Agenda Item No: **8**

CITY OF WOLVERHAMPTON COUNCIL

Cabinet Meeting

21 October 2015

Report title	Options Paper for the Recovery House/Recovery Team	
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, People	
Originating service	Mental Health	
Accountable employee(s)	June Pickersgill Tel Email	Head of Service 01902 551393 June.pickersgill@wolverhampton.gov.uk
Report to be/has been considered by	Strategic Executive Board Executive Team	15 September 2015 21 September 2015

Recommendation(s) for action or decision:

The Cabinet is recommended to:

1. To approve a three month service user, stakeholder, public and staff consultation regarding the proposed changes to The Mental Health Recovery House / Recovery Team.

1.0 Background

1.1 The Recovery House service has been delivered in partnership with health since 2000 as a four bedded crisis house. It offers urgent and planned interventions for people who are experiencing either an acute mental health episode or are in recovery, and or /are in need of a period of assessment, re-ablement or respite. The Clinical Commissioning Group (CCG) has invested in the service from the outset for use essentially as a step down facility from hospital.

1.2 The service was restructured in May 2014 and this brought together the Recovery House and what was the Community Inclusion Team. The restructured service has resulted in a continuation of the four bed crisis unit and an outreach support team. This change has resulted in an increased capacity and capability for re-ablement and community support for those people being resettled from long term care into the Community. However, a four bed unit is not a cost effective model in the future for our health partners and from a social care perspective the service model going forward needs to increasingly support the resettlement programme whereby individuals are supported to live more independently.

1.3 The CCG have been considering their future commitment to Recovery House and have indicated that they may wish to withdraw from the current arrangement and source step down beds from an alternative resource. Without the shared funding in place the current model going forward is not financially viable.

1.4 Based on 2014/15 activity and financial data it is estimated that the average weekly bed cost is £2,300 per week. This has been calculated based on the total cost of the service less the community support element of care provided by the team.

2.0 Options for Consultation

The range of options for the future of Recovery House presented below describe how it would be if nothing was changed and how it would be if we embrace the Adult model of service delivery in Mental Health and focus on the Promoting Independence model. This model aims to refocus capacity in the workforce to offer more intense support when it is needed to maintain independence for individuals in supported housing or community settings with less reliance on traditional support services.

Option 1: Do Nothing Option

This option would involve the continuation of the current joint funding arrangements between the Local Authority and the CCG and the retention of NHS In-Patient Beds. This model is not cost effective as with the current occupancy offered each bed as already highlighted costs £2,300 per week per bed as an average. The care that is offered is a re-ablement and resettlement model without having a health component and therefore although the beds are available and are used they do not offer health care as the service is social care based. Therefore the delivery model is confused. The building remains unsuitable as it is a domestic dwelling and there are accessibility issues for people with Disabilities and this option does not allow us to progress the Promoting Independence model.

Option 2: Promoting Independence Model

This option has interlocking components that will help to support the Promoting Independence service delivery model. It includes the:

- De-Registering of Recovery House as a CQC regulated residential setting and the retention of the facility as shared tenancy arrangement for four individuals who will be resettled from long stay residential and nursing settings. The building would be transferred for management to an external housing provider and the residents would fund the rent through housing benefit.

- The four people living in the house would be supported through the continuation of an in-house outreach service. This would provide support that has an emphasis on re-ablement, resilience and on-going maintenance to enable the four individuals to live independently within the community in line with the key policy agenda. This model would enable a level of support over a specific period of time. The time and support would reduce as the level of independence and skill increases.

- A proportion of the remaining staff group will be located with the Community Mental Health Service to support the transition of young people into adulthood and to support other individuals to resettle from nursing and residential care who will be in a position to offer care and support and skill development. This would be achieved by resettlement support work and developing community inclusion for individuals.

  The staff group would be reduced over time as the level of resettlement increases and the model of "Promoting Independence" is incorporated into a practice model across adult service provision.

Option 3: Complete Decommissioning of the Service

This option would involve the decommissioning of Recovery House and the outreach team. This option would deliver a significant saving and the total savings target that has been set to achieve by 2018/19 would be achieved by 2016/17. There would be a high level of risk attached to this model as the service users who are in need of being resettled will require the care and support of community reablement workers and this option does not include further support. It would mean a very sudden loss and change and although provision can possibly be sourced using other support services; the risk of not being able to secure the right level of support will impact on the health and wellbeing of the service users. This option would create a significant service vacuum and an inability to deliver continued support of individuals as they are resettled into supported living and community settings.

Option 4: Outreach Team Only

Option 4 is similar to Option 3 other than there would be no shared tenancy arrangement for the use of the building.

- This option would involve the de-commissioning the Recovery House buildings based service and the transfer the building to the Corporate Landlord for disposal.

- The continuation of an enhanced outreach team who will support the assessment and care management Social Work Team in the Resettlement and Transition Programmes for people moving out of long stay residential and nursing settings. The team would have increased capacity to support individuals to resettle from long term care and to support the inclusion of young people who are transitioning from Children's Services to Adults. If this option is chosen, this would facilitate a pro-active approach to engaging young people at a much earlier stage.

The staff group would be reduced over time as in Option 3 and again when the level of resettlement increases and the model of "Promoting Independence" is incorporated into a practice model across adult service provision.

3.0 Financial implications

3.1 The 2015/16 controllable budget for Recovery House is £462,000. The Medium Term Financial Strategy includes a savings proposal for the 'Reduction in Mental Health Care Management – Social Work Teams' of £300,000 over the period of 2016/17 to 2018/19 (£100,000 each year).

3.2 Initial calculations indicate that with the exception of option 1 all of the options could deliver the full year savings of £300,000. The profiling of these savings over the three year period will vary slightly for each option.
[AS/12102015/Q]

4.0 Legal implications

4.1 Following Cabinet approval, a full and meaningful consultation of each of the available options outlined within this report (not only the option endorsed by cabinet) should commence in good time and in accordance with the standard consultation procedure.
The consultation process should take place in a timely manner with all relevant staff members, the general public and all relevant stakeholders.
Given the Human Resources implications of potential staff redundancies, consultation with all relevant staff members likely to be affected will be required, in accordance with relevant employment and equal opportunities legislation and guidance.
[JB/09102015/Q]

5.0 Equalities implications

5.1 An Equality impact assessment will be undertaken throughout the consultation process and will inform the final recommendations

6.0 Environmental implications

6.1 There are no specific environmental issues.

7.0 Human resources implications

7.1 There would be HR implications if any option other than option 1 (do nothing) was agreed, due to the potential for employee redundancies and/or TUPE implications.

7.2 The agreed recommendations will be implemented in line with the Council's Human Resources Policies and Procedures and negotiations with Trade Unions. If any of these services are subject to TUPE implications there may be associated costs.

8.0 Corporate landlord implications

8.1 The Mental health service will work with Corporate Landlord on any implications that will occur through this structural change.

9.0 Schedule of background papers

9.1 The Promoting Independence Report that was approved on April 15 and the Mental Health Strategy are attached to provide a context to the proposal.