



Executive
8th October 2007

**Report from the Director of
Housing and Community Care**

Wards Affected:
ALL

Melrose PFI development of residential, respite and supported living for people with learning disabilities

Forward Plan Ref: H&CC-07/08-06

1.0 Summary

1.1 This report summarises the progress on the plans for the redevelopment of Melrose residential and respite services, following the report to Executive in 2006. It proposes a model for agreement, and approval to reprovide services from Melrose. It details consultations with relatives and staff on the final plan. It considers options for tendering of care provision service, and proposes options on tendering the service. The report follows the previous report from the Director of Housing and Community Care on the general PFI presented at this Executive.

2.0 Recommendations

- 2.1** That Members agree to the model plan for the Melrose redevelopment with 3 x 5 bed residential units on the Tudor Gardens site and a respite unit on the 167 Willesden Lane site, as set out in the report.
- 2.2** That Members agree to request the Director of Housing and Community Care to report back in December 2007 on options to tender for the provision of residential care services and respite and supported living care services.

3.0 Detail

Background

3.1 There have been reports to the Executive since the decision to include Melrose as part of the PFI overall development (10 March 2003, 11 October 2004, 9 October 2006). Melrose is a registered care home currently providing

24 hour care for 16 residents (previously 34) plus 5 respite beds, 3 beds in an external bungalow. It is inspected by the Commission for Social Care Inspection (CSCI) and since 2002 has not met the new registered care home standards. Furthermore, it is no longer 'fit for purpose' as it provides an outmoded institutionalised model of care for all residents in one large home. Modern policy and good practice is to provide smaller family type homes which provide individual, person centred, care focused on the individuals rather than managing residents as a group. CSCI have only agreed to the current registration of Melrose on the basis the Council has had a clear plan to reprovide the service to meet new registered home requirements.

3.2 Policy changes. National strategy valuing people

Over the last 10 years there has been a significant change in direction as outlined in the policy documents from central government which frame the way we provide service. From the publication of Valuing People through to more recently "Independence, Well-being and Choice," "Improving Life Chances for Disabled People" and "Our Health, Our Care ,Our Say," there is an increasing emphasis on the importance of moving away from traditional segregated services to mainstream services, from lives prescribed by professionals to ordinary lives with service users and their families firmly in control and from risk as the absence of any danger to the recognition of the paucity of lives where no risks are ever taken. In terms of models of housing provision specifically, the emphasis has moved away from small homely homes in the community to more flexible styles of living which promote and maintain independence and inclusion.

3.3 Local policy.

The local policy as expressed through the LD strategy and recent housing strategy is to maximise independent living for people with learning disabilities, in supported living. The number of people going into residential care has decreased. The Council has had a clear plan to reprovide the service to meet new registered home requirements. The use of residential tends to be for an emergency/short term placement to move people onto more independent living. Residential care, by its very nature, tends to take care of and do things for people, rather than do things with and prompt people to maintain independence. Cooking, washing and cleaning skills are not developed in residential care.

The overall policy to promote independent living has been discussed at annual stakeholder events since 2002 and ratified through the multi agency learning disability partnership board with user and carer representatives. Respite is also not considered by CSCI to be appropriately placed in long term residential care, as it is disruptive to long term residents to have a continuous stream of temporary residents every few days. This is also a challenge for staff trying to practise between needs of respite users and families and long term residents.

3.4 PFI development

Progress on the PFI was last reported in November 2006 and is the subject of a separate report to members. Issues then were relatives concerns about the model of integration and separate smaller units for the Melrose replacement. The key issue for adults social care has been to agree the design for the model of care and securing the sites. Whilst it is intended to prioritise use of units for people with learning disabilities, should insufficient needs in the long term be identified units can be used for users with mixed needs, mental health and or physical disabilities. The importance of this will be shown in the issues arising from the compromise on the design and site location because of concerns by current relatives of Melrose residents.

3.5 Original design

In light of changing needs, demands and choice of location for units it was proposed to redevelop Melrose into smaller units of 5, on different sites. The current residents to live into friendship groups, according to needs. They would be enabled to meet up as a larger group, or with different friends, through joint day activities, evenings or weekends. The importance for future users was to give choice of location in separate parts of the borough and not recreate an institutional model with the units adjacent to each other on one site.

3.6 Relatives views.

This plan met with total opposition from relatives and reasons for this were outlined in the Executive report October 2006.

3.7 Relatives requested that the reprovision of Melrose is based upon a village/intentional community model which they believe may be achieved through the co-location of all residents on one site.

Respite.

The separate views of relatives using the respite are that whilst ideally they would have liked the unit on the same site, their main priority is to have a service available at the point of reproviding from Melrose. Respite users come from all parts of Brent, no one part of the borough is preferable over another.

Valuing People Policy

3.8 Valuing People refers to village/intentional communities as an option for people with learning disabilities. Village or intentional communities have been described as a “cluster of residential provision in own grounds sharing communal day and recreational facilities”. (Emerson et al, January 2000). These tend to be well-established communities that have evolved over a period of time and are usually operated by charitable foundations with a strong religious or philosophical foundation. They are not usually created as part of a reprovision. Valuing People reminds us that this option exists, but does not insist that we should set up village communities.

Instead Valuing People promotes the values of choice and inclusion. The research that Valuing People quotes found that people in village communities tended to be younger with less complex needs than people in dispersed housing. In addition, this research found that people who lived in dispersed housing were more likely to receive individualised care in a homely setting which supported choice and inclusion through social integration and involvement in leisure and recreational activities. This is the model of ordinary life that Valuing People promotes and this is what we aspire to in Brent.

- 3.9 Emerson (who carried out the DOH research) does refer to intentional communities of attachment and suggests an emphasis on people and relationships not on buildings and location. This approach is also what we have aspired to in Brent and considerable time and effort has been taken to work with residents to establish friendship groups which will inform the re-provision. It is important to remember that Melrose residents have not been able to choose who they share their home with in the past, and that some people may not want to continue to live together. Commitment has been given throughout the process to continuing to facilitate contact between people who wish to remain in contact. We need to balance our commitment to supporting friendships with the possibility of creating cluster housing models. All research shows that this highly institutionalised model offers the poorest quality of care and that people who live in them have either the same or a reduced level of friendship activities with other people with learning disabilities. In addition, co-location of all residents on one site would, in reality, result in a campus style provision of the kind the government has indicated should be closed down.
- 3.10 The relatives strongly expressed objections to proposals to re-provide in separate units on the basis they did not believe that friendship groups would be maintained, nor that staffing levels would allow visits to other units, despite officers assurances. Even if that was accepted another objection was that residents were unable to spontaneously say who they wanted to visit, hence the need for the units to adjoin a large room where they could go on their own. It was explained the whole ethos of person centred planning is for individuals to have a plan identifying what they want to do with leisure time such as who they want to visit.

In terms of the compromise of units being on a large estate relatives opposed this on the basis it was dangerous, concerns were expressed about the types of people on such estates, (based on experiences 15 years ago) and behaviours towards learning disability people with shouting, taunting and the risk of paedophiles. Officers refuted the stereotype of people living on estates, explaining modern estates were built to facilitate community cohesion. It was pointed out the risks of the above were negligible and no more or less than where they live currently. Furthermore as the majority of users are accompanied by staff there safety is assured. There were also other concerns about the overlooking of units, and distance of the 3rd unit, all of which were addressed through design.

This was against policy of having some separation of units and would potentially focus attention in this site being known as 'where the learning disabled live'. Relatives threatened to oppose such a design through judicial review and the Human Rights Act. However due to the constraints of the availability of alternative sites and the Executive members wish for a compromise it was agreed by officers this would be looked at.

3.11 Members requested officers to try to seek a compromise with relatives on design and location. 4 further meetings have been held. This resulted in officers needing to consider a further significant compromise with a new plan. In January the architects presented a compromise solution of a smaller site with 3 units mixed within affordable and social housing units on a possible site. The final plan was to have only the social care units on the site as described in the PFI report to Executive.

3.12 Relatives views were there were still concerns about the attitude of other tenants on the site, and a preference for the units to be adjacent to each other. However they did agree that this was a huge change and were prepared to agree to accept it. It was stressed this design could be used on other sites as the particular site may not be available. Unfortunately, this design had not been tested out with planners and it was not considered viable to have the density of housing on the site. An urgent meeting was held between the developer, architects, planning and officers to understand the constraints of the site which related to local policy and national guidelines. The architects were asked for a further design, as not even the 3 ground floor units could be accommodated on the site on their own.

3.13 Final design and policy issues

The latest design has 2 units as houses with 2 floors separated with lift access and one ground level 5 bed unit. Each unit will be managed with its own staff, have access to a private garden, additionally ground floor rooms will have private patio areas. It is not proposed to have access to each unit through back gardens as this would recreate an institutional approach. It is proposed that residents are supported to visit friends accompanied if necessary going to the units front door. This is important for health and safety considerations so staff in each unit know who is where, and who is visiting whom. CSCI requirements are that visitors sign in and out and this is essential also for fire safety/evacuation requirements.

3.14 Current views from relatives

This was set out in an email to the Assistant Director Community Care:
"As regards the new accommodation, I am happy to confirm that we are all extremely pleased that all the current residents of Melrose will be re-housed on the same site. This will mean the community can be preserved as we have always wanted. We are absolutely delighted with the high quality of the

proposed replacement accommodation and especially with the proposed location in a good area and pleasant part of London". However a recent concern is that the plan for separate gardens will prevent safe and independent access from one home to another for residents. This is not the case as each resident will be able to visit each home, with staff support or oversight to ensure safety and independence. Each unit will operate as a separate unit and need to have its own health and safety procedures, including formal access arrangements for 'visitors' whether external or from the adjoining homes. There will be a relative presenting at the Executive on these issues.

3.15 Policy issues concerning future needs

As stated officers would not be recommending building new homes for 15 residents on one site, it does not promote choice of location and recreates an institutional approach. Members wish to compromise because of the fact many residents have lived in Melrose for a long time. Officers view is that friendship groups would be maintained with living in separate parts of the borough. However in view of the need to progress a scheme and achieve a compromise officers can recommend the scheme with the following provisos, to ensure the Council is not building a development that will have costly voids, as no one else wishes to live there. Officers can on this basis support the model which retains each unit as a separate entity. However there is a high risk that future users will not want to live on such a site. This could be costly with voids in units. We currently commission an external provider who has 5 bed units adjacent and who has had 2 voids for several years and is now having to re-design. One way of mitigating this, agreed by the relatives, is that if or when any individuals move on or die, to move people into remaining units. This has to be done with consent and the vacancies may not occur to enable us to do this, as 2 units may remain full, with one unit being left with 3 or less. If one unit was totally vacant this could revert to general housing at a cost if the unit could not be used for supported living. It also needs to be borne in mind that the residents are an 'ageing group' whose care needs in future will not be the same as younger people, thereby making it less likely younger people would wish to move in. Another option will be to use the units for a different client group with mental health, or physical disabilities or older people. As the units will be registered as care homes providing 24 hour care, it is possible in the long term, to de-register the homes to provide supported living for a less dependent client group who do not need personal care.

3.16 Respite provision

The unit for respite will be registered with CSCI for 24 hour care and the proposed site is to be part of the John Wilson development, subject to planning approval.

3.17 Issues regarding provider of the service and externalisation

In March 2003 the option to tender for the service was agreed and the tender proposal agreed at Executive on 10 March. There had been staff and union

consultation. GMB and Unison were opposed to PFI on principle. They wanted the council to develop the service and continue to provide it in-house, through an in-house bid. It was explained that this was not seen as viable as the Council was unable to raise the capital investment needed to secure the necessary improvements and efficiencies are likely to be gained through a specialist provider managing the care provision. Both staff and unions were offered representation on the project steering group to finalise the tender specification.

3.18 Best value review – tender specification

A Best Value Review in 2001, Joint Investment Plan in 2002 and extensive consultation with users, cares and voluntary sector organisations showed significant gaps in service provision for supported living, respite care and residential care. The Best Value Review Concluded: There is a need for capital investment to bring Melrose and Homelea residential homes up to an adequate standard. Further research to identify the existence and viability of an independent sector 'market' would determine the feasibility (or otherwise) of using alternative providers to deliver services at a higher quality and lower cost. It is anticipated that a more efficient and economic service can be provided through an independent care provider whilst maintaining a high level of quality.

3.19 Retaining in-house provision

In 2003, as part of Outline Business Case, the cost of scheme had to be compared against the public sector solution. This showed, once adjusted for risk, the public sector solution was more expensive. It concluded having an external provider responsible for building and facilities management with in-house provision of care would create difficult service interface, unclear lines of accountability and potential for disagreements. In addition both the respite unit and supported living units could be funded by users using direct payments however DoH guidelines specifically exclude the use of direct payments to purchase in-house services.

3.19.1 Outcome of tender evaluation for care provision

The evaluation of this concluded, that for a variety of reasons, the costs were higher than expected. This was reported to Executive in October 2006 within the recommendation to exclude the provision of social care from the specification for the PFI and the report back on future options. The costs associated with the PFI may have affected costs and it is possible the service specification was over-specified. Also the original number of residential units was no longer considered necessary hence the need to reconsider the total number of types of units needed.

3.19.2 Consultation with staff

Staff have been involved in regular consultation since 2003. However recently they have raised anxieties and concerns reflecting relatives concerns over the

design, location, separation of the residents and the transfer of the service. There were addressed in a meeting with staff and GMB March 2007, with the Assistant Director Community Care and Head of Learning Disability Service and issues explored and explained as set out in the response to the relatives. A particular issue was raised about the monitoring of the service should it be externalised. It was clarified that there would be regular contract monitoring arrangement with a new provider as there is now with one main block contract with an external provider. The Joint Commissioning Manager for Learning Disability leads on this with the Head of Learning Disability responsible through care management to ensure reviews of individual users needs. Quarterly meetings are held. The capacity of the review team and contract monitoring of this larger contract would need to be enhanced as part of the overall review of adult social care commissioning and contracting arrangements. At the meeting GMB stated their total opposition to externalisation and wished to see an in-house bid. Officers have considered this and do not consider it is financially viable.

3.19.3 Staff expressed concerns over TUPE and potential changes a new provider might make. This had been all subject to consultation and discussion with staff prior to the tender in 2005. It was explained that changes would occur within the in-house service as whether in-house or not the current model of service provision has to change, to a family based model, assisting users with tasks. This means current job roles and job descriptions will need to change, not just with role change but with the move to working in smaller groups. Discussions are ongoing by the Head of Service.

3.19.4 Relatives/users views.

Relatives have been aware from the start of the intention to tender out the care service. Their concern has been to ensure continuity of staff, quality of care and continued involvement of the LA. A relative who has been leading in discussions with the authority was fully involved in the service specification which ensured these issues were addressed and several involved in the tender evaluation and visiting other providers. Users have been engaged through the use of general advocates to provide information on what moving would mean and emphasising continuity with staff and help to express views on which friends they would prefer to live with, and what type of house they would like to live in. Where individuals have no relative, or friend to act for them and have no capacity to make the decision to move, the requirements of the Mental Capacity Act will be followed, that is to engage an Independent Mental Capacity Advocate.

3.20 Issues concerning viability of an in-house bid

The contract is likely to be for the whole of the new provision - residential, respite and supported living to ensure both quality and value for money. Through the sharing of key managerial posts and other shared on-costs and agreed standards which are applied consistently across the organisation. Efficiencies are expected.

Melrose remains the only in-house residential unit and becoming part of a larger provider focussing only on residential/supported living should ensure improved training, procedures and overall quality of service. It could potentially give staff more opportunities for learning and development and employment progression. Any tender has to have at its heart the promotion of quality services for users and in this case the minimisation of disruption for existing users, through the transfer of existing staff.

3.21 If in-house bid is allowed then additional support would need to be brought in to develop the in house bid as existing staffing resources are limited.

4.0 Financial Implications

4.1 The revenue cost of re-provision of Melrose House will have to be met within the learning disabilities budget.

4.2 The budget for Melrose House in 2007/08 is £950k per annum. At this stage, pending a decision on the method of procurement and the specification of the service, it is not possible to estimate with accuracy the costs of the care provision at the new units. However, the average cost of a placement purchased within Brent from an independent provider for people with moderate to high learning disabilities is £850 to £1,000 per week. This cost includes property costs which in the case of Tudor Gardens and 167 Willesden Lane are met as part of the PFI unitary charge. On the other hand, the council typically pays its staff more than the independent sector and, should TUPE apply if the service is out-sourced, the council would continue to bear these extra costs. Taking these two factors together – exclusion of property costs but higher staffing costs – it is considered that £850 to £1,000 per week per client is a reasonable bench-mark. On that basis, the overall cost for 20 placements is estimated to be £900k to £1m per annum, broadly in line with current budget provision.

4.3 Officers are currently developing the specification for the service with a view to ensuring efficient and effective service provision within the budget available.

5.0 Legal Implications

5.1 The report merely asks members to agree to re-provide the services currently provided at Melrose on another site and the configuration of the accommodation. It also asks members to agree to provide a respite unit on

another site. If the recommendations are agreed then a further report will be brought before members setting out the options for how that service might be procured. It will ask members to agree the procurement route, the timetable, and the services to be procured and will address the various legal, financial and operational issues.

- 5.2 In the event that the service is outsourced then there are likely to be TUPE implications staff and these will be addressed in more detail at that stage.
- 5.3 The next report should also address the decanting arrangements and how any new service provider will interface with the PFI contractor who will be providing the buildings.

6.0 Diversity Implications

- 6.1 The intention of the reprovioin and redevelopment is to provide accessible accommodation for people with disabilities. It will also provide a range of support for vulnerable people meeting FACS from BME communities. The ethos is also to promote community integration for people with learning disabilities.

7.0 Staffing/Accommodation Implications (if appropriate)

- 7.1 Whether or not a tender for an external service is agreed, staff will need to change the way in which they currently work. Moving from one to 3 units means smaller staff teams and different job descriptions. The Brent HR managing change policy will be implemented. Staff and unions have been involved in discussions and are aware of change. It is likely TUPE will apply with tendering out the service. Consultation with staff and unions is ongoing to address issues and concerns. As described above the accommodation will fundamentally change in order to provide homes that not only meet CSCI standards but provide the best possible care for people with learning disabilities.

Background Papers

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