

HEALTH RESOURCE TRANSFER OF MOUNTVIEW SERVICES

Report by Chief Social Work Officer

EXECUTIVE (FINANCE)

24 February 2015

1 PURPOSE AND SUMMARY

- 1.1 This report proposes that there is a transfer of funding from NHS Borders to Scottish Borders Council in relation to the services currently provided by NHS Borders in Mountview Duns, a residential care home for 7 adults with a Learning Disability.
- 1.2 Summary of the main points of the report.
 - a) Mountview is currently a registered residential care home contracted by NHS Borders to an independent care provider, Streets Ahead. The majority of the funding is provided by NHS Borders with some funding by SBC. The current building is owned by Berwickshire Housing Association.
 - b) In line with the Scottish Government strategy for learning disability services (The Keys To Life 2013), Mountview is transferring to a supported living service model. Advanced plans are underway to transfer the current residents from the residential care home to 2 purpose built attached bungalows. Completion is planned for February 15.
 - c) The support required by the service users is predominantly social care and the supported living model is best provided by SBC and should not be the remit NHS Borders. This report recommends that the existing NHS Borders funding should be transferred to SBC via a Health Resource Transfer.
 - d) Previous Health Resource Transfers have taken place between NHS Borders and SBC. COSLA arrangements are already in place to settle the annual uplift arrangements for Health Resource Transfers (see attached documents).

- e) The Health Resource Transfer will allow SBC to apply its Charging Policy to all tenants therefore maximising income not currently available in a health funded service.
- f) The new supported living scheme will require additional funding. There will be 1 vacancy and as the tenancies provide best value compared to similar schemes, the Learning disability service has agreed to provide the funding to balance the budget.
- g) The Joint Learning Disability Service and finance representatives from both organisations have discussed and agreed the financial model for the reprovisioning of Mountview Care Home.

2 **RECOMMENDATIONS**

2.1 I recommend that the Executive agree that the £429,923 NHS Borders Mountview funding be resource transferred to Scottish Borders Council and note the proposed funding arrangements for the remaining balance.

3 BACKGROUND

- 3.1 During 1993/1994 NHS Borders resettled patients with a learning disability from Dingleton Hospital to Mountview Care Home. The care home was run by the Streets Ahead organisation but was also staff by NHS Borders nursing staff. Although discussion took place at this time regarding a resource transfer arrangement for this service to Scottish Borders Council the funding for this service continued to be provided by NHS Borders to Streets Ahead.
- 3.2 This model of care continued until 2012/13 when following a review of the service it was decided to withdraw the nursing staff. The withdrawal of the nursing staff in 2012/13 lead to an increase in the level of support worker care provide by Streets Ahead to maintain the service. Although the service continued to be provided in Mountview over the years various groups such as the Care Inspectorate have stated that the physical environment was not suitable accommodation to provide a modern model of care.

4 KEY ISSUES

4.1 Key Issues

Over the years the learning Disability Service has explored a number of options for reprovisioning the Mountview service in a more suitable environment. A number of options had previously been considered but none have proved to be viable until now. In conjunction with Berwickshire Housing Association two attached bungalows based on three and four persons sharing have been sourced to provide new accommodation for this service.

- 4.2 The service will now become a supported living model of care, meaning that the current residents of Mountview will move into their own home with an individual tenancy. This is a more suitable model of care and meets the future needs of the Mountview residents.
- 4.3 Support to the residents of Mountview once they have moved into the new accommodation, at least initially, will continue to be provided by Streets Ahead providing continuity of care for the residents.
- 4.4 A supported living model of care is outwith the remit of service which should be provided by an NHS body.
- 4.5 Discussions have been ongoing with NHS Borders for a number of years around the possibility of resource transferring funding for this service. However with the move to a supported living model of care it has become even more evident that NHS Borders should not be responsible for providing care in this type of setting.

4.6 In recent months discussions have taken place regarding the funding of the new supported living service between NHS Borders, Scottish Borders Council and Streets Ahead. The cost of providing the new service is greater than the current service provision. This is due to economies of scale in the staffing levels required to safely staff a care home compared to the staffing levels required for a supported living model across 2 bungalows. The costs have been reviewed by both NHS Borders and Scottish Borders Council staff and cannot be reduced any further as it is felt this would compromise safety. Assistive technology and adaptations have been incorporated into the design and support model to maximise efficiencies in relation to the independence of the tenants and the staffing model required.

5 IMPLICATIONS

5.1 Financial

The current funding for Mountview is as follows:

Organisation	Amount
	£
NHS Borders	429,923
Client Contribution to Streets Ahead	37,482
SBC Contribution	4,550
Preserved Rights	29,531
SBC Non Dingleton Resident	32,000
Total	533,486

Funding Available for New Service

Organisation	Amount
	£
NHS Borders	429,923
Preserved Rights	29,531
SBC Non Dingleton Resident	32,000
Available Funding	491,454
Cost of New Service	559,036
Deficit	67,582
New Funding Sources	
Scottish Border Council Client Income	32,000
Scottish Borders Council Additional	35,582
Placement	
Deficit	0

5.2 During discussion NHS Borders agreed in principle to the above model of funding for the new service. However this model of funding will only apply should a resource transfer be agreed as NHS Borders cannot apply a client contribution against the tenants. If a resource transfer arrangement took place the additional client income which could be raised through Scottish Borders Council's charging policy could be offset against the funding deficit. Scottish Borders currently requires a new placement for an individual person coming through transition and the most appropriate and cost effective solution for this placement would be a tenancy within the new Mountview development.

5.3 If additional funding can be achieved through the client contributions and funding of the new placement by Scottish Borders Council a balanced budget can be achieved.

5.4 **Risk and Mitigations**

- (a) Risk If agreement for a Health Resource Transfer was not forthcoming, there would be a potential funding deficit of approximately 27K due to loss of charging income (could only charge 1 tenant who is SBC funded). This would be a loss of income to the Integrated Health and Social Care partnership. It is likely that Scottish Borders Council would be asked by NHS Borders to provide additional funding to purchase the vacant tenancy to reflect the unit cost of a placement ie Unit cost £80,000 pa (approx) compared to proposed cost to SBC of £35,000 pa (approx) if a Health Resource Transfer takes place.
- (b) Risk If there were to be a Health Resource Transfer as proposed, SBC would be liable to pay for any increase in care costs. Mitigation - The projected placements costs per person do provide best value compared to market alternatives. The current provider charges a comparable hourly rate to other Scottish Borders providers and has worked collaboratively with our professionals to deliver an efficient model of support to date.
- (c) Risk Demand for placements may reduce resulting in vacancies. Mitigation – These placements are for people with high levels of support needs and are difficult to source elsewhere. The costs of alternative placements would be significantly higher than the unit cost within this supported living scheme. We are confident that there is a local demand for this type of service so vacancies should not be a significant issue. If there was not the local demand at some point in the future then the placement could be offered to other Councils thus maximising income.

5.5 Equalities

It is anticipated that there are no adverse impact due to race, disability, gender, age, sexual orientation or religion/belief arising from the proposals in this report.

An Equalities Impact Assessment has been completed.

5.6 Acting Sustainably

There are no significant impacts on the economy, community or environment arising from the proposals contained in this report.

5.7 Carbon Management

There are no significant effects on carbon emissions arising from the proposals contained in this report.

5.8 Rural Proofing

This report does not relate to new or amended policy or strategy and as a result rural proofing is not an applicable consideration.

5.9 **Changes to Scheme of Administration or Scheme of Delegation**

There are no changes to be made to either the Scheme of Administration or the Scheme of Delegation as a result of the proposals contained in this report.

6 CONSULTATION

- 6.1 The Chief Financial Officer, the Monitoring Officer, the Chief Legal Officer, the Service Director Strategy and Policy, the Chief Officer Audit and Risk, the Chief Officer HR, and the Clerk to the Council have been consulted and their comments have been incorporated into the final report.
- 6.2 The Joint Learning Disability Service and finance representatives from both organisations have discussed and agreed the financial model for the reprovisioning of Mountview Care Home.

Approved by

Elaine Torrance Chief Social Work Officer Signature

Author(s)

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Background Papers: Mountview Resource Transfer Inflation 13-14 Appendix **Previous Minute Reference:** None

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