

**Manchester City Council
Report for Information**

Report to: Children and Young People Scrutiny Committee - 10 March 2021

Subject: Lyndene - Re-modelling and Next Steps

Report of: Strategic Director for Children and Education Services

Summary

Lyndene is currently used as a 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.

A refreshed commissioning approach in 2019/20 that is based on 'relationships' and seeks to embed an outcomes-based commissioning approach and shared understanding of expected outcomes with providers whilst working collaboratively with health partners to identify provision that meets the needs of children with complex health problems and children with Special Education Needs or Disability has seen the use of External Residential placements reduce by 10% since April 2020. Therefore the children's home 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, the property will be repurposed to provide 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 re specify 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.

This report which for ease of reference is structured as follows:

- Section 1 Background and context
- Section 2 Proposed Funding Model
- Section 3 Needs of children and their families/carers
- Section 4 New Model
- Section 5 Proposed timeline
- Section 6 Progress
- Section 7 Conclusion

Recommendations

Children and Young People Scrutiny members are invited to:

1. Recognise the importance of the project in meeting the needs of Manchester’s children, young people and families;
2. Consider the content of this report and comment on the propositions, challenges, priorities and opportunities which are outlined throughout the body of the report; and
3. Request a 12 month impact report from the commencement of the service.

Wards Affected: All

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.
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Manchester Strategy outcomes	Summary of the contribution to the strategy
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	Mechanical survey completed on the property to review the potential of providing executive level budget cost for providing a Low Carbon solution

	<p>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 (CO₂) 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>
<p>A connected city: world class infrastructure and connectivity to drive growth</p>	<p>Investment in family support and social care provision will enhance the City's attractiveness to potential residents and contribute to the development of high quality neighbourhoods.</p>

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

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

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Background documents (available for public inspection):

There are no background documents.

1.0 Background

- 1.1 Lyndene Childrens Home 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 the property to respond to the needs of children with learning difficulties and/or autism.
- 1.5 The Council has completed 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. This procurement process has been 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 the property and resulting service 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.
- 1.7 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).

2.0 Proposed Funding Model

- 2.1 The proposed service delivery model will cost £900k per annum and is jointly funded.
- 2.2 The re-purposed facility is projected to lead to avoidance of four residential placements per annum, net of additional cost running this totals £462k reduction in costs per annum 2021/22 onwards.
- 2.3 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 Needs of children and their families/carers

- 3.1 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 the property and resulting service 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).
- 3.2 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.
- 3.3 Additionally, the proposed service operating model 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.

- 3.4 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.
- 3.5 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.

4.0 Service Model

- 4.1 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.
- 4.2 The model will provide intensive outreach support as a means of supporting the CYP and their families in the home environment. 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 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.
- 4.3 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.

- 4.4 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.
- 4.5 It is envisaged the project will support the following direct and wider system benefits:
- a) Reduction of emergency/crisis admissions.
 - b) Reduction in out of area placements. This is a key priority across Manchester and Greater Manchester.
 - c) Children experience 'permanence' through stable home and care placements and consistency of relationships, even in short- term placements.
 - d) Reduction in family/placement breakdown.

5.0 Proposed timeline

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

6.0 Progress

- 6.1 A Contractor has been procured via the Capital Programmes framework and programme of works agreed. The Construction programme beginning on the 22nd February and estimated to be completed on the 15th June 2021.
- 6.2 Final building costs of £864,137.38 have been agreed with the contractors and NHSE, this has been fully supported by the Capital Programmes Team.

6.3 The new LDA Edge of Care Service is currently out to market, with the estimated contract award June 2021. The services will work with 80 families within the first 12 months

7.0 Conclusion

7.1 This report provides information on the project which will achieve longer term financial sustainability by investing in early help and prevention, working with partners to deliver interventions that deliver longer term and achieve better outcomes.

7.2 The Lyndene project evidences robust partnership working and co-production. Its development has made good progress, and as evidenced, will be delivering for our children and families in the Summer 2021.