

PETERBOROUGH CITY COUNCIL

Outline Business Case

Investment in housing options for vulnerable people

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1 Executive Summary

Peterborough is required to submit a new, jointly agreed Better Care Fund (BCF) Plan, covering a two year period to NHS England on 11th September 2017. The Improved Better Care Fund (iBCF) is a new introduction to BCF plans this financial year and is considered to be part of the ongoing BCF programme.

In line with the national conditions, discussions are taking place with the Clinical Commissioning Group (CCG) to reach agreement on the use of the IBCF funds. There are a number of areas being discussed for 2017/18, these are subject to final agreement and approval. One of these areas is;

- **Investment in housing options for vulnerable people**

The recommendation is to invest £2m of the IBCF Funds and provide accommodation to this group of people in Peterborough.

This scheme meets the conditions of the IBCF and would offer a **sustainable investment** and an **annual return**. This proposal will

- contribute to **reducing pressures on National Health Service (NHS)**
- directly meet current adult social care needs and priorities
- supports the Council's Prevention and Early Intervention Strategy
- provide a lasting benefit to the people of Peterborough

There is **robust financial case** - For investing the £2m of IBCF Funds, Peterborough's CCG and Council get a **return of £1.4m** over 5 years. The savings would be

- Health – circa £95k per year or almost £0.5m over 5 years
- PCC – circa £179k or almost £0.9m over 5 years

The **health and social care benefits** of providing this accommodation include:

- Housing with support can reduce the risk of hospital admission
- Housing with support can delay or avoid the need for registered care
- Facilitate the delivery of personalised care and support
- Provide a local higher quality solution for the client that is more manageable by the professionals
- People can receive more suitable accommodation and support whilst maintaining links with their local communities
- Offers better value for money than existing options, i.e. out of area placements

2 Background

2.1 The Better Care Fund

The Better Care Fund was established in 2015/16, to create a pooled budget in each local authority area supporting closer integration of health and social care services, in order to improve outcomes for service users and ensure the sustainability of services.

Peterborough is required to submit a new, jointly agreed Better Care Fund (BCF) Plan, covering a two year period to NHS England on 11th September 2017. The Improved Better Care Fund (iBCF) is a new part of the BCF plans this financial year and is considered to be part of the ongoing BCF programme.

In line with the national conditions, discussions are taking place with the CCG to reach agreement on the use of the IBCF funds. There are a number of areas being discussed for 2017/18, these are subject to final agreement and approval.

For more information on BCF see Appendix One.

2.2 BCF Vision

The vision for Peterborough is expressed as follows:

“Over the next five years in Peterborough we want to move to a system in which health and social care help people to help themselves, and the majority of people’s needs are met through family and community support where appropriate. This support will focus on returning people to independence as far as possible with more intensive and longer term support available to those that need it.

It means moving money away from acute health services, typically provided in hospital, and from ongoing social care support. This cannot be achieved immediately – such services are usually funded on a demand-led basis and provided as they are needed in order to avoid people being left untreated or unsupported when they have had a crisis. Therefore reducing spending is only possible if fewer people have crises. However, this is required if services are to be sustainable in the medium and long term.”

2.3 IBCF Programme

The Improved Better Care Fund (iBCF) is a new part of BCF plans this financial year. The monies are paid direct to the Local Authority from the Department of Communities and Local Government (DCLG) and the following national conditions apply:

- Monies must be pooled into the Better Care Fund (BCF) Section 75 budget between Peterborough City Council (PCC) and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG).
- Monies must only be used for the following purposes:
 - Meeting Adult Social Care (ASC) needs,
 - Reducing pressures on the NHS, including supporting more people to be discharged from hospital when ready; and
 - Ensuring the local social care provider market is supported.

2.4 Conditions of the grant

Non-recurrent social care grant allocation, i.e. the funding is for a single year only and does not form part of an on-going arrangement.

To be used for:

- Stabilising the social care market
- Meeting adult social care needs
- Reducing pressures on NHS
- Meeting High Impact Change model

Quarterly reporting to the Department of Communities and Local Government (DCLG)

2.5 The proposal

Discussions are taking place with the CCG to reach agreement on the use of the IBCF funds. There are a number of areas being discussed for 2017/18, these are subject to final agreement and approval. One of these areas is;

- **Investment in housing options for vulnerable people**

It was felt that this met the conditions of the IBCF and would offer a sustainable investment and an annual return.

3 Drivers and Objectives

3.1 The case for the investment

As the funding is currently short-term and non-recurring, it was important to use the grant for an activity or area that;

- did not create an on-going financial commitment that couldn't be sustained
- would provide a lasting benefit to the people of Peterborough
- would directly meet both health and adult social care needs and priorities
- would contribute to reducing pressures on NHS
- supports the Council's Prevention and Early Intervention Strategy

3.2 Inequalities in life expectancy

A person's health is determined by a complex mix of factors including income, housing and employment, lifestyles and access to health care and other services. There are significant inequalities in health between individuals and different groups in society.

These inequalities are not random. In particular, there is a 'social gradient' in health; neighbourhood areas with higher levels of income deprivation typically have lower life expectancy and disability-free life expectancy. This relationship (known as the 'Marmot curve') formed an important part of the independent and influential report on health inequalities, Fair society, healthy lives (the Marmot Review).

3.3 The opportunity

PCC is committed to providing a range of independent housing options for adults with a learning disability and/or autism spectrum condition. The Council is working with local Registered Social Landlords and Private Landlords to secure single tenancies and supported living services for people with these conditions and effectively manage the accommodation available.

Supporting people with learning disabilities and/or autism spectrum condition to be active citizens in their communities is a key priority for the Council, as part of its Prevention and Early Intervention Strategy.

The supply of specialist housing is critical to achieving the objectives of prevention and progression. Specialist housing includes accommodation that has been designed and built to meet the needs of the vulnerable adult and may include some elements of care and support for everyone who lives there. This support can either be on-site or off-site.

This will promote best outcomes for local people and minimise the risk of out of area placements.

As at April 2014 there were 656 adults with a learning disability of working age in Peterborough.

3.4 Benefits

The health and social care benefits of providing local specialist housing include:

- Specialist housing with support can reduce the risk of hospital admission
- Specialist housing with support can delay or avoid the need for registered care
- Appropriate accommodation can facilitate the delivery of personalised care and support
- Provides a local higher quality solution for the client that is more manageable by the professionals
- People can receive more suitable accommodation and support whilst maintaining links with their local communities
- Offers better value for money than existing options, i.e. out of area placements
- The accommodation would be closer to home, as some of the clients are out of area.
- Appropriate accommodation can enable people to maintain and develop independent living skills
- People are able to receive welfare benefits that they would not be entitled to if they were living in a registered care environment
- Bringing people back from out of area placements to their localities.
- Professionals are able to monitor/review progress of clients when people are in area

3.5 Assumptions

- The proposed scheme is acceptable to DCLG criteria.
 - Discussions have been had with the local BCF Lead for the Eastern Region and he is supportive.
- CCG and Council agree to the investment
 - Discussions are on-going and in principle the concept is acceptable
- Suitable accommodation can be sourced and acquired to meet the timescales.
 - Property has already been identified that meets a large proportion of the requirement. The provider has commitment to identify sites for the remained.
- Suitable group of Clients who will benefit can be identified
 - 22 Clients have been identified to-date and the exercise continues. The Council has 96 Clients that it is reviewing. The cohort of clients will be reviewed jointly with health colleagues to ensure best investment value is realised.
 - There are only 15 accommodation places available, i.e. the actual savings depends on the actual 15 clients chosen.
- Council agree to the financial commitment prior to funds being available from IBCF Fund. To enable the timescales to be met.

- Proposal has been discussed and agreed in principle with CMT.

4 Approach

4.1 Analysis

PCC's Commissioners have carried out an analysis of the Clients who the Council currently supports by providing or is trying to provide specialist housing accommodation. There are 96 people on the list.

From the review we can make the following observations (excluding clients who are part of the Transforming Care Programme Cohort)

- That 16-24 year olds make up the most popular age band on our current accommodation list – a further analysis of the 12 TCP clients will be undertaken shortly
- From 'Current Address' field the vast majority are currently live within Peterborough post codes PE1 to PE4. A further analysis being undertaken of the 12 clients in the TCP group shortly.
- From 'Current Address' field the vast majority are currently live within Peterborough post codes PE1 to PE4; and equal number of user either live with parents or currently live in supported accommodation
- A further analysis being undertaken of the 12 clients in the TCP group shortly which will be included in this opportunity.
- Learning Disability is the most common 'Primary Care Need' of those where Social Workers are requesting support from PCC Commissioning for accommodation (other than Residential or Nursing home categories); of this group clients with a 'Physical Disability' or are aged over 65 years age form less than 5%. The next most popular category of client need based on information provided at this time is those with a 'Learning Disability' and 'Mental Health' need
- The most common reason for seeking accommodation is to offer the client greater 'independence'
- The majority of clients in the current cohort have both health and social care needs
- Referral waits for accommodation are long and need attention
- Mobility issues are reported in in less than 10% of the group
- 'Compatibility' issues and matching service user wants is a delicate process but needs careful attention in offering any shared house arrangement

See Appendix Two for detail

4.2 Selection of clients

The PCC Commissioners carried out an analysis of the clients know to the Council using the information in the ASC Case Management system.

Key to the selection criteria was based on which clients and client groups would get the maximum benefit. The Commissioner's considered all ages, client groups, the client's current accommodation and reasons for seeking alternative accommodation. They then considered compatibility factors, type of support required, type of accommodation that would be most suitable, etc. In total more than 10 different aspects.

They concluded that the following group would get the maximum benefit;

- Age group – 16 to 24 year olds
- Primary Client Group - Learning Disability and / or Autism spectrum condition

There are circa 22 clients who are in this group. Further detailed analysis will be done to confirm the selection.

4.3 Care Package Review - objective

The objective is to achieve savings through re-design, re-evaluation and price renegotiation of package costs, reviewing and reducing the hours of support where there is no rationale for the differential charging and minimise staff intervention where it is not necessary or through other means of support and interventions. The review also includes looking for CHC savings.

Both the LA and CCG have at their disposal established means by which they can quality assure provision; additionally those service users who fall within the transforming care programme are subject to additional reporting requirements (for the DoH) and therefore we are confident that we ensure that any provision we invest in, be that 'care' or 'buildings' elements for the programme are of a high standard.

4.4 Review method

An experienced and competent Social Work team will review each care package using a proven methodology used on the High Cost Placements Review programme. This process uses existing market value products such as the care funding calculator to drive down costs and support. The approach is used by number of councils.

Step 1 – Package evaluation

Basic details of these service user and their existing packages is downloaded from the Council's Case Management System (Frameworki). A Senior Social Worker will review these, initially at a high level looking at basic core information and data, this includes the Client's age, length of time on the package, number of different disabilities and services provided. This indicates whether the existing package has potential to provide efficiencies.

This may include if

- the assessed hours of care provided appears excessive to the need
- a range of services were to be replaced with e.g. reablement, assistive technology (AT) etc.

Those assessed as having potential go to the next phase.

Step 2 – Package review

Data will include details of the care package, length of time each element of the package has been in place including start/stops, assessed hours of need (including when the last assessment took place), current provider of care and costs of the package and how the package is financed (ASC, Continuing Health Care, etc.).

These will be reviewed by a different senior care professional with appropriate competence in a range of services such as AT, reablement, etc. The review will establish whether, if that service user were to present for the first time today, in their new setting, what package would be provided. Each package will be checked for the following:

1. Assessment of need in line with The Care Act 2014 – requires full involvement of person being assessed and, where they need assistance to understand the assessment process, anyone that is acting as their advocate. This could be a family member or, if not, this will require referral to advocacy. There is also the process of agreeing and signing off the assessment with the person and within the Council.
2. Determination of eligibility for services (this is separate to the assessment but part of the process – listed separately to be clear on all stages).
3. Calculation of indicative budget based on assessment of need.
4. Discussion with the person and their family as part of the support planning process around potential to move back to County seeking their views and wishes and taking into account their community networks and other variables.
5. Support plan revised as required and signed by the Council and person.
6. Placement finding process – looking at all available vacancies to determine if needs could be met or deciding if a new service needs to be commissioned.
7. Accommodation needs to be considered and identified. This may mean existing vacancies, acquisition of new properties or even new build in some circumstances.
8. Mental Capacity Act 2015 (MCA) assessment and, if needed, a best interest process which has to look at all of the available options which may meet a person's needs (including staying in existing provision). There is potential for court of protection proceedings which are complex with timeframes agreed through the court.
9. Using a comprehensive user profile we will establish compatibility requirements for shared accommodation.

The difference in size and complexity of package would be defined between that existing and that which should be provided. Our working assumption, based upon work with similar requirements ('Out of area repatriation' 2017' project in Cambridgeshire) suggest that there is confidence in securing a 10% reduction in package costs (before and after new placement) assuming we adopt the approach outlined above. This saving figure is corroborated by selecting clients from the existing Peterborough cohort for the total cost (ie for both health and social care funders).

Step 3 – Package check

For those packages where there may be savings, further opportunities are then considered. These include applying the Just Checking (JC) Assistive Technology tool. This will be installed for a minimum of 2 weeks (however, dependent upon the service user's disability, it may be

used for up to 8 weeks). The analysis of the JC data will be supported by a specialist OT in JC. This analysis will provide objective data to enable the Step 2 Package review estimate to be confirmed or updated.

The re-assessment can then be planned in advance of the visit. Note: there may be a requirement for support from OT services or JC to discuss the installation of JC in the service user's home to:

- deal with questions the client / carer / family may have
- to position the sensors in the most appropriate place to achieve quality data

Before the final analysis is complete, there will be a sense of the new services required. These should be organised in good time e.g. ensuring that the AT provider (either OT services or external) have the appropriate AT equipment and installation / integration capacity / capability in place to provide a service within the SLA.

Step 4 – Re-assessment

A re-assessment will then be arranged. The team will include care professionals with appropriate competence in a range of services depending on the planned re-assessment. The re-assessment will produce a change in the package and this change, including step-down cost savings need to be calculated.

Step 5 – Record and report outcomes

The re-assessment may produce a change in the package in terms of services to be delivered and the hours of each element of those services; this change will be clearly identified and recorded. It is at this point that a Broker will negotiate with the care provider on costs for each element of the care package; outcomes will be shared with the Social Care Worker for the case to be agreed by the Team Manager and taken forward for approval by PCC's Quality Assurance and Expenditure Panel.

Withdrawal of duplicate Day care funding

The care packages of clients who are in receipt of both residential and day services should be examined.

It may be possible to achieve significant savings within a short timeframe by reviewing clients who are funded for both a residential placement and a day care placement. In most schemes providing meaningful day activities is included in the cost of the residential placement.

The social worker will ensure all documentation is complete correctly on FWi and communication to the correct person within each provider organisation is made pre and post review with the outcome.

If there are any disputes or the provider is not willing to engage this will be recorded on the risk register of the project and managed through this arrangement. All savings will have to be certified by the finance officer before reported in the high light report.

4.4.1 Opportunities

Expected opportunities will be achieved through the review and reduction in care packages and the way in which the project is undertaken. Lessons Learnt from previous projects has

been applied. All savings will be validated by finance before reported and the source of these savings is Frameworki

- Financial (cashable) benefit – reduction in care package placement costs covering residential/nursing placements, direct payments and supported living services
- Financial (non-cashable) benefit – cost avoidance saving through Direct Payment Clawback
- Non-financial benefit placement rationale, stronger relationships – better placement rationale, stronger relationships with suppliers, a universal and fair pricing model.

4.5 The accommodation

The Council has an existing joint venture with Meacham Homes. The plan is to source the accommodation through Meacham Homes.

The Council will then loan the joint venture the funds to acquire the property. This will then turn a one year short term funding into ongoing opportunity.

Where-ever possible the accommodation will be in or close to Peterborough, preferably central.

One of the options is to review the Council's property disposal stock, this may offer an opportunity to re-use an existing asset.

4.5.1 Type of accommodation

The plan is to commission a mix of property, i.e. a number of "self contained units" and a number of "Homes of Multiple Occupancy" (HMOs).

- This would cater for the different needs of the clients and be able to best match care plans.

Looking at HMOs that accommodate four people – 3 clients and 1 carer

HMOs have the additional benefit of offering a cost effective care option, i.e. a single live-in carer could support a number of clients.

The accommodation could be a conversion or a new build.

Most importantly it is a normal build, i.e. not specialist unit.

It is likely that we will have to provide bespoke accommodation for those referrals within the Transferring Care Programme cohort.

We recognise that we will need to continue to keep fully appraised of potential accommodation solutions and recognise that the cohort list may be subject to change

4.5.2 Cost of accommodation

From discussions with the Corporate Property Team and Meacham Homes, for budgetary and planning purposes, to acquire the property;

- "Homes of Multiple Occupancy" (HMO) – circa £350,000 per
- "Self contained unit" – circa £150,000 per

Therefore for an investment of £2m, plan is to acquire;

- "Homes of Multiple Occupancy" (HMO) – 2 off x £350,000 = £700,000
- "Self contained unit" – 9 off x £150,000 = £1,350,000

5 Financial case

The Council and the CCG are proposing to invest £2m in housing options for vulnerable people.

5.1 Types of financial benefit

1. Care Packages

The Council and Health can make savings on the Care Packages from;

- The clients being more appropriately housed, which will result in a reduction in care packages required. These savings would continue whilst the client remained with the scheme.
- Review of Care Packages - will follow a similar method to the current High Cost Placements initiative, each Client's Care Package would be reviewed by Care Team and Commissioning.
- Bring Clients back - some of the Clients are in "out of area" arrangements, which attract a premium.
- Designing in the use of appropriate Assistive Technology, this will save money and avoid costs. Following similar methods to the current AT initiative.

2. Financing

- Council could earn a commercial loan rate of interest paid by Meacham Homes - with the risk of the loan covered by the property.
- Return of the loan value of a period of time to PCC - which would allow future investment opportunities in the scheme and provide further returns

3. Property Value

- The property will be an asset to the JV and value will appreciate.

4. Joint Venture

- As the Council is a shareholder in the JV, will benefit from a share in the profits.

5. Housing Benefit

- Many of these Clients will qualify for a Housing Benefit - Local Housing Allowance (LHA). This will go towards paying their rent for the new accommodation.
- The LHA is paid to the Client from PCC.
- PCC can claim back this money from Department of Works and Pensions (DWP)

6. Health Service Efficiencies

There might other efficiencies that the Health Teams could realise including;

- Reduce travel times as there are a group patients at the same address.
- GPs may realise a small benefit. From the increase in the Quality and Outcomes Framework (QOF), i.e. the system for the performance management and payment of general practitioners. From an increase of a number of service users with a similar category within their practice

5.2 Summary of financial benefits

Health –

- Annual cost of current care packages for the 22 Clients - £947,818
- Annual savings per year up to a maximum - circa £94,781 (10%)
 - Depending on if the Clients are currently eligible for CHC funding

PCC –

- Annual Net cost of current care packages for the 22 Clients - £1,226,219
- Annual savings per year for the 22 clients - circa £122,622 (10%)
- Note based on average for 15 clients, saving – circa £83,600

	Benefit type	Description	Amount
1.	Financing	<ul style="list-style-type: none"> • Commercial loan rate of interest paid by Meacham Homes <ul style="list-style-type: none"> – This could attract a commercial market loan rate of circa 4.78% 	£95,600
2.	Care Packages	<ul style="list-style-type: none"> • The Council and Health can make savings on the Care Packages (average) 	£148,223 p.a.
3.	Property Value	<ul style="list-style-type: none"> • The property will be an asset to the JV and value will appreciate. 	Nil
4.	Joint Venture	<ul style="list-style-type: none"> • As the Council is a shareholder in the JV, will benefit from a share in the profits. 	TBC
5.	Housing Benefit	<ul style="list-style-type: none"> • Local Housing Allowance will go towards rent, paid to JV. Will not cover rent. 	Nil
6.	Health Service Efficiencies	<ul style="list-style-type: none"> • Other efficiencies that the Health Teams could realise 	TBC

5.3 Care packages

Based on the 22 Clients selected by the Commissioners.

- They receive Care Packages that total £1.23m per year from PCC per year.
- In addition they receive Care Packages that total £948k from the NHS per year.
- However we have only 15 places available, so the figures have been adjusted.

See Appendix Four for the detail

5.4 Scenarios

We have chosen two Clients at random from the list to confirm the savings from the care packages are possible.

This analysis indicates we should achieve between 5% and 10% from a reduction in Carer's costs, i.e. in a shared facility so can share a Carer at certain times of the day.

See Appendix Five for the detail

5.5 Benefits from review of care packages

Based on the 22 Clients if through the re-housing them it reduces the cost of care from PCC by

- 10% - it saves £123k per year
- 20% - it saves £245k per year

If through the re-housing them it reduces the cost of care from NHS by

- 10% - it saves £95k per year
- 20% - it saves £189k per year

Total savings to health and social care

- **10% - it saves £217k per year**
- **20% - it saves £435k per year**

We don't know which specific Clients will be involved.

5.6 Costs

5.6.1 Establishment costs

- Legal
 - Covered by PCC Legal as business as usual
- Property Advice
 - Covered by PCC Property Services as business as usual
- Property acquisition costs
 - To be borne by provider – Meacham Homes

5.6.2 On-going operational costs

- Social Care activities
 - Covered by business as usual ASC operations
- Property Management costs
 - Covered by provider – Meacham Homes

5.7 Risks

5.7.1 In-compatibility

- Compatibility' issues and matching clients in particular in HMO settings. This is a delicate and sensitive process and needs careful attention in offering any shared housing arrangement.
- Mitigation
 - Very careful analysis of the information and selection of the clients, i.e. following the review process outline in section 4.4. Meeting and discussions with the client, their carer or family.

5.7.2 Rents

We need to understand the rents Meacham Homes will be charging

- HMO
 - For supported accommodation in Peterborough it is typically £200 per week.
 - Each Client will qualify for LHA of £57.15 per week (in HMO setting)
 - Leaves a gap of circa £143
 - This would have to be met by the Client or the Council, it is believe that these clients would qualify for support to bridge the gap but this needs confirming and is on a case by case basis. Peterborough City Council undertakes to utilise the Discretionary Housing Grant to mitigate this financial risk where appropriate.
 - Worst case - £143 x 52 weeks = £7,436 per client in HMO.

- Self Contained Units
 - For SCUs in Peterborough it is typically £200 per week.
 - Each Client will qualify for LHA of £92.05 per week (one bedroom setting)
 - Leaves a gap of circa £108
 - This would have to be met by the Client or the Council, it is believe that these clients would qualify for support to bridge the gap but this needs confirming and is on a case by case basis.
 - Worst case - £108 x 52 weeks = £5616 per client in SCU.
- Total cost for rent gap
 - £95,160
- Mitigation
 - Council receives an annual Discretionary Housing Payments (Grant) of £600k
 - This could be used to mitigate this risk

5.7.3 Modifications / Repairs

- The intention is to acquire industry standard properties that are not be-spoke. That provides maximum flexibility when clients change. However there is a risk that the properties may need modifying or maintenance.
 - The budget required is not known.
- Mitigation
 - Disabled Facilities Grant
 - The Council receives a grant that is used to support minor and major adaptations for eligible adults and children via the Care and Repair service to enable people to stay in their homes.

5.7.4 Voids

- There will be times that a property or unit will be empty, i.e. not earning rent. This is the risk of the provider – Meacham Homes. However they will cost this risk into their financial model and pass on the risk to the Client or the Council.
 - The void days per year allowance is not known
- Mitigation
 - To agree a lower void days per year with the provider – Meacham Homes. E.g. the Council under-rights anything above 30 days.
 - Council then takes out Void Days insurance to protect against the potential cost. The cost of the insurance is not known but it is standard industry practice and offers good value for money.

5.7.5 Change in Government Policy

- There is a risk that the IBCF Scheme could be cancelled.
 - Council has made the financial commitment to the Property Provider to meet the timescales
- Mitigation

- Risk is considered very low, this is a central policy to Government Strategy.

6 Options

There are a number of options and variables considered.

6.1 Option 1

To decide to use the funds for this purpose or not.

The Council and CCG are investing their funds in a range of areas in line with the IBCF principles of meeting Adult Social Care (ASC) needs and reducing pressures on the NHS. In particular the investment of £1m to improve the discharge from hospital process.

It was felt that this proposal met the conditions of the IBCF and would offer a sustainable investment and provide an on-going annual return.

- For more detail see Section 3 above and in particular 3.1 the case for the investment.

6.2 Option 2

Which Client Group – to offer maximum benefit

Following extensive discussions and analysis it is recommended the opportunity is targeted at

- Age group – 16 to 24 year olds
- Primary Client Group - Learning Disability and / or Autism spectrum condition

Supporting people with learning disabilities and/or autism spectrum condition to be active citizens in their communities is a key priority for the Council, as part of its Prevention and Early Intervention Strategy – as outlined in Section 3.3.

The supply of housing is critical to achieving the objectives of prevention and progression. Specialist housing includes accommodation that has been designed and built to meet the needs of the vulnerable adult and may include some elements of care and support for everyone who lives there. This support can either be on-site or off-site.

6.3 Option 3

Type of accommodation – this is influenced by the Client Group and their needs and to get good value for money.

As outlined in section 4.5.1 above, the plan is to commission a mix of property, i.e. a number of “self contained units” and a number of “Homes of Multiple Occupancy” (HMOs). HMOs that accommodate four people – 3 clients and 1 carer

- This would cater for the different needs of the clients and be able to best match care plans.
- HMOs have the additional benefit of offering a cost effective care option, i.e. a single live-in carer could support a number of clients.

6.4 Option 4

Financial Case – as outlined in section 5.

There will be financial benefits to both the CCG and the Council. The numbers are prudent and there are certain details to be confirmed. The benefits would be

- Health – circa £94,781 or almost £0.5m over 5 years
- PCC – circa £179,200 or almost £0.9m over 5 years

For use of the £2m investment, Health and Social Care get a return of £1.4m over first full 5 years.

Plus valuable assets providing on-going benefits.

The health and social care financial return on investment will be re-invested to support delivery of the ongoing iBCF 3.5% DTOC plan.

Governance and review of performance will sit with the Integrated Commissioning Board to ensure benefits are maximised.

7 Recommended Option

To proceed with the scheme to invest £2m of the IBCF Funds and provide accommodation to this group of vulnerable people of Peterborough.

1. This scheme **meets the conditions of the IBCF** and would offer a **sustainable investment** and an **annual return**. This proposal will
 - contribute to reducing pressures on NHS
 - directly meet current adult social care needs and priorities
 - supports the Council's Prevention and Early Intervention Strategy
 - provide a lasting benefit to the people of Peterborough
 - not create an on-going financial commitment

2. **Robust financial case** - For a £2m investment, Health and Social Care get a return of £1.4m over 5 years. The financial benefit would be
 - Health – circa £95k per year or almost £0.5m over 5 years
 - PCC – circa £179k or almost £0.9m over 5 years

3. The **health and social care benefits** of providing this accommodation include:
 - Specialist housing with support can reduce the risk of hospital admission
 - Specialist housing with support can delay or avoid the need for registered care
 - Appropriate accommodation can facilitate the delivery of personalised care and support
 - Provides a local higher quality solution for the client that is more manageable by the professionals
 - People can receive more suitable accommodation and support whilst maintaining links with their local communities
 - Offers better value for money than existing options, i.e. out of area placements

8 Timescale & Implementation

8.1 Indicative Timescales

No	Milestones	Dates
1.	Agree principles / prepare Business Case	Mid August 2017
2.	Start to source property (to meet time-line)	August 2017 onwards
3.	Approval of Business Case by CCG and Council	Mid August 2017
4.	Commit to plan in principle by CCG and Council	End August 2017
5.	Submit BCF Plan	September 2017
6.	Approval of BCF Plan	October 2017
7.	Review Learning Disability Section 75 Agreements to enable transfer of financial benefits	October 2017
8.	Funding released / drawn down	October 2017
9.	Commit funds to JV to enable acquisition of property – sign contracts	October 2017
10.	Property available	Early January 2018
11.	Property prepared	End January 2018
12.	Property (accommodation) available	Mid February 2018
13.	Clients move in and benefits start to be realised.	Mid March 2018

For the plan see Appendix Five.

8.2 Dependencies

Identify any projects which are dependent on this project and any projects which this project is dependent on.

- None

9 Reference Documents

Please list any reference material or information sources and maintain a bibliography.

10 Glossary

Include any terms or acronyms used in the document and provide an explanation.

11 Appendices

11.1 Appendix One – Better Care Fund (BCF)

The BCF was announced in June 2013 and introduced in April 2015. The £16.8 million is largely a reorganisation of funding currently used predominantly by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and Peterborough City Council (PCC) to provide health and social care services in the city.

Peterborough's BCF has created a single pooled budget to support health and social care services (for all adults with social care needs) to work more closely together in the city.

Peterborough is required to submit a new, jointly agreed BCF Plan, covering a two year period to NHS England on 11th September 2017.

The BCF plan builds on the following agreed principles:

- Greater alignment across Cambridgeshire and Peterborough
- A single commissioning board (the ICB)
- Greater alignment with the STP and local authority transformation plans
- Using the BCF to 'get the basics right' and coordinate our approach, focusing on a smaller number of system-wide changes

There is a focus on building on the work undertaken to date, with the following areas identified as continued priorities:

Prevention and Early Intervention: including a county wide falls prevention programme, further work to ensure a comprehensive approach to equipment and assistive technology, and development of joint VCS commissioning opportunities.

Community Services (MDT Working): including wider roll out and embedding of case management, to include data sharing to support risk stratification and pro-active identification of service users. Development of integrated hospital discharge and admission pathways and enhancement of intermediate care and reablement provision.

Enablers: continued development of consistent, accurate and reliable information and advice to support the concept of 'no wrong front door'.

High Impact Changes for Discharge: A new national BCF condition, requires the local system to implement the high impact change (HIC) model for managing transfers of care. The HIC areas are: early discharge planning; systems to monitor patient flow; MDT/multi-agency discharge teams; home first / discharge to assess; 7 day services; trusted assessor; focus on choice; and enhancing care in care homes. An initial system wide self-assessment has been completed against the high impact changes and existing system plans.

The Improved Better Care Fund (iBCF) is a new introduction to BCF plans this financial year and is considered to be part of the ongoing BCF programme.

11.2 Appendix Two – Data analysis

- Personal data
 - Surname
 - Date of birth
 - Age
 - Frameworki ID
 - Primary Client Group
 - Current Address
- Status
 - Current Accommodation
 - Reasons for seeking alternative accommodation
 - Date of Referral
 - Priority Ratings - H/M/L
 - RAG Rating - Timescale requested (Days)
- Considerations
 1. What property features are required? (e.g. ground floor, wide corridors etc)
 2. Can the client live in shared accommodation with on-site support, including sleeping provision?
 3. If yes, are there any compatibility issues? (e.g. must be female, young, communicative)
 4. Can the client live in self-contained accommodation within a supported living setting with low level on-site support including sleeping in provision?
 5. Can the client require a single service with staff available 24/7?
 6. Can the client live in independent accommodation in the community with visiting support?
 7. Is accommodation & support being sourced through framework tender?
 8. Are there current housing plans/proposals for service user?
 9. If Yes, please provide details - Referrers Email
 10. Status Notes - Supporting Documents

11.3 Appendix 3 - Types of Welfare Benefit

1. Local housing allowance (Housing Benefit)

This benefit is paid to Clients by PCC, but can be fully claimed back from the Department of Works and Pensions.

- Local housing allowance (LHA) is the way payments are calculated for people receiving housing benefit. A flat rate is used based on the size of the tenant's household and the area in which they are renting the property. This amount is not directly related to the rent being charged.
- The rate of LHA that a claimant receives is reviewed on an annual basis. Other circumstances, such as money that the tenant has coming in or other people living in the household will still affect the amount of benefit paid, so the tenant may not always receive the full rate of LHA.
- The weekly rate (April 2017) for
 - Shared Accommodation is £57.15
 - 1 Bedroom is £92.05

In most cases this will not cover rental costs.

Care Support or Supervision is provided to Tenant

If Landlord is also responsible for providing care and it is a RSL (not for profit organisation) the amount that can be claimed is higher, e.g. full cost of the provision of the accommodation. E.g. Cross Keys King Fisher Court

In 2019, there is a new grant being proposed, which is designed for replacing the additional costs of supported care e.g. the £140 per week gap. The only requirement is a minimal care provision

2. Disability Living Allowance (DLA)

This benefit is paid to Clients by DWP. This benefit is being phased out and is being replaced by PIP for new claimants. Existing claimants remain on the existing DLA arrangements

- DLA is ending for people aged 16 to 64. It is being replaced with the Personal Independence Payment (PIP). A Client will continue receiving the DLA until DWP invites them to apply for PIP.
- The rate a person receives is made up of 2 components. How much depends on how the disability or health condition affects the individual
 - Care component – ranges from £22 to £83.10 per week (This group are likely to be the higher rate – i.e. £83.10)
 - Mobility component – ranges from £22 to £58 per week

3. Personal Independence Payment (PIP)

This benefit is paid to Clients by DWP. This is the new scheme replacing DLA for new claimants.

- If the Client is aged 16 to 64 they could get between £22 and £141.10 a week by claiming Personal Independence Payment (PIP).
- The amount a person gets depends on how their condition affects them, not the condition itself.
- For this group of Clients it is believed they will receive £83.10 per week.

4. Employment and Support Allowance (ESA)

- If the Client is ill or disabled, they may qualify for Employment and Support Allowance (ESA). It offers:
 - financial support if the person is unable to work
 - personalised help so that you can work if you're able to
- How much ESA a person gets depends on:
 - Their circumstances, such as income
 - the type of ESA they qualify for
 - where they are in the assessment process
- Following assessment, if a person is entitled to ESA, they will be placed in one of 2 groups and will receive:
 - up to £73.10 a week if you're in the work-related activity group
 - up to £109.65 a week if you're in the support group (i.e. this group of Clients)

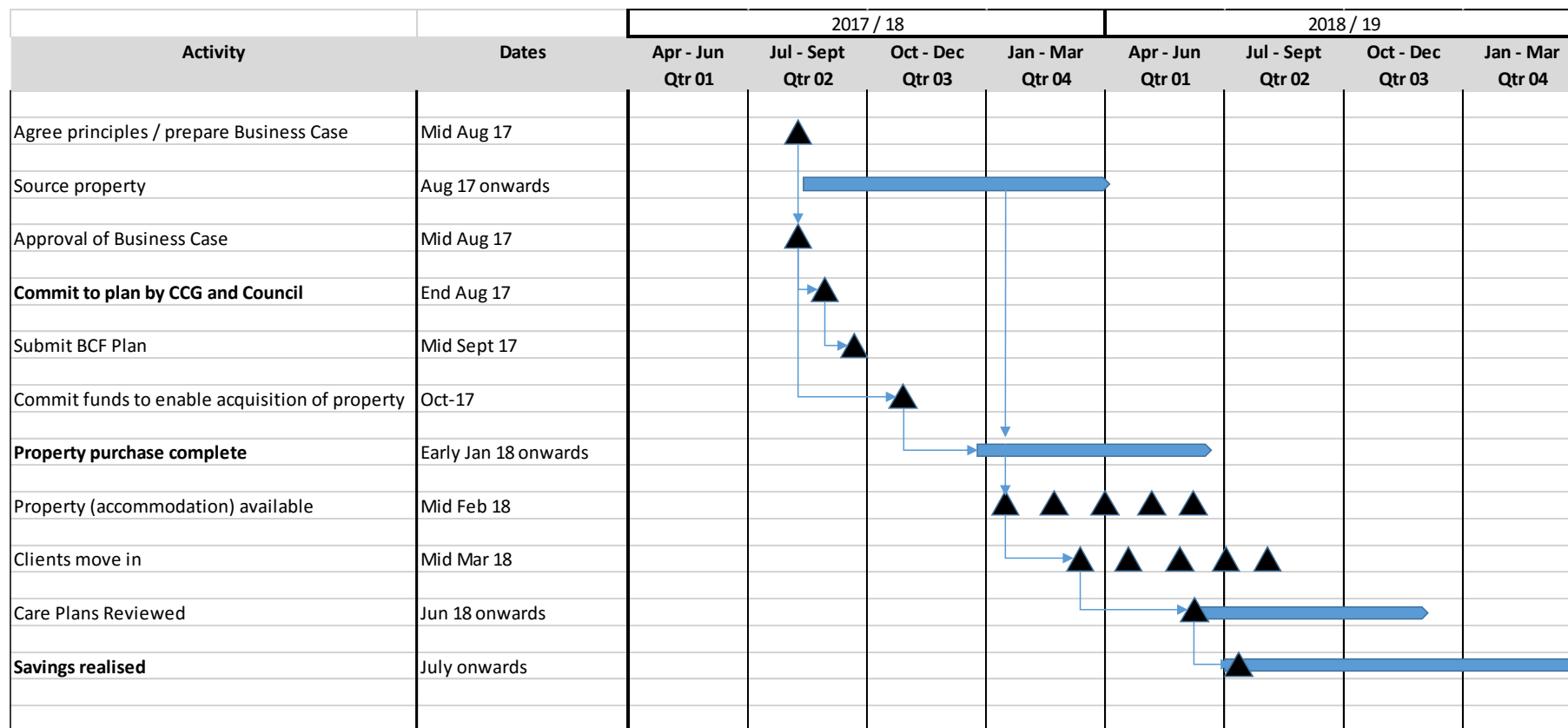
11.4 Appendix Four - Cost of Care Packages (22 Clients)

Clients	Weekly Expenditure Costs	Weekly Client Income Cont	Weekly NHS Income Cont	Total Weekly Net Costs	FY Annual Gross Expenditure Costs	FY Annual Client Income Cont	FY Annual NHS Income Cont	FY Annual Weekly Net Costs
1	401.15	-19.99		381.16	20,860	-460		20,400
2	1000.00		-422.00	578.00	52,143		-22,004	30,139
3	1506.44	-111.75		1394.69	79,841		-5,923	73,919
4	2700.00	-100.00	-1300.00	1300.00	140,786	-5,214	-67,786	67,786
5	5213.06	-84.75		5128.31	276,292	-4,492		271,800
6	1700.47		-680.18	1020.29	88,424		-35,369	53,055
7	2164.58		-490.20	1674.38	114,723		-25,981	88,742
8	2222.22	-92.75	-1155.55	973.92	117,778	-4,916	-61,244	51,618
9	435.63			435.63	23,088			23,088
10	6500.00		-6350.00	150.00	338,929		-331,107	7,821
11	2759.40	-124.18	-997.50	1637.72	143,883	-6,582	-52,868	84,434
12	750.00		-750.00	0.00	39,107		-39,107	0
13	800.00			800.00	41,714			41,714
14	2500.00	0.00	-1500.00	1000.00	130,357	0	-78,214	52,143
15	800.00			800.00	41,714			41,714
16	950.00	-100.00		850.00	49,536	-5,214		44,321
17	925.50			925.50	48,975			48,975
18	1500.00		-750.00	750.00	78,214		-39,107	39,107
19	1936.60	-92.75	-1059.32	784.53	102,640	-4,916	-56,144	41,580
20	1500.00		-1500.00	0.00	78,214		-78,214	0
21	2500.00		-1050.00	1450.00	130,357		-54,750	75,607
22	1309.00			1309.00	68,255			68,255
					Total	-£947,818	£1,226,219	

11.5 Appendix Four – Two scenarios from list of clients

Service User ID	NOTES	Weekly	Current Supplier	Notes	Weeks	2 to 1 Hours			1 to 1 Hours	Rate	Costs	1 to 2 Hours	Rate	Costs	1 to 3 Hours	Rate	Costs	Total Weekly Costs	Annual	TOTAL COSTS					
2000435	CURRENT	£1,506	Turning Point	College	36				£55	£15	£818	£42	£8	£315	£56	£2	£117	£1,133	£40,770						
				Holiday	16				£70	£15	£1,050	£42	£8	£315				£1,365	£21,840						
				Evening	52				£14	£15	£210							£210	£10,920						
				Sleep	52									£117				£6,067							
																							£79,597		
	COULD BE		TBA	College	36				£55	£15	£818	£42	£8	£315	£56	£5	£280	£1,133	£40,770						
				Holiday	16				£50	£15	£750	£20	£8	£150				£900	£14,400						
				Evening	52							£14	£8	£105				£105	£5,460						
				Sleep	52													£280	£14,560						
																								£75,190	
	POTENTIAL EFFICIENCY																				£4,407				
																					5.5%				
29547	CURRENT	£1,937	Affinity	Home	52	38.00	13.80	524.40	£79	£14	£1,090				£56	£6	£322	£1,090	£39,247						
				Doing	52													£524	£18,878						
				Sleep	52													£322	£11,592						
																					£69,718				
	COULD BE	£1,670	TBA	Home	52				£52	£14	£718	£27	£7	£186	£56	£6	£322	£904	£32,540						
				Doing	52													£524	£18,878						
				Sleep	52													£322	£11,592						
																					£63,011				
		POTENTIAL EFFICIENCY																				£6,707			
																									9.6%

11.6 Appendix Five – Timescales



11.7 Appendix Five – Savings Benefits realisation plan

	2018												2019 onwards	
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb		Mar
PCC Care Package saving														
Client 1				428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	5573.36
Client 2				428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	5573.36
Client 3				428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	5573.36
Client 4				428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	5573.36
Client 5				428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	5573.36
Client 6					428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	5573.36
Client 7					428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	5573.36
Client 8					428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	5573.36
Client 9					428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	5573.36
Client 10					428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	5573.36
Client 11						428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	5573.36
Client 12						428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	5573.36
Client 13						428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	5573.36
Client 14						428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	5573.36
Client 15						428.72	428.72	428.72	428.72	428.72	428.72	428.72	428.72	5573.36
				£2,144	£4,287	£6,431	£6,431	£6,431	£6,431	£6,431	£6,431	£6,431	£6,431	£83,600
													£57,877	£25,723
Health Care Package saving														
Client 1				331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	4308.2
Client 2				331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	4308.2
Client 3				331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	4308.2
Client 4				331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	4308.2
Client 5				331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	4308.2
Client 6					331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	4308.2
Client 7					331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	4308.2
Client 8					331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	4308.2
Client 9					331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	4308.2
Client 10					331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	4308.2
Client 11						331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	4308.2
Client 12						331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	4308.2
Client 13						331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	4308.2
Client 14						331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	4308.2
Client 15						331.4	331.4	331.4	331.4	331.4	331.4	331.4	331.4	4308.2
				1657	3314	4971	4971	4971	4971	4971	4971	4971	4971	64623
													44739	19884
Total	£0	£0	£0	£3,801	£7,601	£11,402	£11,402	£11,402	£11,402	£11,402	£11,402	£11,402	£11,402	£148,223
													£102,616	£45,607