

MONMOUTHSHIRE COUNTY COUNCIL REPORT

SUBJECT:	Severn View Re-Provision New build residential home – Crick Road
MEETING:	CABINET
DATE:	6.12.17
DIVISION / WARDS AFFECTED:	ALL

1. PURPOSE

- 1.1. This report presents the initial case for the development of a new residential home to replace the current services provided at Severn View Residential Home in Chepstow. This development is a unique opportunity for Monmouthshire to lead within the county and nationally on a new model of residential care based on bespoke building design and a bespoke staffing model that supports the highest possible quality of life for people needing 24 hour care who are living with dementia. The report explains the reasons that underpin the need for this development, the options available but specifically seeks approval for the commencement of the next phase of the project.

2. RECOMMENDATIONS

- 2.1. That Cabinet give approval for the formal commencement of the second phase of the project. Phase one explored the feasibility of the project and the development of initial designs and associated costs. Phase two will see the development of a formal business case.
- 2.2. To approve, in principal, the decision to re-provide Severn View Care Home on the Crick Road site subject to subsequent approval of the detailed business case.
- 2.3. Agreement that the receipt from the sale of Severn View Residential Home can be ring-fenced to the re-provision of the new home on the Crick Road site.

3. BACKGROUND

- 3.1. The proposed home at Crick Road will replace Severn View Resource Centre (SVRC). Sited in Chepstow, SVRC is a local authority owned and run building.
- 3.2. The current home comprises 25 long term beds for people living with dementia, 4 short term beds (respite) for people living with dementia and older frail people and 1 long term bed for older frail people. The home also supports 2 step up step / down beds to support discharge and prevent admission from hospital. The home has reconfigured over recent years to support mainly people with dementia in response to an under provision in the independent sector. The home has a consistently good reputation and maintains near 100% occupancy.
- 3.3. The designs for the proposed new home are detailed in Appendices 1 to 3. The designs are delivered against a detailed design brief [Appendix 4] prepared following a detailed literary review, visits to other providers nationally, discussions with experts and a review of design guidance from research centres.
- 3.4. The designs have been undertaken by John Carter (founding partner) of Pentan Architects; a specialist in care home design. The proposals aspire to best practice in care home design nationally and to be a market leader in the provision of person centred support to people with dementia. The homes design is based on 4 x households at ground floor level with the aim to reflect as closely as possible a domestic homelike feel.
- 3.5. Initial proposals detail 3 households of 8 to support 24 people with long term care and 1 household of 8 to support short term care.
- 3.6. The designs allows (and incorporates options) for building on two floors to enable the exploration of additional provision. Consultation reveals the increasing demand for an additional nursing care household on site to support transition and consistency. We need to avoid transferring people to other homes when their needs meet the threshold for nursing support.
- 3.7. The provision will focus on support to people with dementia although it will retain 2 x step-up step-down beds as part of the household that provides short-term care for older people

with dementia.

- 3.8. As part of the development of the care home we aim to incorporate an outreach care team to support local people to remain in their home. Critical for older people living in the community is access to a 24 hour response as support with night time needs can be the difference between staying in your own home and moving into a residential home. During development there have been on-going discussions about housing across the wider site with agreement to incorporate specially adapted homes and 'homes for life' within the development.

4. KEY ISSUES

- 4.1. The current home at Severn View in Chepstow was built c1979 and although the layout is generally good, it has a number of significant weaknesses:
- 4.1.1. Bedrooms are not en-suite. This is becoming increasingly unviable and there is the potential to be given a non-compliance order from Care and Social Services Inspectorate in Wales (CSSIW) in due course.
 - 4.1.2. The layout is one of long corridors which is seen as poor practice in care home design; particularly in respect of people living with dementia due to difficulties in orientation and feelings of restriction.
 - 4.1.3. The home is on two floors, and this prevents ease of access to outdoor spaces.
 - 4.1.4. Respite Services for people with dementia are supported on the same wings as those occupied by our long-term residents. Best practice would be to separate out the respite for people with dementia to avoid disruption to our long-term residents. Residential respite for people with dementia is significantly over subscribed.
- 4.2. In-house provision has a role to support the market. Demand and availability of long and short terms beds for older frail people [not living with dementia] suggests that this should not form part of future plans for the new build. Before a decision is made in this respect, further detailed discussion is required.
- 4.3. There are elements of fragility in the market with a major independent sector provider ceasing trading in the last two years. Demand is set to increase and a balanced, resilient and stable cross sector provision is required to meet the demands of the future
- 4.4. The development of the home sits within a complex picture demographically. In summary:
- 4.4.1. There are 19,863 people over 65 years old in Monmouthshire, approximately 22% of the population, this part of our community is projected to grow by 56.9% to 31,157 between 2012 and 2033. In the South of the County 18% (7,138) of the population is 65+ according to the 2011 census. This shows a 30% increase in people who are 65+ between the 2001 and 2011 census (5484 to 7138).
 - 4.4.2. According to research conducted for Dementia UK in 2013 (Alzheimer's Society 2014) 95% of people with dementia in the UK are 65+.
 - 4.4.3. The over 85 age group is expected to increase in Monmouthshire by 153% from 2,714 in 2012 to 6,863 in 2033. Between 2001 and 2011, this age group increased by 61%, from 547 to 882, in the south of the county
 - 4.4.4. People are living longer with increased life expectancy as evidenced by the 57% increase in people over 90 in the South of the County between the 2001 and 2011 census (188 to 295).
 - 4.4.5. The current trend show that there is an increase in older people moving to Monmouthshire.
 - 4.4.6. There is an increase in demand and expectation for health and social care services.
 - 4.4.7. There is an increase in people who are 65+ with conditions such as circulatory diseases, respiratory diseases and dementia (or long term health conditions as this is the census measure). The data from the census shows a 42% increase (2,858 to 4,053) in people with LTH problem or disability who are 65+ between 2001 and 2011.
 - 4.4.8. 14.4% of older people in Monmouthshire live alone, in the south of the county this figure is 27.9%. In the south of the county 25% of households are single occupancy, of which 50% are single occupancy households who are 65+.
 - 4.4.9. The number of Monmouthshire people aged 65 and over predicted to have dementia is expected to increase by 82% from 1377 in 2012, to 2,506 in 2030.
- 4.5. Social care services are developing to keep pace with increasing demand and complexity.

Much of the detail around the development of adult social care services is available elsewhere and so is not repeated here but in summary:

4.5.1. Demand for residential placements has been maintained due to the development and associated training that supports people to continue to live at home for as long as possible. It is anticipated though that demand will increase over time in response to the demographic challenges outlined above.

4.5.2. The independent market in the provision of residential placements is fragile and providers have given notice in recent years due to the unsustainability of the service.

Council provided services are seen as integral to a balanced and stable market.

4.6. **Options Appraisal.** The table below gives a brief overview of the potential options going forward. The detailed business case will provide a very detailed analysis of all options and will include selection evaluation criteria for decision.

Option	Benefits	Risks
Option One – No development. We would retain Severn View as the council provision for older people with dementia.	<ul style="list-style-type: none"> ▪ SVRH maintains a consistently high reputation and near 100% occupancy. ▪ We would have no disruption to services. 	<ul style="list-style-type: none"> ▪ Investment may be required to have en-suite bathrooms if required by CSSIW. This would reduce occupancy and increase unit costs, thus negating the benefits listed. ▪ The building is ageing and maintenance costs will continue to increase. The home may become unsustainable in the longer term. ▪ We are not able to demonstrate best practice in person centred dementia care due to current environmental restrictions – first floor bedrooms. ▪ The opportunity to be a part of the Crick Road development will be lost
Option Two – invite other providers to develop a care home with South Monmouthshire.	<ul style="list-style-type: none"> ▪ Monmouthshire does not have a monopoly on best practice. Other providers may deliver best practice in care home design. ▪ Other providers may be able to deliver a more efficient residential model of service delivery. 	<ul style="list-style-type: none"> ▪ The current market does not support an additional 32 beds of residential only provision. There will be an oversupply in the market leading to the loss of existing providers. ▪ Ultimately as SVRH becomes increasingly unsustainable we will no longer have a stake in the market. This will leave us vulnerable in terms of dictating quality and open to care home fee increase demands. ▪ We cannot dictate the design. Independent providers will construct designs based on economies of scale. Research reveals that the minimum number of beds required is 60. There is not the demand for this number

		and so this will leave voids or would not be an attractive proposition for providers.
Option Three – Melin or another provider develop the care home on the site.	<ul style="list-style-type: none"> ▪ As above 	<ul style="list-style-type: none"> ▪ TUPE would almost certainly apply if the construction of the home was predicated on the transfer of the existing residents from Severn View. The council's terms and conditions may make the development unattractive economically. ▪ There would be considerable opposition to the transfer of ownership to another provider from relatives and staff. ▪ We would not be able to dictate practice and approach in terms of care provision and care home design. ▪ Melin are not currently a provider of social care services and this would be a complex area to enter in the social care field.
Option Four – MCC work in partnership with the wider site development to construct its own residential provision – PREFERRED – see below for more detail.		<ul style="list-style-type: none"> ▪ That the shortfall in funding highlighted below cannot be bridged. ▪ The impact of moving residents from one home to another is significant and may have a disruptive effect on the residents and their families.

5. REASONS

- 5.1. The re-provision of Severn View would ensure a sustainable and long term role in the provision of residential services for people living with dementia.
- 5.2. Severn View Residential Home has played a critical role in the provision of residential care over the last number of years. Principally:
 - 5.2.1. It has developed a unique approach to the person centred care of people living with dementia
 - 5.2.2. It creates an alternative to independent sector placement. There remains significant on-going pressure around care home fees. Whilst relationships with our providers remain positive it is critical that the council maintains its role to ensure that we have a balanced and multi-agency approach to care provision. This includes working in partnership to develop practice as both a provider and a commissioner of services.
 - 5.2.3. Severn View provides a significant proportion of residential placements in the south of the county. We retain an umbrella role to respond to fluctuations in the market and to support the independent sector. Moreover, as a provider of services the council is able to liaise with the independent sector based on direct experience and involvement rather than simply from a commissioning perspective.

- 5.2.4. Severn View provides the majority of short term placements for people living with dementia. This is an integral part of supporting people to stay in their own homes and as part of a range of support services for carers. Short-term placements are traditionally not an attractive proposition for independent providers due to the lack of guaranteed income.
- 5.2.5. The re-provision would support the continuation of step up step down beds to ensure equitable access to intermediate care services across the county..
- 5.3. The establishment of the care home on the wider Crick Road site affords the opportunity to develop a balanced and inclusive approach to community provision. The home would sit as part of the community and the design itself explicitly invites the community to use shared spaces. There is also the opportunity to outreach to the wider community to offer flexible and economical community support to those living locally and specifically to those in the specially adapted accommodation included in the wider plans.
- 5.4. An opportunity for MCC to lead on practice both locally and nationally.
- 5.5. The re-provision affords the opportunity to develop an innovative 'household' staffing model. The team would be employed to generic 'household' support worker role profiles. Effectively, teams would undertake roles that support the running of the household and not role specific. I.e. responsible for care, cooking, activities and cleaning. This approach fosters inclusion and enablement for those living at the centre and ensures their involvement in all aspects of daily living.

6. RESOURCE REQUIREMENTS AND COSTS

6.1. PHASE ONE – PRELIMINARY DEVELOPMENT [JULY 2017 – MARCH 2018]

Stage	Responsible	Costs	Funding	Status
Design Brief & Project Scope	Colin Richings, MCC	0		Complete – July 2017
Consultation, Concept, Preliminary Design & Modelling	Pentan Architects	9,800.00	ICF*	Complete September 2017
Initial Costings	Strong's Partnership Chartered Quantity Surveyors	1,900.00	ICF*	Complete September 2017
Detailed Business Case & Project Management	Consultant to be appointed.	30,000.00	ICF*	Pending December – March 2018

*Integrated Care Funding of £50,000 secured.

6.2. CAPITAL COSTS

6.2.1. Initial costings give a projected range of costs of c£1,750 - £1,850 per m². Preliminary designs give an estimated floor area of 1,090m² per block [2 x households]. To provide baseline accommodation of 32 beds would require 2 x blocks at ground floor level.

6.2.2. Therefore capital costs are derived: 2x 1,090 x 1,750 / 1,850 = **£3.815million to £4.033million.**

6.3. FUNDING:

6.3.1. Current staff model is based on structured / separated staff groups. This includes an officer team, care team, admin team, domestic team and kitchen team. Current staffing budget is £1,401,472.

6.3.2. We are exploring the possibility of the new residential home being supported by a new household staffing model where most tasks are considered generic and leadership

roles are ostensibly hands-on. This will further support a person centred approach to hands on where residents are involved in all aspects of daily living. The initial proposed breakdown of funding is as follows:

STAFFING GROUP / AREA	COSTS
Leadership	147,764.00
Administration	12,506.00
Care Staff [Days]	811,048.00
Contracted Relief	70,387.38
Care Staff [Nights]	183,448.00
Sub Total	1,225,153.38
Remaining Cover Budget	61,257.00
Grand Total	1,286,410.38

- 6.3.3.** A conservative target of 25% efficiency in energy use is anticipated with the new build. Based on actual spend 15 / 16 there will be a £12,670 saving on the annual budget.
- 6.3.4.** Prudential Borrowing is estimated at £60,000 repayment per £1million borrowed.
- 6.3.5.** Valuation of Severn View Residential Home gives an initial estimate of £750,000 sale value although this is an historic figure and the actual valuation being currently undertaken may be higher. The valuation will provide two figures; firstly for the sale of the site with buildings for alternate development and a second valuation for the site to be completely redeveloped.

6.4. FUNDING SUMMARY

Capital Costs	3,815,000.00		
Capital Receipt	750,000.00		
Funding required			3,065,000.00
Staffing Model		115,061.62	
Utilities Savings		12,670	
Total Revenue Savings		127,731.62	
Borrowing			2,122,860,.00
SHORTFALL			942,140.00

6.5. SHORTFALL

- 6.5.1.** Staff revenue savings are based on an initial review of the current staffing model. Further work is required to develop this model further and the potential for further savings explored.
- 6.5.2.** Severn View currently receives Integrated Care Funding of £55,000.00 per annum to support the step up step down beds at the home. This funding is not included in the current staffing budget. It is anticipated that funding for the new home can be secured.
- 6.5.3.** The current costs for the new home are based on an 'ideal' design and maximum floor space. Alterations to the design can reduce costs. It should be noted that the figures used are at the lower end of the estimates and changes to design will reduce the impact of the new home.
- 6.5.4.** The current design is based on ground floor only accommodation. Further work is required to explore partnership arrangements with other agencies. This includes the potential to develop a first floor nursing wing with colleagues in Aneurin Bevan

University Health Board. It is anticipated that this will reduce the cost per m² of the development.

6.5.5. We are aware of various Welsh Government funds to support the development of residential services for older people living with dementia. We anticipate applications for capital funds to support the development.

7. WELLBEING OF FUTURE GENERATIONS IMPLICATIONS (INCORPORATING EQUALITIES, SUSTAINABILITY, SAFEGUARDING AND CORPORATE PARENTING): See Appendix 5 but key points are summarised below for information:

- 7.1. The new build maintains a large staff team and continues the investment in team development and skills training. There is also the potential for the new build as a model for best practice to become a training site for other providers and apprentices.
- 7.2. The development seeks to preserve and enhance the excellent reputation for person centred care to older people living with dementia
- 7.3. The project specifically targets the integration of the home with the wider community to ensure problems of isolation are overcome, improve people's understanding and awareness of dementia and to create the foundation for mutually supportive communities.
- 7.4. Safeguarding training is part of all our teams' core competencies. Combined with direct relationships and permission to act allows for a more proactive and preventative approach to safeguarding.
- 7.5. Overall, the project seeks to build on the current high quality services being provided to support older people living with dementia. The new build provides an opportunity to develop practice further within an environment that is specifically focused on supporting the health and well-being of the people we support and to ensure that they can still be a part of and contribute to their local community.

8. CONSULTEES:

8.1. Severn View Residents and Families.

- In meetings to date, there has been overwhelming support and understanding about the need to consider the long-term sustainability of the current home. However, there has been some concern from one person who feels that the service currently provided is extremely strong, that a move is not necessary and has understandable concerns about the impact a move would have on their loved one.
- Clear feedback has been given that families would like reassurance that the developments would not see a transfer of services to another provider and that the council will remain the service provider.

8.2. Staff Teams at Severn View Residential Home

- Meetings have taken place with teams. Generally, the team view the development as positive and understand the basis for the move. There is some degree of scepticism that the plans are deliverable.

8.3. Colleagues in South Monmouthshire Integrated Services

- The Service and Team managers are fully supportive and have directly informed the need for specially adapted homes on the wider site at Crick Road.

8.4. Senior Leadership Team

- Requested that the detailed business case (Phase 2) fully explore all options and that the appraisal is very detailed for each option.

8.5. Adult Select Committee:

- *As a committee, we are in agreement with the principle that the Council should take a lead in providing a future long-term sustainable care model for Monmouthshire. Given the success of the Raglan Project, we understand the advantages of the Council providing care facilities to ensure a high quality service. We recognise that our primary objective remains to support people to live independently for as long as possible, but*

that a range of services will be needed to support future complex care needs such as dementia, given the increasing ageing population.

- *The Committee supports the recommendations of the report to progress to the next phase of a detailed business case for the Severn View Proposal, however, Members agreed the proposals should be discussed at a future member's seminar.*
- *The Committee concludes that there is a need for an overarching Commissioning Strategy for residential care provision, respite and other services, to outline a strategic direction for services across the county and that this should be undertaken as part of the revision of our Local Development Plan.*

8.6.

9. BACKGROUND PAPERS

9.1. Crick Road development – Cabinet Report

10. AUTHOR: Colin Richings – Integrated Services Manager [Abergavenny] & Direct Care Services Lead

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