Campus Reprovision Plan Workbook

Valuing People Support Team
It is too difficult to reprovide the Campus Accommodation
What will happen if we don't produce a good plan
Do we need to undertake a Statutory Consultation
What do we do if people want to stay where they are?

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Introduction - Person Centred Approaches

The Campus Reprovision workbook provides an overview of the processes required to develop a good plan for the reprovision of campus accommodation that meets current expectations of person centred approaches. The document provides details of the steps required to ensure that the individual wishes of service users lie at the heart of the planning process.

The document starts with an overview of person centred approaches, looking at a short chronology of long stay hospitals and then at the definition of campus accommodation and why action is needed.

The document then looks at the detail of the planning process, focussing on person centred approaches to planning. This section looks at:

- Determining support requirements
- Person centred approaches to planning
- Partnership arrangements with the local authority
- Commissioning approaches
- Support and Brokerage functions
- Delivery approaches

The final parts of the document provide a short checklist of the process, followed by a Resources section providing links to further information on aspects of the planning process mentioned in the document.

This document is intended to provide a general overview rather than a detailed approach to planning. In particular, it does not set out a particular path that has to be followed, instead providing an outline of the general approach that should be used, based on person centred approaches.
Introduction - Person Centred Approaches

Person Centred Approaches

This good practice guide is based on the use of person centred approaches to the planning of Campus closure and reprovision. The guide starts from the premise that, in order to develop a plan for reproviding campus accommodation, planners need first to understand the individual needs, wishes and aspirations of the people who live there.

Person centred approaches look at the whole of the person and the whole of their lives, support networks, family, friends, health, leisure, education and employment needs.

Person centred approaches are based on the ownership of the planning process by the individual with learning disabilities. The statement within Valuing People—“nothing about us without us”—is key.

Person centred approaches are central to most current central government policy, including personalisation which includes Direct Payments, Individual Budgets, In Control, and Supporting People. The support requirements of the individual are central to these initiatives. The section on person centred planning looks at the different systems for doing this.

An approach based on person centred planning can be expected to provide many variations and textures to the outcomes for individual people. It is not a “one-size fits all” approach. A wide range of support options is likely to arise from a person centred approach and will include complex ranges of partnerships, not all of which are traditional in a social care setting. Some examples of this are included in the section on partnerships and in the commissioning, brokerage and delivery approaches sections.

History

The box below shows a short chronology of Learning Disability Hospitals from the turn of the last century to today. It highlights the slow rate of change in the closure of inpatient care for people with learning disabilities.
### A short chronology of Learning Disabilities Hospitals

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1913</td>
<td>Mental Deficiency Act established Mental Handicap “Colonies”</td>
</tr>
<tr>
<td>1948</td>
<td>NHS created. The Colonies become hospitals.</td>
</tr>
<tr>
<td>1957</td>
<td>Royal Commission on Mental Illness and Mental Deficiency.</td>
</tr>
<tr>
<td>1969</td>
<td>60,000 living in hospitals</td>
</tr>
<tr>
<td>1970</td>
<td>Education Act transfers education for children with learning disabilities from the NHS to Local Authorities</td>
</tr>
<tr>
<td>1971</td>
<td>Better Services for the Mentally Handicapped published</td>
</tr>
<tr>
<td>1980</td>
<td>An Ordinary Life published by the Kings Fund</td>
</tr>
<tr>
<td>1990</td>
<td>Griffiths Report published</td>
</tr>
<tr>
<td>1993</td>
<td>Community Care Act introduced</td>
</tr>
<tr>
<td>2000</td>
<td>Valuing People published</td>
</tr>
<tr>
<td>2006</td>
<td><em>Our Care, Our Health, Our Say</em> published</td>
</tr>
<tr>
<td>2007</td>
<td>£175 Million allocated to support Campus reprovision</td>
</tr>
</tbody>
</table>

*Figure 1: A short chronology of Learning Disabilities Hospitals*

*Figure 2: Darenth Park Hospital, 1988 © Julian Beach*
What is a campus?

This section starts with the current definition of Campus Accommodation. It then looks at the problems with Campus Accommodation, looking at the statements within *Valuing People* and *Our Health, Our Care, Our Say*. It also mentions the recent Healthcare Commission investigations into events in Cornwall and Sutton and Merton.

The current working definition is that a campus is a service that has the following features:

1. Provides long-term care through the NHS, in conjunction with NHS ownership/management of housing (residents do not have an independent landlord and housing rights).
2. Is commissioned by the NHS.
3. Includes people who have been in assessment and treatment beds more than 18 months who are not compulsorily detained or undergoing a recognised and validated treatment programme.
4. People living in such accommodation are technically and legally NHS patients.

The following cases would not be enough on their own to exclude services from reprovision:

1. the properties being small houses in a dispersed setting;
2. an NHS discharge process having been followed.

“Our Campus settings limit choices and give poorer outcomes, whereas community-based settings enable a greater degree of independence and inclusion. Campus accommodation also often neglects people’s health needs. For example, some campus occupants are being denied their right to register with a GP practice.”

*Our Health, Our Care, Our Say*, p 100

What is the problem?

The White Paper *Valuing People* stated that NHS residential campuses are not good places for people with learning disabilities to
live. The White Paper *Our Health, Our Care, Our Say* has now said that campuses should close by 2010.

Recent events in Cornwall and in Sutton and Merton have highlighted the problems that some people with learning disabilities experience when they are living in NHS accommodation. The investigation by the Healthcare Commission and CSCI into services run by Cornwall Partnership NHS Trust highlighted physical, institutional and financial abuse arising from poor oversight, management and planning, lack of investment, poor work practices, disorganised record keeping and procedures and failure of partner agencies to get to grips with the Trust’s activities. CSCI were concerned about the running of unregistered care homes by the NHS Trust.

In Sutton, the Healthcare Commission found institutional abuse where “rituals and routines of service result in the lifestyles & needs of individuals being sacrificed in favour of the needs of the institution”. The issues in Sutton were different from those in Cornwall, but there were a number of similarities, including:

- Institutional and management inability to adjust to the *Valuing People* agenda, including a lack of person centred planning and involvement of service users;
- De-motivated and not particularly well-trained staff;
- Out-of-date care processes and management;
- Management and oversight weakness across the PCT and the SHA.

Local people, with the support of the Valuing People Support Team, are helping to close and reprovide NHS Campus Accommodation and support those who currently live in them.

The VPST know that across the country people have been working hard, some for very many years, to make sure that people do not live in an NHS setting and have the best possible supports.
How many people and where do they live?

The SHAs have been checking where people live. The Valuing People website will have information on every region in early December on its NHS Campuses Pages.

<table>
<thead>
<tr>
<th>Strategic Health Authority</th>
<th>Total number of People in Each Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern</td>
<td>462</td>
</tr>
<tr>
<td>London</td>
<td>278</td>
</tr>
<tr>
<td>North East</td>
<td>64</td>
</tr>
<tr>
<td>North West</td>
<td>52</td>
</tr>
<tr>
<td>South Central</td>
<td>235</td>
</tr>
<tr>
<td>South East Costal</td>
<td>350</td>
</tr>
<tr>
<td>South West</td>
<td>193</td>
</tr>
<tr>
<td>West Midlands</td>
<td>214</td>
</tr>
<tr>
<td>East Midlands</td>
<td>259</td>
</tr>
<tr>
<td>Yorkshire and Humber</td>
<td>33</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>2,140</strong></td>
</tr>
</tbody>
</table>

(Figure 3: The table shows the total number of people at Summer 2007)

Expectations of Campus Closure and Reprovision

Campus closure and reprovision is about working with people with learning disabilities to establish or develop richer lives in the community where they feel they belong. Their lives include not only where they live, but how they control and pay for how they are supported, what they do during the day, what leisure activities they have access to, who their friends are and their relationship with their families.
Whilst addressing the building and support elements will accomplish some of the expectations of Campus closure and reprovision, this will be only a relatively small part of the overall expectations, which encompass all of the above.
There are a number of different approaches that could be taken to Campus closure and reprovision, only the first of which fully addresses the need for a person centred approach:

- **A person centred approach to change leading to new and improved outcomes for people.** This will inevitably result in far more significant levels of change for the individuals and those who support them. This is the preferred approach.

- **The second approach is a wholesale transfer of the current service to a different provider.** This may result in little significant change, or could incorporate plans for longer term change to the way in which individuals are supported. This approach fails to deliver to improvements in the lives of the people living in campus accommodation required and would not generally be acceptable, although it may be quick and simple.

- **The third approach is a change of staff team but fundamentally the same service in the same buildings.** As this approach is not driven by person centred principles, it fails to meet expectations in terms of the full range of outcomes for the individuals, although it may address the more basic requirements for Campus closure and reprovision.

The basic test that needs to be applied is whether the plans will lead to a real difference to individuals’ lives, meeting outcomes that have been defined by the individuals, their families and friends. If this is not the case, then the reprovision plans will have failed to meet the expectations of the Department of Health, the Valuing People Support Team and all those involved in the process.
This section provides a practical guide to the main components of a person centred approach to Campus closure and reprovision. It commences with an examination of the process of identifying an individual's support requirements and the options for meeting these through person centred planning techniques. The document then examines the essential partnerships with the local authority as a mechanism for delivering person centred services. The examination of partnership arrangements leads on to a look at the commissioning and delivery of services, which includes the design of support/brokerage arrangements as well as delivery options. An overview of the resources required at each stage is provided, and the Resources section at the end of the document provides links to detailed information.

The diagram above shows the two main routes to developing new services to replace campus accommodation:

1. The recommended route (in red) follows a person centred approach, basing the design of services on the needs and wishes identified through the person centred planning with individuals.
2. The alternative is a more traditional route which has been largely superseded by person centred approaches. This approach goes directly from the assessing of needs to the commissioning of services to delivery, bypassing person centred approaches to support options design and missing options for creative partnership with the local authority and other organisations to deliver individualised support to people.

Identifying Support Options through Person Centred Approaches

Person centred approaches consist of a range of processes that have the individual person with learning disabilities at their centre. A key feature of person centred approaches is the ownership of the plan by

- Personal Assistants
- Support Providers
- Training
- Housing
- Social Activities
the individual, and the active involvement of the individual in the development of the plan.

Person centred approaches are not just about developing a plan but providing realistic ways of providing outcomes in the plan, again based on individual need. An effective person centred plan describes the individual and their aspirations, where they are now and how they need to be supported to make these aspirations become a reality. The outcome of a person centred plan should be the design of a range of supports that reflect the aspirations of the individual and not the matching of the individual to existing services unless that service is clearly in keeping with the aspirations in the plan. If Individual Budgets are combined with person centred approaches then the design of individual support options can enable real choices based on the funding available.

There are a variety of specific formats for Person Centred Planning, the suitability of which depends on the interests and understanding of the individual. These include:

- Essential Lifestyle Plans (ELP)
- Personal Futures Planning
- PATH
- MAPS

People’s health needs should be addressed through a Health Action Plan.

Individuals moving out of campus accommodation should also have a Transition Plan. For details of Transition Plans, see the Resources section.

Links to extensive information on person centred planning are available in the Resources section, and a number of development agencies are specialist providers of training and support on person centred planning.

Person centred planning should address all areas of the individual service user’s life, including:

- Support/Lifestyle
- Leisure
- Housing
- Health
- Employment
The end result of the planning process should be details of a range of services and supports that will be required to meet the needs, aspirations and goals of individuals across all aspects of their lives.

There should be a presumption of individual control of services through Individual Budgets and Direct Payments and the plans will need to address the provision of support to enable people to manage their own service. A later section looks at the options for brokerage and support as a way of achieving this.

There are a range of support responses to each of the seven core support areas outlined above, detailed in the sections below. Further information is provided in the Resources section as appropriate.

**Support and Lifestyle**

Support to meet day to day personal care and other needs often have the largest impact on individuals and changes in the way this support is provided has a significant impact on individuals.
Sourcing

There are a range of options for the sourcing of support to reflect the desired outcomes of the individual, depending on their wishes and abilities, with plenty of opportunities to individualise the support. These include the use of personal assistants, families and friends, staffing agencies, as well as more traditional providers of care and support. Many people wishing to take advantage of individualised funding and Direct Payments will wish to consider the employment of personal assistants themselves, whether these are drawn from family and friends, employed directly or secured via an agency. Those employing their own supporters tend to experience far higher quality of care.

Funding

The funding of day to day support comes from a variety of sources, including the PCT, the local authority, Income Support and Supporting People.

One of the key attractions of independent living options is the additional range of income that can be used to meet personal costs, many of which are under the direct control of the individual. These include:

- Income Support
- Disability Living Allowance (Care and Mobility)
- Housing Benefit
- Supporting People

These sources of income can be used to substantially increase the amount of control that the individual has over their support as well as reducing the cost of the support provision to the commissioner.

Individual Budgets allow these income sources and others to be combined and the individual with their supporters to decide how best they can be used.

Commissioning

When funding is transferred to Local Authorities there are options for Individual Budgets and Direct Payments. Whilst not everyone may choose direct payments, including Individual Budgets as part of the person centred planning process for the individual enables
considerable individualisation of services to meet specific support requirements.

It is Government policy that, as people leave NHS commissioned services, the funding and commissioning responsibility should be passed over to the local authority.

**Management**

The management of support is directly linked to the commissioning choices made. If the person is using Direct Payments to employ Personal Assistants, for example, then they will have a great deal of control over their own day to day support.

There is a role to support the individual to control their own support requirements. People in this support/Broker role could include family and friends where they are involved. More details of these arrangements can be found in the Resources section.

**Leisure**

Leisure activities are a vital part of people’s lives and often the main point of contact with and involvement in the wider community. There are many examples of formal and informal social and leisure support arrangements. Carefully planned social activities can create considerable improvement in an individual’s life. Social and leisure activities can lead to the development of community supports that reduce the reliance on formal services.

**Case Study—Social and Leisure Activities at the Camden Society**

Using peer support, the Camden Society has set up a network of independent travellers with learning disabilities who can support non-independent travellers. The service increases the independence of people who would otherwise be depend on staff or carers to use transport and allows the transport service to concentrate on people with particular transport problems.
Funding

Funding arrangements depend on the activity. Some social and leisure activities can be provided within the existing support that individuals receive, if any, but some people may benefit from specific support in social and leisure activities. This could be funded as part of a discrete support element within a wider package—for example, the employment of a Personal Assistant for a few hours a week to support the person with particular social activities.

Sourcing the Support

There is a wide range of options for supporting an individual in social and leisure activities. As noted above, Personal Assistants can be used, and there are a number of organisations that will provide support to individuals. Access to social and leisure activities for people with learning disabilities should be the same as those available to everyone else, but the support required may be different.

Management

The management options are similar to the support/lifestyle elements outlined above. As social and leisure activities are a relatively small proportion of the entire support package, these are ideal areas for individualisation through Direct Payments, using brokerage and support as appropriate. Even where an individual is not able to manage the full range of their supports themselves, areas like the support of social and leisure activities provide a way to enable an individual to take partial control of their lives.

Housing

Housing is a key component of an individual’s support, particularly as the type of accommodation that someone lives in will have a profound effect on the way in which they are supported. Congregate living arrangements, such as campus accommodation, residential homes and grouped/shared housing limit the options for the individualisation of support. People living on their own or with a small number of friends they chose in ordinary housing have much greater scope for individualisation of support and generally have much greater levels of satisfaction.

“People have more choice and control over their housing when the home is the person’s own and seen by others as their own. If it is not possible for individuals to become owners of the property, being an assured tenant gives them the full protection of tenancy legislation.”

Valuing People. Objective 6

For additional information see Eric Emerson’s paper on small scale housing on the VPST website
Valuing People (2001) says that people should have a choice between different housing, care and support options. In addition, Objective 6 says that people should have choice and control over where and how they live.

“People have more choice and control over their housing when:

1. the home is the person’s own and seen by others as their own. If it is not possible for individuals to become owners of the property, being an assured tenant gives them the full protection of tenancy legislation.

2. where and with whom a person lives is determined by the individuals concerned. If exercise of choice is constrained by severity of learning disability, considerable effort is made to recognise preferences and develop arrangements accordingly, in line with Mental Capacity Act guidance.

3. the person has control over their living arrangements and the conduct of his or her life. The person’s preferences are central in the design of support arrangements, recruitment of staff, conduct of daily activities, development of relationships and other daily decision-making.

4. relationships with family, friends and community and central services are local—taking account of people’s ties and connections and help to maintain and develop their personal relationships. They should promote the use of community resources and the involvement of community members other than paid staff.

5. independent advocates are used to help people identify the housing that is most suitable for them.”

Valuing People, Objective 6

Sourcing Housing

There are a great many options and sources for housing, all of which have advantages and disadvantages. Registered Social Landlords (RSLs) are not automatically the right choice for providing housing. A good private landlord might be able to offer something different and housing ownership options, including shared ownership, are good where people have savings or are able to get a mortgage either individually or shared with others.
There is no single right answer to sourcing housing, other than it being as small scale as possible. Generally the larger the scale the accommodation, the less the individualisation.

There are likely to be very few circumstances where existing campus accommodation will be suitable for future use. Accommodation would have to be small scale ordinary housing in a general housing area, close to community facilities and public transport routes for it to be considered suitable for long term use.

Case Study—Private Rented Housing in Norfolk

The Department of Health funded ten sites around learning disability and housing. One of those, in Norfolk, focused on the private rented sector.

They have used a Registered Social Landlord (RSL). The Learning Disabilities team identify people who would like to live in their own flat. They work with the RSL to find somewhere. The person chooses where they want to live, making the decisions we all do about location/cost/ size etc., and taking those risks and making compromises.

The RSL then takes out a five year lease with the landlord. The person can end the lease at any time, but the RSL has a contract with the landlord. So they would then need to see if there was anyone else who would like to move there if the original person left.

The study showed the flexibility that will suit some people for some parts of their lives can be obtained by a creative partnership of the private rented sector and RSLs.

Assumptions about the location of housing should not be made. Information on where people would like to live should be drawn from person centred planning.

The Resources section provides a range of information about options and sources for housing, including funding issues. Links are provided to specialist organisations that can provide help and support on housing issues.

Funding

Funding requirements related to housing depend on the type of accommodation that is being used. Where ordinary rented housing is being used the capital funding requirements may be minimal, apart from any necessary adaptations to the property and ongoing running costs may be covered by Housing Benefit and the person’s income support payments. The housing costs of specialist accommodation tend to be much higher and additional capital funding may be
required, as well as contributions towards running costs and any capital charges. Housing ownership options present considerable opportunities for people to take control of their housing needs and there are a number of organisations that can provide support in obtaining shared ownership housing.

Funding sources fall into two main groups: capital funding and revenue funding

- **Capital funding** mainly covers the initial acquisition, development or refurbishment of housing. Where ordinary rented housing is used, there may be no need for any capital funding, unless additional adaptations are made to make the property suitable to the person who will be living there. All or some of the capital funding for purchasing or renovating property for particular people could be raised by the individuals themselves through mortgages for all or some (in the case of shared ownership) of the property value. Other options include Housing Corporation funding via RSLs and the recycling of capital released through the sale of campus accommodation. More details on capital funding options can be found in the Resources section.

- **Revenue funding** covers day to day housing costs, including rent, mortgage / capital costs and service charge. For many people, these will be covered by a combination of Housing Benefit and Income Support where they are living in rented accommodation. For people living in residential care then the revenue costs will be included as part of the overall costs of the service to be paid by the Commissioner.

**Management**

The management of housing depends on the option chosen. Accommodation based on ordinary housing gives the individual the highest levels of control over the identification and running of

### REACH

The REACH standards for Supported Living are published by Paradigm. Version 2 of the standards include a definition of Supported Living and a set of standards and best practice targets. The standards have been developed with the Valuing People Support Team, the Association for Supported Living and Skills for People.

Copies of the standards are available for purchase from Paradigm.

[REACH Standards](link to PDF File)
their housing, particularly where they are living on their own in self-contained accommodation. The ability for the individual to manage the location and running of their accommodation reduces the larger scale the accommodation becomes.

Health

The closing of campus accommodation changes the relationship that the individual has with the NHS from an in-patient to an individual living in the community who has the same rights of access to NHS services as anyone else.

Whilst there is a change in the relationship between the NHS and the individual, it is vital to ensure that health needs continue to be met, although these will often be met in different ways. In particular, people will access most of their health services through their GP and other community health services.

Delivery of Health Services

The relationship with the GP will be very important to ensure continuity of health care, and some time will be needed to ensure that the GP is fully aware of the issues.

The Health Action Plan will be a key document as health support is moved to community based services. This document will define the full range of health needs that the individual has and how these should be managed in the community. Where an individual has specialist health needs that cannot be met through existing community health services (for example, in relation to the management of challenging behaviour), the development of specialist health support services should be considered. The development for the Health Action Plan should be part of the person centred planning process.

Continuing Care assessments will be part of the process of arranging appropriate financing and support. New arrangements are now in place with new information available from 1st September including information about people with learning disabilities.
Specialist Health Services

Many of the individuals moving out of campus accommodation will have specialist health needs and PCTs will therefore have to consider the best way to deliver person centred health support services. A common approach is the development of a specialist Health Support Team, based on a multi-agency team of specialists who can provide support to individuals and to those supporting them.

The Health Action Plan, which should be developed alongside and as part of the person centred planning process, should identify what specialist health support needs individuals have and how these should best be met.

The Department of Health has recently published two very relevant documents: The Mansell Report about people who challenge and specialist health service commissioning guidance for adults with learning disabilities. Details on both these documents are available from the VPST website.

Case Study—Sheffield’s CAISS Team

CAISS are an interdisciplinary team who work with adults with learning disabilities who present challenges to either their carers and/or services.

CAISS work across the city and receive referrals from the Community Learning Disabilities Teams. They are also part of the Assessment and Treatment Unit Clinical Team and work corroboratively with the Nursing Team at the ATU.

CAISS’s approach is person centred, the team works with individuals and their carers and services, they see behaviours which challenges services as being the person’s way of telling us things, they work to gain an understanding of why specific behaviour is happening and how people can be supported to have a good quality of life.

We work intensively with individuals and their families/carers through undertaking detailed assessments, generating a formulation and through this developing care/support plans based on Positive Goals (Fox and Emerson).

Part of our work involves facilitating and leading workshops for individuals and their carers/teams based on person centred approaches. We also facilitate therapeutic approaches to risk workshops based on the work of Allen(2002).
Sourcing

As noted above, many of the health needs of individuals should be met through existing community resources, including GP services, dentists and other community health services.

Where individuals have specialist health support needs some consideration will be needed of the most appropriate ways of accessing support. This could include access to existing or new specialist health support services.

The individual’s Health Action Plan should detail what support is required and the most appropriate ways of accessing this.

Funding

Health services are free at the point of delivery, so individuals should not pay for their health care.

The funding for these services will generally come from the PCT. Some of the services will be existing community services although these may need additional funding if the level of demand from people moving out of campus accommodation is expected to be high. This will particularly apply to specialist health support.

Funding may be required to support community health services to develop appropriate services for people with complex needs. Generally, specialist health support teams would be expected to provide this support. However, it is usually preferable for individuals to access general community health services for support and for these services to get any specialist help from specialist health support services.

Commissioning

Commissioning will generally be undertaken by the PCT or jointly by the PCT and the local authority where there are joint working arrangements in place. For existing community health services, commissioning may take the form of funding training and support to help services support people with complex needs effectively.

Management

Specialist health support services may be managed by the PCT or jointly by the PCT and the local authority where joint working arrangements exist, or by specialist staff employed in Mental
Health Trusts. In terms of community health services, the primary management relationship will be between the individual and their GP.

**Employment**

Employment is a central part of government policy for people with learning disabilities, with a number of programmes being established to help support people with learning disabilities into employment, including Access to Work. Employment not only gives individuals a valued occupation, but also reduces reliance on state benefits. Some individuals may already have employment, and it is important that existing employment is not affected by Campus closure and reprovision.

**Accessing Employment**

There is a number of organisations that can assist individuals to find suitable vocational training and employment, including employment agencies, independent organisations and Job Centre Plus. The Access to Work programme, accessed through Job Centre Plus, provides advice and financial support to organisations employing people with disabilities.

Most individuals will need help to develop the skills necessary for employment. Individuals’ person centred planning should identify what work interests people have and what needs to be done to get them there, in terms of basic skills training (literacy, numeracy and “people skills”) and any vocational training needed. Many local authorities fund organisations to help people find suitable employment and these will be able to provide information on the process.

**Supporting Employment**

Once people are in employment, they will often need ongoing support to manage their employment and their relationships with fellow employees and the employer. Generally the organisation providing support in finding employment will also provide individuals with ongoing support.
Education/Training

Access to education and training is a very important part of the process of developing independence and it not only helps to develop skills but also develops confidence in managing in community settings.

There are many opportunities for education and training available, often aimed at a wide range of existing skills. For people who are interested in finding employment, key skills training is often important to help people manage in a work environment, as well as vocational training in the area of interest of the individual. Key skills training covers the following areas:

- communication
- information technology
- working with numbers
- working with others
- problem solving
- improving learning and performance

The Skills for Life initiative (run by the Learning and Skills Council) provides basic literacy and numeracy training and people with learning disabilities are one of the target groups. Other training and education resources can be accessed through local colleges and adult learning centres.

There is a danger that education and training becomes just another regular activity with no sense of progression, so it important that education and training is part of the person-centred planning for the individual and that it is supporting long term goals. Integrated classes and venues should be used whenever possible.

Access to Adult Education

Where training is linked to employment, such as Access to Work or Skills for Life, information on providers of the training can be obtained from LearnDirect. JobCentre Plus also provides a range of information on vocational training. Local schools and colleges may also offer courses either during the day or evening. When considering the provider of training and education, it is important to consider access, including travel arrangements.
Paying for Education and Training

Skills for Life training is often free of charge, provided under Government initiatives. These courses generally cover literacy, numeracy, computer skills or the English language. Other courses may carry a fee which would have to be met by the individual or by the commissioner of the service. People living in supported living arrangements are likely to have sufficient personal income to be able to cover all or part of the cost of courses themselves but people living in registered care will not normally have sufficient income and may have to be funded through the service.

Family

The involvement of the family is central to any thinking about the individuals living in campus accommodation. Where family are already closely involved in the life of the individual, the ongoing role of the family as advocate, supporter and funder needs to be considered. Where the family is not currently closely involved, the ways in which the family may be involved in the future needs to be considered, where the individual feels that this is appropriate.

The long term support of people with learning disabilities is of course a major concern of their families and carers and they need to be closely involved in the planning process. Families and carers should be involved in the development of person centred planning for individuals but there will also be a need for more detailed discussions with families and carers about the reprovision process.

Families and carers can react to reprovision plans in many ways. Some families will have disliked the initial original move from the hospital to the campus and welcome the plans to close them as long overdue. Other families will have found the move from hospital provision to campus difficult and will react badly to news of a further move. Families were often promised that the campus accommodation was going to a “home for live” and that further moves would not be required. They may feel betrayed at news of the reprovision plans.

There are many examples where families have changed their minds during the consultation phase from an original position of opposition. Much of the opposition from service users and families is based on fear of the unknown: for people who have lived in institutional care for many years the idea of community-based living can be very frightening for them and their families. Taking people to see examples
of the services being proposed can be very helpful, particularly if there are other families with whom concerns can be discussed. A story of concerns overcome from another family is worth many hours of discussions with staff.

Greig (1999) provided a number of ideas for ways to support relatives and carers, including:

- A strategy for regular communications with relatives from the start of the process.
- Talking about the principles and values underpinning the reprovision as well as the practicalities.
- Avoiding large meetings and focussing on smaller ones held in current living areas of the accommodation with individual families or small groups.
- Putting relatives in contact with others who have been through the process.
- Ensure that each relative is linked to one member of staff with whom they can build a relationship.
- Provide an outreach service to those who cannot travel to the campus accommodation for meetings.

Role of the Family

The family has many roles in the life of the individual with learning disabilities. This can be as advocate and representative of the individual, but can extend to include providing long term support and a possible source of additional funding, particularly under some of the home ownership options available.

- **Family as advocate**—the family may actively involved as an advocate of the individual, ensuring that the best possible support is identified. It should be remembered that planning should take place through the person centred planning process, in which families are involved, to ensure that a balanced view of the options is available and that the choices made are in line with the wishes of the individual. Family are often a direct link to the lifestyle and history of the individual which is particularly important where the individual cannot communicate her or his wishes themselves. The involvement of an independent advocate should also be considered although if there is active involvement of family this may not be appropriate.

- **Family as supporter**—the family may wish to take a more active role in the provision of support for the individual, or as a broker of support through other routes.
Family as funding provider—families may wish to contribute towards the long term care of an individual, either helping to fund support options, or by providing capital funding to help the individual get accommodation that is suitable both in terms of facilities and location. There are various methods by which the family can make financial provision for the support of an individual, including discretionary trusts. There is more information on this subject in the Resources section.

Family as broker—as noted above, there are various ways in which the family may become involved in the provision of support as a broker or commissioner of support, supporting the individual in the control of their direct payments/individual budget.

Partnership Arrangements with the Local Authority

The delivery of person centred services under the control of individuals is not possible without partnership with the Local Authority Social Services Department and the transfer of funding to the local authority. Statute provides a number of mechanisms for such partnership arrangements and the transfer of funding.

Health Act flexibilities, introduced as part of the Health Act 1999, provided a number of mechanisms for joint working between Health and Social Services. These are now covered under Section 75 of the NHS Act 2006.

- **Pooled Budgets**—the PCT and the Local Authority can agree to pool their budgets for the provision of services.
- **Joint Commissioning**—the PCT and the Local Authority can agree to work together more closely in the commissioning and funding of services.
- **Lead Commissioning**—One partner delegates its responsibilities for commissioning services to the other partner, who then commissions an integrated range of health and social care services on behalf of both

Where there are no joint working arrangements in place, then funding can be transferred to the local authority using the existing provisions of Section 256/257 or Section 64 of the Health Services Act 2006. Links to detailed information on joint working arrangements and funding transfer arrangements can be found in the Resources section.
It is particularly important to note that Health funding cannot be paid directly to service users for Direct Payments or Individual Budgets, which are a cornerstone of current Government policy of the delivery of person centred services. There is no current practical way for individualised services to be provided under the auspices of the NHS and partnership arrangements are therefore an essential part of the reprovision process.

The mechanism for joint working or funding depends on the relationship between the PCT and the local authority. Fully integrated, individualised services which address the full range of health and social care supports for people work best where there are good joint working arrangements. In other circumstances simple transfers of funding may be appropriate.

The Commissioning of Services

The way in which individualised services are commissioned is closely linked to their delivery, as certain delivery options require particular forms of commissioning. For example, support based on the use of personal assistants directly employed by the person needing support requires some form of individualised budget and Direct Payments.

### Individual Budgets and Direct Payments

**Direct payments:**
“where people, after assessment, are given the money to pay for their own social care, along lines proposed by them and discussed with their care manager”

**Individual budgets:**
“a streamlined assessment across agencies responsible for a number of funding streams, resulting in the transparent allocation of resources to an individual, in cash or in kind”

Source: SCIE13.

Individualised budgets will require a calculation of the value of funding to be individualised. One way of achieving this is through the In Control Resource Allocation System (RAS), which was designed to support the individualisation of funding and support. Full details of the In Control and Individual Budget pilots are outside of the scope of this document, but links to further information are provided in the Resources section.
There are a number of ways in which services can be commissioned

- **Local Authority Care Management**—this is the traditional system where services are commissioned based on the assessed needs of individuals and managed by a Care Manager. This arrangement may continue to be appropriate for all or some of the services that an individual needs, but there is a range of other options based in the individualisation of budgets.
- **Joint Commissioning**—where there are Joint Commissioning arrangements in place between the PCT and the local authority, all or part of the services can be jointly commissioned, although the commissioning function could be delegated to a Lead Commissioner.
- **Individual Budgets**—individuals can be involved in the commissioning of their own choice of services based on the financial value of their support package.
- **Direct Payments**—individuals may choose to have a Direct Payment for all or part of their services which they can use to pay for the support that they want.
- **Brokerage**—this method of supporting service users in the commissioning of individualised services is covered in detail in the next section.

**ILF**—eligible individuals can use funding from ILF to fund an element of their support. Note that people living in Campus Accommodation are not currently eligible for ILF funding.

### Support and Brokerage

Brokerage and the role of brokers are essential components in the delivery of Individual Budgets. Brokerage is the process of “assist[ing] people with disabilities in the process of identifying their needs and accessing appropriate community supports in order to achieve an ordinary life in the community”. There is much debate about the functioning of and term brokerage and the involvement of “professional” brokerage organisations versus the use of family and community based brokerage and agents. Campus closure and reprovision may offer an opportunity to support interested families and other in the development of community brokerage for the individuals in campus accommodation.

There are links to more information about these issues in the Resources section.
How brokerage works

Brokerage is the process of getting from the list of objectives in the individual’s Person Centred Plan to the actual provision of supports to make those objectives a reality. Brokerage not only covers the provision of support, but can also assist with the identification of housing and other resources.

The broker will work with the individual to identify the best ways to provide them with the support that they wish. The broker is generally independent of service provision and commissioners and aims to help the individual make choices about what types of support are important to them and how their individualised budgets should best be used.

HFT, in conjunction with In Control and the Federation of Supported Living Groups, has produced a DVD aimed at families and carers covering Individual Budgets, In Control and Brokerage.
Support Delivery

The final element of the process of providing person centred services is the actual provision of services across the seven core areas outlined earlier in the document:

- Family
- Support/Lifestyle
- Leisure
- Housing
- Health
- Employment
- Education

Previous sections have outlined the range of choice in the way that these supports can be provided in a person centred way. The best way of providing support for the individual will depend on the outcomes of person centred planning and the work to identify the supports that best meet these objectives.

The availability of Individual Budgets and Direct Payments considerably widens the options for providing individualised services. These range from Personal Assistants through to the use of larger scale support agencies.

There are three main options for the delivery of support:

- **Highly individualised supports** using a range of support providers, but featuring Personal Assistants funded through Direct Payments.

- **A lead provider of the core of the service**, who arranges elements of the support from other organisations. For example, the lead provider could support the individual at home but use a range of others to provide different types of support. Leisure activities could be supported by a particular Personal Assistant who has similar interests, whilst an education institution provides daytime support a few days a week.

- **A single provider of the majority of the support apart from small elements**. This would be similar to the arrangement where someone lives in registered care, where a single provider is responsible for all their needs. Again a Personal Assistant, paid for from a Direct Payment, could provide support around specific leisure activities.
Sustainable Services

The services being developed should be sustainable, particularly where capital investment is used. That is, they should aim to meet the long term needs of the people moving out of campus accommodation and those who may use the services in the future. The Reprovision Plan needs to address:

- How the proposed service will respond to the changing needs of service users over time
- What will happen if the service cannot meet the needs of the current service users in the future
- What will happen to the service if the intended service users move out

See also the Risk section under Resources (Page 58).
Planning Checklists

This section provides a checklist for the process of developing good Reprovision Plans

First Steps

- **Involv**e—Planning cannot be done in isolation, and other organisations must be involved in the planning for Campus closure and reprovision. See the information on Stakeholders in the Resources section for more information.

- **Identify Campus Accommodation**—services and individuals need to be checked against the definition of Campus Accommodation. You have a responsibility to identify all individuals living in Campus Accommodation in your area, whether or not they were originally placed there by you.

- **Identify Individuals**—people who have been in assessment and treatment for more than 18 months are classified as living in Campus Accommodation and plans need to include them. You also need to include people who have been in assessment and treatment for less than 18 months but who are unlikely to move swiftly.

- **Find out what people want through person centred approaches**—this is the core of the planning process. If this part of the planning process is not effective then the whole process could be invalid. If you are unsure about your person centred processes then you need to talk to the Valuing People Support Team or make contact with one of the Development Agencies specialising in person centred processes.
Partnership and Commissioning

- **Partnership with the Local Authority**—personalised services through individual budgets and direct payments can only be developed using local authority funding. This requires, as a minimum, the transfer of funding from the PCT to the Local Authority. See the sections on partnership and funding transfers in this document.
- **Commissioning Approach**—Plans need to consider how services will be commissioned. This includes the partnership arrangements between the PCT and the Local Authority.
- **Support/Brokerage arrangements**—the plan needs to consider the arrangements for support and brokerage for individuals planning who they are going to be supported in their lives.

**Service Delivery Options and Financing**

- **Delivery Approach**—the plan needs to detail how you will provide support to meet the individual needs of service users, or how you will help individuals to arrange their own support?
- **Support**—how will the individuals be supported?
- **Housing**—where will the individual live? How will housing be procured and what are the funding implications of this? Will the individuals be able to live in the area they wish?
- **Social and Leisure Activities**—how will individuals be supported in social and leisure activities? What steps will be taken to ensure the appropriate supply of activities?
- **Education, training and employment**—How will individuals be supported to access education, training an employment? What additional resources will be required to ensure access to individuals?
- **Funding requirements**—what are the funding implications of the reprovision, in terms of both capital and revenue? How will the costs be funded? Where funding is being transferred from the PCT, under what terms?
- **Sustainability**—what arrangements have been put in place to ensure that the options are sustainable and that risk has been addressed?
Sign-Off

- **Agreement**—the main parties to the plan should indicate their agreement to the plan by signing the Sign-Off document at the end of this section (Page 38)
Closure Plan Sign-Off

We agree that this Campus Closure Plan is a viable plan for the closure of the Campus by 2010.

Learning Disabilities Partnership Board

Signed

Name/Position

Signed

Name/Position

Local Authority

Signed

Name/Position

Primary Care Trust

Signed

Name/Position

Other Local Organisations/Groups (as appropriate), including the current provider(s)

Signed

Name/Position

Signed

Name/Position

Signed

Name/Position
What is the impact of Continuing Health Care on funding arrangements?

Updated guidance on Continuing Care will soon be published on the VPST website. This will provide some information on how continuing care applies to people with learning disabilities and will include a briefing paper for Partnership Boards.

Continuing Care funding will have an impact on the individualisation of services for the individuals concerned, as Health funding cannot be paid as a Direct Payment. This does not mean that the individuals should not benefit from person centred processes in the planning and delivery of support, even though it may preclude them from individual budgets and direct payments. Continuing Health Care does not mean that people have to use particular types of service, and they can be live in supported living arrangements whilst assessed as having continuing health care needs. In particular, meeting continuing care criteria does not exclude individuals from the closure and reprovision process.
What is the role of Development Agencies?

Development Agencies have been approved by the Valuing People Support Team to provide support to PCTs and others in the development of Campus closure and reprovision and reprovision plans.

Most development agencies can provide a range of support, although there are some that focus on particular areas, such as person centred processes or staffing issues.

There has been funding available from the Valuing People Support Team to pay for some support from a Development Agencies for PCTs. When this money has run out, PCTs can choose to appoint a development agency to support them at their own expense.

Development Agencies aim to be a “critical friend” in the development of closure and reprovision plans. They will guide PCTs and planning groups through the planning process, providing advice and information as appropriate. Development Agencies aim to help PCTs develop good closure plans and will highlight areas where further development is needed.

There is a list of development agencies at the end of this document. As Development Agency support tends to be “face to face” choosing an Agency located nearer to your location will help to reduce travel time and cost.

It is too difficult to reprovide the Campus Accommodation

The closure process is not simple, and can take a considerable amount of planning. There are a couple of things that can make the process a bit simpler:

Focus on what is important – improving the lives of people currently living in campus accommodation. Try not to do too much at once. It is tempting to try and link into every other service development for people with learning disabilities, which makes the process extremely complex. That said, there may be some natural linkages to people
currently living in community placements with similar needs, such as people living in specialist accommodation out of area and these should be explored.

If you get stuck there is support available from the Valuing People Support Team, Strategic Health Authorities and Development Agencies. Most regions also have a forum for the discussion of Campus closure and reprovision where you can talk about some of the common issues that arise.

**What will happen if we don’t produce a good plan**

Plans will be scrutinised by the Strategic Health Authority, and will be used as the basis of capital and revenue investment decisions, including the additional funding from the Department of Health. Incomplete plans may not receive the financial support that they require. Development Agencies and the VPST will also form a view on the viability and appropriateness of Reprovision Plans.

Where there has been a lack of progress on Campus closure and reprovision and the plans are not judged to be viable, further action may be initiated by the Strategic Health Authority, culminating in the involvement of the Recovery and Support Unit (RSU).

**Do we need to undertake a Statutory Consultation**

Statutory Consultation has to be undertaken in the case of any major change in health services. It is not possible to give precise guidance about whether you need to do this and you should seek advice on this locally.

Good practice suggests that you should work hard to consult with all of the stakeholders in the service, including families and carers and staff. A planning process that involves stakeholders at all stages is less likely to have problems when it comes to Statutory Consultation, if required.
What do we do if people want to stay where they are?

Change is difficult for people, particularly when they have lived in one place for a long time. Individuals may strongly feel that they don’t want to change—not just service users but families and staff members.

The fears of individuals need to be addressed. The particular fear is often of the unknown, and people can be helped by ensuring that they are in control of the process. This allows those supporting people to focus on the important things to the individual, including:

- Location
- Support
- Control

Anxieties about all of these can often been addressed by showing people what a new home could look like. They can see the area, meet other people who are being supported in similar arrangements and see how support will change.

Some organisations have found that a DVD showing a range of housing types, locations and support arrangements can be helpful, not only for people with learning disabilities, but also for families, staff, and managers.
This section provides additional information about specific subjects covered in the Workbook and links to additional information if required.

### Advocacy

Details of local advocacy services should be available from the Local Authority Social Services Department. Details of self advocacy organisations should be available from the Local Authority, but if you have problems getting access to appropriate advocates, then speak to your VPST Regional Advisor.

### Campus Accommodation

The main source of information about Campus Accommodation is the Valuing People Support Team - see the contact details below for information on contacting the VPST.

Details on the Healthcare Commission and CSCI investigations into Cornwall and Sutton and Merton can be found on the Healthcare Commission website at [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk).

- Direct link to report on Cornwall Partnership NHS Trust (pdf file)
Jean Collins discussed some of the history behind the appearance of campus accommodation in *The Resettlement Game* (see the History section on Page 55),

Capital Funding to Support Campus Closure

£175 million has been made available to Local Authorities and Primary Care Trusts to make the transition from providing campus accommodation to more appropriate independent arrangements for those with learning disabilities. Bids can be made for funding in 2008/09 and 2009/10.

The full set of documents on the Capital Funding is available on the VPST website, including application forms. The following are the criteria for awarding funding to support campus closure plans:

- **Value for money**—We recognise that service users have different levels of need and that capital costs, such as housing, will vary across the country. We expect such variations to be reflected in the Reprovision Plan. We would also expect that Value for Money will have been demonstrated to the SHA through the Business Case process of cost benefit analysis.
- **Person centred**—The Reprovision Plan should put the service user(s) at the heart of the planning process with a whole person approach to all their social, educational, personal and housing needs. Individual service users should have their own plan in place.
- **Impact**—We will give priority to Reprovision Plans that offer the most benefits to service users in terms of quality of life and the numbers involved. We will use the good practice outline provided in the background information to assess bids in achieving quality of life.
- **Feasibility**—We will be looking for Reprovision Plans that are achievable within the timeframe of stage 1 and that demonstrate robust implementation processes.
- **Equality Issues**—The health and social care needs of people are affected by a range of factors (not just those that are health related) and specific attention should be paid to the needs of black and minority ethnic (BME) people; disabled people, men and women, younger and older people, lesbian, gay, bisexual and transgender (LGBT) people, people of different religions and
beliefs or those who have no religious belief, asylum seekers and refugees, gypsies and travellers.

The Disability Discrimination Act 2005, the Race Relations (Amendment Act) 2000, and the Equality Act 2006 all contain statutory duties to ensure the public sector works to promote equality and eliminate discrimination in all of its activities. Undertaking an Equality Impact Assessment (EqIAs) is a central tenet of compliance with equality legislation. An initial EqIA screening of Reprovision plans should be conducted at the development phase in order to identify any negative effect on equality and to consider whether a full EqIA is required.

Commissioning and Funding

Capital

Capital funding is required for the purchase of housing, building and refurbishment costs. These costs are only applicable where purpose build accommodation is required – supported living services can use existing rented accommodation belonging to Housing Associations, Councils or private landlords. There would be no capital costs in this case unless additional refurbishment work was undertaken.

There are a number of options in relation to capital costs:

- **Explore options for shared ownership/outright purchase**—some people with learning disabilities who have been in institutional care for a long time may have saved a lot of money, and may be able to purchase, or partly purchase, housing themselves. This gives them considerable security in their housing, which is clearly separate from their support.

- **Don’t incur any**—housing associations, councils and private landlords have a wide range of rented accommodation that may be suitable for service users in flats and houses. The individual or individuals would become tenants of the landlord, keeping housing provision separate from support.

- **Reinvestment of sale proceeds from Campus site**—proceeds from the sale of all or part of the Campus site can be returned to the Strategic Health Authority or NHS Trust, which can reinvest it into new housing provision. Where funding is being passed to independent sector organisations (such as housing associations or private developers), a Section 256/257 agreement would be used, and a legal charge taken against the property being purchased/
developed. See the section on NHS Capital and Revenue Funding below

- **Housing Corporation Grant Funding**—the Housing Corporation, which provides grant funding for social housing to RSLs, may consider funding of housing developments linked to Campus closure and reprovision. The Housing Corporation, Department of Health and CSIP are developing partnership approaches to the Department of Health Capital Grants for campus reprovision.

- **Private Finance Funding**—housing associations and private developers may be able to borrow money to fund the purchase and building/refurbishment of housing, although Housing Associations will also need permission of the Housing Corporation to invest private funding into these services. The costs of this might be added onto the rental costs for the property, but this can make rent costs very high and Housing Benefit may not cover it.

Unless it is a very simple reprovision, it is likely that you will use a combination of all of these options.

**Revenue**

Revenue funding is required to fund the support service plus any running costs related to housing.

Campus residents who are in-patient will currently receive only a small amount of Income Support, with the rest of their funding coming from the PCT. The PCT funding should transfer to the new services, via Social Services. Discharge from in-patient status allows individuals to claim a wider range of benefits, depending on the type of support they will receive.

A major element of the funding for services will be the health funding currently going into these services.

Relevant sources of revenue funding are listed by service type in the sections below.

**Residential/Nursing Care**

Service users with less than £16,000 in savings will get a personal allowance of up to around £20 a week. The rest of the funding for the service will come from the local authority. In the case of Campus closure and reprovision, this funding would be transferred by the
PCT to Social Services to pay for the care. Individuals may also get Disability Living Allowance Mobility Component.

The option can be the most expensive to the commissioner because there are no additional sources of funding that can be brought in, although the overall cost of the support may be less than supported living, in some cases. Registered care has the least scope for individualisation of the various housing options.

New guidance on the funding of continuing care needs will be available from the Valuing People website. The overall position is expected to be as currently set out in Valuing People, which sees continuing care as one of a number of funding streams available to meet the needs of people with learning disabilities. In particular, continuing care needs do not need to be met in Nursing Homes, and individuals can make use of the full range of alternative support arrangements listed in this document.

**Supported Living**

People living in Supported Living attract a much wider range of funding, which can reduce the overall cost to the commissioner. Funding includes:

- **Income Support**—individuals with less than £16,000 in savings or capital will receive income support and other benefits to fund their daily living costs. Individuals may also quality for Disability Living Allowance Care and Mobility Components. Depending on the Local Authority charging arrangements, individuals may have to contribute all or part of their DLA Care Component towards the cost of their care. It is expected that an individual’s income support should be sufficient to meet all their daily living expenses, including food, clothing and housing costs not covered by Housing Benefit. Information on Income Support and other state benefits is available from the Department of Work and Pensions. Information on local arrangements on charging for services will be available from the Local Authority.

- **Housing Benefit**—individuals with less than £16,000 in savings or capital can receive Housing Benefit to help towards all or part of their housing costs (rent). Housing Benefit covers rent and specified service charge costs (such as communal costs of heating and lighting, furniture and equipment replacement). Individuals living in housing rented by a private landlord may find that their total housing benefit is restricted. Housing Association tenants in supported housing currently avoid this. People living in housing...
that they have purchased with a mortgage cannot get Housing Benefit, but can get support with mortgage interest payments. Information on Housing Benefit is available from the Department of Work and Pensions.

- **Supporting People funding**—Supporting People funding covers housing-related support costs. This can contribute towards the total support costs of individuals, although the amount of the contribution depends on the kind of support that the individual receives and how the eligibility criteria for Supporting People are applied.

- **Independent Living Fund**—People being resettled as part of a Campus closure and reprovision do not currently qualify for ILF. ILF funding contributes towards the cost of support of people with disabilities (including learning disabilities) living in the community. It can contribute towards the cost of Social Services packages of care of between £200 and £785 per week, with a maximum contribution of £455 per week.

### NHS Capital and Revenue Funding

A briefing note has been prepared by Capsticks at the request of the Valuing People Support Team in connection with the programme of long stay institution closures which the Department of Health requires to be completed by 2010. The full Briefing Note can be found on the VPST Website. The rest of this section provides a summary of the full guidance note.

This section is intended to provide a short overview of the ways in which capital and revenue funding support can be provided by the NHS for Campus reprovision. Inevitably, the issues can only be dealt with in a certain level of detail in a briefing note of this sort and so for further details reference should be made to the relevant statutory provisions and appropriate legal advice taken on particular issues.

There are various funding powers available which can be deployed in connection with these schemes. Briefly these are as follows:

- Section 31 Health Act 1999 (now s75 NHS Act 2006);
- s10 Children Act 2004;
- s64 Health Services and Public Health Act 1968;
- s28A NHS Act 1977 (now s256/257 NHS Act 2006);
- s28BB NHS Act 1977 (now s76 NHS Act 2006);
There are also further issues to consider where a Care Trust has been established. See the full note on the VPST website for more information.

- A Primary Care Trust can make payments to a local authority or a registered social landlord under Section 256 or direct to a voluntary sector body under Section 257.
- **Section 76** is a corresponding provision for the local authority to make payments to an NHS body.
- **Section 64** of the Health Service and Public Health Act 1964 allows PCTs to make payments to the voluntary sector.
- **Section 2** of the Local Government Act allows local authorities to make payments to the NHS and the voluntary sector for the purposes of promoting the welfare of people in their area.

It is possible for NHS and local authorities to make capital and revenue grants in support of long stay institution discharge arrangements under the various legislative provisions set out above, such as Section 64, Section 256 and Section 257.

Where assets are owned by an NHS Trust or Primary Care Trust, it is important to note that NHS bodies are not permitted to “give away” their assets. They must receive open market value for them. It is possible to establish a concessionary lease or concessionary disposal business case, but these are restricted in time and value and it is generally better to structure the arrangements so that the owning NHS body receives full market value for the asset, which can then be paid for by a capital grant advanced by the local Primary Care Trust. It is possible with the cooperation of all Finance Departments to “send the money round in circle” such that in effect no cash changes hands.

Section 75 flexibilities are increasingly being used in preference to Section 28A revenue grant arrangements, but it should be noted that capital arrangements should not be made under Section 75. If there is to be the purchase of a major asset, then separate arrangements should be made outside the provisions of the Section 75 partnership arrangement.

The diagram overleaf shows the funding routes in respect of capital funding, courtesy of Mark McGoogan from Golden Lane Housing.
Additional Information on Funding

Eric Emerson’s research on the cost of care (and a wide range of other relevant research) can be found at [www.lancs.ac.uk](http://www.lancs.ac.uk)

Information on capital funding from the Housing Corporation can be obtained from the Housing Corporation (Page 61) or the Local Authority Housing Department should be able to advise on the requirements.

Where money is transferred from the NHS to a housing provider, as would be the case in the re-use of capital from the sale of Campus accommodation, this is governed under Section 256/257 or Section 64 of the Health Services and Public Health Act 1968. See the guidance above.
There is a wide range of information about revenue funding. The main ones are:

- Department of Work and Pensions, covering Income Support, Disability Benefits and Housing Benefit. Housing Benefit is actually claimed from the Local Authority. Details of restrictions on Housing Benefit payments in your local area will come from the Local Authority.
- Independent Living Fund payments are managed by the Independent Living Fund. There is a comprehensive website providing information on ILF at www.ilf.org.uk.
- Supporting People funding is managed by the local authority Supporting People Administering Authority, under a set of national eligibility criteria. National information on Supporting People can be obtained from www.spkweb.org or via the Local Authority.
- For people with large amounts of savings or capital, or for people who are likely to be left money, Housing Options (www.housingoptions.org.uk) has a wide range of information on Trusts, bequests and property ownership.

**Development Agencies**

Development Agencies are organisations who are currently working to support Campus Closure in partnership with the VPST

**ARC**—particularly for workforce issues

**Contact:**

James Churchill
ARC House
Marsden Street
Chesterfield
S40 1JY
Telephone: 01246 555 043

**Email:** james.churchill@arcuk.org.uk
**BILD**—particularly for work about person centred approaches

**Contact:** Ann Diprose, Senior Manager Learning and Development Services  
BILD  
Campion House  
Green Street  
Kidderminster  
Worcestershire  
DY10 1JL  
**Telephone:** 01562 723 010  
**Email:** a.diprose@bild.org.uk

**Cordis Bright**—for any aspect of the work

**Contact:** Tom Noon  
Epworth House  
25-35 City Road  
London  
EC1Y 1AA  
**Telephone:** 020 7330 9170  
**Email:** tomnoon@cordisbright.co.uk

**Foundation for People with Learning Disabilities**—for any aspect of the work

**Contact:** Alison Giraud-Saunders  
Sea Containers House  
20 Upper Ground  
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SE1 9QB  
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Capsticks – specifically for work on Partnership agreements under section 31/section 75 and section 28a, Tupe and related employment law and capital and revenue transfers

Contact:  Hilary Blackwell,  
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Email: hblackwell@capsticks.co.uk, jcollis@capsticks.co.uk  
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Helen Sanderson Associates – particularly for work about person centred approaches.

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34 Broomfield Road  
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Telephone: 0161 442 8271  
Helen@helensandersonassociates.co.uk  
www.helensandersonassociates.co.uk

Equalities Issues

It will be important to ensure that ethnicity and cultural needs of service users are taken into account. Although many of the residents of campus services are likely to be white, there will be some residents from ethnic minority backgrounds. There are expected to be a
larger population of ethnic minority groups in the Assessment and Treatment Units.

Closure Plans should address how the needs of ethnic minority service users will be met both through the location and support of service users. This should include the ways in which the provision of support and brokerage will reflect the specific needs of people from black and minority ethnic communities in housing, social and leisure activities, education and training and employment.

Equalities impact assessments should be an integral part of the campus closure and reprovision process.

History

The history of long stay hospitals is scattered across many publications, and the best history’s can often be found on websites set up under the particular hospital name.

For a good general history of long stay institutions, see www.workhouses.org.uk, which provides a wide range of information about institutional care and support from Workhouses onwards, including long stay hospitals for people with learning disabilities and people with mental health problems.


There is some historical information in the Turning Point publication Time to Move On, available in both detailed and easy-read formats from Turning Point (www.turning-point.org.uk).

Housing Options

There is a wide range of choice in terms of accommodation, which is outlined in summary below. The aim should be for ordinary housing wherever possible. There are a number of benefits to this:

- Ordinary houses are usually in ordinary streets in residential areas, integrated into local resources and communities.
Services based on ordinary housing can be very quick to develop, as the housing already exists.

Services based on ordinary housing may be significantly cheaper than purpose built accommodation, even taking into account the purchase of accommodation and any refurbishment required.

There is less risk attached to ordinary housing. Purpose built services are long term investments which require long term use. Ordinary housing is relatively easy to obtain and get dispose of when no longer needed.

- **Ordinary rented flats and houses**—often obtained from a Housing Association or Council. Service users are ordinary tenants of the Housing Association/Council, and the provision of their support is completely separate.

- **Freehold property or shared ownership**—Individuals or groups may live in freehold property (bequeathed or purchased with a mortgage) or share the ownership of the property with a Housing Association, to whom there would also pay a rent to cover the Housing Association owned part of the property.

- **Purpose-built houses or flats**—these may be developed to meet the specific needs of the individual, such as physical disabilities. They may also be part of a core and cluster scheme, where a central supported unit provides support to outlying independent accommodation. A further example of this is sheltered housing type accommodation, although the scale of this is often too large to make it suitable for people with learning disabilities.

- **Registered Accommodation**—accommodation registered for the provision of personal care or nursing care. This accommodation tends to be specialist for people with particularly complex needs. There is more information about registered homes in the Resources section.

The options should be wide-ranging to offer choice in housing and support

The **Housing Corporation** is a government department responsible for the funding and regulation of social housing. The Housing Corporation website includes a complete list of Registered Social Landlords (RSLs—Housing Associations and other organisations registered to provide social housing).

The Housing Corporation is managed through a set of regional offices, who make the local investment decisions. Contact details for the regional offices are available on the Housing Corporation website.
Housing Associations are regulated by the Housing Corporation. Many are members of the National Housing Federation, which has a list of members and a comprehensive range of information on the range of services that RSLs can provide.

The Housing Corporation can be contacted at www.housingcorporation.gov.uk and the National Housing Federation website is at www.housing.org.uk

**Person Centred Planning**

There are many sources of information on person centred planning approaches. There is a wide range of information on person centred approaches on the Valuing People Support Team website (www.valuingpeople.gov.uk) – go to the Resources Section then click on person centred approaches. Mencap provide a number of short guides, and there is detailed information about person centred approaches available from Paradigm UK (www.paradigmuk.org).

There are a number of formats for person centred planning and the choice depends on the interests and abilities of the person with learning disabilities. There are four main formats currently being used in the UK, with the first two being the most common:

- Essential Lifestyle Plans (ELP)
- Personal Futures Planning
- PATH
- MAPS

A number of Development Agencies specialise in working with organisations to implement person centred approaches. These are identified in the list of Agencies earlier in the document (Page 51). There is a fuller list of links and contacts on the VPST website.

**Health Action Plans**

Everyone currently living in Campus Accommodation should have a Health Action Plan, which details the individual’s health needs and the support that they need to have a healthy life. This should be incorporated into the person centred planning process for the individual. The purpose of the Health Action Plan is to ensure that people are as healthy as they can be.
There is more information on Health Action Plans on the Valuing People website on the health page in the resources section.

**Transition Planning**

Alongside the timetable planning, individuals will need Transition Plans. The purpose of the Transition Plan is to ensure that the support needs of the individuals during the transition phase are clearly identified.

Transition plans will usually include psychologist input.

Transition Plans need to cover at least the following areas:

- Frailty
- Mental Health
- Ethnicity
- Capacity to consent

The plan should clearly identify the specific support needs of the individual in relation to transition, including how they have responded to change in the past, and how support should be provided.

**Risk**

The Closure Plan needs to address risk and contingency planning. This covers two main areas:

- Risk and contingency in the reprovision process
- Risk and contingency in the provision of new services

**Reprovision Process**

Reproviding services is a complex process and it is therefore important to identify what might go wrong, what impact this may have, and what contingency plans can be put in place.

The risks will to some extent be unique to the specific plan, but there are a number of risk areas you may wish to consider when considering the plan:

- Financial Shortfalls
- Opposition to process or Legal Challenges
- Delays in identifying suitable support and housing providers
- Failure of stakeholders to agree plans
- Delays in critical processes particularly including planning consent
- Staffing and staff transfer issues

**Provision of New Services**

As with risks relating to the process, these risks are specific to the types of services you are providing or helping individuals to purchase. Risks include:

- Long term funding of support
- Vacancies in accommodation
- Future investment requirements in housing (to address vacancies or changing physical needs of individuals)
- The breakdown of support relationships
- Changing support needs

**Stakeholders in the Campus Closure and Reprovision Process**

The diagram shows some of the groups who should be involved in the planning of services. All those who will be directly or indirectly involved in the closure and reprovision should have some involvement. In addition, and essentially, the Learning Disabilities Partnership Boards have a strong role and should be kept up to date on the progress of the planning process and should sign-off the plan at the end of the process. There should also be regular reports of progress.
Staffing, the Transfer of Staff and TUPE

TUPE

Transfer of Undertakings (Protection of Employment) Regulations (TUPE) consist of a set of regulations originally published in 1981 and subsequently revised in April 2006 governing the employment of staff on the transfer of businesses.

Summary information on TUPE is available from www.dti.gov.uk, but you are reminded that TUPE is a complex area and you will need specialist legal advise to determine the applicability of TUPE in your plans.

Local Authority and NHS staff are additionally covered by the Code Of Practice On Workforce Matters In Public Sector Service Contracts. Again the applicability of the Code in your particular circumstances is a matter for professional advisors. Details of the Code can be obtained from the Cabinet Office at www.cabinetoffice.gov.uk.

Existing Staff and TUPE Arrangements

Plans for the closure and reprovision of Campus Accommodation need to address how existing staff resources should be utilised. Staff represent a considerable asset and those planning for the reprovision of Campus accommodation must consider how best to make use of staff resources.

This question is wider that a consideration of TUPE and the transfer of staff. Organisations need to consider the skills and abilities of the current staff team. For example, trained nursing staff may not be required to provide day to day support of people living in ordinary housing but these skills will be needed to provide specialist health support that some people will need to help them live independently. There are opportunities to retrain staff to provide this specialist health support. In these cases, TUPE may not be an issue.

Depending on how the replacement services are set up, TUPE may apply to all or part of the current staff. The extent to which TUPE applies, if at all, depends on the extent to which existing services are transferred to new providers. In reality, given the wide variety of
services that are likely to be needed to support people moving out of Campus Accommodation, TUPE is likely to apply in at least some cases.

There are two main areas to note in relation to TUPE and staff teams:

- The Code of Practice on the Two Tier Workforce sets out how the transfer of local government and NHS staff should be handled. The Code can have a significant impact on long term costs, both in relation to pension provision and the future terms of conditions of replacement staff.
- TUPE regulations are complex, and whether or not TUPE applies to particular staff groups or individual members of staff is a matter for local discussion with legal advisors.

**General Contacts**

**Housing Corporation**

*Enquiries & Complaints team*
1 Park Lane
Leeds
LS3 1EP
National telephone number (for all telephone enquiries): 0845 230 7000

🌐 [www.housingcorp.gov.uk](http://www.housingcorp.gov.uk)

**Department of Work and Pensions**

*Benefit Enquiry Line*
Confidential advice and information for people with disabilities, and their carers and representatives, about social security benefits and how to claim them.
Phone: 0800 88 22 00 (Free)

*Attendance Allowance and Disability Living Allowance*
Warbreck House
Warbreck Hill
Blackpool
Lancashire
FY2 0YE
Phone: 0845 7 12 34 56 (Lo-call Rate)

🌐 [www.dwp.gov.uk](http://www.dwp.gov.uk)
National Housing Federation
Lion Court
25 Procter Street
London
WC1V 6NY
Telephone: 020 7067 1010

www.housing.org.uk

InControl
There is no address for InControl, but there are links to various officers on the website:

www.in-control.org.uk

Association for Supported Living
At the time of writing, the website of the Association for Supported Living was not operating.

www.associationsupportedliving.org

Valuing People Support Team

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References and Links

Full links to the documents below can be found in the NHS Campuses section of the VPST Website.

3. Valuing People is available from the VPST website in accessible and full versions

4. *Our Health, Our Care, Our Say*, DoH 2005, available for download from the Department of Health website (www.dh.gov.uk)

5. The Healthcare Commission reports into events in Cornwall and Sutton and Merton can be found on the Healthcare Commission website (www.healthcarecommission.org.uk)

6. For further information on the activities of the Camden Society, contact the Society on 020 7485 8177 or visit their website at www.thecamdensociety.co.uk

7. For information on Reach and an order form, visit the Paradigm website at www.paradigm-uk.org

8. Further information about the Sheffield CAISS team can be obtained from Sheffield Care Trust on 0114 271 6179 or by email to caiss.team@sct.nhs.uk

9. *Services for People with learning Disabilities, Challenging Behaviour or Mental Health Needs*, Professor Jim Mansell a newly revised version of the original 1993 document

10. *Commissioning Specialist Adult Learning Disability Health Services—Good Practice Guidance*, Rob Greig

11. Mencap has a variety of information packs available for download from their website at www.mencap.org.uk

12. Rob Greig’s original report into Hospital Reprovision can be downloaded from the VPST website

13. SCIE’s report into Individual Budgets, *SCIE research briefing 20: Choice, control and individual budgets: emerging themes* can be found on the SCIE Website at www.scie.org.uk
14. For further information about the HFT DVD on Individual Budgets contact the HFT at www.hft.org.uk

15. More information on Brokerage can be obtained from the NDT at www.ndt.org.uk
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Viv Cooper, Challenging Behaviour Forum
and many others

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