

SUBJECT:	CRICK ROAD CARE HOME
MEETING:	ADULTS SELECT COMMITTEE
DATE:	26.11.18
DIVISION/WARDS AFFECTED:	

1. **PURPOSE:**

- 1.1. Following approval in Adult's Select Committee [30.10.17] and Cabinet [6.12.17] to move from the feasibility phase to the development of a detailed case for change this report provides an updated position in regards to the development of the new build care home that will replace Severn View Residential Home. The report details the case for change and presents the finalised care home designs that will sit on the Crick Road site in Portskewett.
- 1.2. The report sets out the current options and seeks approval from Select Committee members prior to consideration by Full Council on the 13th December 2018. Approval will be sought to move the project forward to implementation phase.

2. **RECOMMENDATIONS:**

- 2.1. To request that Adults Select Committee undertake pre-decision scrutiny of the proposals and options within this report.
- 2.2. To endorse the proposals outlined in Appendix 1 (Case for Change) to go forward to Full Council for consideration in the 2019/20 capital programme, understanding that Members have subscribed to any additions to the programme meeting one of two conditions,
 - Either that the project replaces something already in the capital programme as a higher priority,
 - or
 - That the business case is demonstrably self-funded.
- 2.3 Work is progressing on refining the costs and seeking a more up to date valuation for the Severn View site which may recast the anticipated net cost to zero. However, there remains a small imbalance and following consultation with finance colleagues the intention would be to make an additional request of full Council to utilise a maximum £300k corporate capital receipts from the anticipated available by end of 2018-19 £3.8million.

3. **KEY ISSUES:**

- 3.1. This project seeks to replace and re-provide services currently provided at Severn View Residential Home in Chepstow. Previous reports to Adults Select Committee and Cabinet set out the background to the proposals. Details of all aspects of the issues and proposals are set out in Appendix 1 – the case for change.

- 3.2. The current facilities and environment at Severn View place restrictions on our ability to deliver the range and extent of services that enable people living with dementia to live well and a life that matters. Principally:
- 3.2.1. The home is on two floors and restricts free and spontaneous access to outside spaces. Access to outside spaces is integral to people's well-being; not only does it improve sleep and reduce stress it supports people to develop a sense of self and of place.
 - 3.2.2. The home is severely limited by not having en-suite bathrooms. Shared bathrooms is increasingly untenable in providing care in the 21st Century and we run the risk of future problems with registration as a result.
 - 3.2.3. The layout of the building does not support orientation and a sense of home. 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
- 3.3. Care practice has developed significantly over the last few years following significant investment by the council in support and training to deliver a relationship based approach to holistic care. The environment does not prevent care teams from adopting this approach but it limits the effectiveness and does not enhance our ability to support this holistic approach.
- 3.4. The current model of staffing does not create the ratios that sufficiently allow the team members to practice as they would wish. An amalgamated household support worker model is required that creates better staffing ratios (see Appendix 1).
- 3.5. It is well established and recognised the importance of integrating our care facilities with the surrounding community. The current infrastructure and location of Severn View limits the opportunities for community integration. A more radical approach is required to ensure that moving into permanent care does not mean isolation from your local community.
- 3.6. South Monmouthshire currently has 2 rehabilitation beds at Severn View. This represents an under provision when compared to Monmouth and Abergavenny. There is a need to increase the number of rehab beds in the south of the county to enhance our ability to facilitate hospital discharge and to prevent admission.

4. EQUALITY AND FUTURE GENERATIONS EVALUATION (INCLUDES SOCIAL JUSTICE, SAFEGUARDING AND CORPORATE PARENTING):

- 4.1. A healthier Wales:** the development seeks to preserve and enhance the excellent reputation for person centred care to people living with dementia. The model of care is based on enablement and involvement to promote independence and well-being.
- 4.2. A prosperous Wales:** 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.
- 4.3. A Wales of cohesive communities:** 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.

5. OPTIONS APPRAISAL

Option	Benefits	Risks
<p>Option One – No development. We would retain Severn View as the council provision for older people with dementia.</p>	<ul style="list-style-type: none"> ▪ SVRH maintains a consistently high reputation and near 100% occupancy. ▪ We would have no disruption to services. ▪ There is no imminent risk to the continuation of services based at the home. 	<ul style="list-style-type: none"> ▪ Investment may be required to have en-suite bathrooms if required by the Care Inspectorate Wales. 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. ▪ We will lose the potential funding from the Integrated Care fund capital programme.
<p>Option Two – invite other providers to develop a care home on the site.</p>	<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. ▪ 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

		<p>development unattractive economically.</p> <ul style="list-style-type: none"> ▪ 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.
Option Three – MCC work in partnership with the wider site development to construct its own residential provision –	<ul style="list-style-type: none"> ▪ See Appendix 1 – The Case for Change 	<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.

6. REASONS:

- 6.1. The re-provision of services currently provided at Severn View Residential Home in Chepstow to ensure a sustainable future for residential and rehabilitation services currently based there. The current facility is no longer fit for purpose as a result of its design and facilities. Moreover, significant investment in care practice over the last three years has resulted in an approach to care support that is market leading and has been recognised in other areas of our services by Social Care Wales as delivering the best outcomes for older people in Wales. Environmental Design must keep pace with care practice and the Crick Road development will enable this to happen.
- 6.2. In delivering a balanced and robust market to support long-term and short-term support to people living with dementia it is critical that the Integrated Health and Social Care team remain as a provider in the long-term. This is also critical in the delivery of short-term and rehabilitative services.
- 6.3. The new facility will increase the provision of rehabilitative beds in the south of the county from two to four beds. This will support more consistent provision across the county and will clearly facilitate early discharge and admission prevention based on an integrated approach across health and social care.
- 6.4. As an integrated provider of services, the development will establish a model of services we are seeking more widely from the independent and 3rd sector organisations. This approach has been illustrated by the development of person centred / relationship based care at home services by Monmouthshire, which are now forming the basis for the new tenders for independent sector services.
- 6.5. Monmouthshire through its locality hub model of integration has continually demonstrated innovation and good outcomes for people receiving our support. The development at Crick Road supports the South Monmouthshire Integrated Services Team to continue to develop this approach through the provision of specialist and rehabilitative services.
- 6.6. From the outset of the project, we have stressed the importance that the home does not just sit within a community but that it is fully integrated and a part of the community. The design includes shared spaces that will be used by both the residents and the wider community. The site will also provide a base for community co-coordinators to develop community projects and preventative approaches with a focus on people keeping themselves healthy and well.

6.7. The design of the home has enabled the development of an innovative household support model of staffing. The environment supports efficiency of staffing but will improve staff ratios. By removing specific job roles and acknowledging that our support is not role specific but simply whatever is needed in supporting a safe, warm and loving environment the teams will all provide emotional, social and physical support as well some of the necessary parts of running a home such as cooking and cleaning. The current staffing is 2 care support workers for 8 residents will additional domestic support and a dedicated kitchen team with super-numery management support. The proposed model will provide the following:

6.7.1. 7am – 10am – 3 Household Support Workers

6.7.2. 10am – 6pm – 3 to 4 x Household Support Workers

6.7.3. 6pm – 10pm – 2 x Household Support Workers.

6.8. By targeting our resources rather than static staffing ratios, we are able to deliver the individualisation of support within a group living environment.

6.9. As Crick Road Care Home will be a part of the South Monmouthshire Integrated Services Team, we will utilise existing resources across all our teams to provide outreach support but also maximise the resources that we have to extend across service boundaries. For example, night staffing at the home will be resourced so that it can at specific times outreach to the local community.

6.10. The site will host training and apprenticeships to develop skills, professionalism and retention across the social care sector.

7. RESOURCE IMPLICATIONS:

7.1. PHASE ONE – PRELIMINARY DEVELOPMENT [JULY 2017 – MAY 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 designs, consultation and cost schedules.	Consultant to be appointed.	40,000.00	ICF*	Complete May 2018

*Integrated Care Funding.

7.2. CAPITAL COSTS

7.2.1. The total estimated capital costs of £6,937,903 are derived from the costs of land purchase, build costs, fees, contingencies and additional capital requirements including internal furnishing and assistive technologies.

7.2.2. Due to the market sensitive nature [competitive tender] of these figures and on advice from committee members during previous scrutiny this information is not included here in detail. A detailed breakdown of all estimated costs is available on request.

7.3. FUNDING:

7.3.1. 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 £1,464,781.

7.3.2. 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	118,531.00
Administration	12,858.00
Care Staff [Days] & Contracted Relief	937,986.00
Care Staff [Nights]	242,330.00
Sub Total	1,316,401.00
Remaining Cover Budget	59,016.00
Grand Total	1,370,721.00

7.3.3. A conservative target of 25% efficiency in energy use is anticipated with the new build. Based on actual spend there will be a £15,940 saving on the annual budget.

7.3.4. Prudential Borrowing is estimated at £60,000 repayment per £1million borrowed.

7.3.5. Valuation of Severn View Residential Home gives an initial estimate of £700,000 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.

7.4. FUNDING SUMMARY

Capital Costs – Land purchase and build		6,937,903	
<u>Afforded by</u>			
ICF Grant Funding	(4,065,000)		
Capital Receipt from Severn View site	(700,000)		
Use of corporate capital receipts			
Prudential Borrowing * Note 1	(1,833,333)		
Sub total		(6,598,333)	
Net Cost		339,570	
Note 1			
Staffing Model	94,060.00		
Utilities Savings	15,940.00		
Total Revenue Savings	110,000.00		
Over a 25 year basis, illustratively it costs circa £60k pa to afford £1m prudential borrowing			

8. CONSULTEES:

8.1. Adults Select Committee [30.10.17]

8.1.1. 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.

8.1.2. 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.

8.1.3. 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 to inform the revision of our Local Development Plan.

8.2. Cabinet [6.12.17] – Approval in principal to move to phase 2 of the project – from feasibility to the development of detailed proposals.

8.3. Member's Seminar [8.11.18] - verbal feedback was very positive about the proposals. Clear directive from members to pursue the option to have an additional 16 beds if at all possible.

8.4. Team Members and Staff representatives: Generally supportive of the proposals although feedback regarding staffing model highlights the need for further work and consultation. A staff forum is being created to further co-produce all aspects of the scheme including revisions to the current proposed model.

8.5. Family members and friends of current residents: Again, generally supportive and well received. Opposition has been raised by one family and on-going discussions will aim to resolve concerns. Concerns focus mainly on the high quality of the current provision and the necessity to re-provide services on another site.

9. BACKGROUND PAPERS:

9.1. Appendix 1 – The Case for Change

9.2. Adult Select Committee Report – Crick Road Care Home: 30.10.17

9.3. Cabinet Report – Crick Road Care Home: 6.12.17

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