



**ROCHDALE**  
METROPOLITAN BOROUGH  
**COUNCIL**

**ITEM NO. ASC106**

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**Subject:** Remodelling of Community Restart Service

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**Cabinet Member:** Councillor Jean Hornby

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## **1. RECOMMENDATIONS / DECISION REQUESTED**

- 1.1 Members approve the proposed changes to the Community Restart Service as a basis for consultation. The new service model will comprise of :-
- The continuation of 3 Crisis beds partly funded by health;
  - An 11 bed recovery based enablement service, developed in partnership with Petrus which prevents admission to residential care or brings people back from out of borough residential placements; and
  - A new recovery based floating support service that supports those people with mental ill health assessed as needing support to retain their tenancies.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 The Critical Blueprint focuses on the development of enablement services in Adult Care to reduce the demand for ongoing support from traditional Adult Care Services. This proposal reconfigures the existing Community Restart model of service delivery to provide a crisis assessment and enablement service aimed at reducing the need for mental health residential care placements and improving outcomes for service users. The reconfiguration also supports the move on of service users from the enablement service into the community by providing floating support to help them maintain independent living.
- 2.2 Rochdale has a high number of people with mental health issues in residential care compared to some neighbouring authorities. There are currently 62 placements in residential and nursing homes some of whom are placed outside of the borough. The original intention in establishing the 'Step Down' beds in Greave House (where the "hub" of the Community Restart service is currently based) was to reassess the individuals in residential care and reduce the number of service users in residential care. Reconfiguring the service into a crisis assessment and enablement service will support this objective.

## **3. ALTERNATIVE ACTIONS CONSIDERED**

- 3.1 Do nothing: This is not recommended as it would mean that service users would not benefit from the opportunity to be enabled and access alternative community based provision. This would possibly lead to poorer outcomes for service users and lead to them being unnecessarily institutionalised. Accessing an enablement service prior to placement in residential care will allow intensive work on recovery goals to take place which will support people in the community but also support them in their residential placement should they be assessed as requiring this type of service, thereby minimising the time spent in residential care.
- 3.2 Stop providing the service: This is not recommended because there are high numbers of people with mental health issues across the borough and there is a need for crisis support. The proposed enablement service will improve outcomes for service users and reduce the needs for

ongoing support. If the service was stopped altogether there would be increasing demand for residential care and service users would have longer lengths of stay and poorer outcomes.

- 3.3 Social Enterprise: This is not recommended at this stage. Although mental health services are becoming increasingly recovery based the enablement approach as applied to older people is a relatively new concept in relation to this client group. The Council, therefore, needs to provide leadership and strategic direction to the development of the service over the next few years. Once established it may be possible to launch it as a social enterprise at a later date.

#### **4.1 BACKGROUND**

- 4.1.1 The Community Restart service is a service that supports people with severe and enduring mental health problems to live in the community, maintaining their tenancies and accessing crisis support as necessary. The service has been in operation for 25 years and currently receives mainstream funding from Adult Care, Housing Support (formerly Supporting People) funding and PCT funding.
- 4.1.2 The model is based on a hub and spoke model of service delivery. The hub provides crisis and intensive support for people with severe and enduring mental health problems, either on release from hospital or because they are experiencing a temporary crisis and require additional support. It is important to note that many severe and enduring mental illnesses fluctuate in their presentation and the level of support required can change overtime. The Community Restart model helps to prevent hospital admission when service users experience a crisis.

Until last year the 'hub' was based in a property on Kirkholt and consisted of 3 crisis beds which were part funded by the PCT. The property at Kirkholt was not DDA compliant and so last year the service was moved into Greave house, a former housing support service managed by Petrus. At this point the service was extended to provide 11 further 'step down' beds to support the rehabilitation of service users in residential care homes outside of the borough. Thereby reducing the cost of residential placements and providing move on options for people who had been in residential care homes for a number of years. Rochdale has a higher number of people with mental health issues in residential care than some neighbouring authorities, 62 and a previous saving proposal was aimed at reducing the costs of residential placements. The 'Step Down' model was developed to help achieve these savings.

The 'Step Down' units are provided in a partnership between the Community Restart service and Petrus.

The service is a Care Quality Commission (CQC) registered service which was inspected in June 2012 and was found to be compliant with CQC essential standards.

- 4.1.3 The 'spoke' element of the service consists of the provision of floating support to service users within their own tenancies. Some of the tenancies are furnished and some are unfurnished. Service users access the tenancies via a mental health allocation panel which assesses the needs of the service users for supported accommodation. Service users supported by the floating support service have access to the crisis beds if their condition deteriorates.
- 4.1.4
- 4.1.6 The service currently meets the needs of people with high level and complex mental health needs that relate to their long term mental health condition. Referrals for the service currently come via community mental health teams, GP's and Psychologists. Their main presenting needs relate to their health conditions. It does not necessarily follow that someone with a severe and enduring mental health condition automatically has high level social care needs. They may have family and friends who support them with these needs e.g. social isolation. Service users accessing the community restart service do not, at this stage, have their social care needs assessed against the Fair Access to Care social care eligibility criteria.
- 4.1.7 The full cost of the service currently is £819,476 which is fully funded by Adult Social Care and Housing Support (formerly Supporting People), apart from a contribution of £76,800 from the PCT towards the cost of the crisis beds. This proposal reduces the cost of the service to £629,476.

## **4.2 SUMMARY**

4.2.1 This proposal remodels the Community Restart service and consists of the following elements:

- Retain the crisis beds jointly funded by health and social care;
- Remodel the 'Step Down' element of the service into a mental health enablement service based on a recovery model which prevents admission to residential care or brings people back from out of borough residential care placements; and
- Redesign and recommission the spoke element of the service into a preventative mental health floating support service that supports people with mental ill health to maintain their tenancies.

### **4.2.2 Crisis Beds**

The three crisis beds will be retained within the Greave house project. This element of the service currently costs £304,707 and health commissioners contribute £76,800 towards this cost. This proposal disestablishes the Officer in Charge post which reduces the cost of the crisis service to £253,103. The management structure and some of the operational staff in the staffing structure for community restart also support the provision of the 'Step Down' beds. There may be some scope as part of this proposal to renegotiate the health contribution to the crisis beds but there is no guarantee that this will provide further income at this stage.

### **4.2.3 Remodelling the 'Step Down' beds.**

The existing service at Greave House will be remodelled to provide a recovery based enablement service for people with severe and enduring mental health illnesses with FACS eligible social care needs. The service will be an enablement service aimed at assessing and reviewing the needs of service users identified for a placement in residential care either preventing the need for a residential placement or identifying recovery goals and determining the care plan and length of stay if a placement in residential care is required.

A new recovery based specification will be developed for the service based on enabling service users to access independent living. Adult Social Care will work in partnership with Petrus to pilot this new approach over an 18 month period to deliver an outcome based enablement service for people with mental health issues. Outcomes from the service will be closely monitored and reviewed.

The service will also have an outreach service attached to it to support service users to achieve move on from the service. This service will support those individuals who do not require a residential care placement but require additional support within their own tenancies.

### **4.2.4 Re-commissioning the floating support service**

The current floating support element of the Community Restart service is a preventative service aimed at supporting people with mental ill health to maintain their tenancies and achieve independent living.

This part of the service will be reconfigured into a separate floating support service which will be procured from the open market via a tendering process.

A new specification will be designed for the service that maximises recovery and move on to independent living. This will be offered on a block contract and will outline the outcomes to be achieved from the contract. The service will be a preventative housing and social care support service. It will be aimed at service users who do not meet the social care FACS eligibility criteria but who do need support to maintain their tenancies because of their mental health

condition and would be likely to become eligible for adult social care if the service was not provided.

The actual value of the contract will be determined following the completion of reassessments of needs of all the current service users. Reassessments of the 98 current service users will take place over the next 3 -4 months and will determine how many of the current users will need access to the newly commissioned service and how much support is needed. It is anticipated that some people will be able to manage independently or with alternative support available from other preventative mental health services currently commissioned. In other cases people may have eligible social care needs and require a more intensive period of enablement prior to the allocation of a personal budget.

The reassessments, therefore, will determine how many people need the new service and at what level. The contract value of the new service will then be based on an up to date understanding of the number of hours of support needed. Once the contract value for the new service is known a specification for the service will be developed and a tendering process will take place in the open market. Any TUPE or redundancy issues will be identified once the contract value and the specification of the service have been developed.

The savings realised from this proposal in 2013/14 will be available from 1<sup>st</sup> July 2013. This will allow the reviews to be carried out, the specification to be developed and the tender process to take place.

## 5 CONSULTATION UNDERTAKEN / REQUIRED

- 5.1 Existing service users, the Borough User Forum, stakeholders, including the Clinical Commissioning Group and Petrus would need to be consulted on the proposal.
- 5.2 A process of staffing consultation will need to take place once the full details have been identified

## 6 FINANCIAL IMPLICATIONS

- 6.1 **Theme:** Critical
- 6.2 **Proposal Title:** Community Restart
- 6.3 **Breakdown of Savings from the Service**  
 Service Name: Learning Disabilities/ Mental health and Vulnerable Adults  
  
 Area of Service: Mental Health  
  
 Cost Centre affected: w0425 and w0631  
  
 Is this a cost or additional saving: A saving

	Savings 2013/14 £000		Savings 2014/15 £000		Savings Total £000	
	Ongoing	One Off	Ongoing	One Off	Ongoing	One Off
Employees						
Other Costs						
Income lost (Show as minus)						
Net Savings						

Additional Income Generated (show as a positive figure)				
<b>Total Savings</b>				
Implementation Costs				
<b>Total Savings less Implementation Costs</b>	<b>100</b>		<b>90</b>	<b>190</b>

#### 6.4 Financial Impact on another service? No

#### 6.5 Details of the Financial Impact on another service

There are no specific financial issues for members to consider arising from this report.

#### Voluntary Sector Financial Impact

There are no financial impacts on the voluntary sector arising from this report.

### 7 LEGAL IMPLICATIONS

#### 7.1.

7.2 Rochdale MBC's statutory duty (under the NHS & Community Care Act 1990) to assess the social care needs of the individual, arises as soon as it appears to the authority that s/he might have such a need. The duty to assess can therefore arise before anyone has formally requested an assessment or made a referral.

#### 7.3

### 8 PERSONNEL IMPLICATIONS

#### 8.1

### 9 RISK ASSESSMENT IMPLICATIONS

RISK	CONTROL
There are risks in relation to TUPE for the floating support service	Apply the learning from the retendering of the supporting people services to this tender process
This proposal overlaps with an existing proposal which is currently being consulted on which will increase anxiety amongst staff and impact on staff morale which may affect service delivery	Provide clear briefings for staff on the proposal. Ensure that they are aware of the support provided by the council via the employee assistance programme and via senior managers and HR services.
The proposal removes the Officer in charge post although there may be alternative posts available in the management structure that they could apply for. The manager's morale may reduce which will make consultation and implementation of the proposal difficult.	Be clear about alternative opportunities for the manager within the service. Ensure manager receives support from senior managers and is aware of the employee assistance programme and HR services available
Service users are vulnerable and have been accessing the service for many years. The nature of their illness makes managing change more difficult for some service users. There may be increased risk to the service users.	Begin the programme of reviews as soon as possible to ensure the needs of the service users are identified and addressed. Provide clear communication to the Community mental health teams and Pennine Care Foundation Trust on the proposal so that they are aware of the possible impact on service users.
Unable to end office accommodation leases	New provider of floating support may be able to take on the leases.

## **10 ASSET IMPLICATIONS**

A number of offices are currently used by community restart staff in the floating support service to work from. The leasing arrangements for these properties will need to be looked into to establish whether the council can end the leases.

## **11 JOINT WORKING**

Discussion will need to take place with health commissioners re the crisis bed and the development of the enablement service.

## **12. EQUALITIES IMPACTS**

### **12.1 Workforce Equality Impacts Assessment**

This proposal will have staffing implications and will be included in a full equalities impact assessment to be undertaken on the employees within the at risk groups of staff. This analysis will be reported separately to Members when the At Risk cohort of staff are identified and the outcome of the implementation is known.

### **12.2 Equality/Community Impact Assessments**

See attached

## **13. VOLUNTARY SECTOR IMPACTS**

### **13.1**

There are no background papers