

Criteria	LA response
<p>(1) The LA/NHS must identify individuals in the relevant cohort (*people with learning disability, autism who may also have behaviour that challenges or mental health problems currently in or at severe risk of admission to inpatient settings) where the need for suitable housing is identified as one of the issues that may enable:</p> <ul style="list-style-type: none"> <li>a. them to be discharged from inpatient settings into the community</li> <li>b. or to prevent their admission</li> <li>c. or readmission into inpatient settings</li> </ul>	<p>Nottinghamshire County Council is making plans for accommodation to prevent service users with challenging needs entering long term hospital settings. As part of it's prevention work the Council has started to look at service users who are at risk of entering long term hospital settings due to challenging behaviour and issues in their current accommodation.. In one district alone of the seven in Nottinghamshire we are aware of 9 service users (more information can be supplied – for reasons of confidentiality we have not supplied actual names) in this category.</p> <p>The Council estimates on recent trends that around three or four new service users per year (many of these will be young people coming through Transitions) may require an alternative to a Winterbourne hospital setting as a preventative measure each year and the projects bid for below will help to provide these preventative services.</p> <p>In Nottinghamshire there is a list of individuals on our Winterbourne list i.e. who are currently in long term hospital placements and we are working to help them move on to more appropriate community settings. We are currently working with these service users to ensure that they stay in hospital no longer than they need to and where appropriate making plans for them to move on to more suitable community placements. All of these service users will be eligible to use services mentioned below in our DoH capital bid. We have not supplied names of these service users for confidentiality reasons but instead have supplied the NHS tracking numbers from the Winterbourne programme. The service users are: O4E-007, O4E-017, O4M-002, O4N-002, O4E-018, O4H-00, 2O4H-008, O4H-007, O4E-013, O4H-006, O4N-005, O4N-001, O4H-009, O4H-014, O4M-001, Bass-10-1, O4N-005. There are also 3 further Winterbourne individuals for whom I do not have a reference number due to them being Nottinghamshire's responsibility now but for whom the details are held by another CCG (e.g. Nottingham City for Ordinary Residence purposes). There are also another three individuals in Low Secure without a reference number who are known to Nottinghamshire who may benefit from bespoke accommodation in the future.</p> <p>Nottinghamshire County Council in partnership with Nottinghamshire and Bassetlaw CCGs has moved 20 people from hospital as part of the Winterbourne work, 10 of these have moved to supported living services. Nottinghamshire is committed to providing supported living wherever this is considered the best option for individuals. Up to 24 people still in hospital settings have been</p>

	<p>identified as suitable for supported living upon discharge as oppose to residential care.</p> <p>Nottinghamshire has worked closely with housing partners to develop small units of flats which allows people to have their own self-contained flat but benefit from shared background support, often as a compliment to high levels of 1:1 support. However, there are a number of people in hospital who need accommodation which is even more self-contained as they struggle to live with other people, with plenty of outside space. Therefore we want to develop a number of bungalows suitable for 1 person or two people with self-contained elements within them. 18 individuals on Nottinghamshire's Winterbourne list (i.e. were in hospital on 1 April 2014 and have not yet been discharged) would benefit from this kind of service.</p> <p>Part of the delay in discharge, or historical reason people have gone into hospital in the first place is lack of suitable accommodation and service in emergencies e.g. carer breakdown or times of escalating mental health issues. In Nottinghamshire we have developed a step down residential property where people can go while they are awaiting completion of their supported living property when being discharged from hospital (this is especially helpful if the Court of Protection is required for Deprivation of Liberty safeguards as this can take 6 months or more and could significantly delay discharge from hospital into supported living environments in future).</p> <p>This step down is a 4 bed residential unit and has been very successful for three individuals for whom supported living property is being built but will not be completed until December 2014. However, it did not work for one individual as he found the shared environment difficult. We would therefore like to convert a second 6 bed care home that we have available on the same site into 4 more self-contained units so that we can offer this step down option to a wider group of people. We have 16 people currently in hospital whom we feel this would be a good option for and would also then be able to use this as a longer term alternative to ATU in times of emergency where actual treatment is not required or can be provided in a peripatetic way by our Community Assessment and Treatment team.</p> <p>Finally, the council has some further development options and is currently working with its approved housing providers to look at more clusters of flats. However, in order for the development to go ahead, appropriate land must be sourced. The council has some potential sites</p>
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	<p>but these require substantial scoping before the suitability of them can be decided. This includes ground surveys, architect plans and negotiations with potential providers from our approved housing list. 19 service users on the Winterbourne list may benefit from this development and this will also be part of a wide range of options available in the future to prevent admission and reduce time spent as an inpatient for the people of Nottinghamshire.</p> <p>Some of the service users eligible to join the above schemes have been counted more than once as they may be suitable for more than one of the options, depending on which of the projects gets the go-ahead.</p>
(2) The LA's expression of interest must be agreed with local health partners	<p>We have monthly Winterbourne Project High Level Board meetings with the CCG's and local NHS Healthcare Trust and they are in agreement with our expression of interest. Our plans were discussed at the October meeting and all were agreed that the projects we want the DoH to consider are the right ones. There is also a monthly meeting between social work and health practitioners to discuss each name on the Nottinghamshire Winterbourne list and this has helped inform our accommodation plans going forward for service users who may need housing now but also when their treatment in hospital ends.</p>
(3) Local partners must be able to demonstrate that activity will lead to improved outcomes for these individuals in their community	<p>Nottinghamshire County Council is working with health and housing providers to develop better supported housing pathways for service users with challenging needs. This involves a number of plans designed to improve outcomes for service users. All of our activity in this bid is designed to allow service users with challenging needs to live fulfilling lives in their own homes via supported housing. This activity ranges from bespoke bungalow accommodation for that small number of individuals who struggle to live with or near anyone else to preventing admission or improving pathways from hospital to using Council owned land to develop new supported housing. All of these developments are aimed to ensuring service users have bespoke housing within their community, have choice and control in their life over what they do and when, can lead independent and safe lives and have access to benefits that allow an income adequate to meet the needs for a dignified life in the community. Without this the individuals will remain in hospital where they are not free to come and go as they like, are restricted on their daily activities and do not have a place to call home as well as having a very low income each week.</p>

	<p>Example from service users who have already moved from hospital under the Winterbourne programme: 3 service users currently living in the same hospital were assessed as being able to leave and they wanted to live together in supported housing. A housing provider – Progress – was commissioned to build a block of flats to meet their needs. Due to planning delays it was agreed with the service users they move to our newly commissioned step/step down residential service whilst their accommodation was being built. All three are now in the residential home and working towards moving in Dec 2014. All three have transitional hours now with the support provider they are going to have when they move. This has helped them make the move from hospital successfully, attend day services, be safe, maintain relationships with each other which is important to them. One of the service users is working towards going out in the community with encouragement and reassurance but also practical assistance as due to her eyesight she is unable to judge the speed of oncoming traffic, is not confident using stairs, can't judge depth and distance etc. She is working on having meals out, bowling, shopping, going to shows – all of which are outcomes she was unable to undertake whilst in hospital. On one occasion all three recently 20 miles to the famous Goose Fair in Nottingham, something that would have been unthinkable only months before. They are excited and motivated to move to their newly built housing which will be ready for them to move into before Christmas. It is anticipated once they move to supported housing they will have increased finances that will allow them much more choice over daily activities and how they choose to live their life. The service users have a support plan that is delivering their outcomes and this example shows the ways that Nottinghamshire will deliver on improved outcomes for individuals with DoH capital.</p>
(4) Local partners must share learning with other recipients and other authorities	<p>We are happy to share learning with other recipients and other authorities. We have already attended a number of regional and national Winterbourne events and would be happy to share our learning with others at future events. We are members of the Housing and Support Alliance and currently host it's LA Housing Interest Group and would be able to share learning through this network of commissioners which meets on a quarterly basis. We work very closely with our CCG colleagues who would be able to share learning through regional and national networks. We are open to colleagues for other areas visiting new ways of working that we are able to develop in Nottinghamshire. For example we recently were host to a visit by Zandrea Stewart, Principal</p>

	Advisor to the Winterbourne JIP, to share our learning so far on our newly developed interim residential service that provides quicker pathways out of hospital settings.
(5) The local area must be able to spend the capital funding by March 2015	<p>Our plans are based on a realistic set of ideas that are deliverable within the timeframe laid down by the DoH for capital funding.</p> <p>For each of our bids we are confident that capital will be spent by March 2015 and this is detailed below:</p> <p><u>Cluster of bungalows</u> – the Council has an approved list of housing providers and we are in discussion with two of the providers to purchase on the open market a set of bungalows close together. There are a number of potential housing developments on the open market that we are looking at – we have offers from two housing providers to purchase the bungalows as soon as DoH approves the capital bid. The housing providers are confident that purchase can be achieved in a timely manner to ensure the Council is able to spend it's DoH capital by March 2015.</p> <p><u>Adaptations to step up/step down interim residential care service</u> – a design for adaptation has been drawn up by our Occupational Therapists and shared with the service provider (a local Housing Association). The provider has given assurances the capital money will be spent on building works within the March 2015 deadline.</p> <p><u>Potential to use land owned by the council for Supported Housing</u> – as part of this bid discussion has already taken place over the work plan required to undertake the scoping exercise. The Council would ensure that this scoping exercise is staffed internally, with appropriate land surveys and architect plans are be undertaken by the end of March 2015 with a view to developing at least one of the three potential sites in 2015/16 with additional core and cluster type accommodation to provide a range of supported living, including at least 5 additional units for supported living plus (our enhanced support service for people with very challenging needs).</p>

Required supporting information	LA response
(1) The funding required by the LA	<p>Nottinghamshire has worked out 3 schemes that it requires funding for. These are:</p> <ol style="list-style-type: none"> <li>1. £225k – A cluster of 3/4 bungalows specially adapted for service users with very challenging needs</li> <li>2. £125K – To make adaptations to run a step up/step down interim residential care home that allow service users to avoid or leave hospital early whilst we find them suitable supported housing. cater for service users with very challenging needs and will aim to prevent them being admitted to hospital and/or allow early discharge from hospital</li> <li>3. £65k – to undertake a scoping exercise to look at the potential to use land owned by the county council to develop new supported housing.</li> </ol> <p>Depending on the funding granted by the DoH capital funding the Council would like to develop one, two or all of these schemes. The above prices are best estimates at the time of the bid and actual proportion of spend may vary slightly when deployed.</p>
(2) The LA's plans for using the funding	<p>£225k – A cluster of 3/4 bungalows specially adapted for service users with very challenging needs. As part of it's Winterbourne programme the Council has already discharged 17 service users from hospital. However we are finding that service users with more challenging and profound needs are proving very hard to move to suitable independent accommodation. These service users often struggle to live in in shared accommodation or even core and cluster blocks of flats due to very challenging behaviour or an inability to tolerate other people well. Our solution is to develop very bespoke bungalows that can be adapted to give the right environment to these service users. By developing a group of bungalows some economy of scale in terms of support costs can be made and it will allow staff the opportunity to work with different service</p>

	<p>users to avoid burn out. The Council has an approved housing provider list and has been talking to two of the providers – BEST and Reside. Both are Registered Social Landlords and are interested in purchasing a group of bungalows on the open market. There are a number of current developments for sale in the county that would meet our requirements and both providers have indicated they would be able to purchase accommodation by the end of March 2015. The bungalows would be adapted to ensure individual accommodation could be provided and would be built to be robust enough for service users who challenge (e.g. reinforced walls, under floor heating etc.). The housing provider would contribute the capital required to purchase the bungalows and the DoH capital would be contributed on behalf of the Council to ensure that the rent required by the housing provider would meet Housing Benefit levels.</p> <p>£125K – To make adaptations to run a step up/step down interim residential care home that allow service users to avoid or leave hospital early whilst we find them suitable supported housing. The accommodation is designed to cater for service users with very challenging needs and will aim to prevent them being admitted to hospital and/or allow early discharge from hospital. Although this is a residential service stays will be limited to up to 2 years whilst the support provider assesses and supports the service user to become more independent and allows time for the Council to identify appropriate supported housing. The Council's experience so far of the Winterbourne programme is that some service users are ready to move before we have identified appropriate supported housing – this service will allow service users to leave hospital to work on their independent living skills whilst suitable supported housing is commissioned. Accordingly the aim of this bid is to facilitate the development of supported housing rather than spending money on a residential care service in itself. The Council has already started a partnership with Nottingham Community Housing Association to set up a step up/step down residential care service as a short term alternative to hospital or pathway from hospital. This service has been running since May 2014 but we have found the design of the building is not adequate to provide support for service users who have challenging needs. At present the accommodation has 6 bedrooms in a shared environment – this is too many people with challenging needs in a confined shared space. The Council would like to use DoH capital to re-design the internal layout of the building to be suitable</p>
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	<p>going forward to challenging individuals. The plans therefore are to spend money on a range of adaptations including making the corridors much lighter, reduce awkward spaces where aggression is hard to manage, remove radiators with under-floor heating, increase the space available in 4 bedrooms, give more space away from each bedroom etc.</p> <p>£65k – to undertake a scoping exercise to look at the potential to use land owned by the county council to develop new supported housing. Initial discussion with the Council's property services indicates that the Council owns 3 potential parcels of land that could be used for the development of supported housing. As there will be a value to the land there will be work required to get the council to agree to use this land for supported housing. Under this project the Council would provide staffing take the project forward and to liaise with Property Services, the planning process, housing providers, Architects, social care staff and Occupational Therapy to develop new, innovative ways to develop Supported Housing. Discussion has also taken place with ExtraCare colleagues to find ways to collaborate on developing new housing for all service groups in exciting new ways. Planning with housing provider partners will take place to determine who will be involved, how the work can be progressed and the responsibilities of the Council and provider.</p>
(3) That the LA's expression of interest demonstrates that there is agreement to a support plan including ongoing funding for individuals	<p>All of the service users identified as part of the Winterbourne cohort in Nottinghamshire have up to date care plans and reviews as well as a named care co-ordinator. There is a dedicated team – New Lifestyles Team – who have been commissioned especially to work with service users in the Winterbourne cohort. This team meets monthly with LA and CCG commissioners to track progress and ensure the support plan is moving forward in the expected fashion or to make adjustments in the plan as required. The Council has specially commissioned supported living providers who are expert at working with challenging service users and they are involved in support planning</p> <p>The New Lifestyles Team works to ensure requests for funding are approved before a service user moves and in a timely fashion. There is agreement with the CCG's that</p>



	<p>requests for Continuing Health Care assessments are completed as a priority and in a way that does not delay a service user moving from a hospital setting. There are well developed arrangements for funding to be agreed on Continuing Health Care between Nottinghamshire County Council and the CCG's.</p>
(4) The capital plans of the LA	<p>As part of it's Adult Social care Strategy the Council is working to ensure it meets the needs of service users at the most affordable cost to the authority. Accordingly it has a programme to help service users in with complex needs who live in residential care move to supported housing where this promotes independence and saves the Council money. The Council has an approved list of 6 housing providers who it can work with to develop new supported housing and it is expected these provider are able to fund new housing themselves and using rents as income. However in certain circumstances where no housing provider is able or prepared to develop required accommodation or make adaptations the Council is prepared to invest capital to make the accommodation happen. For example the council is working with a housing provider who has a shared house with a vacancy that has remained unfilled for over 12 months. The Council is working with the housing provider to convert the property into bespoke single person accommodation for challenging service users. The housing provider is happy to do this but requires £30k to make this happen – the Council has given a commitment to the housing provider to do this as it will ensure the accommodation is converted and allows the housing provider to charge a reasonable rent eligible for Housing Benefit.</p>

	<p>The Council recognises timely injections of capital can unlock accommodation for service users who otherwise would not be able to access appropriate accommodation. However to inject capital the Council needs to access finance through it's Corporate Capital programme as it's social care budgets are already being reduced over time. Such borrowing obviously has a long term interest cost. Therefore any assistance that the DoH can give in contributing to the cost high cost of accommodating very challenging service users through it's capital funding pot will be essential to facilitating bespoke accommodation to be developed.</p>
(5) The provider(s) the LA will work with	<p>£225k – A cluster of 3/4 bungalows specially adapted for service users with very challenging needs. The Council has an approved housing provider list and has been talking to two of the providers – BEST and Reside. Both are Registered Social Landlords and are interested in purchasing a group of bungalows. They are both interested since the DoH capital will allow them to develop accommodation they normally cannot undertake i.e. for service users with very challenging needs who need accommodation that will be too expensive to be covered by Housing Benefit – the DoH capital will allow them to undertake the purchase and conversion.</p> <p>£125K – To make adaptations to run a step up/step down interim residential care home – the Council has already started a partnership with Nottingham Community Housing Association to set up a step up/step down residential care service as a short term alternative to hospital or pathway from hospital. Accordingly the Council already has a provider to work with and just requires DoH capital to facilitate an upgrade to the property.</p> <p>£65k – to undertake a scoping exercise to look at the potential to use land owned by the county council to develop new supported housing. The Council has 6 housing partners – Framework, Inclusion, Nottingham Community Housing Association, Gedling Homes, Progress and who are on an approved list and we will select which partner will work with us on developing this accommodation by a process that will involve the providers in conversation around the needs of the Council and the way they can work with us to</p>

	<p>deliver. An initial meeting has already taken place with housing providers to gauge interest and further work will be undertaken to develop partnerships.</p>
<p>(6) The LA's progress on delivering <i>Transforming care</i> commitments so far</p>	<p>In April/May 2013, 28 people were assessed as being ready to leave hospital by June 2014.</p> <p><u>So far 20 people have moved out:</u></p> <ul style="list-style-type: none"> <li>• 3 of these people have moved to a new residential service where they will live whilst their supported housing is built – expected to be December 2014.</li> <li>• 10 people have moved directly into supported living services.</li> <li>• 7 people have moved into residential care</li> </ul> <p><u>8 people who we originally thought would be ready to move have not done so. This is due to:</u></p> <ul style="list-style-type: none"> <li>• 3 people not being given Ministry of Justice permission to leave yet</li> <li>• 4 people have not got better as quickly as we had thought they would and are still having treatment.</li> <li>• 1 person did move out but then went straight back to hospital because he did not want to leave. We are still working with him to help him move again.</li> </ul> <p><b><u>Reflections on the Winterbourne Programme</u></b></p> <p>We are pleased with the progress made in Nottinghamshire to improving lives for vulnerable service users. As the figures above show Nottinghamshire has made strong progress in reviewing and moving service users in hospital to new lives in the community. This has involved considerable effort in working with service users and their families as well as developers of new accommodation and with care providers in supported living and residential care.</p> <p>We continue to make plans to develop further supported housing as well as working with health colleagues to improve community health support to service users who challenge</p>

	by, for example, improving availability and access to CAAT services.
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