- Managing mental health issues
- Medication management
- Maintaining a safe living environment
- Preparation for independence
- Daily life skills
- Help to find and access other services in the city
- Support with alcohol and drug issues
- Suicide prevention
- Prompting with personal care
- Accessing welfare benefits, preventing and managing debt, and managing money
- Support with physical health and nutrition
- Accessing work and learning opportunities
- Support to build a positive social network and engage in the wider community

Medium Mental Health Supported Accommodation (Route One):

3.4 Brighton & Hove City Council commissions the medium to low level supported accommodation service for individuals with mental health support needs. The contract for 60 units of self-contained and shared accommodation with support is provided by Brighton Housing Trust. The contract which commenced on the 1st June 2016 was originally due to end on the 31st May 2021. Due to Covid-19 the

procurement has been delayed and the contract has been extended until 1st September 2022.

3.5 The contract has been extended in conjunction with the CCG commissioned mental health supported accommodation to allow for a full consultation and joint procurement process of all three supported accommodation services which form part of the mental health accommodation and support pathway.

Procurement Timeline:

3.6 Brighton & Hove City Council and NHS Brighton & Hove Clinical Commissioning Group are working together on the remodelling of the mental health accommodation pathway. The following is an overview of the timeline for the consultation and procurement process.

Action:	Timeline:
Develop Engagement Plan	Nov' 20– Jan '21
Health & Equalities Impact Assessment	Nov – Dec '20
Commission 3rd party to undertake service user consultation	December 2020
Service user and Stakeholder Consultation	Jan-Mar '21
Procurement Advisory Board	April 2021
Focus groups & Feedback on consultation	Apr-May '21
Development of the Model and Service Specifications	Apr – July '21
H&ASC Committee	8th June '21
Market Engagement	Jul – Aug'21
Tender Open	September 2021
Tender Evaluation	November 2021
Mobilisation of Services	Feb '22 – Sept '22

A project group is overseeing the consultation, model development and tender process for the three services.

Finance:

3.7 The 20/21 service budgets and contributions are outlined below:

Service	BHCC Contribution per annum 20/21:	CCG Contribution per annum 20/21:
BHT Shore House		523,389
Sanctuary Star		359,269
BHT Route One	300,000	29,531

Southdown Floating Support *	£111,622 (for 20% of the service allocated to mental health)	

*recently re-tendered

Current Cost per unit per annum:

Accommodation	Cost	Units	Per unit per annum
Shore House (High)	523,389	20	£26,169
Sanctuary Star (Med)	359,269	32	£11,227
Route one (Med – Low)	329,531	60	£5,492

The proposed budget for the council contribution to the supported accommodation pathway is £330,000. This is an increase of £30,000 per annum to take into account the rising costs of running a supported accommodation service from the previous tender in 2016.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Consideration has been given to providing the service in-house. The current service offers 60 units of self-contained and shared accommodation spread out over eight separate buildings. If the contract were to be delivered in-house the council would need to provide 60 units of accommodation ready for occupation at the commencement of the contract.

Any accommodation service run in-house would generate significantly less housing benefit revenue. Local authorities housing benefit rate is capped but a third sector provider offering supported accommodation can claim a higher rate helping to cover housing management costs, cleaning and repairs and maintenance. This would mean any service run by the local authority would be significantly less financially viable.

Initial calculations for providing this contract in-house show that the cost would be approximately £0.200m higher than the current contract price. These calculations exclude any office space, relevant premises costs and additional management resource that will be required. The calculations assume that existing staff would transfer to Council contracts and NJC grades.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 The Council and CCG are committed to benefits of co-production and as such have engaged with service users, providers and other stakeholders to inform this re-procurement

In December 2020 the group appointed Mind, the mental health charity to carry out a consultation with current and ex-service users via survey and one to one interviews. Online surveys have also been carried out with stakeholders and referrers via the engagement HQ website. A full report has been provided by Mind into the outcome of the consultation (see appendix 1). The group has also undertaken some workshops with professionals and current service providers.

The consultation process coupled with a review of current services and their outcomes, data on referrals and waiting lists and the conclusions of previous reports including the Sussex Health & Care Partnerships Mental Health and Housing Strategic Plan, the Multi Agency Discharge Event and the HACT Report on Housing & Mental Health highlighted a number of areas of focus for the retender;

Accommodation:

- Better quality accommodation.
- More self-contained accommodation – shared accommodation not suitable for many people including those with high needs, vulnerable people and women.

Support:

- Safeguarding concerns for both vulnerable people and women in shared high support accommodation.
- Staffing levels in high and med support insufficient for the levels of complexity of need.
- Staff training and therapeutic interventions needed for more complex clients.
- Better integration between clinical services and supported accommodation
- Better transition into supported accommodation and between supported accommodation services.
- Mixed view of move on targets (18-24 months) with professionals concerned they are not achievable and possibility destabilising, and the Mind report concluding that they are mostly achievable.
- Shared accommodation – issues for residents with others behaviour, substance misuse, levels of staffing overnight.
- The need for flexible provision which can quickly increase and decrease support to individuals based on their changing needs.

The following gaps were identified within the current provision:

- Demand outstrips supply leading to delayed discharge and waiting lists.
- Move on from the pathway can be slow due to a lack of available independent accommodation.
- There is a lack of mobility accessible accommodation
- There is a lack of provision for women with complex needs and vulnerable people with higher support needs due to shared accommodation being unsuitable
- Those with complex needs are currently being placed in residential accommodation or high cost placements.
- Lack of accommodation for young people aged 18-25 with co-existing mental health and substance misuse including young women with Autistic Spectrum Condition (ASC).
- Difficulty in accessing supported accommodation for forensic discharge (those with mental health and a history of offending behaviour).

6. CONCLUSION

The Proposed Model:

6.1 If approved Brighton & Hove City Council and the CCG intend to develop a new supported accommodation pathway to address some of the issues identified in 5.1. This procurement will seek to provide:

- An increased level of self-contained accommodation with specific provision for women with complex needs and vulnerable individuals.
- A flexible level of support within the accommodation service which can increase and decrease to meet client needs without them having to move accommodation.
- Improved integration with secondary mental health services.
- A higher level of support in high needs accommodation with increased levels of overnight staffing to allow the placement of those with complex needs including dual diagnosis.
- Therapeutic interventions and trauma informed support through well trained staff.
- Greater flexibility in the length of stay in the accommodation based on individual needs.
- The commissioning of the CCG commissioned Mental Health Crisis House will take place within the same procurement.

6.2 The procurement will not meet all of the gaps identified through the consultation and review process, with a similar financial envelope and the commissioning of increased staffing levels, flexible support and more self-contained accommodation the procurement will inevitably result in a lower number of units commissioned.

6.3 The exact make-up of the units will be determined through the specification and tender process and will depend on the size and type of accommodation which providers are able to offer. We would expect to see mixed services containing flexible levels of support which allow people to remain in their accommodation while the support flexes to meet their needs but with the aim that support will reduce over time. The following is an example of the number of units which the tender will aim to achieve.

Level of Support	Total number of hrs per service user per week	Number of Units	Approximate Cost
High	20	25 (increase of 5)	£675,000
Medium	11	20 (decrease of 12)	£240,000
Medium to Low	2-8 hours (flexible based on need)	54 (decrease of 6)	£330,000

6.4 The retender process will provide a safer environment with better outcomes and reduced numbers of people either being turned down for placements due to their level of need and reduce the number of people stepping up from supported accommodation into residential placements.

6.5 Not all areas that were identified as part of the consultation will be resolved by this procurement for example the provision of a commissioned service for 18-25

year olds with complex needs will be looked at as part of a separate commissioning project with the CCG.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 For context, the spend on the mental health accommodation pathway in financial year 2020/21 is outlined in paragraph 3.7 with £0.412m funded by Brighton & Hove City Council and £0.912m funded by Brighton & Hove CCG.
For the Council, the contracts are within the Health & Adult Social Care directorate and the proposed new contracts for 2021/22 totalling £0.442m is within budget. The budget for this procurement is £0.330m per annum.
The Council is experiencing financial challenges and is subject to annual government financial settlements which can impact on the availability of funding. However, it is anticipated that financial resources will be available to enable the commissioning of the services detailed above.

Finance Officer Consulted: Sophie Warburton Date: 14/05/2021

Legal Implications:

7.2 The Care Act 2014 sets out a range of statutory duties for Local Authorities, including a number related to the prevention agenda. It requires all Local Authorities to, "work in partnership to provide, or arrange services, facilities, resources, or take other steps, towards preventing, delaying or reducing the development of needs for care and support". The Health and Social Care Act 2012 sets out the legal duties of the Department of Health, Public Health, Clinical Commissioning Groups and NHS bodies to reduce health inequalities. As such it requires local health and social care bodies to address health inequalities. The HWB is required to promote integrated working amongst health and social care services.

The proposed procurement is in line with the Local Authority's duty to promote the wellbeing of its residents requiring support for their mental health.

Lawyer Consulted: Nicole Mouton Date: 18/5/21

Equalities Implications:

7.3 Brighton & Hove City Council has developed a joint Health & Equalities impact assessment with the CCG for this tender process. This has identified a number of areas to be addressed as part of the tender including accommodation and support for women and vulnerable people and mobility accessible accommodation. These will be addressed as part of the development of the specifications for the procurement.

7.4 All commissioned services are monitored on their policies and practice in relation to equalities. Service users and staff are interviewed as part of the review

process and complaints regarding discrimination and hate crime are reported to Commissioners. Demographic data on both referrals and acceptances into the service are monitored. We ensure that all services have relevant policies and procedures in place and that staff training includes good quality training around equalities issues.

Sustainability Implications:

7.5 The commissioned service would give due consideration to sustainability encouraging the use of public transport among staff and using sustainable materials and ensuring recycling.

Brexit Implications:

7.6 None identified.

Any Other Significant Implications:

Crime & Disorder Implications:

7.7 There are no crime and disorder implications from this procurement process.

Risk and Opportunity Management Implications:

7.8 There are risks associated with the procurement process which are as follows

- There is a risk that we will not receive any bids for the tender however this is being mitigated by market engagement prior to the tender process and engagement with stakeholders and existing providers.
- There are risks associated with a new provider being successful in the tender process. This would require the movement of vulnerable service users into new accommodation with a new provider. This risk is being mitigated by a long mobilisation period to allow for engagement with service users and support to move. Staff are entitled to TUPE so they would transfer with clients and support the transition maintaining a consistency of support.

Public Health Implications:

7.9 The aim of this procurement is to continue to develop and improve supported accommodation services for individuals with mental health needs. The newly commissioned services should have a positive impact on the health and wellbeing of the individuals accommodated within it.

7.10 Services are commissioned not only to support residents with their mental health needs but also support them with their wider health, including substance misuse, healthy living and skills for independent living such as shopping and healthy eating.

Corporate / Citywide Implications:

7.11 This procurement will meet the corporate priorities of 'increasing healthy life expectancy and reducing health inequalities' by providing a service which helps people manage their mental health and prevents hospital admission. The services will also 'support people to live independently' by providing support to those who are able to move onto greater independence and eventually into their own tenancies.

7.12 This procurement will also supports the aims of the Sussex Health & Care Partnerships Mental Health and Housing Strategic Plan 2020 which aims to 'Deliver the ambition to create new integrated models of supported housing for people with multiple and complex needs thereby reducing the need for inappropriate out of area placements and residential care'

SUPPORTING DOCUMENTATION

Appendices:

1. Consultation findings about Mental Health Supported Accommodation in Brighton and Hove by Mind

Consultation findings about Mental Health Supported Accommodation in Brighton and Hove

By Mind in Brighton and Hove

March 2021

Date:	22 March 2021
Version:	Final
Name of originator/ author:	Jessica Bell, Employment Advisor, Mind in Brighton and Hove

Contents

1.0 Executive Summary

Mind in Brighton and Hove (MiBH) was appointed to conduct engagement work for Brighton and Hove Clinical Commissioning Group (CCG) and Brighton and Hove City Council, to inform the re-tendering of the current mental health supported accommodation provision.

The engagement work included semi-structured interviews with former and current residents of Shore House, Sanctuary Star and Route One; a survey for former and current residents and a survey for staff, referrers and practitioners. We wanted to find out what works well and what's important to people, particular challenges or problems people had encountered, and what could be improved for the future. We had good engagement from interviewees, who shared their experiences of living in mental health supported accommodation with us, and the contributions from the resident survey and the staff and practitioner survey were equally informative with many detailed comments. The uptake was in total:

- ✓ **22 interviews** of whom 4 were former residents and 18 were current residents.

- ✓ **19 respondents to the resident survey** of whom13 were former and15 were current residents. The higher total than 19, is reflective of the fact that some of the respondents were both former and current residents.

- ✓ **32 respondents to the staff, referrer and practitioner survey** of whom 19 were a key worker, 9 were referrers or practitioners and 10 classed as other.

There was overwhelming praise for the support workers, who were described by many as committed, compassionate, caring and concerned with the residents' wellbeing. The overall experience of the support provided among residents, was largely a positive one. Residents felt well supported and they appreciated the flexible support that support workers were able to give them, guided by their needs and how much support they needed at various times. Staff, referrers and practitioners were also on the whole positive about the support being provided.

However, there were some challenges and issues highlighted by both residents and staff:

- the importance of maintenance and/or upkeep of properties and the impracticality of some of the flats/rooms
- some of the accommodation was considered unsuitable for certain groups of people, such as less mobile people, women, people with more complex support needs or for whom sharing accommodation is not ideal for their recovery
- there were reports of difficult interactions with other residents
- for some residents there were issues around isolation and difficulty breaking out of this
- noise from outside of the building or from other residents or thin internal walls was an issue
- cleanliness of shared spaces was important
- for some, the house rules were not strict enough and some people felt unsafe
- there were some concerns around staffing levels, particularly in higher and medium supported accommodation venues, and particularly at night
- the need for more staff training to enable them to support the more complex clients and the need for more therapeutic support for clients

Based on the challenges above and the improvements both staff and residents would like to see, we have been able to suggest five areas for further exploration by the CCG:

1. Explore options for how **support in supported accommodation could be better tailored to meet the needs of residents with more complex needs, including therapeutic needs.**

Tailored staff training may be an option and requested by some, or broadening the staff base to include a therapist. Therapy vouchers or offering a variety of learning methods to break out of isolation may be another consideration.

2. **Consider how prospective residents could be better prepared before moving in, including be briefed about the rules in shared houses**. Several residents mentioned feeling overwhelmed at first, particularly in shared accommodation venues. Some had also initially run in to difficult encounters with other residents, or feeling unsafe at night or unease at the use of substances on the premises.

3. Ensure that arrangements are in place to **keep on top of all maintenance issues and the general upkeep consistently** across all the different types of accommodation.

4. **Further exploration into how accommodation could be adapted to suit varied needs**, for instance access for less mobile people, creating more self-contained flats, addressing impractical or cramped rooms.

5. **Further engagement on how to encourage and help social interaction internally and externally** for people who struggle with this. Many mentioned social contacts as a key to wellbeing but often found this difficult with fellow residents. Contact with key workers and interaction with staff was positive, but insufficient to develop and maintain social interaction in the long-term.

2.0 Background

Brighton and Hove City Council (BHCC) in partnership with Brighton and Hove Clinical Commissioning Group (BHCCG) are currently evaluating the Mental Health Housing Pathway which consists of Shore House (high support), Sanctuary Star (medium support), and Route One (medium/low support). The current contracts are coming to an end and have been extended to allow adequate time for the re-procurement of services. As part of the re-procurement process BHCC and BHCCG made the decision to conduct engagement with service users and professional stakeholders to inform the future service model and specification.

The NHS has a statutory duty to engage with and involve the public in service design and redesign. The engagement process will enable commissioners to:

- understand experiences of mental health accommodation from current and ex-residents of the existing services
- explore the different priorities held by our service users when it comes to healthcare
- hear from Community Voluntary Sector (CVS) organisations and wider stakeholders who have direct contact with this cohort of service users and will have a good understanding of the needs and challenges they face
- encourage those getting involved to consider how services could be improved

3.0 Engagement Process

An Equalities Health Inequalities Impact Assessment (EHIA) was drafted by BHCC and BHCCG to identify any protected characteristic groups that should be considered as part of this engagement

work. This information was used to develop a specific engagement plan (including stakeholder mapping) for this project.

The engagement plan details a phased approach to engagement with Phase 1 seeking to gather views and experiences from current and former-residents of the existing services, as well as supporting staff, referrers and practitioners. Phase 1 of the engagement process is covered by this report and was carried out between 01 February 2021 and 01 March 2021.

Phase 1 engagement consisted of the following components:

- In depth interviews with current or ex-residents of the existing services
- Survey questionnaire for current or ex-residents of the existing services
- Survey questionnaire for staff, referrers, and practitioners that work with or in the existing services

In order to support the engagement work a Task and Finish Group was established with the following membership:

- Sussex CCG's Public Involvement and Communications team
- BHCCG Mental Health Commissioning Team
- BHCC Health & Adult Social Care Commissioning Team
- Healthwatch Brighton & Hove
- Local voluntary sector organisations which support people living with mental health conditions
- A Sussex Health and Care Partnership Community Ambassador volunteer
- Existing service providers; Brighton Housing Trust, Sanctuary Housing Association

The Task and Finish Group provided input into the engagement planning by review and comments on the following engagement documents and materials:

- EHIA
- Engagement and communications plan
- Frequently asked questions
- Survey questions for both staff and residents
- Engagement posters
- Stakeholder engagement methods and ways to reach former and current service users through local networks

Two existing service users also provided valuable input in the review and feedback on the following draft documents and materials:

- Frequently asked questions
- Current and ex-residents survey questions
- Engagement posters

In order to support the engagement work an expression of interest was released for a CVS organisation to conduct the in-depth interviews with current and former residents, as well as collate the engagement findings from both the interviews and surveys into this report. MiBH was appointed to carry out the engagement work.

A page on the EngageHQ website was dedicated to this engagement project and was used throughout the engagement process to hold information, provide links to surveys, and relevant document including the following:

- A core narrative about the engagement project
- A video describing the engagement work
- Links to online surveys
- Contact information for Brighton and Hove Mind for telephone interviews
- Frequently asked questions
- Contact details for questions and requests for materials in alternative formats

The engagement opportunity and materials were disseminated via the following communication channels:

- Existing service providers; Brighton Housing Trust, Sanctuary Housing Association
- BHCC Placement Allocation Team who disseminated to referring organisations and professionals
- The Public Involvement Team's stakeholder list of local organisations working across Brighton & Hove
- Community Roots provider organisations
- Community Works Email Forum, reaching out to the community and voluntary organisations working in Brighton & Hove
- Brighton & Hove Communications & Public Involvement Network, which includes communications and public involvement leads from across the Sussex Health and Care Partnership including the NHS, Healthwatch Brighton & Hove, BHCC, Public Health and VCS organisations

The CCG ran two weeks of Facebook advertising of the engagement opportunities for both residents and ex-residents and staff, referrers and practitioners. The following activity and reach from this advertising is a follows:

Week 1:

- Residents and ex-residents advert: 434 audience reach, 22 link clicks
- Staff, referrers and practitioners advert: 203 audience reach, 17 link clicks

Week 2:

- Residents and ex-residents advert: 445 audience reach, 9 link clicks
- Staff, referrers and practitioners advert: 354 audience reach, 4 link clicks

In addition to the Facebook advertising, the CCG also posted several organic social media posts during the same two-week period with the following activity and reach:

- Facebook posts: 1,180 audience reach
- Twitter posts: 3,026 audience reach

(N.B. Organic social media posts were also re-posted by B&H City Council but the activity and reach of these re-posts is not included in the above figures).

During the time the engagement opportunity was live there were 229 visits to the EngageHQ webpage which contained information on the engagement opportunity.

4.0 Methodology

MiBH was appointed to carry out engagement work for the CCG and BHCC to capture the views of people who live or have lived in mental health supported accommodation in Brighton and Hove to inform re-tendering of the current service offer. The aim was to find out what is/has worked well and what could be improved. The engagement work covered the current commissioned mental health supported accommodation venues:

- Shore House: High level support
- Sanctuary Star: Medium level support
- Route One: Low level support

The aim was to conduct up to 30 telephone interviews with current and former residents across the three supported accommodation venues. The interview questions were set by the CCG and consisted of five main questions in addition to a few warm up questions to find out whether interviewees were current or former residents, which of the three accommodation venues they were living/had lived at; their length of stay in that accommodation and their overall experience of mental health supported accommodation. The questions are included at Appendix A.

In addition, the engagement work also included a survey for current and former residents of the three venues and a survey for staff, referrers and practitioners. Copies of these surveys are at appendix B. The resident survey covered 13 questions and the uptake was 19 respondents, some of whom may also have taken part in the interviews. The staff, referrer and practitioner survey included 16 questions and was completed by 32 respondents.

Residents were also asked to complete a set of equality monitoring questions to inform commissioners understanding of the demographics of respondents. 29 former and current residents opted in to answer these. For a full list of the collected answers, please see the appendix C.

For the interviews, we used a grid to collate all answers under each conversational question. To show as clearly as possible what interviewees' overall experience was, what works well, what challenges they had encountered, what improvements they liked to see and what's important to keep them well, we used these as five main headings while presenting 2-3 main themes under each heading. The findings were analysed and checked for relationships and variables such as former or current resident, which accommodation venues and to some extent what type of accommodation, i.e., self-contained or shared, in order to establish relationship between experiences, where possible.

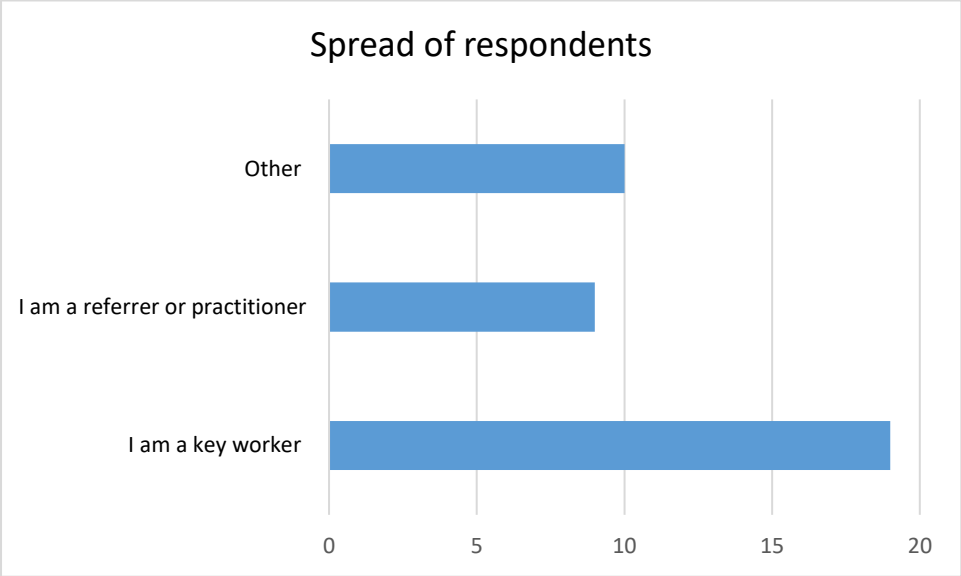
For the surveys, in agreement with the commissioner and given the timeline and scope agreed for the engagement work, we used the data where relevant and identified key themes from the free text responses. These were presented with a summary of key points, informed by quotes where appropriate.

Based on the findings of former and current residents' experiences of supported accommodation and from staff, referrers and other practitioners' experiences of working in or with supported accommodation providers, we have been able to suggest five recommendations for the commissioner to further explore.

5.0 Staff, Referrers and Practitioners Survey

5.1 Demographics

There were 32 respondents in total to the staff, referrer and practitioner survey, spread across three categories: keyworker, referrer/practitioner or other, as shown in the bar model below.



The spread across the three venues is not known from the survey, for the ten respondents who added any information 8 were support workers and 2 were managers.

5.2 Summary of Findings

To present the views from respondents in a concise way, we have collated the feedback into 4 areas: the referral process; how well services met support needs; specialised support for particularly vulnerable groups; and future service models.

1. The referral process

The survey asked respondents a number of questions about the arrangements for making a referral to each of the three supported accommodation venues.

Over half of the respondents that answered this question reported that their experience of making a referral had been excellent and only one person reported that their experience of making a referral had been poor. Generally, respondents reported that:

- they found the paperwork helpful
- there was good multi agency working when referrals were made
- the process felt client-centred
- the system was straight forward

One person fed back that they found the process repetitive and cumbersome.

When asked how the referral process could be improved the following feedback was provided:

- it would be helpful for Route One to be on the B Think system – it was felt that not being on this system slowed referrals down and made it harder to refer clients on to alternative support
- sometimes referrers did not provide enough or up to date information about prospective clients
- sometime the referral information does not marry up with the client whose needs can sometimes be more complex than those described in the referral paperwork
- it would be helpful to have more information about the individual services before making a referral
- one person thought it would be helpful if all referrals for supported accommodation could be sent to a central point

2. How well do services meet support needs?

In relation to how well respondents thought the three services met client needs, 76% thought Route One either met client needs or mostly met client needs, the figure for Shore House was 55% and for Sanctuary Star 30%. Similarly, when asked to rate the availability of staff to provide support to clients on a scale of 1-5 where, 5 is very much enough, 26% rated Sanctuary Star between 3-5, whereas the same rating for Shore House was 70% and for Route One 78%.

On the whole the services were considered to work well, with staff working well together and responding to clients' individual needs, and often working across the three venues following the mental health pathway. There were however issues reported, such as:

- unsuitable accommodation, for instance only shared houses in medium and high support accommodation
- inadequate staffing levels or staff training, in particular to meet an increase in residents with more complex needs, such as dual diagnoses, people with substance misuse and the need for night time support

"Because of the amount of chaotic clients at Shore House, many who have combined substance misuse/alcohol and mental health issues any vulnerable clients are at risk of exploitation particularly financial abuse. The staffing levels mean that they are unable to offer clients the amount of hours they are contracted to provide often leaving the less demanding clients without receiving the support that they require"

"Shore House is unsafe for women - the service is chaotic, and users of the service are often substance users. Despite several instances of women being sexually assaulted at the service the service doesn't seem to be able to keep women safe. In addition, the use of shared space is unwelcome to clients."

In terms of what respondents thought worked well, skilled and dedicated staff teams and being able to offer flexible support guided by individual clients' needs came out strongly.

"The service is able to provide a varied and flexible approach to support. Support hours can be increased or decreased according to need, support can be provided at the accommodation, in the community, at the office - whatever works best for the client. There is regular and efficient communication across the team meaning that we are quick to step in and offer responsive support on top of planned support sessions."

In terms of what could be improved, in addition to increased staff levels and further staff training, expanding the mix of skills and training among staff to incorporate more therapy and counselling was highlighted.

"Unfortunately, we often work with people with higher mental health support needs -people who would benefit from an intensive recovery focus, people who should be in therapeutic environments benefiting from nature, and various forms of therapies alongside their traditional treatments."

"Our all women house would probably work better if the women had a self-contained unit with cooking facilities as well as communal facilities. At the moment, they all just have a room and all other facilities are shared and as staff are not based their permanently, only occasionally, it is sometimes difficult to monitor and intervene immediately when conflict, ASB issues occur. This has left some clients feeling frustrated and unsafe at times."

In terms of how achievable the move-on timeframes of 18-24 months are, there was a broad consensus among respondents that they were fairly or largely achievable.

3. Specialised support for specific client groups

When asked to rate gaps in provisions for specific groups of people (e.g. women, people with learning disabilities, or people with physical health needs or other protected characteristics), on a scale of 1-5 where, 5 means No gaps, most respondents rated Shore House and Route One a 4 and Sanctuary Star a 3, suggesting the gaps were felt moderately less in the former two.

While a few respondents saw no gaps in the service provision for specific groups, most of the comments were focused on:

- restricted or limited access across the 3 sites to cater for people with impaired mobility.
- unsuitable provision for women. It was pointed out that although Route One offer women only accommodation, the women referred to this accommodation, often had high support needs and/or additional support needs, which didn't always suit a shared household. Some also commented that in the mixed accommodation, the majority were often made up of men and this sometimes left women feeling vulnerable.
- another gap that many could see was in the provision of support for people with dual diagnosis, people on the autistic spectrum, and young people.

"Route One has an all women's house but often referrals are for women with very high support needs, chaotic drug use etc and this means it is not an appropriate environment for other vulnerable women."

"None of the services are able to work well with people with dual diagnosis. Shore and Star do not offer physical environments that feel safe for women (lack of self-contained). Route One's accommodation offer is the best but cannot work with high need clients who need more support."

Most of the respondents thought that the services met the needs of people who are homeless or vulnerably housed, well or to some extent, although it was pointed out that Route One was not often the right service for this group of people initially, but usually further along the journey.

"I think the service meets the needs of most of these people. I think for those who come from homelessness it may be difficult to move straight into route one as we require participation in support as part of the tenancy and this may be too difficult for someone who has just come from being street homeless however I think that as a group of three services it seems to work well that people progress through the services from homelessness to housed. I also think that route one meets the needs of those with mental health support needs of a certain degree."

What could be an issue, was the long wait for moving-on accommodation for residents who were ready to do so, which in turn created a bottle neck for this group of people to access the supported accommodation.

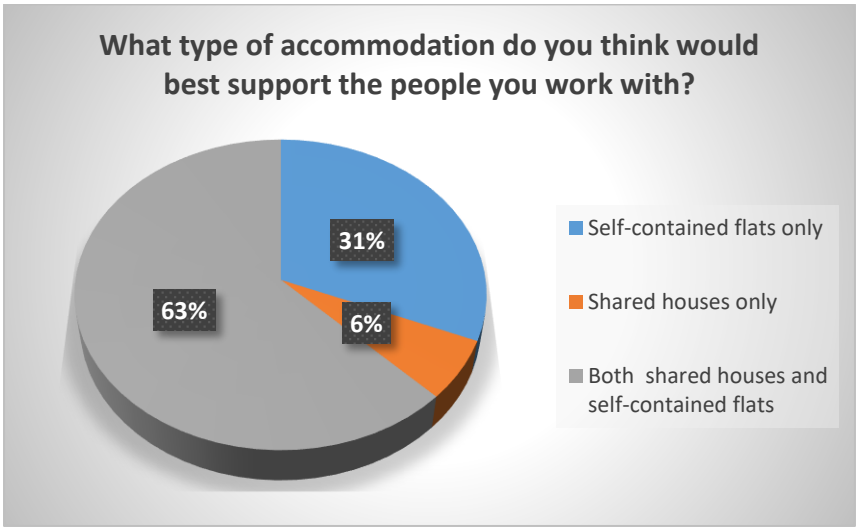
"The level of complexity for those who are homeless or vulnerably housed goes far beyond their mental health and more comprehensive, holistic support is needed at all levels. Services are divided by the area of need they meet (ie mental health) and therefore other needs are seen as being beyond the reach of the service or exceeding threshold"

Respondents were asked to what extent they considered the support provided was psychologically informed, using a PIE service model (Psychologically Informed Environment). For Shore House and Route One, most rated it 'very informed', whereas for Sanctuary Star more respondents rated it lower on the scale. Notably though, there was a disproportionately high share of respondents who answered N/A for Sanctuary Star compared to Shore House and Route One.

"At Sanctuary star the focus is the Recovery Model which is psychologically informed to a degree. Work is currently being undertaken to improve the physical space. The staff group have therapeutic/ psychological backgrounds but PIE is not explicitly referenced."

4. Future service models

The vast majority of respondents would like to see a mixture of both self-contained flats and shared houses being offered to suit residents' individual needs, and a minority would like shared houses only being offered. Some of the respondents who preferred self-contained flats, added that some communal space would also be beneficial.



61% of respondents would prefer a multiple service model that is based on needs, so that residents move to the right level of supported accommodation at the right time in their journey, compared to 39% who would prefer a multiple service model that is not based on need, instead residents are able to stay in their accommodation but receive a different level of support.

Many respondents reported that the ideal service would be:

- bright and welcoming houses
- flexible support and accommodation to meet individuals' various needs
- multi-agency working where needed
- comprehensive staffing levels to respond to more complex needs.

Below are some of respondents' comments:

"I think the key is high quality staff who are paid well, motivated, well trained and well supported. After that the accommodation needs to be spacious, well looked after and ideally have a quiet garden with space to grow flowers and vegetables."

"Increased therapeutic opportunities - groups and workshops and other positive engagement/activity."

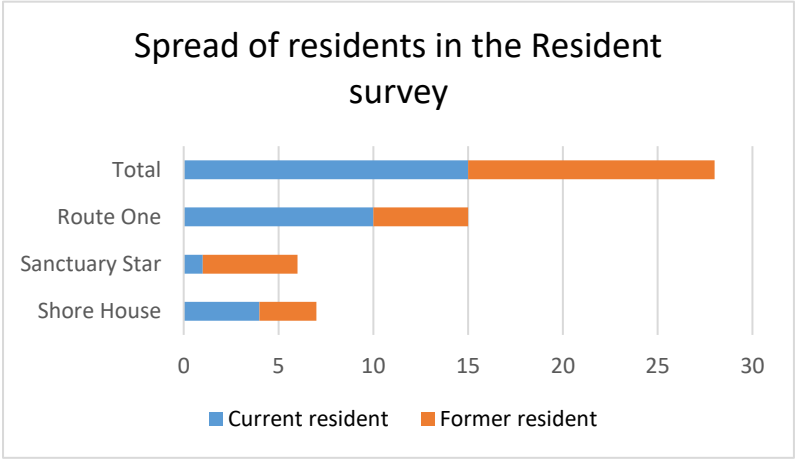
"Both staff and clients provided with psychological support from qualified counsellors/therapists/practitioners as part of the service model."

"I feel strongly that these accommodation-based support services need to be protected, with support continuing to be provided by trusted local teams who have a well-established connection to local CVS and statutory services."

6.0 Current and Previous Residents Survey

6.1 Demographics

There were 19 respondents in total to the resident survey. Some of the respondents were both former and current residents, for example a current resident of Route One and a former resident of Sanctuary Star. The spread of current and former residents across all three accommodation venues is presented below. The total is reflective of the fact that some respondents ticked that they were both a former and a current resident, bringing the total to above 19 respondents. (10 people answered the question of when they had moved in and it ranged from 2012 until 2020, five of whom were still living there at the time of the survey.)

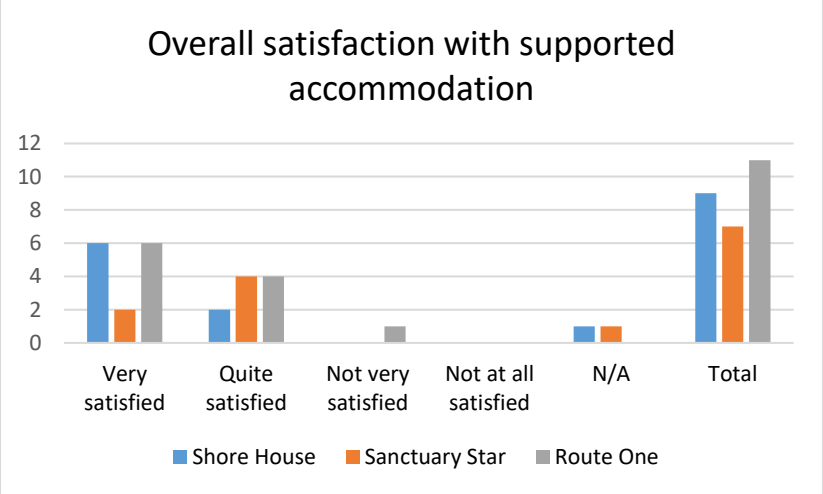


6.2 Summary of Findings

To present the views from respondents in a concise way, we gathered the answers to the 13 questions in to six headings: what people like about the current provision, problems and challenges, what's missing, type of accommodation, amount and length of support, and what a good service looks like.

1. **What people like about the current provision**

The vast majority of respondents were either very satisfied or quite satisfied with their supported accommodation. Again, some of the 19 respondents answered for more than one venue, as reflected in the bar model below.



Many of the respondents indicated having a good relationship with their key worker and feeling well supported, an overall positive experience.

"My relationship with staff and my key worker is very good. Living at Shore House has made my life so much better as I have support all day and most of all the support at night."

Some, while being happy about the support, had some reservations about the accommodation itself, to do with the upkeep and maintenance of the property, cleanliness of shared areas, or the standard of the rooms or flats.

"I have a good relationship with my key worker and feel supported by her. However, my accommodation is dire."

"The actual accommodation wasn't very nice, but the staff were amazing."

A few respondents, while similarly being happy with the support, pointed to stricter security rules in the building:

"I am quite happy about the support I get, but I think the accommodation should be more secure, e.g. use of a camera to see who is coming and going, and who is using drugs."

2. Problems, challenges, and what could be done to address these

13 respondents reported having experienced problems of some kind living in their accommodation, and 6 respondents reported having experienced none, as presented in percentages in this chart:

The most commonly reported problems had to do with:

- **The maintenance of the building, their flat/room or cleanliness of shared spaces**. Specific problems included cracks in the walls and ceiling, damp and lack of light and air or too much light, a cold flat and lack of space.

  "I could do with some more space. I am quite tall. My room is small. I have felt too confined in lockdown. This has had an impact on my mind and wellbeing."

  "The cleanliness of the top floor kitchen - it's always so dirty and not kept clean. I have to keep asking staff to clean it. Otherwise the house is kept nice and clean."

- Other issues reported by a few was **the level of noise**, in or around the accommodation, and the negative impact this had on people's mental health or sleep. This included noise from building works going on next door to the property, lack of sound-proofed internal walls which made noise from conversations or meetings coming through, or other residents being noisy.

  "I have a lot of noise problems as there is building work going on next door." "Housing for people with mental health difficulties or leaving Millview needs to consider problems of noise. I would like to see the law protect vulnerable people like me who can't tolerate noise."

- **Difficult interactions** with other residents was also reported to be an issue for some.

  "Difficult interactions with other clients when they have presented challenging behaviour. [It] can be stressful in such circumstances".

- Other problems reported by a few were **issues of safety**, as captured by this respondent:

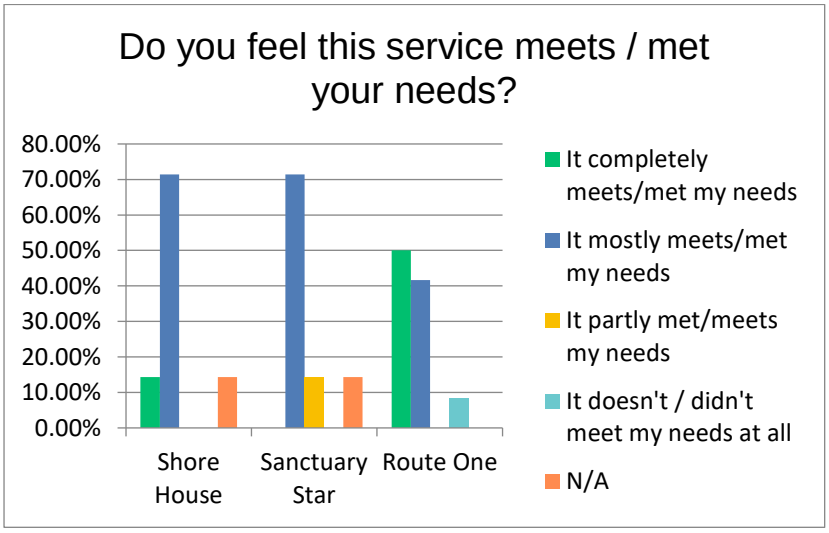
  "I don't always feel safe at night. I wish we had staff on hand at night."

- Less commonly reported issues were unclear staff rotas, deliveries to the building and spending too much money as shops are on their door step.

3. What's missing and what's important in supported accommodation?

Most respondents reported that the services mostly or completely meet/met their needs. One respondent thought it didn't meet/met their needs at all and one that it partly meet/met their needs.

Please see bar chart below for a breakdown of the three services:



Almost half of the respondents didn't think that anything is missing in their support. For the other half the most commonly reported wish was easier or more affordable access to counselling or therapy, especially to help combat isolation and getting out more:

"I found it hard to get this unless I paid for it myself. I wish I could have had a befriending and buddy support for help with going out, as I don't like going out alone and didn't know what I could access without spending a lot of money."

Related to this is the importance of assistance to break out of a cycle of isolation, more groups, a communal feel or more social interactions were also mentioned by a few:

"I would have liked more activities or group support outside of the housing. It was hard to find out what there was going on that could help with my recovery."

Having night staff on site and also feeling more protected was captured by this respondent:

"More protection at night, because there is no staff at hand and some of the other residents have psychiatric conditions. People who may try to harm us from the outside."

4. Views on the type of accommodation:

People who felt that they would have preferred a different type of accommodation to what they have or had, were exclusively from respondents in shared accommodation. They would have liked their own self-contained flat, as captured by this respondent:

"[The] quality of housing and life would be better if the accommodation was self-contained. Some people are unwell/disabled and can't/don't keep bathrooms clean."

Similarly, it was also more commonly reported by people in self-contained flats, but not exclusively, that they were happy in the type of accommodation they have or had.

"I value having a self-contained flat, as my aim is to live more independently in the future."

5. **Amount of support and the length of tenancy:**

Respondents were asked about how much support from staff they received whilst they were living in the different venues – it was acknowledged in the question that each site provided different levels of support[1] .

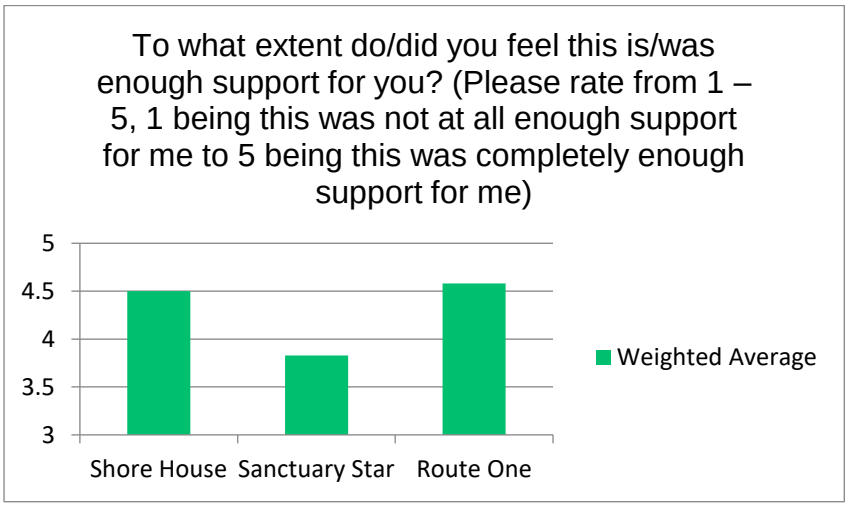
One respondent recorded 0 hours. Others answered in terms of enough or lots of support for their needs, varied hours week to week, with added support hours in times when they needed more support.

"When feeling more stable, I receive 1 hour a week. When I am struggling, I receive more."

One respondent expressed a shortage of staff:

"I believe Sanctuary Star are somewhat short staffed to provide the level of support described above", adding that *"I can only give this a 3 as my support worker isn't given the power she needs to really help me."*

The amount of support that respondents received across the three venues is captured in the bar graph below. Things mentioned that could be improved were more help with practical things like cleaning. One respondent suggested that there could be more help from support assistants, for example to help picking up medication or help cleaning when they are feeling particularly unwell.



With regards to people's views on the length of tenancy, it was either the right length or too short, with a slight variation across the three accommodation venues (More people from Route One and Shore House answered the right length for them in proportion to Sanctuary Star). Nobody answered that it was too long, a few answered that it was not applicable.

"When I first arrived, I had lots of complex issues going on so staying longer would have been helpful."

"It is really difficult to get housing, and the right type of housing, so I need more than 2 years for this."

[1] *Shore House has staff on site 24 hours a day, 7 days a week. Support will fluctuate based on individual need, however the average number of support hours is 20 hours per week per person. Sanctuary Star is staffed between 8am and 8pm 7 days a week. Support will fluctuate based on individual need, however the average number of support hours is 11 hours per week per person. Route One is staffed between 9am and 5pm Monday to Friday and 10am to 6pm on Saturday and Sunday. Support will fluctuate based on individual need, however the average number of support hours ranges between 2 and 8 hours per week per person*

6. What does a good service look like?

Many respondents thought that their supported accommodation was just right or came close to what a good mental health supported accommodation should look like, and added their thanks to the staff and support workers. Having the right people working in the service and feeling comfortable and confident to express your concerns to someone who understands and listens, were mentioned as example of what works well. A few would like to see more self-contained flats, stricter rules on who comes and goes, and substances being kept out, a mental health community garden or a place to work outside. Other suggestions are captured in these quotes:

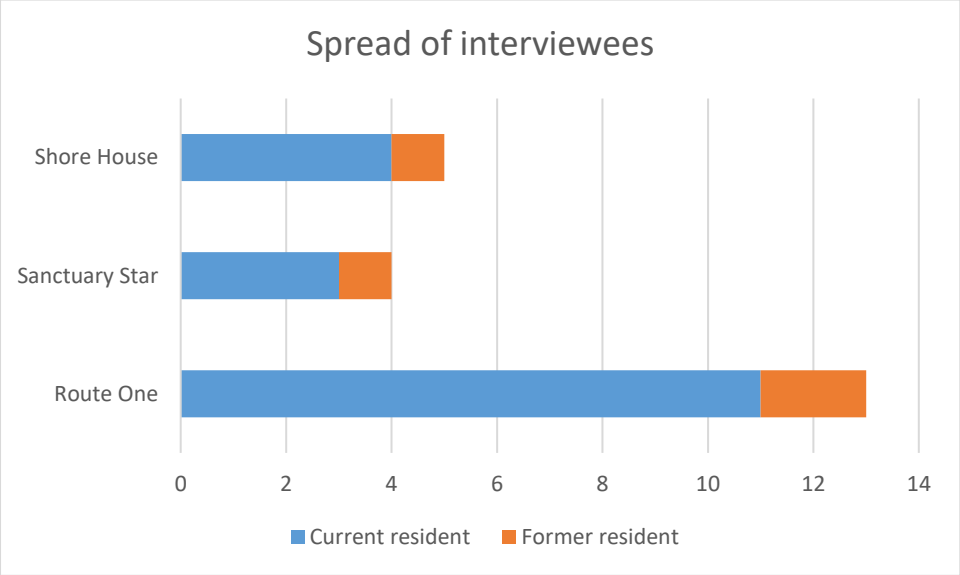
"Before someone comes into Shore House, they should be told what they can expect from other people in the house."

"It would be better if my case worker/lead practitioner stayed involved longer whilst I was at Route One. I was discharged when I didn't want to be. I would like the service to have more power to change things and help me"

7.0 Current and Previous Residents Interviews

7.1 Demographics

The aim was to conduct up to 30 telephone interviews with current and former residents across the three supported accommodation venues, Shore House, Sanctuary Star and Route One. 22 interviews were completed using nine structured and semi-structured questions to encourage conversation around what works well, what could be improved and any issues or problems encountered by residents. Of the total 22 interviews carried out, 4 were former residents and 18 current, divided as follow across the three accommodation venues.



Operational managers for all three accommodation venues were asked to gather consent forms for former and current residents who wished to take part and forward these to MiBH. Attempts were made throughout to gather further consent forms for former and current residents at Sanctuary Star and Shore House to address the imbalance across the accommodation venues, and this was to some extent achieved. However, there is a larger pool of residents to draw from for Route One compared to Sanctuary Star and Shore House. One interviewee was recruited via the

resident survey. Interviewees length of stay at their accommodation at the time of the interview ranged from 4 months to 5,5 years with most interviewees having lived at their accommodation between1-3 years.

7.2 Summary of Findings

Overall experience

The majority of interviewees told of a largely positive experience of living in supported accommodation, with committed and caring staff and with the right level of support in place. Many described it as an amazing or great experience, one interviewee commented that *"this is the happiest I've been in my life in the last two years*". Another interviewee similarly added that *"being here is the happiest I've been in many years".* For some it was a clear relief to come in to supported accommodation, and to have a place to live. People who expressed a relief at having been offered a place in supported accommodation had often come from a period of hospitalisation, having been sectioned under the Mental Health Act or from a hostel. Some were faced with potential homelessness at the point of being offered a place, and this was a major worry having been resolved.

Some spoke of an initial daunting phase of getting used to their accommodation and some difficulties this presented for them, especially in shared houses. The difficulty that interviewees had experienced had to do with other residents' mental health problems or other issues such as use of recreational drugs, and adjusting or getting used to the environment. An initially daunting or turbulent experience was particularly the case for people who had previously had their own home or had come from a self-contained flat. Most people now felt settled in their accommodation and initial issues had been dealt with or resolved and was no longer a problem or less of a problem. For some though, living in a place with other people whose mental health was precarious, remained a challenge.

For a minority of interviewees, theirs was an overall negative experience of living in their supported accommodation venues. For one former resident, living in a shared accommodation was too much for them and didn't suit their needs, with security guards checking in at the accommodation at night. *"It felt like an invasion of privacy".* The issue had, however, been resolved as they had been helped to transfer from medium to low supported housing, which worked better for them. A current resident, who had transferred from high to medium supported accommodation, had found the transition difficult and felt they generally didn't get the support they needed, especially when they just arrived, adding that there seemed to be *"no structure in place where residents and their safety comes first".*

What people like in their supported accommodation

<u>The relationship with support workers</u>

There was overwhelming praise for the support workers, who were described by many as committed, compassionate, caring and concerned with the residents' wellbeing. Notably, this was also the case for the few who expressed an overall negative experience of living in supported accommodation. Some of the interviewees spoke of support workers or staff in general and others spoke more specifically about their key worker. Many described that they felt well-supported by

their key worker, and that they could raise any issues or concerns with them. Many felt that they were listened to and understood by their key worker, who responded to the stress a particular situation or concern may cause them. *"I liked how they paid attention when you brought something up. They would listen and make sure they had understood you and why something made you feel stressed."*

The trust that they had developed for their key worker was also highlighted by many, which allowed interviewees to feel safe. One interviewee, who prior to living in supported accommodation had been homeless, described how the support workers helped them feel safe from the start: *"I was frightened of anything because of the situation I came from. They really reassured me that I didn't have to be frightened. My key worker was such a blessing."* The staff allowed time for people to settle in and get used to things, and this was important in building trust for their key worker.

The regular contact with staff was appreciated, even if it was just to say hello and exchange some words, when staff were on site, for people who lived in self-contained flats. Many commented that staff were easy to get hold of, should any issues arise in between scheduled meetings with their key worker. One interviewee had however, noticed that since lockdown, staff seemed more busy and it had become harder to get hold of staff. Another interviewee in shared accommodation commented that the staff office operated a close-door policy in response to Covid-19, which had somewhat made it feel less natural to approach staff more spontaneously. For people in accommodation venues with staff around at all times or during the day, a nice feature mentioned by some was getting to know all the staff quite well and having spontaneous chats or exchanging a few words with them. Despite lockdowns during Covid-19, the majority of interviewees hadn't experienced that staff availability had been affected.

Some interviewees had had key workers in the past whom they didn't get on with so well or didn't connect with. In those instances, they had been supported to change key workers and this had been done swiftly and without any fuss.

<u>Flexible support guided by individual needs</u>

While most interviewees had weekly meetings with their key worker, there was flexibility in this, which many liked, depending on how much support they felt they needed. Some interviewees, who felt their support need wasn't that great, had arranged to have a shorter check-in or catch-up certain weeks when they felt no real need for a meeting or visit, although it was often encouraged to keep up regular visits. Adversely, some interviewees had in periods felt a greater need for increased support when they were feeling more unwell or their mental health was deteriorating, and support workers were good at accommodating this, by adding more frequent check-ins between scheduled visits. *"They work at your pace, the level of support that you want".* It was generally felt that the support was flexible enough to meet individual needs and importantly guided by this.

This was also true of the kind of support people felt they needed. For most it involved both practical and emotional support, depending on the kind of things the interviewee struggled most with. One-to-one support included badminton sessions, going for a coffee or walk on the beach or in the park, accompany to appointments, viewings of housing etc, in addition to meeting at the accommodation to talk or help responding to paperwork, help with digitalised administration etc. Lockdown periods had affected some of the outings temporarily.

For one interviewee the tailored support to accommodate individual circumstances offered by support workers had been crucial in their recovery. Coming out of hospital and with the prospect of not having a place to live, they were offered a place in a women only shared accommodation, last minute. The interviewee accepted the offer, however, the physical location of the house was in an area associated with a trauma for the interviewee. The interviewee felt that their key worker understood the barrier to recovery that remaining in the location would pose, and helped the interviewee to successfully transfer to another of the provider's supported accommodation venues. *"I couldn't have continued to live in that location."*

Another example was brought up by an interviewee who struggled with alcohol consumption initially. Their key worker was patient and allowed the interviewee time to come to terms with the fact that they needed a period of rehab. Their key worker kept up their support during periods in rehab and had successfully coordinated their joined-up support with their alcohol worker, their clinician and other external agencies. This holistic support around the different areas of their care needs, had greatly contributed to the turning point in their recovery that they had now reached. Another aspect that was brought up by a former interviewee, who was now living in their own permanent flat provided by the council, was the support from their key worker to be patient and wait for a sustainable housing option. The interviewee had at times felt disheartened by the process of bidding and waiting for a flat via the council, but was grateful that their circumstances were taken in to consideration and they were not pushed to find another, less permanent option.

Location and setting

Many interviewees liked the location of their accommodation, as they were located in quiet and residential areas, with little through traffic and noise around. There were nice walks nearby, like the seafront or parks and other green spaces, which for some interviewees was an important part of their wellbeing. One interviewee explained that being able to easily get down to the beach or walk in a park was part of their self-therapy. "*I use a walk down to the beach or a walk in the park as distraction, which is a part of my self-therapy".* Some, in self-contained flats, also found the residence itself peaceful most of the time, with other residents being quiet and respectful, with no screaming going on or police and ambulance being called to the building, or loud music being played. Some also had spacious rooms or flats, which they liked, and the fact that it was warm and dry.

Problems/challenges encountered

A third of the interviewees couldn't think of any problems they had had, in their supported accommodation. For those who did, three main areas could be identified.

Other residents' behaviour

The most prevalent problem or challenge interviewees had experienced in their supported accommodation had to do with other residents' behaviour. This was brought up by a few people in self-contained flats, but more commonly by people who lived in shared accommodation, i.e. having their own room but shared kitchen, bathrooms and where relevant other communal spaces. In some cases, this was an issue for people when they first moved in, that had since been resolved or largely resolved. Staff had often helped to resolve the situation by talking to the other resident in question. A few of the interviewees had experienced an intrusive neighbour. For instance, one

interviewee described when they first moved in, a neighbour would knock on their door repeatedly until 6am in the morning. They barricaded the door with the sofa, as they felt frightened. They contacted the staff who subsequently spoke to the person in question. The interviewee felt reassured and safe after that. *"They never knocked again after that."*

It was felt that staff had helped to resolve any incidents or issues promptly, by talking to the resident concerned, and it had been resolved quickly. A few said that even though it had been dealt with, they were unsure what had been said to the other resident and how it had been resolved.

Other encounters had to do with smoking coming through to their room or flat, and this felt depressing as the problem was continuous. Adversely, one interviewee felt threatened by another resident because they smoke tobacco, which was allowed under house rules. But this had caused some threatening behaviour towards them. The issue had partially been resolved but they still felt uncomfortable living in the same building.

For interviewees who brought up the behaviour of other residents as a challenge, there was an understanding that the reason for challenging behaviour was usually due to a deterioration of someone's mental health. "*This is mostly due to someone becoming less well, a reflection of their mental health struggle".* For a few this negatively impacted on their own mental health, even acting as a trigger for destabilization at those times when the place felt less harmonious and with higher stress levels, due to the selection of people in the building. This fluctuated over time, and was more steady than unsteady on the whole. A few interviewees had felt unprepared, or even shocked, for what it would be like moving in to a shared accommodation, living with other people with their own difficulties and problems or substances being used on the premises. One interviewee had been asked for money by fellow residents, when they first moved in, and had given some. Later they had had the opportunity to talk about his with staff, who had explained to them that they can say no. This hadn't been clear to the interviewee, but they had since learnt to say no when people asked, and hadn't had any further problems.

<u>Facilities and maintenance of residence</u>

Some interviewees complained of impractical facilities in their studio flats and cramped spaces. For example, a few didn't have adequate cooking facilities, or enough work top space to prepare their cooking. As a consequence, one interviewee ate all of their meals out or at friends'. The lack of space also made it feel unhygienic to cook and chop up food, there would be crumbs and bits on the bed, as there was no space for a table and chairs. This felt depressing to the interviewee. Another interviewee expressed a similar situation, where they were left with no cooking facilities for a year as the hob broke down, and their only option was to cook in a microwave. Their fridge had also broken down, and was initially replaced with a mini-bar type of fridge, in which it was hard to fit in a container of milk. This made shopping difficult especially during lockdown, as it was hard to stock up to avoid frequent visits to the shop. The fridge had now been replaced, but the episode also felt depressing to them.

For others in shared accommodation, the communal spaces like kitchens and bathrooms often didn't feel clean and some described these as messy. *"It just doesn't make you feel that positive about going home"* or *"I wouldn't want to invite anyone here, it's quite embarrassing".* Other issues some interviewees brought up included a shortage of toilet paper and hand washing soap.

General maintenance and upkeep of residences was also pointed out by some interviewees, particularly where it was pointed out that the building was old *"The building is falling down soon if nothing is done to it."* One interviewee described living with a hole in the ceiling, where on occasion water would come through from the outside wall. Although attempts had been made to try to fix problems when brought to the attention of staff, it was often felt that it was probably too much of an overall structural problem that couldn't easily be fixed without a more major renovation of the whole building.

Isolation

A few felt that isolation was a problem. This had to some extent to do with lockdowns during Covid-19, as there tended to be less interaction between residents and group activities had largely been suspended, but the issue was felt to be there also before Covid-19. Feeling isolated was mentioned by a few people, both from self-contained and shared accommodation venues. It was recognised that it could be difficult to join in with activities with other residents they often didn't know, sometimes because of more problematic feelings stemming from trauma, as was the case for one interviewee. They suggested that "*staff may be missing or not fully understanding why some people don't engage in activities, the barriers that make it difficult to do so."* For another interviewee, the difficulty to take part had to do with the activities were mainly offered outside of the accommodation, typically outings like cycling, walking or visits to places of interest. For them, if the activities were organised in-house, it would probably be less of a barrier for them to take part.

Improvements/changes

Half of the interviewees wouldn't want to change anything to the support they receive from the support workers. Among the other half three main areas of suggested improvements they would like to see could be identified.

A therapeutic approach to support

Some expressed a wish to incorporate more therapy in their support. One interviewee, in low support accommodation, would like to see staff challenging themselves more. The support seemed to an extent to be lacking in direction. Even if the goal is for residents to move on to living more independently, the structure of the support seemed somewhat unclear to the interviewee, and they had the feeling it was not entirely clear to the staff either. Although the practical and emotional support was appreciated, they'd like to see staff engaging more with residents' experiences of trauma. For the interviewee that could potentially help to break out of isolation, as trauma is often what was standing in the way. Another interviewee similarly felt a need to talk more about the "deeper thoughts" as part of the support, in addition to more practical help. In-house activities were also suggested in self-contained accommodation venues, like art or writing groups, as a way of help breaking out of isolation.

Further or additional training for staff was also suggested of how to work with people with mental health difficulties in a more informed way, a "good practice" approach. They recognised that it may be difficult to come in to someone's home and knowing how to approach that person and the difficulties they are experiencing. This would also help avoiding an infantilising approach. One interviewee said *"there has to be more recognition and treatment of people as intelligent adults."*

For yet another interviewee, a way to address their need for more therapy, would be the option of choosing therapy vouchers instead of having a key worker. This was because their general support need was now less than their need to address more deep-set struggles.

Stricter house rules

A few suggested there could be clearer or stricter rules in place to help maintain a more harmonious place to live. This was expressed by people who lived in shared accommodation. Some of the suggestions had to do with having stricter cleaning rules of the shared areas among residents, but also for staff to take a more active role in making sure cleaning standards are maintained and adhered to and help instil a sense of respect and understanding of shared spaces. This also applied to more social rules. For instance, one interviewee said they would like social interaction between residents to take place in the communal areas only. They felt that residents should not be allowed to go in to each other's rooms. For them, it would be reassuring to have staff available and around when social interaction took place between residents, to avoid substances being taken or parties to erupt in private rooms that could potentially go out of control or become messy.

Another suggestion, related to creating a more harmonious shared environment, was that some kind of preparation of how to live with others struggling with their different mental health and other difficulties would be helpful, before moving in. This may help people adapting better and be more prepared for how to handle situations that may arise between residents.
Clearer policies or plans in place, at management level, for all kinds of situations was also raised by one interviewee. An example where it appeared to be lacking was in the handling of Covid-19 in the beginning of the pandemic. They had the impression that staff hadn't had clear guidelines and therefore panicked when someone was coughing.

Practical improvements to the accommodation

Some of the suggestions for improvements had to do with practical improvements to the accommodation. These included bigger or more practical flats or rooms, a general overhaul of the whole property, repairing problems, updating furniture in communal areas and addressing shortages of supplies like toilet paper or hand wash. A more specific wish mentioned by a couple of interviewees would be to have a laundry facility in the house for the self-contained flats. It was recognised that space may be an issue, but it would be an improvement to their living, if it could be done. "In this type of accommodation, it would be ideal".

Key factors to keep well

Consistent support from support worker

This was what most interviewees pointed out as the key factor to keep well. It was felt that to have someone to engage with, to talk to, help with any practical issues and who was there with you and to rely upon was an essential part to keep well. For many interviewees this was provided by their key worker in their weekly regular support. *"Someone who is alongside you with it".* For some a key thing provided by their key worker was to help establish and maintain healthy routines and habits. For instance, for one interviewee it was very important to keep healthy and maintain a healthy diet. Their key worker was an essential part in helping them to monitor diet intake, making sure fresh fruit and vegetables where part of their diet and that they are drinking enough water. The consistent support from key workers was also to help people check that they had stuck to

routines and were on top of bills for instance or they attended appointments. For others the most important role of their key worker was the chance to talk through worries and the patience shown by their key worker, feeling understood and listened to. This allowed for trust to be developed over time which made people feel confident to raise and discuss any concerns.

Social interaction

Another key factor to keep well that was important to interviewees was engaging in social interaction with others, apart from the interaction with their key worker. *"It's what keeps you sane"* and what many felt they needed to keep moving on in a healthy way. For some interviewees this was difficult to achieve with fellow residents, as many felt that people tended to keep to themselves or other residents being too unwell, both in self-contained accommodation and sometimes in shared. For a few interviewees this was provided by family members or friends, outside of their supported accommodation.

For some, while social interaction was the key factor identified to keeping well, it was also their main struggle or part of their struggle. For a few interviewees group activities helped or could help. Opinions on group activities were divided, for many interviewees this was not an important part for them, as they tended to keep to themselves. Others had taken part prior to lockdown. A few felt isolated. One interviewee reported that they would have liked group activities in the house.

8.0 Conclusion and Recommendations

We had good engagement from interviewees, who shared their experiences of living in mental health supported accommodation with us, and the contributions from the resident survey and the staff and practitioner survey were equally informative with many detailed comments. There was overwhelming praise for the support workers, who were described by many as committed, compassionate, caring and concerned with the residents' wellbeing. The overall experience of the support provided among residents, was largely a positive one. Residents felt well-supported and they appreciated the flexible support that support workers were able to give them, guided by their needs and how much support they needed at various times. Staff, referrers and practitioners were also on the whole positive to the support being provided. However, there were some challenges and issues highlighted by residents and staff:

- the importance of maintenance and/or upkeep of properties and the impracticality of some of the flats/rooms
- some of the accommodation was considered unsuitable for certain groups of people, such as less mobile people, women, people with more complex support needs or for whom sharing accommodation is not ideal for their recovery
- there were reports of difficult interactions with other residents
- for some residents there were issues around isolation and difficulty breaking out of this
- noise from outside of the building or from other residents or thin internal walls was an issue
- cleanliness of shared spaces was important
- for some, the house rules were not strict enough and some people felt unsafe
- there were some concerns around staffing levels, particularly in higher and medium supported accommodation venues, and particularly at night
- the need for more staff training to enable them to support the more complex clients and the need for more therapeutic support for clients

Based on what both residents and staff and practitioners would like to see, we have been able to identify five areas of recommendations for the commissioner to look in to further:

1. Explore options for how **support in supported accommodation could be better tailored to meet the needs of residents with more complex needs, including therapeutic needs.** Tailored staff training may be an option and requested by some, or broadening the staff base to include a therapist. Therapy vouchers or offering a variety of learning methods to break out of isolation may be another.

2. **Consider how prospective residents could be better prepared before moving in, including be briefed about the rules in shared houses**. Several residents mentioned feeling overwhelmed at first, particularly in shared accommodation venues. Some had also initially run in to difficult encounters with other residents, or feeling unsafe at night or unease at the use of substances on the premises.

3. Ensure that arrangements are in place to **keep on top of all maintenance issues and the general upkeep consistently** across all the different types of accommodation.

4.**Further exploration into how accommodation could be adapted to suit varied needs**, for instance access for less mobile people, creating more self-contained flats, addressing impractical or cramped rooms.

5.**Further engagement on how to encourage and help social interaction internally and externally** for people who struggle with this. Many mentioned social contacts as a key to wellbeing but often found this difficult with fellow residents. Contact with key workers and interaction with staff was positive, but insufficient to develop and maintain social interaction in the long-term.

9.0 Appendices

Include here a list of the following appendices and embedded documents:

- Appendix A Interview questions
- Appendix B Residents survey and Staff/Practitioner and Referrer survey
- Appendix C Equalities monitoring questions and summary of responses

10.0 Acknowledgements

MiBH would like to thank all the interviewees and respondents to both surveys for taking the time to provide us with their experiences of either living in supported accommodation or working in or with the three venues. We would also like to thank the CCG for all their support, weekly catch-up meetings and timely provision of data. Our thanks also goes to the admin team at MiBH for their administrative contribution to this project and to the managers of Shore House, Sanctuary Star and Route One for encouraging people to take part.

Appendix A Interview Questions

[Warm up questions]

1. **Are you a current or ex-resident?**
2. **Which accommodation did / do you live at?** (Shore House, Sanctuary Star, and/or Route One)
3. **How long have you / did you live there for?**
4. **Can you tell me a little bit about your experience living there?**

[Main interview questions]

5. **What do you like / did you like about your accommodation and support?**

[Prompts: What was good / that you would like to stay the same? What was good about that? How did that help? Can you explain a bit more please?]

6. **Do / did you have any problems living in your accommodation?**

[Prompts: What was not so good / that you would like to be different? What was difficult about that? How did that make you feel? Can you explain a bit more please?]

7. **Is there anything you think could be changed or improved?**

[Prompts: What would a very good mental health supported housing service look like? What makes you say that? How would that make things better? Can you explain a bit more please?]

8. **What is the most important thing to help you feel as well as possible?**

[Prompts: Why is that important to you? Can you explain a bit more please?]

9. **Is there anything else you would like to tell us?**

[Prompts: Is there anything you would like to feedback that we have not asked you / covered already?]

Appendix B Resident and Former Resident Survey and Survey for Staff/Practitioners and Referrers

Mental Health
Supported Housing

Survey for Residents and Former Residents

Mental Health
Supported Housing

Survey for Staff/Practitioners and Referrers

Appendix C Summary of collected answers to the equality monitoring questions from former and current residents of mental health supported accommodation

A. Where do you live?
21 people responded to this question:
- 10 people lived in Hove
- 11 people lived in Brighton

B. What is your age?
32 people responded to this question:
- 10 were between the ages of 26-35
- 6 were between the ages of 36-45
- 12 were between the ages of 46-55
- 4 were between the ages of 56-65

C. What gender are you?
32 people responded to this question:
- Male 20
- Female 12

D. Do you identify as the sex you were assigned at birth? For people who are transgender, the sex they were assigned at birth is not the same as their own sense of their gender.
31 people responded to this question:
- 30 Yes
- 1 No

E. How would you describe your ethnic origin?
34 people responded to this question:
- 20 White: English/Welsh/Scottish/ Northern Irish/British
- 2 Any other White background
- 1 Black or Black British: Caribbean
- 1 Mixed: Asian and White
- 1 Mixed: Black African & White
- 3 Mixed: Black Caribbean & White
- 1 Any other mixed background
- 5 Other

F. Which of the following best describes your sexual orientation?
32 people responded to this question:
- 26 Heterosexual/Straight
- 1 Gay man
- 1 Bisexual
- 2 Prefer not to say
- 2 Other

G. What is your religion or belief?
30 people responded to this question:
- 9 I have no particular religion or belief
- 3 Buddhist
- 8 Christian
- I Jewish
- 2 Atheist
- 4 Prefer not to say
- 3 Other (Taoism, Catholic, Spiritual Belief)

H. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?
30 people responded to this question:

- 11 Yes a little
- 17 Yes a lot
- 3 No
- 1 Prefer not to say

I. Please state the type of impairment. If you have more than one please tick all that apply. If none apply, please mark ‘Other’ and write an answer:

- 11 Physical impairment
- 4 Sensory impairment
- 4 Learning disability/difficulty
- 5 Long standing illness
- 26 Mental health condition
- 4 Autistic spectrum
- 1 Other developmental condition

J. Are you a carer? A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems.
32 people responded to this question:

- 3 Yes
- 27 No
- 2 Prefer not to say

ADULT SOCIAL CARE & PUBLIC HEALTH SUB- COMMITTEE	Agenda Item 9 Brighton & Hove City Council

Title:	**Future Use of Knoll House Resource Centre**
Date of Meeting:	8th June 2021
Report of:	Executive Director of Health & Adult Social Care
Contact:	Anne Richardson-Locke Tel:
Email:	Anne.Richardson-Locke@brighton-hove.gov.uk
Wards Affected:	Hangleton and Knoll Ward

FOR GENERAL RELEASE

Executive Summary

The Care Act places a duty on local authorities to provide accommodation and support where needed and people with physical disabilities and brain injuries want to be able to live at home for as long as they possibly can with good quality care and support available to help them do this.. This report provides a summary of, and links to, the Knoll Supported Housing Business Case that sets out the need to create 27 Supported Housing flats with care on site to prevent 28 people from having to move out of the area or into residential care and provide opportunities for people to come back to the city.

Glossary of Terms & Acronyms

BHCC – Brighton & Hove City Council
BHCCG – Brighton & Hove Clinical Commissioning Group

1. Purpose of the Report & Policy Context

1.1 Following a previous report to Health & Wellbeing Board (28 January 2020), this report provides an update on the feasibility and recommendations for creating a Supported Housing service on the site of the Knoll House care home for people with physical disabilities and brain injuries.

1.2 The report provides a summary of the Business Case attached as Appendix 1 and seeks approval for Health & Adult Social Care (HASC) to borrow capital and apply for Homes England funding to pay for the demolition and new build of a 3 storey Supported Housing building (Knoll House Project Works) as the recommended option of the Business Case and to request delegate authority for the related tendering and contractual arrangements to undertake the Project Works. .

2. Recommendations

2.1 Adult Social Care and Public Health Sub-Committee

That Adult Social Care and Public Health Sub-Committee:

2.1.1 Recommend to Policy & Resources that it approves the preferred option to demolish and build a 3-storey Supported Housing service on the site of the Knoll House care home.

2.1.2 Recommend that Policy & Resources Committee agree a capital programme budget up to a maximum of £9.370m for the delivery of a Supported Housing service to be financed by capital borrowing and a Homes England bid (or the difference between £9.37mm and the sum released by Homes England).

2.1.3 Recommend that Policy & Resources Committee delegate authority to the Executive Director of Health and Adult Social Care (in consultation with the Executive Director Finance & Resources) to enter into the necessary contracts (including with a development partner as necessary) to secure:
(i) The demolition of the existing building;
(ii) The Design and Build operations required to complete the development of the Supported Housing service at Knoll House as described in this report; and
(iii) The housing management, repairs and maintenance function.

2.2 Policy & Resources Committee

That Policy & Resources Committee:

2.2.1 Approve the preferred option to demolish and build a 3-storey Supported Housing service on the site of the Knoll House care home

2.2.2 Agree a capital programme budget up to a maximum of £9.370m for the delivery of a Supported Housing service to be financed through capital borrowing and a Homes England bid. (or the difference between £9.370m and the sum released by Homes England).

2.2.2 Delegate authority to the Executive Director of Health and Adult Social Care (in consultation with the Executive Director Finance & Resources) to enter into the necessary contracts (including with a development partner as necessary) to secure:
(i) The demolition of the existing building;
(ii) The Design and Build operations required to complete the development of the Supported Housing service at Knoll House as described in this report; and
(iii) The housing management, repairs and maintenance function

3. Context / Background information

3.1 On 28th January 2020 the Health & Wellbeing Board approved the preferred option to convert Knoll House into Supported Living for people with Physical Disabilities and Acquired Brain Injuries. The Board asked for a further report with details of the capital funding and the viability and costs of a Council run or outsourced service.

3.2 Detailed work to identify the costs for the Knoll House development was paused in March 2020 as the Covid-19 pandemic put significant strain on HASC resources and resulted in BHCC and BHCCG considering other emergency uses for the building as well as the above proposal. When the BHCCG confirmed they would not be using the building the work on the Business Case resumed and the detailed Business Case is in Appendix 1.

3.3 Under the Care Act 2014 Local Authorities must provide accommodation and support to people who have been assessed as needing it. The Act sets out the duty of authorities to shape the market and promote diversity and quality in the provision of efficient, effective, sustainable, services. Individual's wellbeing must be taken into account with choice provided into how support needs are met to enable as much control over day to day life as possible.

3.4 It is recognised that in Brighton & Hove too many people are placed in residential and nursing home placements - 55% more than our comparator authorities and over half of these are placed outside of Brighton & Hove. In many cases this is due to the lack of suitable, accessible accommodation and support. The average age of people with physical disabilities and brain injuries is 55 yet they are being placed in care homes with older people.

3.5 The numbers of people with serious disabilities in Brighton & Hove is predicted to increase by 15% by 2030 (580 more people). The current provision of 10 units of Extra Care housing and 10 units of Supported Housing is inadequate to manage the demand. Only 10 of these units are wheelchair accessible and whilst there is wheelchair accessible accommodation scattered throughout the city in other general needs blocks this does not come with support on-site. People with disabilities and their advocates have complained that there aren't enough alternatives to residential care and there is much evidence relating to the long-term benefits of Supported Housing on wellbeing and independence as well as the financial benefits.

4. Analysis and consideration of alternative options

Refurbishment and new build options

4.1. The Business Case sets out the detailed analysis and consideration of the 3 different options.

4.2. The first stage of the project was to agree the Brief that was put together using feedback from people with disabilities, occupational therapy and social work feedback and lessons learnt from other supported housing and extra care schemes and is designed to be accessible, make the best use of technology and include communal areas and adequate space for care staff.

4.3. The next stage was to assess the feasibility of the refurbishment. This was thought to be a good option as it utilises current resources and is less disruptive to the local community and was thought to be better value for money. A thorough feasibility study found that due to the age and current facilities extensive work would be required to meet the mechanical, electrical and structural requirements. The footprint of the existing building also meant that the Brief would be compromised with only 1 bariatric flat, some studios and not all flats would be fully wheelchair accessible. The costs were estimated at £4.4m and a 2-storey new build estimated to cost £5.750m-7m. Therefore, the Board decided to also look at the feasibility of a new build.

4.4. An architect and further surveys were commissioned, and the feasibility report produced provides evidence that both 2 and 3-storey options are possible and meet the Brief of providing accessible, modern, sustainable accommodation with support. The 2-storey option is estimated to cost £7m (including fees) and the 3- storey option up to a maximum of £9.370m. The actual total contract values will differ and may anticipate some reduction on costs estimated as the tender exercise is expected to include an element of price competition. The new build options include more efficient energy sources (electricity and solar), all flats accessible for people in wheelchairs, there are 2 bariatric flats, inset balconies for each flat and more space for parking and mobility scooters.

Preferred option

4.5. The 3-storey option is recommended as the preferred option as it provides a further floor that could accommodate 10 more flats, increase the rental income and provide greater economies of scale for the support service. A new building will have an extended life span over and above the refurbishment option and have lower planned maintenance costs.

4.6. The in-house Architect team with support from the case building surveyor will act in the Client Advisory role and support HASC through the whole construction project. Property and Design team recommend that an Employer's Agent (EA)/Construction project manager be appointed through a compliant Framework and that the specialist mechanical /electrical and structural is also appointed though a compliant Framework. The contractor will also be selected through a suitable Framework. The EA project manager would manage the whole construction project alongside the Client's Advisory in-house role and support the HASC client to ensure the outcome is a building of high quality fulfilling all HASC client requirements. This proposed route has been used by Property & Design successfully and fulfils the lessons learnt from other projects.

4.7. The recommendation is that HASC will need a project manager to steer this project from the Client's perspective.

4.8. An indicative timeline for the recommended option is set out in below:

September 2021	Commence Client brief detailed requirements, Client advisory role and further design pre -app work
Dec 2021	Commence Direct appointments for EA/Project Manager and

	Specialist M & E/Structural
Feb 2022	EA/Project Manager and Specialists in place
May 2022	Issue Design & Build tender
October 2022	Instruct contractor - obtain planning consent, legals
August 2023	Start on site
February 2025	Complete on site

These are draft dates and may be subject to change

4.9. More detailed information regarding the opportunities and risks of each option is set out in Section 5 of the Business Case (page 23).

Costs and revenue

4.10. The detailed estimated costs and revenue are set out on page 12 of the Business Case. The service is necessary to help manage the financial pressures and is linked to the Medium-Term Financial Strategy. The financial model assumes the following:

- Rents would be set at the Local Housing Allowance (LHA) levels and that the Council retains the housing management, repairs and maintenance function.
- A bid will be submitted to the Government's Affordable Homes Programme and a grant of £45k per unit is assumed (£1.26m).
- On this basis the development requires capital borrowing of £8.110m towards the total scheme capital cost of a maximum of £9.370m.
- The majority of the capital funding required will be from borrowing over the life of the asset (50 years) which will therefore result in an annual repayment of up to £0.260m.
- Indicative revenue savings to the Health & Adult Social Care budget arising from the delivery of this project are in the region of £0.435m per annum assuming an externally commissioned service provides the care.
- If BHCC provide the care on-site, the modelling assumes there is a loss, as BHCC care costs are higher due to high infrastructure, overhead and service on-costs.
- All costs are subject to change and are calculated at 20-21 prices. Any delay in the processes linked to the project has the potential to impact on the costs.

Housing management, repairs and maintenance

4.11. The Business Case (pages 10-11) sets out the 2 different options for the provision of the housing management, repairs and maintenance and for the purposes of the financial modelling assumes that the Council will provide this function. Knoll House is located on a BHCC estate and next to 2 sheltered housing schemes therefore there are teams and services already in the area. BHCC would receive income in the form of rent and are already providing a similar level of service in another extra care service.

Care and Support

4.12. Care and support will be provided by a specialist care provider who will be registered with the Care Quality Commission to provide care to people with physical disabilities

and brain injuries. Care will be available 24 hours a day to help people remain as independent as possible.

4.13. A decision about whether this support is to be provided directly by BHCC or by a commissioned care provider will be made nearer to the completion date. The Business Case provides more detail and the costs of both options on page 11.

5. Community engagement and consultation

5.1. The Director of Health & Adult Social Care and the Lead Member for Health & Adult Social Care met with local residents in October 2019 to set out the options for Knoll House and then in January 2020 to inform them of the preferred option. The meetings were well attended by Ingram Estate residents and tenants of the Muriel House and Sanders House sheltered housing schemes.

5.2. A Client Design group has been formed of a small number of people with physical disability and/or sensory loss. They have provided feedback that has influenced the design brief to ensure the building would be accessible and feel homely and welcoming. They have given feedback on aspects such as layout, technology, communal space and sensory accessibility issues. The group will be consulted further before establishing a final design.

5.3. The Lead HASC Members and Ward Councillors have been briefed on progress and will be kept up to date with each stage of the project as per the Communications Plan set out in the Business Case on page 21.

6. Conclusion

6.1. People with physical disabilities and brain injuries want to be able to live at home for as long as they possibly can with good quality care and support available to help them do this. The Knoll House site provides an excellent opportunity to create a service that will provide this support for 28 people and prevent the need for people to have to move out of area or into residential care and provide opportunities for people to come back to living in the city.

7. Financial & Other Implications

Financial implications

The proposed Adult Social Care service for people with physical disabilities and brain injuries would potentially help mitigate future financial pressures and is linked to the Medium-Term Financial Strategy. As detailed in paragraph 4.9, the level of future financial mitigation in revenue terms depends on whether the service is provided in-house or externally.

The capital funding request is a maximum of £9.370m which will require capital borrowing over the life of the asset (50 years). Any decision around the borrowing requirement for this project will be made in consultation with the council's Treasury Management team to ensure that it is undertaken in accordance with the council's borrowing strategy, authorised borrowing limits and prudential indicators together with overall affordability within the Council's borrowing requirements.

A bid will be submitted to the Government's Affordable Homes Programme and any grant awarded will reduce the £9.370m capital funding request. The current financial modelling assumes a successful bid with a grant of £0.045m per unit (£1.260m in total).

Finance Officer consulted: Sophie Warburton Date: 25/05/21

Legal implications

The Adult Social Care and & Public Health Sub-Committee is the appropriate committee to consider the recommendations in this report and to make the recommendations to the Policy and Resources Committee. The decisions have corporate budgetary implications and must therefore be referred to the Policy & Resources Committee.

The appointment of external professional support and engagement of the design and build contractors as well as contract(s) awarded in respect of housing management, repairs and maintenance functions are subject to UK public procurement regulations and the Council's standing orders. Legal considerations related to Council obligations under the Care Act 2014 as these connect to the project are addressed in section 3.3 of the Report above. The commissioning approach relating to the provision of the extra care and support in the new homes will be formulated at a later point when recommendations and a further report will be prepared, depending on the estimated value of any proposed contracts at that time.

Lawyer consulted: Michael Leech Date: 24/05/21

Equalities implications

The Equality Impact Assessment for the proposed Knoll House Supported Housing development identified a number of potential impacts and actions to be taken. These included the need for mandatory LGBTQ and race/ethnicity training for support staff and associated performance indicators. For the building design, this included adding a communal bathroom, smart technology for people with sensory loss, two units specifically for people with bariatric needs and a 2 bedroom flat with two wheelchair accessible bedrooms.

Sustainability implications

The proposed new development will be energy efficient and built to minimise carbon emissions. The design will aim to achieve a fabric first construction with high levels of insulation It is proposed all energy for heating or cooled filtered fresh air, lighting, hot water and power to be generated from sustainable energy systems such as solar photovoltaic panels on the roof and air source heat pump technology. There will still be a requirement for a UKPN electricity supply sized for the whole development, for cloudy days or when system is being worked on etc but likewise there will be an option to feedback any surplus electricity into the tariff.

Development to the BREEAM or equivalent standard with a target level of 'Very Good' ensures that new homes are designed sustainably to minimise carbon emissions and use sustainable materials in their construction. Employer's Requirements will include KPIs in place to measure such items as minimising landfill, reusing and repurposing materials from the demolition of the existing building and sourcing local construction materials and services.

As standard best practice and as part of the circular economy principles BHCC will look to re-use existing building material when demolishing. Re-use and limiting waste is a condition in terms of the planning application and is very high on BHCC's Key Performance indicators. This requirement will be added to the specifications when they are being worked through as part of the process.

The Climate Impacts Implications checklist will be used throughout all stages of the project delivery (once final version agreed).

Brexit implications

Supply chain disruption due to Brexit has been identified as a risk as this may result in an Increase in the costs of materials, equipment and labour. To mitigate against this the build costs include contingency and the proposed Design and Build contract will have a fixed construction cost.

Any other significant implications

None identified

Crime & Disorder

A Community Impact Assessment has been completed which tests if a planned service will have an impact on community cohesion and community conflict. The impact assessment for the proposed Knoll House Supported Housing service indicates that it does not have the potential to heighten community tension or reduce cohesion. There will be a detailed communication plan, which will seek to maximise cohesion.

Risk and Opportunity Management

A detailed risk log is included in the Business Case at page 15 with a summary of some of the high impact risks and mitigations listed below:

Risk	Mitigation
The 3-storey option does not receive planning permission as it is higher than the existing building	Formal Pre-Planning Application is required to get a clear steer from Planning.
Construction works costs in excess of the budget estimates. Costs in excess of the Contract sum. Timescales not met	Cost have been calculated by an experienced and qualified Quantity Surveying Consultant. Includes 10% contingency for the construction works The proposed Design and Build contract will have a fixed construction cost. An experience Employer's Agent will manage the construction. Project Manager will be required to oversee the project
Design and specification not adequate to meet the needs.	Lessons learnt from other developments. Engagement with people with disabilities, Occupational Therapist and providers of other Supported Housing.

Appendices

Appendix 1 Knoll Supported Housing Business Case

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