

# **Nottinghamshire County Learning Disabilities Campus Reprovision Project**

## A briefing for the Nottinghamshire County Council's Overview and Scrutiny Committee

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### **1 WHAT IS CAMPUS REPROVISION?**

- 1.1 In 2001, a national strategy called "Valuing People<sup>1</sup>". was launched for people with learning disabilities. This set out a vision of citizenship for people with learning disabilities, including those with complex needs due to their physical and mental health or who behave in ways that other people may find challenging. At the heart of the vision is the concept that people with a learning disability should enjoy the same rights as the rest of the population – including, where possible, having their own home

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<sup>1</sup> <http://valuingpeople.gov.uk/dynamic/valuingpeople4.jsp>

- 1.2 'Valuing People' determined that people with a learning disability living in NHS provided settings should have new living opportunities. Long Stay Hospital beds in Nottingham were closed in Nottingham by March 2006. Other NHS settings are called "campus provision" as a lot of the services around the country were based on hospital campus sites (see Appendix for local background information on this). "Valuing People" and subsequently the White Paper "Our Health Our care Our Say" asserted that all "campus provision" was to close by 2010.
- 1.3 The national Campus Reprovision programme set out to transform the lifestyles of people living in NHS services by supporting them to have access to aspects of lifestyle that people without such disabilities enjoy such as tenancy or ownership of one's own home with the ensuing privacy and possibly some elements of a working life.
- 1.4 The aim is that accommodation and support will be designed around the individual's needs and wishes with a focus on improving their quality of life. Day and evening activities will be chosen by the individual with the support of the people who know them best, with the aim of encouraging community participation and social inclusion.
- 1.5 It remains national policy<sup>2</sup> that, after 2010, no-one with a learning disability will have their home in the NHS. The only bed-based services provided by the NHS will be for assessment and treatment services.

## 2 THE NOTTINGHAMSHIRE CAMPUS REPROVISION PROJECT

- 2.1 At present, 38 people with learning disabilities and complex needs live in NHS commissioned and provided services (referred to as 'campus' services) in Nottinghamshire, across and within 6 units. Currently 20 people live in Mansfield, 10 people live in Newark & Sherwood, eight people live in Bassetlaw and one person lives in Rushcliffe. (See the Appendix for the background of these services).
- 2.2 It is planned that by 2010, all 38 people will have tenancy arrangements or be shared owners of their own homes, receiving high levels of care, support from social care enablement services.
- 2.3 A specialist care management team was set up in the summer of 2008 to work with all concerned to develop individual plans for each person. From these individual plans, work has now begun to commission housing from four selected housing providers.
- 2.4 24 hour support services will be commissioned, using an approved list of care support and enablement providers. These services will support people to participate in the local community, maintain and develop new important relationships, sustain personal health and well being whilst also providing support for the more practical needs of living independently.

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<sup>2</sup> Valuing People

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#### PLANNING FOR CHANGE

- 3.1 Nearly 150 staff are currently employed by Nottinghamshire Healthcare NHS Trust supporting people currently living in campus services. It is expected that all staff will transfer under TUPE<sup>3</sup> arrangements to the new support providers. They will continue to work focusing on individual needs according to the policies and practices of the new employer whilst their existing terms and conditions will be honoured including existing pension arrangements.
- 3.2 The revenue cost of the new support arrangements will be more than the current NHS services for some people. For others it will be less. The NHS and the Local Authority will share any increase in costs depending on whether people have continuing healthcare needs or social care needs. Looking at the group of people as a whole, their needs are for 80% healthcare and 20% social care services,
- 3.3 To purchase the houses, capital payments will be made available to the housing providers. The way these payments are made will ensure the money will be available for people with severe learning disabilities and complex needs in the long term. If, for whatever reason, someone no longer needs to live in a house bought so they can leave the NHS services, the house or the money will be used to create a home for someone else with a similar profile of need,
- 3.4 The capital requirement for the housing grants will be met by a combination of locally available funds<sup>4</sup> (£2.5m) and money from the Department of Health's Campus Closure Programme for capital (in the region of £3.5m). The housing partners will also bring some capital to the process and there is the possibility of capital raised by individuals who opt for shared ownership.
- 3.5 When everyone has left the NHS services, an evaluation will be carried out to measure whether people's lives are transformed in the way that is planned. The evaluation will look at individual plans rather than making assumptions.

#### 4 CRITICAL TIMESCALES & PROGRESS TO DATE

- 4.1 A project board has been established between the partner organisations – Nottinghamshire County teaching Primary Care Trust (NCtPCT), Bassetlaw Primary Care Trust (BPCT), Nottinghamshire Healthcare NHS Trust (NHCT) and Nottinghamshire County Council (NCC).
- 4.2 A project manager took up post in December 2007. At the end of January 2008, the project board agreed to establish a specialist care management team called "the New Lifestyles team" with the aim of transforming the lifestyles of the individuals concerned. The team would be provided and managed by NCC in order to link directly with social care commissioning mechanisms.

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<sup>3</sup> The Transfer of Undertakings (Protection of Employment) Regulations (TUPE) preserve employees' terms and conditions when a business or undertaking, or part of one, is transferred to a new employer.

<sup>4</sup> non-recurrent money

- 4.3 The team manager took up post in May and invested time in recruiting and training staff as well as working closely with colleagues. At the beginning of September, the team commenced development of person centred planning for new lifestyles for individuals.
- 4.4 During July and August, an invitation to tender was run to acquire housing partners to develop and manage housing for the people. Bidders were assessed on their quality and value for money. Four organisations were confirmed as housing partners on September 10<sup>th</sup>. These are three Housing Associations - East Midlands, Framework, progress Care and Golden Lane Housing.
- 4.5 The housing development time represents the greatest risk to achieving the non-negotiable delivery date for this project of 2010. For this reason, a competitive stage of bidding for work was removed. Instead, housing partners agreed between themselves how to divide up the housing requirements, ensuring that one provider would work with groups of housing specifications where links exist between the future occupants.
- 4.6 During November, the Housing partners will respond to housing specifications by presenting development proposals. They will be required to demonstrate value for money in relation to their use of available capital grant funding and how quickly they can create the right kind of housing. District Council housing benefit officers will also analyse the rents of the proposals to ensure they represent value for money and long-term security for the individuals.
- 4.7 Once people are living their new lifestyles, monitoring and review processes will ensure that all risks are monitored and investment is being made in infrastructure that will support this.

## **5 INDIVIDUAL PLANS FOR INDIVIDUAL LIVES**

- 5.1 The staff working in the campus services have all had person-centred planning training. 'Person centred planning is finding ways of listening to people to find out what is most important to them and what they want from their lives. The next step is to help people get those things<sup>5</sup>'. The process includes consideration of what someone needs to keep them healthy and safe thus ensuring that risk issues are addressed.
- 5.2 The planning for reprovion for each person is being led by the New Lifestyles team, working closely with campus unit staff, other healthcare professionals and the person's family or other important individuals who know them.
- 5.3 The New Lifestyles team and many of the campus unit staff were trained together in running Person-Centred reviews and person centred approaches will be used throughout the reprovion process.
- 5.4 Helen Sanderson Associates, a person-centred training organisation<sup>6</sup> is supporting the planning process along with one of NCC's person-centred planning officers.

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<sup>5</sup> <http://www.valuingpeople.gov.uk/dynamic/valuingpeople135.jsp>

<sup>6</sup> See <http://www.helensandersonassociates.co.uk/index.htm>

- 5.5 The role of 'Critical friend' has been supplied to planning meetings to provide an external, objective view in discussions about each individual. The critical friend's role ensures that all options are considered and that decision-making is evidence-based. They are expected to ask questions about why people think or say certain things, and make sure things are not just assumed. The main role is to challenge planners to think differently about an individual to ensure every opportunity is explored for each person.

## **6 FAMILIES AND ADVOCATES**

- 6.1 Around half of the people living in campus services have families with whom they keep in touch and with and from whom they receive and make visits. In February and March this year, families were all informed personally about the reprovision project. They were given the option of a one-to-one meeting with the project manager. Most of these were carried out with the help of the campus service managers, who are very familiar to the families concerned.
- 6.2 The project has a volunteer Families Advisor. This person has a relative who enjoys shared ownership of their home and is supported 24 hours a day. The Families Advisor has gone through the challenging process of planning for the future and developing trust in new arrangements and adjusting to major change.
- 6.3 The Families Advisor has provided helpful comments on various aspects of the project and will be shortly helping to plan how to meet the information gaps of families after the first major stage of planning for the future.
- 6.4 A letter giving full contact details was sent and also a message from the Carers' Federation, who had offered to provide support to any families who wished to contact them.
- 6.5 Families were offered a one-to-one meeting with the New Lifestyles team manager in May and June, and some people took up this offer.
- 6.6 Now that each person has a care manager, families have been invited to meet them, and are being invited to all meetings and kept informed of any discussions or planning matters.
- 6.7 Families have been informed that they may seek refunds of their travel and other costs in order to attend these meetings, which are additional to their usual schedule of visits to their relatives and attendance at review meetings with the campus services. Some long distances are involved.
- 6.8 People without families and who do not have sufficient mental capacity to make the big decisions of where to live and with whom, have been referred to the Independent Mental Capacity Advocacy service. These advocates will ensure that decision-making is in the best interests of the individuals concerned.
- 6.9 Where people are found to be in need of a general advocate in addition to family support and the involvement of and IMCA, a referral will be made for general advocates to be involved.

## **7 THE FUTURE OF THE CURRENT SERVICES' STAFF**

- 7.1 Around 125 whole time equivalent staff (representing approximately 135 people at any given time) work to provide the campus services, some of whom are part-time.
- 7.2 A human resources sub-group of the project board has been set up and this is overseeing a programme of work to ensure that staff are kept well-informed about the campus reprovision process
- 7.3 Work is underway to ensure that where there is a need for a transfer of undertakings (protected employment) (TUPE) by the providers of support services in the future, all administrative matters will be in order and not cause unnecessary delay.
- 7.4 A programme of development opportunities are being made available to staff as transferring to new providers will mean a big change, working in a very different kind of organisation. For example, the core competencies required in job descriptions will be different as the service model is geared towards social rather than healthcare.
- 7.5 When care support and enablement providers have been appointed for each person, at an appropriate point, staff will be able to discuss their future with the provider to whom their employment will be transferred. Deciding which staff transfer to which provider will require a fair and transparent process.
- 7.6 In some cases, staff in the current services have developed strong relationships with the people they support. There may be some difficult decisions to be made where a member of staff gets on well with a group of people who are going to be living in various different places and having different support providers.
- 7.7 Staff will be offered active support through their current line management arrangements and the human resources department.

## **8 BEYOND CAMPUS CLOSURE - THE PLAN FOR FUTURE PROVISION**

- 8.1 It is important to be clear that reprovision of campus services does not represent a reduction in service. At present, if someone is assessed as having a combination of unmet health and social care needs, suitable services are identified and arranged and the respective funding responsibilities of the NHS and Local Authority are determined by application of the Continuing Healthcare Criteria.
- 8.2 In the future, as now, people with learning disabilities and complex needs identified as requiring high levels of support and accommodation will be jointly assessed by NHS and NCC staff. Supported living or registered care home options will be offered to them in much the same way as it is being offered to people being discharged from campus (although there will be no capital available for higher than usual housing costs).
- 8.3 The asset base of the current service is represented by the capital being paid to housing partners to develop the housing needed by people leaving campus services. To protect this asset base, the level of capital payment that

contributes to the enduring asset value of the property (as opposed to architects' fees or adaptations specific to an individual) will be recoverable within the terms of a capital payment agreement. The capital assets being used to create the new living arrangements will therefore be protected through capital payment clawback agreements.

- 8.4 There is a Partnership Agreement<sup>7</sup> governing the transfer of local non-recurrent monies and DH capital (likely to be in the region of £5-6 million from the NCtPCT<sup>8</sup> to NCC to fund the grants. This stipulates that if any of the housing created through the use of the grant becomes available for whatever reason, it must be used for people with this profile of need or the asset recovered. If the asset is recovered, the money must be used to enable local services to continue to provide supported living for people with this needs profile.
- 8.5 Nominations Agreements will also be in place with the housing providers to ensure efficiency when 'voids' occur in the new accommodation so that other people needing accommodation can be introduced in a timely manner.

## **9 MONITORING AND REVIEWING THE NEW ARRANGEMENTS**

- 9.1 New investment is being made to ensure that these new lifestyles are sustainable. This is investment in
  - 9.1.1 additional mental health services (Community Assessment and Treatment) which will focus on supporting people in their own homes during a mental health crisis
  - 9.1.2 additional community learning disability nursing and other specialist healthcare staff to work with the Community Learning Disability Teams
  - 9.1.3 additional care management infrastructure to review and make adjustments to people's support arrangements
  - 9.1.4 additional monitoring and review infrastructure for the capital grants related to housing and the care support and enablement contracts

## **10 TRANSFORMING PEOPLE'S LIVES**

- 10.1 The Valuing People Now challenge is not just to transfer people's services from being delivered by the NHS to being delivered by different providers. It is to transform people's lives through completely different models of support which are individualised and have the goals of active citizenship
- 10.2 An evaluation of the changes is being planned by a group of senior researchers who are psychologists. They will look at the plans drawn up for individuals and then when the plans are implemented, they will measure to what extent the plans have realised people's ambitions and wishes. This will include concerns of the families that people's overall safety and wellbeing is not compromised.
- 10.3 The evaluation is person-centred, and so the outcomes will vary from individual to individual.

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<sup>7</sup> Section 256 of the National Health Service Act 2006

<sup>8</sup> And on behalf of Bassetlaw PCT

## APPENDIX BACKGROUND TO THE CAMPUS REPROVISION

The current nationally determined definition of a campus service is as follows:

**A campus** is a service that is one and two and can include three:

1. NHS provided long-term care in conjunction with NHS ownership/management of housing (residents do not have an independent landlord and housing rights)
2. Commissioned by the NHS
3. People who have been in assessment and treatment services more than one year, who are not compulsorily detained or undergoing a recognised evidence based treatment programme

People living in such accommodation are technically and legally NHS patients.

1. Balderton Hospital in Newark was a large institution providing long-stay accommodation for over 900 people with learning disabilities. It was first planned for opening in 1930 by Nottinghamshire County Council (before the start of the NHS). Due to the disruption of the Second World War, the institution did not start taking in patients until 1957, by when it had become a hospital in the NHS. It was officially opened in 1961. The last people were discharged in 1993 and all beds closed.
2. Many different discharge plans were developed to enable people to move out of the big hospital into more homely settings. This included some people being offered a fostering-style service (Adult Placement Scheme) and some moving to independent living or into various sizes of group homes in residential areas. Some people's needs were thought to be too complicated for discharge so new NHS units were created. Part of the Balderton hospital closure plan was to create five 'campus' services in the North of Nottinghamshire. These were in the grounds of Bassetlaw hospital (Hillside), the grounds of a small hospital between Rainworth and Mansfield (Sycamore Grove), on the Mansfield Community Hospital (Lindsay Close), in a large house in Balderton Village (Old Hall) and a house called the Willows in a residential street.
3. Hillside House was created to serve all people with learning disabilities and complex needs in Worksop. It provided eight residential beds, eight short stay beds and one bed for assessment and treatment. The short stay beds have now been transferred to a new service at Holles Street in Worksop and the assessment and treatment bed has been transferred to Mansfield. It is also intended that additional specialist support will be made available to people in their own homes at times when they experience mental health crises. This will create a whole system of effective services for people moving out of the long stay beds (see section 7)
4. Sycamore Grove was built as four bungalows each to house six people, with a fifth smaller bungalow to provide staff administration space. The number of people living at Sycamore Grove has reduced over time to each bungalow having four people, each with their own bedroom. A recent development was the conversion of one of the bungalows into two semi-detached self-contained homes for two individuals who were struggling to live with other people successfully. This has provided an ideal



environment for assessing whether people prefer living alone (with full staff support but not with other people with learning disabilities).

5. Lindsay Close was built as one of in a row of bungalows each providing a different aspect of learning disability services in Mansfield on the Community Hospital site. The assessment and treatment service is also based there in one of a row of bungalows as is the Community Assessment and Treatment Team (CATT) for people with learning disabilities experiencing mental health crises. The building is small for the five people who live there. Once they move out, a new purpose will be found for the building - not as long term accommodation.
6. The Old Hall in Balderton Village is a very large old house and was previously used as a home for elderly people. It was redeveloped in 1979 for use for people with learning disabilities moving out of Balderton. Initially 10 people lived there and gradually people have moved out to alternative services, leaving only four people.
7. People living at The Leylands (in Sutton on Trent village) were previously provided with a service called the Willows. The service was relocated due to neighbours being unhappy about the level of noise generated by some of the six people living there. The Leylands has no immediate neighbours and therefore no complaints about noise. The house is a modern house with a very large garden. This move has been very successful for some of the individuals and using the present building in future plans is an option. However, as with all the campus residents a range of options will be considered to ensure that each individual's quality of life is maximised.
8. There are two people living in other locations who are also being included in the campus reprovision project as they have links to campus services. These people will have individual reprovision plans that will not affect other people or lead to a change of service. However, they will have access to the same capital funding and lifestyle planning services.