



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

Title: **Future use of Knoll House Resource Centre**

Date of Meeting: 10th September 2019

Report of: Rob Persey, Executive Director of Health and Adult Social Care

Contact: Barbara Deacon

Email: barbara.deacon@brighton-hove.gov.uk

Wards Affected: ALL

FOR GENERAL RELEASE

Executive Summary

This report summarises for the Health and Wellbeing Board the recent background to the service remodelling that impacts upon the current use of Craven Vale and Knoll House. It explains the rationale underpinning the proposal to merge the revised service to operate from one site, which has BHCC cross-party and CCG support. Consultation with all staff working across both sites is nearing completion and the future delivery is expected to operate from Craven Vale.

This will release Knoll House for an alternative use. An initial desk top study has identified a number of potential uses for Knoll House, with the preferred use being retaining the site within Health and Adult Social Care and repurposing it to meet identified gaps in provision of services for adults with support needs.

HWBB members are asked to support the preparation of a fully costed business case to support the future use of Knoll House. This will identify how best to meet accommodation needs that are a priority for this city and will support managing future HASC demand and supporting the best possible outcomes for adults (with support needs) in Brighton and Hove.



Glossary of Terms

BHCC – Brighton & Hove City Council
BSUH – Brighton & Sussex University Hospitals
CCG – Clinical Commissioning Group
HASC - Health and Adult Social Care
HWBB – Health and Wellbeing Board
SCFT – Sussex Community Foundation Trust
KH – Knoll House
CV – Craven Vale

1. Decisions, recommendations and any options

1.1 That the Board agrees to the following:

1.1.1. That a business case and options appraisal be worked up for the use of Knoll House as;

a) High level supported step-down accommodation for adults with mental health needs

OR

b) Lower level supported accommodation for adults with a mental health condition to enable independent living

c) Both of the above options will be considered within the business case and options appraisal.

1.1.2. A recommendation based upon the business case and options appraisal is brought back to this Board for approval by January 2020

2. Relevant information

2.1 Knoll House and Craven Vale are two council owned and operated residential homes. Both are registered with the Care Quality Commission to provide residential care. In recent years both KH and CV has supported older people requiring ongoing therapy and rehabilitation following their discharge from hospital to enable as many people as possible to get back to their home. SCFT provide both nursing and therapy staff commissioned by Brighton and Hove CCG.

2.2 Feedback from staff and population health data shows that the health and social care needs of our local population are changing, with more patients now leaving hospital with complex and greater nursing needs.

2.3 This is evidenced by the increase in people being transferred to Knoll House and Craven Vale requiring increased levels of support and specialist nursing care.

2.4 In 2016 the CCG and City Council ran a procurement process to identify appropriate providers to deliver this care as existing contracts were reaching their end, and commissioners are obligated by national and international law to undertake competitive procurement when awarding public service contracts. Unfortunately the procurement process outcomes were such that commissioners in the CCG and City Council were not able to identify appropriate providers who could supply the necessary level of high quality care with value for money for our residents. In place of this, the temporary arrangement was agreed that in addition to the care provided in NHS community wards run by SCFT, services would continue to be located in Knoll House and Craven Vale, run by the City Council and supported with healthcare provided by SCFT nursing and therapy and GP medical support provide by Integrated Care 24.

The arrangements described above have been in place since and have until recently been able to provide an excellent level of care and patient experience. However, there have been a number of recent factors that have necessitated a review of these arrangements.

- Emerging NHS and public health data showing that the health and care needs of our local population have increased over the last few years,
- A recent report from Healthwatch Brighton and Hove, published in February 2019, revealed that patient experience of discharge from the Royal Sussex County Hospital is being negatively impacted by delays in finding suitable community care resulting in them being stranded in hospital even if they are well enough to be discharged from an acute setting.
- The increasing health and care needs of patients was also noticed and reported by staff working at Craven Vale and Knoll House during the previous winter and a question was raised amongst local system health and care leaders as to the sustainability of the current residential, social care community beds model in Brighton and Hove.
- Further to this in April 2019, Sussex Community Foundation Trust confirmed it would not be able to continue to provide a sustainable and safe model of community nursing and therapy at Knoll House and Craven Vale and felt that nursing staff had been providing significantly higher levels of care than had been commissioned. It was felt that the model of care needed should be in a setting where there is nursing care 24/7, whereas at Knoll House and Craven Vale this is only provided from 8am to 8pm.

2.5 In April 2019 BHCC was informed by SCFT of their intention to reduce their nursing and therapy services to Knoll House and Craven Vale.

2.6 Following this notice and with full priority given to patient safety and our duty of care to staff, BHCC amended the registered admission criteria for Knoll House and Craven Vale.

- 2.7 The revised admission criteria resulted in a significant reduction in occupancy levels in both Craven Vale and Knoll House; both sites are regularly at 50% or less occupancy.
- 2.8 People requiring more intensive and specialist nursing care when following hospital discharge access this via other provision commissioned by Brighton and Hove Clinical Commissioning Group. The overall number of community beds provided for Brighton and Hove and surrounding area residents will increase from 161 to 174 and this change will also involve the CCG increasing its investment in community beds. The detail concerning bed numbers and level of care is as follows:
- Between September and December 2019 the CCG has agreed with health and care partners an investment to mobilise 42 community rehabilitation beds (sometimes referred to as 'step-down beds') in sites in the East and West of Brighton and Hove. This is in addition to 12 nursing home beds in the city which the CCG commissioned as part of supporting hospital discharges. These nursing home beds are supporting patients who are non-weight bearing or have a diagnosis of delirium.
 - These additional beds replace the loss of capacity due to the limitations on accessing Knoll House and Craven Vale from hospital discharge, and account for the increase in community beds that are being provided to Brighton and Hove residents whilst we work in partnership to introduce more community services over the next two to three years.
 - These 54 beds in the city are in addition to the existing community hospital beds provided by Sussex Community Foundation Trust at sites in Lewes, Uckfield and Crowborough. In summary this means in 2019 we will benefit from a growth in community beds for Brighton and Hove resident from 161 to 174, with an enhanced health and care model to support the changing health needs of our residents.
- 2.9 An initial demand study has indicated that supporting the revised operational pathway will require a total of 24 beds social care community beds. These will be used for planned and emergency respite and lower dependency hospital discharge. Craven Vale, with its proximity to the RSCH site and existing capacity is the preferred site to operate from.
- 2.10 BHCC staff working from both sites have received regular updates over recent months though understandably the service changes have created considerable uncertainty. The Council, in its communications with staff and unions has clearly stated it will seek to avoid any compulsory redundancy in designing the new staffing requirements to support the service model out of Craven Vale. The Council is confident that this can be achieved and a

consultation process involving staff and unions commenced on 6th August 2019 and is expected to conclude in early September. The aim is to complete the merger to the Craven Vale site by 1st October.

3. Future use of Knoll House

- 3.1 Officers have carried out an initial options appraisal exercise to consider the possible future uses of the Knoll House site.
- 3.2 The planning use for the site is currently C2, provision of residential accommodation and care to people in need of care, and planning permission would be required for any change of use.
- 3.3 The options appraisal initially considered the following three high level options,
 - 3.3.1 Disposal - The site could be sold for alternative use. This could include use as a nursing or residential home, conversion to flats or redevelopment for housing (subject to receiving planning permission).
 - 3.3.2 Hand the property back to estates to be retained as part of the corporate property portfolio. - The site could then be made available for consideration of future uses including potentially meeting other housing based needs within the city.
 - 3.3.3 Reuse the facility to provide mental health step-down supported accommodation or as mental health residential accommodation.
 - 3.3.4. The option 3.3.3 was supported by HASC as both meeting an identified need in the city and supporting person centred outcomes maximising future independence of people on a recovery journey from moderate to serious mental health issues.
- 3.4 Between the last 2 performance years 2017/18 and 2018/19 there was an 81% increase in admissions to long term residential care for younger adults with mental health needs indicating an urgent need for further development of alternative accommodation and support for this group .In 2018/19 50% of all long term care admissions for 18-64 year olds were for people with mental health support needs..
- 3.5 Best practice suggests that young people with mental health problems need support to maximise independence. Our aim is to deliver this do this we need more supported and move on accommodation as part of the pathway to independence. The Supported Accommodation option has been shown to be an effective model in improving people's outcomes and supporting longer term independence.
- 3.6 Having decided on investigation the feasibility of retaining the site a further three possible uses were identified;
 1. Functional mental health residential accommodation

- 2. High level supported step-down accommodation
- 3. Lower level supported accommodation to enable independent living.

3.7 These three options were explored at a high level that included estimation of revenue and capitals costs and the potential benefits, risks and opportunities associated with each.

3.8 The full options paper was then discussed with the chair of the Health and Wellbeing Board and the lead member for Adult Social Care and it was agreed that, given evidence base and best practice the functional residential care would not be explored as the outcomes for the service users were not optimised and that the following options should be explored in more depth.

- a) High level supported step-down accommodation
- b) Lower level supported accommodation to enable independent living

3.9 The high level options appraisals are included as appendix 1.

3.10 Part of the business planning and process will include engagement with local residents.

4. Important considerations and implications

4.1 Legal:

The report highlights the need to review the use of Knoll House Resource Centre to improve performance and efficiency within Health and Adult Social Care. There are no legal implications arising immediately from this report. The business case may give rise to legal implications due to the level of capital expenditure and running costs, any building work or staff reorganisation that may be required in the adoption of identified options. These can be considered if and as they arise. (Nicole Mouton 14/8/19)

Lawyer consulted: Sandra O'Brien

Date: 14:08:2019

4.2 Finance:

There is the potential for financial efficiencies to be obtained by improving the pathway for clients with mental health needs and supporting longer term independence. As per paragraph 3.4, the number of admissions for younger adults with mental health needs is increasing and the average cost of an accommodation placement in the independent sector is £820 per week.

The high level calculations for the options outlined shows that there is a range of costs and potential net savings. Detailed modelling would need to be

carried out to ascertain the likely financial impacts from the implementation of the different options.

Finance Officer consulted: Sophie Warburton

Date: 16/08/2019

4.3 Equalities

There will be equalities implications to consider for each of the options outlined in 1.1.1. An Assessment of equality impact will be completed to analyse areas of potential impact – and areas where negative impact might be mitigated. The findings of EIA will be reflected and articulated in the proposed business case and options appraisal that is brought back to Health and Wellbeing Board for approval in January 2020.

Supporting documents and information

Appendix1:

	Option 1	Option 2	Option 3
Description of the Option <i>A brief description including what is in and out of scope</i>	Mental Health residential accommodation (Capacity 20)	Mental Health High level step down supported accommodation (Capacity 20)	Mental Health Low Level supported accommodation (Capacity 18)
Non-Cashable Benefits <i>Benefits such as efficiency savings</i>	Provides local accommodation for many individuals currently placed out of area.	Increased local provision	Increased local provision
Costs and resources Include capital and revenue costs Include staffing requirements	Operating costs will ultimately depend on the client group targeted Assume staffing costs circa £800k p.a.* Running Costs £80k p.a	Unlikely to be any need for significant capital costs however operational costs would be relatively high. Staffing cost Est £636K p.a * Running Costs est £80k p.a Housing Benefit Income est £203k	The current accommodation at Knoll House would need to be remodelled in order to provide 18 self-contained flats. Estimated capital cost £1m to £1.3m. (Estates) Staffing costs for this model would be modest at approximately £180k p.a * Running costs est at £48k Housing Benefit income est £183k
Cashable Benefits <i>High level benefits that will deliver savings against a specific budget code</i>	Assuming clients move from low level support in external placements: Ongoing benefit £0.037m	Assuming clients move from high level support in external placements: Ongoing benefit £0.665m	Assuming clients move from medium level support in external placements: Ongoing benefit - £0.739m Year 1 – Loss of £0.261m to £0.561m
Risks and Opportunities <i>High Level Risks and opportunities associated with this option.</i>	Once the site is full there is unlikely to be much turnover of places.	Could place a significant role in the mental health Pathway by providing support prior to move-on.	Danger that individuals in this type of accommodation become resistant to any further move-on. Provision of additional Supported

	<p>Risks associated with moving individuals with function mental health issues. e.g. Best Interest assessments / loss of familiar surroundings /</p>	<p>(provided suitable next step options are available) Provision of additional Supported accommodate should help to reduce the number of individuals needing residential care.</p> <p>Risks associated with moving individuals with function mental health issues. e.g. Best Interest assessments / loss of familiar surroundings / advocacy</p>	<p>accommodate should help to reduce the number of individuals needing residential care.</p>
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Note * costs are broad based estimates based on third sector operation.

