

## **Manchester City Council Report for Resolution**

**Report to:** Executive – 14 October 2020

**Subject:** Lyndene Children’s Home - Remodelling and Next Steps

**Report of:** Strategic Director for Children and Education Services

---

### **Summary**

Lyndene is currently used as a ‘mainstream’ children’s home to care for and meet the identified needs of Manchester’s looked after children. The service is commissioned and delivered from a property owned by Manchester City Council that is located in Wythenshawe. The site is a large detached property with significant grounds making it ideal for the proposed use.

Despite a need for children needing a residential setting due to the changing needs of our children since being established Lyndene is not able to meet their needs and as a result, in part due to our successful “edge of care offer” supporting families to live together, has been operating under capacity in its current format.

The proposed service delivery model is reflective of the Our Manchester, Our Children Strategic priorities. In summary, Lyndene will be repurposed to provide in/outreach help and support alongside a short break package; thus enabling children and young people to remain within or move back to their family environments (parents or foster care) as well as providing close family support during this time.

Children, Young People and their families have played a key role in developing the concept and vision. It is from their feedback on ‘what would make a difference’, that has enabled Manchester City Council and Manchester Health and Care Commission (MHCC) to have a real opportunity to draw down NHS England capital funding to refurbish and respecify the facility. This will result in a service that better responds to the needs of children and their families whilst offering a more efficient use of current resources and value for money.

### **Recommendations**

It is recommended that the Executive:

1. Approves the decommissioning of the existing children's home provision.
  2. Approves the recommissioning of Lyndene Children’s Home to better respond to the presenting needs of children and young people with learning difficulties and/or autism and their families.
- 

**Wards Affected:** Various

**Environmental Impact Assessment - the impact of the decisions proposed in this report on achieving the zero-carbon target for the city**

All capital projects are reviewed throughout the approval process with regard to the contribution they can make to Manchester being a Zero-Carbon City. Projects will not receive approval to incur costs unless the contribution to this target is appropriate.

<b>Manchester Strategy outcomes</b>	<b>Summary of the contribution to the strategy</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Continuing to improve edge of care and short breaks provision will contribute to improving educational outcomes, aspirations and job opportunities for young people with autism and/ or Learning Disabilities and contribute to Manchester's young people becoming happy, safe and successful adults.
A highly skilled city: world class and home grown talent sustaining the city's economic success	Improving outcomes for young people with autism and/ or Learning Disabilities and continuing to improve the experience and opportunities for children and young people with SEND will better enable them to gain qualifications and contribute to Manchester's economic success.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Continuing to improve provision, through co-production, for children and young people with autism and/ or Learning Disabilities will ensure increased opportunities and outcomes for one of our vulnerable groups - children with SEND
A liveable and low carbon city: a destination of choice to live, visit, work	<p>Mechanical survey completed on the property to review the potential of providing executive level budget cost for providing a Low Carbon solution for the existing building and the future proposed extension.</p> <p>Thermodynamic Solar System to be installed as part of the project which could lead to significant savings</p> <p>The estimated carbon (CO<sub>2</sub>) emission reduction in a given year is:</p> <p style="padding-left: 40px;">Electric = 143 kg/year Gas = 729 kg/year Total = 872 kg/year</p> <p>Larger savings on the electric services could possibly be made by utilizing more PV panels with PIR sensors, LED lighting etc. however, the cost effectiveness would need to be considered in the finalized proposal.</p>
A connected city: world class	Investment in family support and social care

infrastructure and connectivity to drive growth	provision will enhance the City's attractiveness to potential residents and contribute to the development of high quality neighbourhoods.
---	---

**Full details are in the body of the report, along with any implications for**

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

---

### **Financial Consequences – Revenue**

The proposals contained in this report are expected to reduce the cost of residential placements for Children's Services. The proposed new home will cost £0.913m per annum which is £273k per annum higher than the current budget for the existing provision. The additional cost will be met from placements savings and CCG contribution. The redesigned service is expected to deliver an estimated annual saving of £462k net of the additional cost of the new provision. In addition, it is expected that the cost of 5 external residential placements for young people will be diverted from residential care placements.

### **Financial Consequences – Capital**

The estimated refurbishment costs of approximately £850k are proposed to be met through external NHSE (National Health Service England) grant funding. A business case was approved by the Capital Strategy Board on the 15th September 2020.

---

### **Contact Officers:**

Name: Paul Marshall  
Position: Strategic Director for Children and Education Services  
E-mail: p.marshall1@manchester.gov.uk

Name: Sarah Austin  
Position: Strategic Commissioning Lead Children's Services  
E-mail: sarah.austin@manchester.gov.uk

Name: Mark Leaver  
Position: Strategic Lead Integrated Commissioning  
E-mail: m.leaver@manchester.gov.uk

### **Background documents (available for public inspection):**

There are no background documents.

## **1.0 Background**

- 1.1 Lyndene has been operating under capacity in its current format; the refurbishment and specialisation of this facility will allow for a more efficient use of current resources and value for money.
- 1.2 A small yet significant number of Children and Young People in Manchester have high volume, complex needs and packages of care that are jointly funded by health, social care and education. A number are placed out of the local authority boundary, away from potentially protective factors of home, family, carers, friends and their local community, not because they require specialist support 'at distance' but because local provision is presently not available or configured to meet their needs.
- 1.3 In 2020 a cost benefit analysis was developed to understand how this would benefit young people in Manchester. The proposed operating model has taken into account the findings from this cost benefit analysis and has 3 key aims:
  - a) improve the outcomes for children and families
  - b) support integrated working across the system, drawing on existing local healthcare and wider expertise
  - c) reduce the number of children in high cost long-term residential or extended inpatient hospital settings.
- 1.4 Manchester City Council (MCC) and Manchester Health and Care Commission (MHCC) have successfully bid for and secured £850k NHSE Capital funding to adapt and transform Lyndene to respond to the needs of children with learning difficulties and/or autism.
- 1.5 The Council proposes to enter into a compliant procurement process for the capital works to be tendered and awarded to support the delivery of a service for children and young people with learning difficulties and autism who may potentially become looked after by the Council and/or transition to a family setting. This procurement process will be undertaken in compliance with the provisions of the Public Contracts Regulations 2015 and its own Contractual Standing Orders; applying due regard to ensuring best value is achieved.
- 1.6 Once refurbished Lyndene will provide outreach and short term support as part of a pathway that aims to enable children and young people remain with or move back to their family environments (parents or foster care). In addition another element is to actively promote close family support and engagement during this time.

## **2.0 Proposed Funding Model**

- 2.1 The proposed new home will cost £0.913m per annum which is £273k per annum higher than the current 'running' cost for the existing provision. This principally is attributed to the requirement for a larger staff group to ensure residents are safe and staff are able to fulfill the full range of outreach/care

arrangements. The additional cost will be met from placements savings and CCG contribution.

- 2.2 The redesign of the provision is expected to deliver an estimated annual saving of £462k net of the additional cost of the new provision. This will be achieved by diverting the need for 5 external residential care placements for young people.
- 2.3 There are 4 young people in the current provision. The additional costs relating to finding alternative provision relate estimated to total £23k to the end of the financial year as they are about to transition to independence or have a plan to move to an alternative arrangement.
- 2.4 It has been agreed MHCC will contribute up to £150k towards the increased additional running cost (revenue budget) and any savings will 'flow' back at the agreed percentage rate of investment. A revenue case will define these arrangements between MCCG and MCC; noting this is a firm commitment from MHCC rather than in principle.
- 2.5 It is anticipating the service will over time lead to further savings in terms of increased capacity within the in house foster carers to support children with complex needs, less children placed 'at distance' and a reduced reliance on independent short breaks respite facilities.

### **3.0 Reduced Funding**

- 3.1 The proposed costs are identified to deliver an 'in/outreach' service required to staff a respite/short break home. The focus of this work will be to work with children and their families, foster carers to avoid an escalation of need that all too often historically has resulted in their admission to high cost/specialist provision. Short breaks services would include overnight stays and regular support.
- 3.2 Cognizant of the financial challenges which are facing all Local Authorities, consideration has been given to operating the service with the existing staffing complement. However, in light of the presenting children and their needs in order for the service to be safe and effective one of the following options would need to be considered;
  - a) Only short breaks could be delivered,
  - b) Scaled down model of short breaks at weekends only with outreach during the week
  - c) Outreach only without short break 7 days a week
- 3.3 Ultimately the adoption of any of the above options would ultimately reduce the efficacy of the model and potential impact on reducing the numbers of residential care placements.

### **4.0 Needs of children and their families/carers**

- 4.1 Reviews and analysis such as an independent review undertaken by Peopletoo Report in 2017 and the Grant Thornton 2019 identified gaps in existing services

for supporting children with autism, learning disability and behaviours that challenge, and their families. Particularly those with more complex needs who are either in or at 'risk' of becoming 'looked after' by the Council, or in a hospital setting. In addition, practitioners, families, wider stakeholders and research indicate;

- The limited choice of good quality alternative support options is a factor in driving the use of long-term residential care.
- The limited specialist residential or fostering provision available locally creates physical distance between a child and their family. There are currently 23 children currently in residential placements with autism or Learning Difficulties (LD). Of those, 11 have just autism, 5 just LD and 7 both.
- The proposed operating model for Lyndene Children's Home has the potential to enable some of those young people to be placed in family settings such as foster provision with wrap around support.
- The scope for closer integration with existing commissioned health and education services in Manchester as part of the transforming care agenda, as opposed to providers sourcing their own provision (e.g. therapeutic support).

4.2 According to the Learning Disability and Autism Integrated Care Team (part of MHCC), there were 6 Care and Education Treatment Reviews (CETRs) for young people with ASD between Jan - July 2020: 3 CETR for young people with ASD and LD who are at high risk of hospital admission, 1 young person with ASD and LD that who admitted in hospital and 2 young people with ASD and LD on periphery of hospital care.

4.3 Additionally, the proposed operating model for Lyndene Children's Home comes into its own when supporting families and their children who are 'at risk' of becoming 'looked after'. In addition a recent 'need' mapping identified that there are families / foster placements that may be at risk of breakdown. Families / placements without wrap around support, are more likely to result in a residential setting, which invariably becomes a long term arrangement. Referral routes and planning will ensure the facility does not become a long term residential home.

4.4 To illustrate the benefits, the following 3 case studies, informed by current placement costs, identify the potential direction with and without the proposed operating model for Lyndene Children's Home. It is important to note that none of these families indicated an overwhelming desire for their children to be 'looked after'; wanting to maintain a meaningful relationship with their son/daughter.

Age	Current placement type	Proposed placement / cost without Lyndene model	Proposed placement/ cost with Lyndene model	Family Outcomes
10	Family Home Parents are struggling to manage escalating behaviours	External residential £6,000/week	Family Home overnight respite and outreach £400 / week	Parents have the confidence and ability to meet behaviour need, young person remains at homes
14	Family Home Identified that unable to stay at home without outreach and overnight respite support	External Residential £6,000/week	Family Home overnight respite and outreach £400 / week	Local respite provision is available and young person able to remain at home
16	Family home Parents unable to manage behaviours	External Residential £6,000/week	Family Home overnight respite and outreach £400 / week	Foster carers and parents are supported to meet the behaviours needs and a shared care model maintains within Manchester.

4.5 As illustrated in the table above, the potential for improving the experiences and outcomes for children whilst delivering financial savings that result from this better utilisation of resources is significant. Currently costs of supporting this cohort of children are consistently high. Manchester's analysis last year showed average residential costs of around £4,500 per week for children with a learning disability but there are many placements which cost significantly higher than this (as the examples above show based on existing placement costs); similarly extended inpatient hospital costs are high. Placements typically become long-term.

4.6 The scale of opportunity (i.e. number of families a new model could benefit) is also significant. For example of the 79 presentations for a targeted Short Break in the last 6 months, 75% are over 11 years of age; of which 12% had multiple presentations. Families and practitioners report that there are not the services commissioned to meet and support the needs of these children, young people and their families.

4.7 Analysis completed by Manchester City Council's Performance, Research and Intelligence Team identified that for young people in residential care with autism half entered between the ages of 5 - 10 years and at the request of their parents due to the complexity/escalation of their needs. In addition, this analysis indicated presently care provision for young people with learning disabilities are more likely to be residential schools meaning that they are placed outside of the city and are expensive. A large proportion of those who were in their placement

for over 2yrs tended to have profound and multiple disabilities, usually with higher parental involvement and higher resourcing leading to greater stability.

## 5.0 Proposed timeline

Capital Work tender commence	September 2020
Co-production of final model	September 2020
Capital tender contract award	October 2020
NHSE Capital Grant Provided	October 2020
Transition plans co produced and implemented	October 2020
Tender / Implementation of staffing model	October 2020
Capital Work Commence	November 2020
Ofsted Application Commence	December 2020
New Service Commence	May 2021

## 6.0 Human Resource Implications

- 6.1 Subject to the decision of the Executive, it is planned the project group will work with Human Resource colleagues to address and respond to any workforce implications.
- 6.2 Based on the information to date, TUPE will not apply to Manchester City Council as there isn't a transfer of service provision into, or out of the Council's direct employment. However, TUPE may apply between two external providers (provider a. currently delivering a service from Lyndene and provider b. that has successfully bid for the proposed service specification outlined within this report) although this doesn't have direct employment implications to the Council.
- 6.3 If it is determined that TUPE applies between the providers, and either provider doesn't have a HR function to manage the transfer process in-line with The Transfer of Undertakings (Protection of Employment) Regulations 2006 the Council may decide for MCC HR to support this process.

## 7.0 Conclusion

- 7.1 As part of its ongoing review and monitoring of service provision and performance, Manchester City Council has undertaken an analysis of children's presenting needs and associated care provision. This analysis identified a gap in provision for children with Learning Difficulties and/or Autism. In addition the Lyndene Children's Home operates at below capacity for periods of time.
- 7.2 In recognition of the views of children and their families, the underperformance of a specific unit and a reliance on expensive external provision, working in partnership with MHCC grant funding has been secured from NHSE. The basis of this funding is to reform and adapt Lyndene Children's Home.

- 7.3 Informed by research and experiences from children, young people and their families the reformed service will focus on providing outreach and a specialist short break provision. This focus is expected to not only improve the experiences and outcomes of children but also whilst acknowledging an increase to the service's revenue budget, informed by a cost benefit analysis it will deliver significant financial savings in the medium/long term.
- 7.4 Without reform, Manchester City Council and MHCC will continue to pay for expensive health and care placements for children and young people, especially considering that there are indicators that the particular cohort is increasing in size (i.e. a 'do nothing' option).
- 7.5 Having considered the presenting challenges, the financial position and needs of Manchester's children, the Executive are recommended to approve the decommissioning of Lyndene Children's Home to be recommissioned to provide an outreach/short break service for children with learning difficulties and/or Autism.

## **Appendix A**

### **Lyndene Children's Home & Outreach Service Service Description & Care Planning**

#### **Population Covered**

Services will be provided to Manchester resident/registered children, young people and families aged 0-19 with a diagnosis of Learning Disability and/or Autism Spectrum Disorder. Despite the outlined age criteria, cohort analysis indicates the service will be utilised predominantly by adolescents (12+). A review will be undertaken with a view to increasing the upper age limit of the service to 25 in line with adult service planning. Children with physical disabilities will be provided for.

#### **Service Model**

The aim of this service is to provide intensive therapy and support to children and young people with a learning disability and/or autism and their families/carers who may or may not have physical disabilities who require more intensive support to manage a crisis or escalation in needs - this is achieved by two key functions of support:

The model will provide intensive outreach support as a means of supporting the CYP and their families in the home environment and around their usual support networks. Skilled outreach staff will play a key role in providing interventions via functional behavioural analysis, positive behavioural support and wider social support to ensure families build resilience in managing challenging behaviour and crisis intervention. Each outreach worker based at Lyndene will retain small caseloads to ensure that adequate input can be provided to each family to form a meaningful and trusting relationship and sufficient support and contact time.

The model will also support a short term accommodation provision for up to 6 CYP as a means of providing a comfortable and homely environment during which time appropriate assessments and intensive therapy can be provided with a view to CYP being returned to the family environment after a short period. Outreach workers will also provide close wider family support and intervention during this time. This respite service will act as a short term break from the home environment and from families/carers during crisis or alternatively provide an interim short term residential provision for medically optimised CYP who are currently in inpatient settings who are awaiting long term placement provision; it must be noted, that this unit is not a long-term residential solution and maximum length of stay is to be determined.

This provision will act as an intermediary gatekeeping service to further, more restrictive practices of care (out of area residential placements or hospital services) and will be focused on keeping children in their home environment; protocols will be put in place to ensure that the facility is not used to repatriate current out of area residential placements unless this is appropriate to the service model. The model will support a person centred, holistic model with an integrated 'virtual team' providing support and services across all relevant local services and domains, both for children and their families. The outreach team will operate 7 days per week on an extended hour's basis.

Care planning will take place at the point of admission to a residential bed, with a defined plan of interventions aimed at both the individual and family with a view to them returning to their home environment when possible with follow up outreach provision a possibility depending on presentation.

The team at Lyndene will be made up of a Manager and Assistant Manager along with a number of specialist, highly skilled key workers who can provide a range of interventions as well as drawing on specialist expertise such as occupational therapy, nursing, psychology, SALT, social care, early help and other local services when necessary. Staff will have experience in working with individuals with learning disability and/or autism as well as experience of working with both children and adults. Staff will also be required to have an understanding of the health, education & social care system generally as a means of signposting and will require an in-depth understanding of Positive Behavioural Support (PBS), FGC, AIM, and ACE & Trauma Focused Care.

The service will support a clear referral and assessment process. The model will support a Positive Behavioural Support (PBS) approach whereby a full functional assessment will be undertaken to inform the PBS Plan. This will require a link Behavioural Lead in order to link in with special schools. A focus on PBS values and building resilience with families will help to support a long term, preventative approach.

The service will support a 'team around the child', whole family approach rather than providing support to the child individually. This will be aimed at providing support and resilience to parent/carers for any needs they have (health & social) which may be attributing to the escalation in behaviour; this will require positive relationships with both adult health and social services more generally.

An assessment process will be undertaken prior to any child being accommodated to ensure that the current personality mix and dynamic is not disrupted to the detriment of any other children.

The pathway will need to be reviewed following implementation to ensure caseloads and bed utilisation is appropriate and is meeting the needs of the population.

## **Success Measures**

It is envisaged the project will support the following direct and wider system benefits:

- Reduction of emergency/crisis admissions.
- Reduction in out of area placements. This is a key priority across Manchester and Greater Manchester.
- Children experience 'permanence' through stable home and care placements and consistency of relationships, even in short- term placements.
- Reduction in family/placement breakdown.

The project aims to help children and young people live in a family environment where appropriate – i.e. providing short-term intensive accommodation (and corresponding support to the family) to support the child back into a family

environment. Furthermore, where a child does for whatever reason need to stay in a residential setting for a longer period, these models aim to reduce placement breakdowns. Breakdowns are a major cause of turmoil for children and young people currently in residential care. For example, the Narey review into residential homes highlighted that on average a residential placement lasts around just 6 months, meaning that it is common for a child to have numerous placements.

- Reduction in length of stay in residential and/or care settings
- Increase in engagement in education. More local provisions will help to support a child to remain connected to a local school, where possible.
- Improved health and wellbeing of children and young people (e.g. as measured through Strengths and Difficulties questionnaire).
- Wider experiences of care / support for children, young people and families / carers.
- Efficiencies – better value for money, including wider system benefits (e.g. transition)