

1.	Meeting:	Health and Wellbeing Board
2.	Date:	16th May, 2018
3.	Title:	Rotherham Intermediate Care Centre

4. Summary

The purpose of this report is to provide the Health and Wellbeing Board with a strategic overview of the proposals relating to the reconfiguration of the Rotherham Intermediate Care Centre (RICC), a day rehabilitation service provided by the Council and The Rotherham Foundation Trust (TRFT).

5. Recommendations

It is recommended that the Health and Wellbeing Board;

- **note the content of the report and endorse the approach taken**

6. Introduction/Background

6.1 RICC Day Rehabilitation Service (Phase 1 and Phase 2)

The service provides rehabilitation sessions to adults 60 years and over in a day setting. There are two elements within the day rehabilitation service. The first comprises of the physical rehabilitation service in order to improve safety, function and independence and the second includes the community integration service in order to maintain the physical health and well-being achieved through ongoing exercises and access to community services. Both services (Phase 1 and Phase 2) are delivered at the Rotherham Intermediate Care Centre.

6.2 Physical Rehabilitation Service (Phase 1)

The physical rehabilitation service provides holistic physiotherapy and occupational therapy assessment leading to a treatment/rehabilitation plan being developed. The emphasis of this phase is to increase and optimise customer's physical function and ability to live safely at home. This is a 6 week exercise programme that addresses the physical needs of the customer. The service can only be accessed on 2 days per week, either on a Monday and Wednesday or a Tuesday and Thursday.

6.3 Community Integration Service (Phase 2)

The Community Integration Service concentrates on the person's health and well-being and assists them to consider options available, through existing community opportunities, once their treatment/rehabilitation plan at the physical rehabilitation phase has been fully completed.

If the customer has been referred from the physical rehabilitation phase (Phase 1), then the aim is to maintain the physical well-being achieved through ongoing exercises and to enhance this with purposeful activity and access to community services to prevent social isolation and promote good mental health.

Opening Hours – The service operates Monday to Thursday between the hours of 10.00 am to 4.00 pm. Customers arrive at the centre from around 9.30 am (depending on availability of community transport) and leave at around 3.00 pm.

Accommodation - The RICC building accommodates both Phase 1 and Phase 2 services; the service also acts as a central hub to provide office accommodation for all intermediate care therapists (beds, community and day rehabilitation facilities). However, use of RICC by the intermediate care therapists has declined over the past 12 months due to improved IT access within Lord Hardy and Davies Court. The service operates from a large health building of which the Council pay rent to the NHS. There are a number of issues with the security of the building overnight and weekends and there is underutilised space that remains either unoccupied or rarely used within the centre. The centre is also based in the centre of Rotherham and excluded from the community.

Transport - Transport is provided via the Council's in-house adults transport consisting of the use of around six vehicles at any one time to transport customers from their home address to the Centre (including return journeys) for those living in the Rotherham area or those registered by a Rotherham GP. The practicalities of this operation are not sustainable or cost effective. This also creates dependency for customers who may be able to self-travel or access services more locally. Customers currently contribute towards their travel costs (in accordance with the Council's charging policy).

Meals Provision - A two course meal is offered and provided to all Phase 1 and Phase 2 customers on Mondays to Thursdays every week. Customers contribute £4.84 per meal (in accordance with the Council's charging policy).

7. Analysis of Key Issues and Risks

- 7.1 The proposal to move away from a building base provision of rehabilitation is in line with the Integrated Care Partnership's vision through the Rotherham Place Plan. The importance of prevention, early intervention, rehabilitation and reablement to maximise independence, increase quality of life, support people to live in the community for longer and reduce reliance on support from the health and social care economy is paramount. The shift to community rehabilitation supports the ability to ensure that individualised care planning takes place to maintain people's independence for longer at home.

At present there are a number of inter-related issues which result in the delivery of a service from a building base which is not easily accessible for some customers and is limited in the number of days per week it operates. This then results in the use of transport (adult care and community transport) of which routes have to be re-configured every six weeks due to a change of customer base.

The building which is occupied at Badsley Moor Lane is one of several buildings on a health site, owned by NHS Prop Co. The site is underutilised and costly with several buildings having to be secured and attracting some anti-social behaviour.

The existing model is delivered within a building based setting and could be maximised through a delivery of an integrated community based offer which would be provided from customers' homes, through a recovery/rehabilitation and reablement model. The current provision is a traditional model, which is not replicated elsewhere

(based on benchmarking data) and does not provide value for money due to the high cost per customer.

There are new models emerging to support social isolation, community cohesion and wellbeing principles including self-management, which provide a more innovative approach to Phase 2 of RICC. This includes services such as social prescribing and community connectors employed by RMBC.

The model does not fit with the Rotherham Place (Integrated Care Partnership) vision for a more streamlined pathway of provision to prevent, reduce and delay care and support needs through an increased focus on an integrated intermediate care/reablement pathway home.

The service is partly funded through the BCF under a Section 75 Agreement with the CCG. Any reconfiguration of the service would require agreement through the appropriate governance arrangements for the BCF. Savings need to be agreed with the CCG in terms of proportionality across the funding partners (CCG and the Council).

The service is provided by both adult social care and health (TRFT) staff; consultation would therefore be required with Health (TRFT) as changes may impact on their staff as well as RMBC staff.

The review of RICC needs to coincide with the wider review of intermediate care/reablement in particular community bed base provision.

7.2 Future Reconfiguration

The proposed option is to decommission RICC as a building based rehabilitation service and re provide within the community. This moves the approach closer to Rotherham's vision of 'Home is Best' where reablement/rehabilitation is provided in a person's own home based on a recovery model. It is the intention for support staff, therapists and admin to be redeployed across the pathway with a focus on recovery at home. Reablement provision supports customers to live life as independently as possible, through an outcome-focused, personalised approach, whereby the person using the service sets their own goals and is supported by a reablement team to achieve them over a limited period. It focuses on what people can do, rather than what they can't, and aims to reduce or minimise the need for on-going support after reablement. This is in line with the current competencies of the RICC staff team.

The current reablement model is being reconfigured with a pilot underway to integrate health and social care provision by including occupational therapy resource. This is having a positive impact on staff skill mix (sharing of knowledge and skill throughout the team) and the ability to assess the reablement needs of more complex customers appropriately. Feedback from the service is that physiotherapy input would also be valuable in the model.

This would leave a small number (4) staff members that provide maintenance and catering provision at risk. See HR section of this report.

Initial consultation with TRFT indicates that the service could be provided at a similar level of service that is currently offered but in a more person centred method, closer to the person's home, and making more use of locally available resources.

8. Patient, Public and Stakeholder Involvement

- 8.1 The intention is to consult with staff and customers through a formal 30 day consultation process once the report has been through the appropriate governance.

9. Equality Impact Assessment

- 9.1 A draft equality impact assessment has been completed. This will be updated as consultation commences to reflect feedback.

10. Financial Implications

- 10.1 The total cost of the service as currently provided, including transport, is £553,655. CCG funding of £240,844 is provided through the Better Care Fund and £47,869 is funded from the intermediate care therapy pooled budget, leaving a net annual cost of £264,942 met by the Council.

If it was agreed to decommission the service, this is the maximum annual saving which would accrue to the Council. However, further analysis would need to be done around the operational details of the service being reconfigured to move from a building based service to one provided within the community, in order to assess the exact financial savings.

In particular this includes savings from transport which are closely linked to the review of Learning Disabilities and thus the timescales for delivery of these savings will be determined by how quickly the 2 projects progress.

11. Human Resource Implications:

- 11.1 The proposal will need more detailed work to assess the impact on staff and appropriate consultation with staff and trade unions will need to be undertaken. There is a total of 20 staff members attached to the Phase 1 and Phase 2 RICC service who would be affected by any future decision making process employed by RMBC and TRFT. The Council currently employs a total of 17 staff members at RICC for Phase 1 and Phase 2 and the remaining 3 staff members are employed by TRFT.

12. Approval History:

RMBC Directorate Leadership Team – 20th March 2018

RMBC Strategic Leadership Team – 10th April 2018

BCF Operational Group – 4th April 2018

BCF Executive Group – 12th April 2018

CCG Operational Executive Group – 13th April 2018

CCG Strategic Executive Group – 18th April 2018

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