



**Community and Wellbeing Scrutiny  
Committee**  
29 April 2021

**Report from the Strategic Director  
of Community Wellbeing**

**Update on New Accommodation for Independent Living  
(NAIL)**

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non-key
<b>Open or Part/Fully Exempt:</b>	Open
<b>No. of Appendices:</b>	0
<b>Background Papers:</b>	0
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**1. Purpose of the report**

- 1.1 The purpose of this report is to provide members with an overview of the New Accommodation Independent Living (NAIL) scheme, including progress against targets, forecast demand and future proposed developments.

**2. Recommendations**

- 2.1 The Community and Wellbeing Overview and Scrutiny Committee is recommended to note and comment on the content of the report, particularly progress to date against targets and advise on any further information that would be useful to members.

**3. Background**

- 3.1 The NAIL Programme is a major cross-council strategic initiative to provide high quality accommodation for a range of vulnerable people. This accommodation offers a viable alternative to residential care for people with high support needs, through providing schemes, which promote wellbeing and the ability to live independently through good design.

- 3.2 The NAIL programme generates efficiency savings as Adult Social Care (ASC) only pays for the 'care and support' element of the service, which is our statutory obligation, leaving the individual to claim housing benefit for the accommodation costs. This also entitles service users to claim benefits (which they are not eligible for in residential care) to enable them to pay for social activities, utilities, food etc. This represents an average weekly saving of £331 per person to the Adult Social Care budget, compared to accommodation provided in a care setting.
- 3.3 The NAIL programme has four phases. The council is currently in phase 3, with a fourth phase to follow.

#### **4. NAIL Programme Phase 1 and 2 (2014-20) – targets, delivery and impact**

##### **4.1 Targets**

For ease, the targets agreed for the NAIL programme are set out below, with a further section setting out delivery against targets, and a final section discussing the impact.

- 4.1.1 The Phase 1 NAIL programme was agreed by Cabinet in 2014 with a savings target of £7.9m through the delivery of 436 units of accommodation by 2019/20.
- 4.1.2 The programme was reviewed in 2016 when it became clear that the savings had been front-loaded and that for a capital programme this was not realistic. The delivery profile of savings was additionally impacted by extended delays in delivering Visram House.

**Table 1. Original projected and actual savings from 2014 -2020**

<b>Financial year</b>	<b>NAIL Units projected</b>	<b>NAIL units delivered</b>	<b>Projected savings</b>	<b>Actual savings</b>
<b>2014/15</b>	0	6		103,272
<b>2015/16</b>	40	40	610,000	688,480
<b>2016/17</b>	152	154	4,110,000	2,650,648
<b>2017/18</b>	145	26	1,400,000	447,512
<b>2018/19</b>	128	38	1,400,000	654,056
<b>2019/20</b>	28	42	0	722,904
<b>Total</b>	<b>493</b>	<b>306</b>	<b>7,520,000</b>	<b>5,266,872<sup>1</sup></b>

<sup>1</sup> End of year savings for 20/21 have yet to be calculated.

- 4.1.3 In 2018/19 the programme was extended to 2023/24 due to demographic demand. An additional £2m of savings were added to the programme bringing the revised total savings target to £9.5m
- 4.1.4 Although the Covid-19 pandemic has had implications for the NAIL programme, the overall savings target has not changed. However, savings have been re-profiled to reflect the delays caused by the pandemic.

## 4.2 Delivery against targets

- 4.2.1 At the start of 2020/21, £5.3m of savings has been delivered through the provision of 306 units, across 24 schemes. £1.8m was projected to be delivered in 2020/21 through full occupancy of existing schemes as well as the completion and fill of new schemes that were due to come on line in 2020/21.
- 4.2.2 The Covid-19 pandemic has had a considerable impact on the delivery of NAIL schemes. Schemes at Peel Road, Woodhill Crescent, Preston Road and Gladstone Park Gardens, which should all have opened in the first half of 2020/21, were delayed. Although Peel Road and Woodhill Crescent are now open, Preston Road and Gladstone Park Gardens will not open until 2021/22. Nevertheless, occupancy has increased by 9% despite three lockdowns. Moving adults into either supported living or ECH was particularly high risk and many families and individual were understandably risk adverse to moving during the pandemic.
- 4.2.3 Due to it being financial year-end, we are not yet in a position to know the full amount of savings achieved for NAIL for 2020/21, until budget reconciliation has been completed.

**Table 2. Schemes delivered in 2020/21**

Address/scheme	Client group	Units
Gladstone Park	LD	6
Preston Road	LD	6
Ruby Street	LD	6
Peel Road	LD	11
Clement Close	LD	12
Woodhill	LD	6
Oxgate	LD	5
Craven Park Road	MH	6

**Table 3. Schemes to be delivered in 2021/22**

Address/Scheme	Client Group	Units
127/129 Harrowdene	LD	10
4 Cranhurst	LD	6
124 Harrowdene Road	PMLD	5
Knowles House	Extra Care Housing	61

#### **4.3 NAIL programme impact**

- 4.3.1 NAIL also delivers a range of wider benefits other than financial. Across our Extra Care Housing(ECH) schemes over the last two years, NAIL have successfully offered 134 tenancies to individuals who would have most probably ended up in residential care. Based on an average weekly saving of £331, this equates to an average cost avoidance saving of £2.3m.
- 4.3.2 All NAIL care and support contracts are London Living Wage compliant that improves the terms and conditions of many of our highly skilled but generally low paid care workers.
- 4.3.3 The development of our larger extra care services in particular also brings wider benefits to the local community and surrounding areas. With between 40 and 60 new residents in each scheme with all of their visiting friends and family will contribute to the local economy by shopping, visiting restaurants, bars, hairdressers, barbers and other resources such as leisure centres and cinemas.

#### **5. Phase 3 – Immediate demand**

- 5.1 One of the significant points of learning from the first two phases of NAIL was that for smaller schemes, and those schemes for younger adults or those with specific care needs, it is better to identify properties for cohorts, rather than cohorts for properties. This means that cohorts of people with similar needs and similar interests are identified, and suitable properties for each of these cohorts are then sought.
- 5.2 Therefore, phase 3 of NAIL concentrates on immediate need, i.e. individuals that have been already identified as suitable for NAIL and are currently known to ASC. It had been intended that some of these individuals/cohorts would occupy existing properties purchased or developed through phase 2 of the programme. However, in some cases their needs have worsened or changed prior to suitable schemes being completed, and in some cases, it was identified that particular cohorts have specialist requirements for both the physical building and the type of care provider they need. For example, it was originally anticipated that clients with a dual diagnosis of autism and a learning disability could be supported in proposed LD schemes. However, it was found that the majority of people with this type of dual diagnosis require a specialist provider with the associated increase in cost. Therefore providing for them within a 'generic' LD scheme is not an efficient use of funding.

- 5.3 A further challenge is the increase in certain types of presenting need. For example, there are now a number of individuals being supported by ASC with Korsakoff's syndrome (alcohol-induced dementia). Due to the challenging behaviour that often accompanies a Korsakoff's diagnosis, schemes will necessarily need to be smaller to allow a provider to manage behaviours safely, and the location of the scheme is important following learning from some of the community resistance to existing mental health schemes.
- 5.4 Similarly, we now have a significant cohort of older individuals with a learning disability who have also been diagnosed with dementia. The original intention was that older adults with a learning disability could be supported in ECHS, however, it has become clear that older adults with dementia and a learning disability require a specialist provider to support them safely in a community setting and we have now identified enough of a demand that a smaller scheme to support them is required.
- 5.5 Finally, whilst a number of schemes for people with mental health issues have been developed, experience has shown that more tailored schemes are required for individuals with different types of presenting behaviours, including those with forensic MH needs.

**5.6 Table 4. Proposed requirements for Phase 3 and 4 NAIL developments**

	<b>Property Required</b>	<b>Number of units required</b>	<b>User group</b>
	SCMHT have identified a demand for a small forensic service.	6	Forensic Mental Health.
<b>6.0</b>	1 x property that has small studio units with a lounge. Property design brief in place but location important.	6	Korsakoffs Syndrome
	1 x property with self-contained units and an element of communal space.	12	Physical disability
	2 six-bed, purpose build units.	12	Autism/CB
	6 bed unit with ample shared communal space and garden for moderate/severe LD and Autism.	6	Learning Disability/Autism
	6 bed unit with ample shared communal space and garden for moderate/severe LD and Autism	6	Learning Disability/Autism

**Future demand and development – Phase 4**

6 bed unit, fully accessible with a lift to first floor.	6	PMLD	6.1
6 bed unit with ample shared communal space and garden for moderate/severe LD and Autism	6	Learning Disability/Autism	
6 bed unit for ageing LD population.	6	Older LD	
Knowles House Extra Care Housing	61	Mixed communities for over 50's	
Honey Pot Lane Extra Care Housing	57	Mixed communities for over 50's	
Watling Gardens – Extra Care Housing	70	Mixed communities for over 50's	
Kilburn Square – Extra Care Housing	70	Mixed Communities for over 50's	
Stonebridge (Hillside)	40	Mixed communities for over 50's	
Mental Health Supported Living units	78	Mental health 18-65, split over a number of separate services	
<b>Total</b>	<b>442</b>		

In addition to the immediate needs identified above, demand modelling suggest that in order to manage demographic pressures in the future, c. 100 units of Extra Care Housing (ECH) will be required every 5 years in Brent for older people. This modelling is based on both the increasing number of older people in Brent, evidence suggesting that older people will live longer with multiple health conditions and the desire to open ECH provision to a wider cohort of older people with less substantial needs.

- 6.2 That said, the impact of the Covid-19 pandemic is still unclear and so further work will be done to determine the demand for extra care services in the medium to long term. This work has only recently begun and will influence our approach to extra care in the future.
- 6.3 ECH is for those residents who are over 55 (although this age limit may be lowered in the future) and residents must have Care Act eligible needs. ECH is usually purpose built and designed specifically to be able to meet the care needs of this client group. Schemes will have a registered care provider on site 24 hrs (not a warden), and will have telecare alarm systems wired into all units. Some units include additional telecare support, such as door sensors or falls monitors and all units will be able to accommodate hospital beds and be wheelchair accessible.
- 6.4 In the past, the eligibility criteria for ECH was set deliberately high to ensure that those residents with the most need were able to access the services, and that the highest level of savings possible was generated from the programme. However, the ideal situation for ECH is that there is a mixed community of need, allowing residents

with lower needs to support and encourage those residents with higher-level needs to remain active and social for longer. Residents with lower level needs ensure that ECH schemes can build true communities, encourage more socialisation, can offer peer support to other residents and allow us to provide people with a genuine home for life as the aim would be that as people's needs increase, they can be supported in their existing home. This is the model we are working towards in future phases of NAIL.

- 6.5 By moving individuals into ECH at an earlier point, individuals are likely to be more settled, better used to their surroundings and accommodation and better able to manage with a smaller package of care than if we wait to move people until they are in crisis. We are therefore working towards lowering the eligibility threshold for ECSH to 1 hrs per week of care, and putting a lower age limit of 50 yrs in place across the 6 existing Network Home Schemes (Willow House, Beechwood Court, Rosemary House, Tulsi House, Newcroft House, Tulsi House and Harrod Court). The lower age limit is required due to an increase in the number of individuals with early onset dementia the service are now seeing (an average of 5% of all individuals under 64 now placed in a residential or nursing placement are placed due to dementia).
- 6.6 A further challenge is that we are currently unable to accommodate individuals who own property, or who have significant funds (self-funders). The intention would be to develop some schemes to be mixed tenure, as well as mixed need, which would both support the management of demand on ASC, but would also support to reduce the demand on housing in the borough.
- 6.7 There is also an immediate and ongoing requirement for provision that can support people with dementia to live well in the community, both through the design of the building and through the care commissioned to support people. Each of the proposed new schemes (see below) either will be dementia specific, or will include specific dementia units.
- 6.8 A number of sites with potential to be developed into larger ECH schemes have been identified already, and two (Honey Pot Lane and Knowles House) are at the construction stage. Phase 3 of the NAIL purchase and adaptation programme will run parallel to the new development programme (Phase 4) which will supply approximately 298 new Extra care units across the below sites:

**Table 5. Proposed Extra Care Schemes**

Property/Site	Number of Units	Use	Delivery Date
Honey Pot Lane	61	Extra Care	2022
Knowles House (Includes 10 beds of EMI specialist provision)	57	Extra Care	2022
Stonebridge (Hillside)	40	Extra Care	2023/24
Watling Gardens	70	Extra Care	2023/24
Kilburn Square	70	Extra Care	2023/24

<b>Total</b>	<b>298</b>		
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- 6.9 The number of extra care units supplied during phase 4 by the new programme will be during a concentrated period of time and thus requires increased resourcing to ensure the occupants of these properties are prepared and ready to move into the new property from the time its handed over.

## **7.0 Financial Implications**

- 7.1 Financial implications are included in the main body of the report.

## **8.0 Legal Implications**

- 8.1 Legal implications are included in the main body of the report.

## **9.0 Equality Implications**

- 9.1 Equality implications are included in the main body of the report.

### ***REPORT SIGN-OFF***

***Phil Porter***

Strategic Director of Community Wellbeing