

Cabinet Meeting

23 March 2016

Report title	Outcome of consultation on the Recovery House and new service model	
Decision designation	AMBER	
Cabinet member with lead responsibility	Councillor Elias Mattu Adults	
Key decision	Yes	
In forward plan	Yes	
Wards affected	All	
Accountable director	Linda Sanders, Strategic Director (People)	
Originating service	Disabilities & Mental Health	
Accountable employee(s)	June Pickersgill	Head of Service Mental Health Tel 01902 551393 Email June.Pickersgill@wolverhampton.gov.uk
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Report to be/has been considered by	People Leadership Team Strategic Executive Board	15 and 22 February 2016 1 March 2016

Recommendation(s) for action or decision:

The Cabinet is recommended to:

1. Approve the revised service model for the mental health recovery service which has been developed following a period of consultation. It includes:
 - the development of an assertive outreach service that will work in an integrated way with clinical mental health services
 - a two bed flat for use in emergencies for an initial two year period

- Development of the existing building into a supported living service for people with complex mental health needs.

The Cabinet is recommended to note:

1. The feedback from the consultation contained in the consultation report (Appendix A).

1.0 Purpose

- 1.1 The purpose of this report is to outline the outcome of consultation on a revised service model for the mental health Recovery House and to seek permission to implement the redesign of the service.

2.0 Background

- 2.1 The Recovery House and Outreach Team is a Care Quality Commission (CQC) Registered in-house service for people suffering with mental ill-health. The service is jointly funded by the Local Authority and Clinical Commissioning Group (CCG) with a combined budget of £745,000. The current provision is a residential four bedded service which primarily delivers urgent crisis interventions to individuals who are experiencing an acute mental health episode and a community outreach team that supports people in their own homes.
- 2.2 The average bed occupancy figures during 2015/16 were 80%. The service supported 48 people in the Recovery House. In addition to the residential element, a community outreach service is available. This supports people discharged from hospital, in recovery, during assessments and on- going low level maintenance support. This element of the service provided 80 hours community support a week 2015/2016 to 38 people over the course of the year.
- 2.3 The CCG have indicated that they plan to withdraw their contribution of £197,000 from the service with effect from 1 April 2016. . The city council also has to make efficiencies over the next three years.
- 2.4 The building currently being used by the service is not compliant with the requirements of the Equalities Act as people who use a wheelchair cannot access the building.
- 2.5 On 21 October 2015 Cabinet agreed a 12 week consultation on the future service model. Consultation focused on four options:
- Do Nothing
 - Promoting Independence Model – outreach and supported living service
 - Complete Decommissioning of the service
 - Outreach Team Only

3.0 Consultation

- 3.1 A formal consultation was undertaken over a twelve week period. Commencing on Monday 16 November 2015 and ending on Friday 5 February 2016. The consultation was carried out following good practice guidelines as set out in the City of Wolverhampton Council Engagement Guidance. The consultation also respects the principles outlined in the Wolverhampton Compact.

- 3.2 A variety of different methods were used to collect people's views. People were able to engage with a short survey available online on Survey Monkey. Consultation packs were distributed to service users through by post and via staff from the Outreach Service. Staff were sent consultation information packs by email, as were stakeholder.
- 3.3 In total a minimum of 189 people were invited to participate, this included:
- 93 people who had used the service over the last 12 months
 - 19 members of staff
 - 39 stakeholders
 - 21 mental health self-support groups
 - 17 copies of the paper questionnaire were requested and supplied.
- 3.4 The Recovery House survey was available at www.surveymonkey.com/r/recovery-house 32 responses were received through this mechanism. Paper questionnaires were available upon request, 20 people completed and returned paper versions.
- 3.5 Six consultation meetings were held, two with staff and four with the public. Morning, afternoon and evening sessions were organised to enable people with commitments at different times of the day to attend. A total of 36 people attended consultation meetings.
- 3.6 In total 90 people engaged in the consultation process. Of the people invited to participate the total number that participated represents 48% of those invited. 33 (37%) were service users, two (2%) were relatives of a services user, two (2%) were carers, six (7%) respondents identified themselves as service providers, 30 (33%) were members of staff, six (7%) identified themselves as a member of the public, two people (2%) skipped the question and nine (10%) selected 'someone else' and stated they were; a resident of the local area, a concerned person, a Mental Health Social Worker, Complex Care Team, a Band 4 NHS service user, and a Community Psychiatric Nurse.
- 3.7 28 people who filled in the questionnaire shared their experience of Recovery House and/or the Outreach Team. Of that number only two people shared a negative experience and felt that their stay at Recovery House had worsened an existing neck, arm and back problem. The other person felt that there are limited scheduled activities and a lack of signposting to other opportunities such as education. Overall respondents felt that it is a flexible and responsive service which is delivered in an informal environment where they are treated with dignity.
- 3.8 During the consultation the staff team at Recovery House submitted a 5th Option. This option was a restructure of the existing service which included reduced management time. However this option requires the CCG to continue to make a financial contribution to the service. The CCG have confirmed that this is not their intention and so this option cannot be pursued.
- 3.9 A formal petition containing 46 signatures was also submitted and is scheduled to be considered by petitions Committee in April 2016.

3.10 Feedback received during the consultation showed an overwhelming support for the existing service and a preference for the service to remain the same. The elements of the service that people appreciated the most were the staff's ability to respond and support them in a crisis and the security service users felt from having a long term relationship with the service. Consultation also identified that the service is also used to provide emergency accommodation when a service user has either a short or long term housing need.

4.0 New service model.

4.1 Mental health services are currently part of the Better Care Fund. Two integrated care pathways have been agreed. Recovery services are an integral part of the Planned Care pathway. It is therefore important that the revised service for the Recovery House can be delivered in an integrated way with clinical service commissioned by the CCG.

4.2 Feedback from consultation evidenced the importance of a flexible and responsive recovery service that can support people in their own homes. Analysis of the usage of the building has also identified the need for some overnight accommodation to respond to safeguarding issues, some emergency carer short breaks and a facility to act as a 'Place of Safety' in response to the Mental Health Crisis Concordat. It is proposed that the funding for this part of the new model has been identified from the current non-staffing budget that has been used for supporting the Recovery House previously. An identified £20,000 for rent and utilities has been costed to be available for supporting the overnight emergency accommodation. This will be consistently evaluated and reviewed.

4.3 It is there recommended that the service is transformed into a Recovery Outreach Service, that will primarily support people in their own homes. In response to the information from the consultation, the service will also identify a two bedroomed flat that can provide emergency accommodation for up to 72 hours. This element of the service will initially be available for a two year period. The staff will be available from the Recovery Outreach service to support this in conjunction with the Home Treatment team as part of the urgent Care Pathway through the Better Care Fund

4.4 The new service will develop and deliver a service within an integrated recovery pathway with clinical services currently provided by Black Country Partnership Foundation Trust as part of the Better Care Fund transformation programme.

4.5 The existing building will be developed into a new supported living service for three people with complex needs currently living in residential or nursing homes. The scheme will maximise the use of tele-care and will be developed as an exemplar service to promote supported living as a viable option for people with mental health needs. This new service will not require any of the current Recovery House budget. It will be a resettlement scheme using a combination of housing benefit and personal budgets. This development will be the subject of a more detailed report and further exploration.

4.6 The staffing levels have been predicted at the level required when the service users first move in, it is anticipated that as people become more independent that this will reduce and greater savings will be achieved. These are not new savings but will contribute to the exiting savings programme for the mental health promoting independence programme. The reduction will be from the Care purchasing budget as part of the Medium Term Financial Strategy (MTFS) and resettlement programme.

5.0 Financial implications

- 5.1 The 2016/17 budget (before savings) is £490,000, of which £453,000 relates to direct staffing.
- 5.2 The MTFS includes a savings target of £300,000 (£100,000 annually for 2016/17 to 2018/19) for the restructure of Mental Health Care Management – Social Work Teams.
- 5.3 The impact of this savings proposal will result in a draft budget of £190,000 by 2018/19 of which £153,000 will be for direct staffing costs.
- 5.4 The savings will be achieved by a reduction in the staffing establishment which will reduce from its current configuration of 1 team manager, 6 team leaders and 12.7 social care workers to 1 team leader and 3 social care workers by 2018/19.
- 5.5 The new model also includes an emergency overnight facility sourced from an external housing provider. The cost of this is estimated to be in the region of £20,000 for rent and utilities per year. The outreach team will be used to staff this facility as and when required. The need for this service will be re-considered after 18 months.
- 5.6 It is proposed that the existing building (Recovery House) is developed into a new supported living service for three people with complex needs currently living in residential and nursing homes. This model would not require any additional investment as it uses a combination of housing benefit and personal budgets. This proposal will be subject to a further report for approval. The personal budgets would be sourced from the Care Purchasing budget. This would not create any additional pressure on the budget. The scheme would offer a supported living environment for 3 people that are moving out of Nursing care and the cost would reduce to support costs rather than Nursing /Residential fees.
[GS/07032016/Y]

6.0 Legal implications

- 6.1 There are legal implications associated with this report as it recommends the reconfiguration of a council run service.
- 6.2 The Council has consulted extensively in determining the revised service model. The consultation (Appendix A) provides a detailed analysis of the consultation which the Council has taken into account in arriving at the revised service model.

- 6.3 The Council has various duties to meet the needs of people experiencing mental health issues principally under the Mental Health Act 1983, the National Health Service Act 2006, the Health and Social Care Act 2012 and the Care Act 2014.
- 6.4 Paragraph 4.3 of this Report refers to identifying a property for use by the Recovery Outreach Service. If the property is to be bought or leased by the Council a further report may be required. The Council will also need to ensure that the property has the correct planning permission for its intended use and that it is held in the appropriate portfolio. If the property needs to be appropriated to the correct portfolio an additional report may be required.
[TS/11032016/S]

7.0 Equalities implications

- 7.1 The proposal supports people with mental ill health in an emergency situation and those being resettled from nursing and residential care to live more independently in the community.
- 7.2 Evidence suggests that a number of equalities and demographic factors can have an effect on the local need and uptake of mental health services, including:
- Age and gender
 - Black and minority ethnic communities
 - Persons in prison or in contact with the criminal justice system
 - Service and ex-service personnel
 - Deprivation
 - Housing and homelessness
 - Refugees and asylum seekers (new arrivals)
 - People with long term conditions or physical and or learning disabilities including autism
 - Lesbian, gay, bisexual and transgender people
 - Substance misuse
 - Victims of violence, abuse and crime
- 7.3 This proposal is about supporting people to live more independently in the community. It will enable people to move back to, or into communities of their choice rather than having to receive services that are available in a single location.

8.0 Environmental implications

- 8.1 There are no environmental implications associated with this report.

9.0 Human resources implications

- 9.1 The proposals for re-design will lead to a reduction in the overall resource requirements within the Mental Health service. Affected employees will have the opportunity to participate in the design and development of the future service. Full consultation with

employees and trade unions will be undertaken regarding proposed changes to the service, now that public consultation is complete.

- 9.2 Changes to organisation structure, job roles and resource numbers will be managed in accordance with the City of Wolverhampton Council policies and procedures. In order to minimise the impact of redundancy on employees, in accordance with the councils Assimilation Policy and Process, where appropriate employees will be assimilated into posts with ring fenced recruitment being used for new posts or posts for which duties have substantially changed.
- 9.3 It is proposed that in the first year there will need to be a reduction of 5 Team Leader posts, Grade 6 and 5.5 Social Care Workers, Grade 5. In the second year this is proposed to reduce further by 3 Social Care Workers, Grade 5.
- 9.4 The proposed re-design will require employees to adopt a 5 out of 7 day working pattern. In accordance with the Collective Agreement full consultation will be undertaken with affected employees.
- 9.5 Employees who do not secure a post through the restructure will be offered redeployment support in accordance with the Restructure and Redundancy Policy. The council is currently operating a voluntary redundancy scheme which has been made available to all employees to mitigate the need for compulsory redundancy.
[HR/JF/VG/010]

10.0 Corporate landlord implications

- 10.1 There are corporate landlord implications associated with this report as it recommends a change of use for the Recovery House and the need to identify a social landlord to take on the building, so that it can be turned into a supported housing scheme for people with complex mental health needs.

11.0 Schedule of background papers

- 10.1 Cabinet on 21 October 2015 for permission to consult.