

Report to Cabinet

16 November 2021

Short-term residential care services in the Chichester and Bognor Regis area at Marjorie Cobby House

Report by Executive Director Adults and Health

Electoral divisions: All in Chichester, Bognor Regis and Selsey

Summary

[West Sussex County Council is committed](#) (PDF, 8MB) to enabling people to live independently for longer without the need for long term services, maximising independence and making best use of Council resources.

In 2018 the Council identified a requirement to undertake a review of the in-house residential services it provides for adults, which included services provided at Marjorie Cobby House (MCH) in Selsey. The review was delayed because of the Covid-19 pandemic but has now been undertaken and the information from the review and the feedback from a recently held consultation have been used to establish proposals on future service arrangements.

The review has found that, since the introduction of Home First, home based support and the changes in hospital discharge pathways there has been more demand for supporting people in their own home. There is also reduced demand for the number of available beds within Marjorie Cobby House with an average number of admissions of 13 beds per month in 2020/21, out of a potential 34. In addition, the Marjorie Cobby House building is not felt to be suitable to accommodate people with more physical complex care needs without further and significant investment. The proposal that was recently consulted upon included the closure of the service and commitment to find alternative arrangements to better support those needing short-term residential care and reablement support, enabling the Council to meet future demand more effectively within available resources.

Notwithstanding the above, given current challenges in the health and social care system and, in order to support the local NHS's need to address delays in elective care, MCH could potentially be required as an interim social care solution through the winter period 21/22. This would allow for the development of medium-term community-based capacity and temporarily delay the implementation of the proposal.

This report also seeks approval from Cabinet to declare all the freehold property at Marjorie Cobby House surplus to Adults Services operational requirements conditional upon the potential interim use set out above.

Recommendations

Cabinet is recommended to approve:

- (1) The end of the provision of in-house residential services for adults in Marjorie Cobby House, 38 St Peter's Crescent, Selsey, PO20 0NA and all the buildings on site including 38a and 38b St Peter's Crescent. This will include closure of the building, declaration that the buildings are surplus to operational requirements as per the plan set out in Appendix C and for the return of the buildings to the Council's Property and Assets service to manage or dispose of.
- (2) The arrangements for future provision of short-term residential care services in the Chichester and Bognor Regis area as set out in paragraph 2.
- (3) Delegate the implementation of recommendation (1) to the Executive Director Adults and Health (DASS) in light of the potential short term use of the building as outlined in paragraph 1.10 of the report.

Proposal

1 Background and context

- 1.1 [West Sussex County Council is committed](#) (PDF 8MB) to enabling people to live independently for as long as possible, maximising independence and making best use of its resources. In order to ensure these objectives are being met, the Council regularly reviews the services it provides.
- 1.2 In 2018 the 'Choices for the Future' programme was approved by the Cabinet Member for Adults & Health. Directly Provided Services committed to reviewing the provision of the in-house residential services, which included services provided at Marjorie Cobby House (MCH) in Selsey. This review was due to start in 2020 but was delayed due the Covid-19 pandemic.
- 1.3 MCH is a resource centre owned and operated by the Council. It provides short term residential support and care for people requiring reablement support following discharge from hospital, primarily St Richard's Hospital in Chichester. The service works in partnership with the NHS, social workers, local GPs, and the intermediate care team.
- 1.4 MCH is registered with the Care Quality Commission (CQC) to provide 34 beds but is currently commissioned to provide 10 Discharge to Assess (D2A) beds and 10 interim beds. At the last inspection by the CQC in 2018 the service was rated 'Good'.
- 1.5 A financial savings plan, which included the proposal to close MCH and provide alternative services in the Chichester and Bognor Regis area, was considered by the [Health & Adult Social Care Scrutiny Committee on 13 January 2021](#). The Committee requested to scrutinise proposals prior to a final decision, via a Task

and Finish Group. The financial savings plan was also included in annual budget report which was approved at [Cabinet on 22 January 2021](#) and [County Council on 12 February 2021](#).

1.6 The Council subsequently established a project to review the service and the need for services, this review considered:

- The need and demand for residential short term reablement services,
- Occupancy levels of the existing in-house services,
- Projections of future needs,
- The condition of the buildings and suitability of the facilities,
- The cost of providing the services, and the cost and sustainability of alternative services in the local area,
- The Council's objectives to enable people to live independently for as long as possible and to make best use of resources,
- The impact any closure could have on those requiring short-term residential care and reablement support in the Chichester and Bognor Regis area,
- The impact on the Council's partners that refer to MCH,
- The availability, quality, and suitability of alternative services in the Chichester and Bognor Regis area, and
- The impact for staff supporting MCH and the potential for redeployment for directly employed staff.

1.7 The completion of this work, together with results of the consultation and engagement activity detailed in paragraph 4, has informed the recommendations in this report. A summary of key findings from the review are identified below.

- The review found that there was not a sufficient need for all 34 beds at MCH now or in the near future.
- Since the introduction of Home First and the development of hospital discharge pathways there has been a marked increase in the need for support for people in their own home.
- Numbers of admissions to MCH in the last three years have been between 13 -15 per month. In 2020/21 average admissions per month included 8 for D2A and 5 for interim beds. The information suggests a relatively steady need for D2A with reablement beds, but not at the level of bed availability within MCH.
- Interim beds can also be supported within existing contract arrangements in the Council's block contract with Shaw Healthcare and commissioned from the wider market on a spot purchase basis.

1.8 Another consideration for the future of MCH was the building's suitability to meet needs in the future. The building does not have en-suite facilities, the rooms are not wheelchair accessible nor large enough to enable turning space and do not have ceiling hoists which would support people with more physical complex care. The building also has a flat roof above the lounge and kitchen which leaks and is under constant repair. The service has had investment in the past to replace windows, decorate, replace the lift and upgrade the laundry. Further and significant capital investment would however be required in the future to meet the level of complex needs a service of this type would support,

including remodelling of the building to enable installation of en-suite bathrooms and toilets (which would result in a reduction in the number of rooms) and ceiling hoists fitted to all bedrooms. The main roof and flat roof also require complete replacement. Capital investment is not a good use of public resources when alternative beds are readily available within the Council's block contract with its strategic partner Shaw Healthcare.

- 1.9 The steady requirement for D2A beds indicated there is a need for alternative provision. The cost of a reduced number of beds in an alternative provision was taken into account when the savings target agreed by the Council was set. There was sufficient interest in the care market to be confident of the ability to commission alternative services in the Chichester district area.
- 1.10 There are currently significant challenges in the health and social care system as a result of a significant increase in demand following the Covid-19 pandemic. In order to support the local NHS's requirement to address any delays in elective care, MCH could potentially be required as an interim social care solution throughout the winter period. This would be from December 2021 to the end of March 2022. The need for this use would be determined before the end of January 2022. It would allow for the development of medium-term community-based capacity and temporarily delay the implementation of the proposals as set out in section 2 below. These decisions would be taken by the Executive Director Adults and Health.

2 Proposal details

- 2.1 The strategic intention to support people to remain independent at home for as long as possible, the consultation responses, the analysis of the review and the alternative provision available have all been considered in the development of the proposals.
- 2.2 The majority of consultation responses disagree with the proposals and have expressed positive experiences of the service and the importance of the centre for the local community. Concerns have also been raised, for example, about the impact on hospitals, the ability of the wider market to provide alternatives and impact on carers visiting. There have however also been comments on the benefits of providing support in alternative settings such as using otherwise empty beds for short stay care and that it is untenable to justify costs of retaining if the service is underutilised. The feedback has been fully considered and whilst it is clear that the majority of respondents do not agree with the proposals, the information from the wider review indicates that it is not a good use of limited resources to continue to provide a service at Marjorie Cobby House. The Council will however reflect on all comments to ensure that the important considerations raised are reflected in alternative arrangements. This includes for example ensuring occupational therapists regularly visit, having trained staff and accessible buildings and consideration of visiting.
- 2.3 The importance of MCH to the local community was expressed during the consultation and the impact on visitors of a different location. As part of the review, the home location of MCH customers for the last three years was considered. Few customers were local to Selsey. The majority of customers resided in Chichester, Bognor Regis and Arundel (see Appendix D), with any visitors travelling at least 30 minutes to MCH. Some customers however also

lived in Worthing, north Chichester, Mid Sussex and Hampshire with any visitors travelling at least 45 minutes to MCH.

- 2.4 Therefore, having considered all the information, it is recommended that MCH be closed, declared surplus and returned to the Council's Property and Assets Department. Further investment in MCH would not represent value for money given that there is insufficient demand for the full number of beds within the service and more suitable alternative services are available. The property and all buildings on the site are recommended to be declared surplus to operational requirements.
- 2.5 Subject to the approval of the recommendations in this report, MCH would stop taking new admissions and would continue to care for those already in MCH until they leave for the next stage of their recovery or alternative support is identified by 31 March 2022. The building will be closed, emptied, and returned to the Council's Property and Estates Department in 2022 to manage or dispose. The timing would however be subject to the potential short term use referred to in paragraph 1.10 above.
- 2.6 A commitment to find alternative provision was outlined within the recent consultation. Alternative provision provided is as below:
- (a) The Council will continue to support people being discharged home from hospital through the Home First pathway wherever this is a suitable solution for the individuals. This is commissioned through Hospital Discharge Care Contracts which operate alongside Sussex Community NHS Foundation Trust and these contracts are in place until March 2023 and have been increased throughout the pandemic and will continue to be commissioned as part of the health and social care systems plans.
- (b) Where people are unable to return home straight from hospital, the following solutions are proposed:
- D2A with reablement beds are commissioned including the provision of therapeutic intervention to maximise people's opportunities to return home at the end of their stay.
- The recommendation in the short term, until March 2023, is to provide these through the Shaw Healthcare service. This will include the delivery of therapist support to be provided within the Council and will require confirmation of GP cover through local primary care practices in consultation with the NHS.
 - In the longer term and in alignment with timescales on other contracts, the Council will review the provision of D2A with reablement services with the three other remaining services and develop a longer-term plan for commissioning this provision.
 - Interim short-term residential beds will be provided through the Council's existing block contracts for residential and nursing care and through spot purchasing from the wider care market.

3 Other options considered (and reasons for not proposing)

- 3.1 The option to do nothing and continue to use MCH to provide short-term residential care and reablement support or to recommend alternative use for the building has not been proposed because there has been insufficient demand for all 34 beds in recent years and the facilities and building would require further significant capital investment in the future.
- 3.2 The option of not providing alternative D2A beds has not been considered. D2A is an important service provision for the health and social care system, enabling people to receive therapeutic support to regain their independence and return to their own homes and to support hospital discharge and system flow. This is consistent with the [Council's commitment](#) (PDF, 8MB) to enable people to live independently for longer without the need for long term services, maximising independence and making best use of its resources.
- 3.3 There are a number of local care and nursing homes that support people who are being discharged from hospital without the additional reablement provision. Therefore, the option to block purchase services for the interim beds has not been proposed as spot purchased care is available.
- 3.4 The Council has undertaken soft market testing with the local residential care market, including Shaw Healthcare, which has identified an interest from the market to provide a D2A with reablement service as a block commissioned service. Whilst this is important and will be considered further for longer term provision, the time required to set up a service in the market and the bed availability at the outset means this is not a viable option for the short term to avoid a gap in service. These providers can be considered as a reserve and approached on a spot purchase basis to provide short term interim and hospital discharge beds for people in the local area where reablement is not required.

4 Consultation, engagement and advice

- 4.1 The Council held a stakeholder consultation between 9 August 2021 and 20 September 2021 to hear the views of people and organisations that could be affected by any changes. Past and present users of MCH, their family and friends and carers, current staff, stakeholders, and partner organisations were invited to respond. The consultation was published on the Council's website, with alternative formats available, and was also open to members of the public to respond. 174 responses to the consultation were received. The report with the full results can be found at Appendix A. The main findings are detailed below with the percentage and number of responses:
 - 76% (70) of stakeholders and 72% (55) of current and former customers and their family and friend carers disagreed with the proposal (disagree/strongly disagree) with 64% (59) stakeholders and 51% (39) current and former customers and their family and friend carers strongly disagreeing to the proposal.
 - 78% (73) of stakeholders and 75% (57) of customers and family and friend carers thought the proposal would have a negative impact on people discharged from hospital needing rehabilitation, whilst 76% (71) of stakeholders and 63% (48) customers and family and friend carers thought it would have a negative impact on family and friend carers.

- The majority of stakeholders felt that health and care organisations (60% / 56), Marjorie Cobby House staff (73% / 68), independent health and care providers (58% / 54) and the local community (62% / 58) would be negatively impacted.
- 4.2 Detailed analysis of responses from current and former Marjorie Cobby House customers, family and friend carers and stakeholders are included in Appendix A.
- 4.3 Equality Impact Assessment (EIA) for the stakeholder consultation was undertaken and is attached at Appendix B. The assessment considered that due regard was given to the feedback in the stakeholder consultation and the potential impacts outlined on selected 'equality groups' in the EIA. As a result, it has been recommended to re-commission a short stay reablement service from Shaw Healthcare. As this will be offered on a similar basis to the service currently provided at Marjorie Cobby House, it is not anticipated that there would be a disproportionate impact for any of the selected 'equality groups'.
- 4.4 Soft market testing took place from 11 August 2021 for one month. The Council contacted 81 care providers in the Chichester and Bognor Regis areas requesting information and their potential interest in providing interim residential care beds and D2A beds to understand market capacity and estimated rates. Nine care providers responded stating they would be interested in the opportunity to provide D2A services and could provide 3 - 4 beds meaning the proposed eight beds would need to be split between two or more services. Shaw Healthcare also expressed an interest and have since had discussions with the Council to explore how D2A with reablement could be provided within the services under block contracts with the Council.
- 4.5 The majority of the staff working at MCH are employed directly by the Council on either permanent, short term or casual contracts and have been engaged and supported throughout the review by the Council and their union representatives.
- 4.6 The Joint Consultative Committee (JCC) was briefed on the review and plans for the stakeholder consultation on 27 July 2021, followed by a briefing for MCH staff on 28 July 2021. A full report on the proposals and the impact on staff will be considered by the JCC on 2 November 2021. Should the proposals within this report be approved and it is confirmed that MCH will close, a formal 30-day staff consultation will commence at the end of November 2021. Staff will continue to be supported throughout the consultation and their responses will be considered in early January 2022. Where possible, staff will be redeployed within the Council.
- 4.7 As detailed in paragraph 1.5 above, the suggestion to close MCH and provide alternative services was included in the Council's financial savings plan which was considered by the [Health & Adult Social Care Scrutiny Committee on 13 January 2021](#), and approved by [Cabinet on 22 January 2021](#) and [County Council on 12 February 2021](#). The Cabinet Member for Adult's Services has also been briefed and updated on progress throughout the review.
- 4.8 As noted in paragraph 1.5, the Health and Adult Social Care (HASC) Scrutiny Committee requested to scrutinise proposals regarding MCH and the provision of alternative services prior to any final decision being taken. A HASC Task &

Finish Group meeting took place on 5 November 2021 to preview this report and appendices. Comments and the recommendation(s) from the Task & Finish Group will be available for consideration by Cabinet at the meeting on 16 November.

- 4.9 The proposals within this report have been considered and endorsed by the Council’s Finance, Legal, Human Resources and Property and Assets Teams. The Property and Assets team note that further legal due diligence on the legal title to MCH is required in order to prepare an options appraisal for the future strategy for the property.

5 Finance

- 5.1 The financial savings plan in the Council’s annual budget report was approved at the [Cabinet on 22 January 2021](#) and [County Council on 12 February 2021](#). In that report it was estimated that approximately £960k would be saved annually from the closure of MCH, from which around £320k would be required to fund alternative provision of eight beds, resulting in a net benefit of £640k. These estimated savings were subject to more detailed work taking place on the cost of alternative services and demand for beds.
- 5.2 In the event, the cost of reprovision, together with related expenditure such as occupational therapy support and primary care cover, is expected to be lower than estimated because of the opportunity to deliver this within the existing Shaw block contract. Whilst the price remains to be finalised, the advantage of this arrangement is that it will be based on a marginal cost increase. This will enable a higher level of savings to be delivered. Subject to completion of the necessary processes, these are anticipated to rise from £640k to around £800k and be available in full with effect from 2022/23. The increase will be used to mitigate other Adults’ savings targets which are forecast to under-achieve:

	Year 1 2022/23 £m	Year 2 2023/24 £m	Year 3 2024/25 £m	Year 4 2025/26 £m
Savings target	0.64	0.64	0.64	0.64
Amount estimated to be delivered by the proposal	0.8	0.80	0.80	0.80
Surplus to be applied to mitigate shortfalls in other Adults’ savings targets	0.16	0.16	0.16	0.16

- 5.3 In addition, there are potential redundancy costs that will need to be funded. Although these have been assessed at a maximum of £405k, through an active approach to redeployment it is highly likely that this will reduce to a significantly lower figure. Any payments that need to be made will be funded using resources that have been earmarked in the spending plan for the Improved Better Care Fund.
- 5.4 The effect of the proposal:
- (a) **How the proposal represents good value**

MCH is a facility for which demand has been steadily reducing. As a result in relative terms it is becoming more expensive to operate, particularly as its retention would require significant capital investment to improve the condition of the building. Better value for money can be obtained by maximising the use of the block contract already commissioned with Shaw Healthcare, which can provide a sufficient number of beds to provide an alternative to MCH. In addition, the interim beds can be provided through the rest of the Shaw Healthcare service or spot purchased through the wider market as required.

(b) Future savings/efficiencies being delivered

As set out above.

(c) Human Resources, IT and Assets Impact

Staff are employed under the following arrangements.

Employee Type	Number of staff	FTE
Permanent	38	26.6
Fixed term / Temporary	5	4.2
Casual	15	15
Total	58	44.81

- 5.5 A number of staff employed under permanent contracts are also engaged under casual contracts and therefore for the data displayed are recorded in both categories. This is so all true positions and contractual statuses are considered in the analysis. All casual positions are recorded on County Council systems as 1FTE (full time equivalent) although it is recognised that often hours worked are not equivalent to 1FTE and are often much less. Those staff on fixed term and temporary contracts have various end dates and these dates will be managed to meet service needs.
- 5.6 Once a decision is taken as to MCH's future the Directly Provided Care Service, supported by HR, will if required undertake a staff consultation which will last for approximately 30 days (public holidays allowing). Once responses to the consultation have been considered by the service, decisions for potential redeployment and possible redundancies may be taken. It is planned that the service will successfully redeploy as many staff as possible, although the geography of the Manhood peninsula may create some constraints because of the time potentially involved in travelling to suitable alternative locations.
- 5.7 The freehold of MCH and all the buildings on the site are owned by the County Council and used by Adults Services to provide in-house residential short-term services. Should the proposals within this report be approved, MCH would close and all the buildings would be returned to the Council's Property and Assets Department to manage as part of the Council's Asset Management Strategy, noting the [Council's commitment to make best use of its resources and dispose of surplus assets](#). Further legal due diligence will be required to ascertain the future strategy for this property. Void holding costs and ongoing Council Tax will be incurred until such time as the property can be disposed of or re-purposed, so there will be no immediate savings in buildings-related expenditure, which are excluded from the figures quoted in the table above.

- 5.8 An inventory of the resources and equipment within MCH has been updated, ensuring there is a record of items that need to be returned to providers such as the NRS Community Equipment Service and items that can be redistributed within Adults Services to other facilities in West Sussex.

6 Risk implications and mitigations

Risk	Mitigating Action (in place or planned)
Alternative provision does not offer a higher CQC rating and improved facilities	The Council is working in partnership with Shaw Healthcare to support improvements in quality within all services through the Council's Care and Business Support team and through Proud 2 Care .
Increase in number of days awaiting hospital discharge	The Community Reablement Service and Home First contracts have been varied to take an increase in customers. In advance of the proposals for longer term D2A with reablement services the demand will be reviewed to ensure sufficient provision to avoid increasing numbers of days waiting for hospital discharge.
Financial savings are not met / risk of increased cost on adult social care budget	The proposal over delivers against the savings target. Although the cost of reprovision is still to be confirmed, mitigation for the risk that this could increase has been to specify the service required and undertake soft market testing.
Inability to provide services at MCH until closure due to insufficient staffing	Recruitment took place in Spring/ Summer 2021 for short term and casual staff. Existing staff have been, and will continue to be, supported throughout this process by the Council and union representatives. Agency staff will be used if necessary. Number of beds available to be adjusted if insufficient staff to operate safely.
There is a continued financial risk in holding onto under-utilised assets, which can delay capital receipts or income, or where there is no or limited-service benefit.	All vacant property is risk assessed at the time of handover to the Property and Assets Department by a service and appropriate security measures put in place pending a decision on the future of the property.
Risk of alternatives being unavailable to the local area where MCH is located.	A range of alternatives are available and to be commissioned. This includes Home First Care and Community Reablement Service which are available across the county, and spot purchasing within the wider market. D2A with reablement beds will move to a location outside of the immediate area. However, these are short stay services designed to support people to move back home as soon as possible and hence the disruption would be kept to a minimum to enable the longer-term outcome for the customer.

7 Policy alignment and compliance

- 7.1 The proposals within this report are consistent with the Council's [Our Council Plan 2021 – 2025](#) in which the priorities to enable people to live independently for longer without the need for long term services, maximising independence and making best use of its resources are detailed.
- 7.2 The proposal enables the Councils statutory duty to residents to be met as appropriate alternative services will be provided to mitigate any impact to individuals. Appropriate plans are also in place to ensure that staff affected by the recommendations are dealt with in accordance with the terms and conditions of their contracts of employment and employment law rights.
- 7.3 Equality Duty and Human Rights Assessment – refer to attached Equality Impact Assessment at Appendix B and paragraph 4.2 above.
- 7.4 By ending the provision of in-house residential services for adults in Marjorie Cobby House and using beds available within an existing block contract with Shaw Healthcare, there is an opportunity to realise some benefits for the Council's [Climate Change Strategy](#) (PDF, 1MB) as there will be a reduction in the number of vehicles traveling to and from Selsey and a reduction in the Council's energy consumption in relation to Council owned buildings.
- 7.5 Crime and disorder – not applicable.
- 7.6 Public health – not applicable.
- 7.7 Social value – not applicable.

Keith Hinkley

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Appendices

Appendix A – Consultation Findings Analysis

Appendix B – Consultation Equality Impact Assessment

Appendix C – Marjorie Cobby House Property and Assets Plan

Appendix D – Home location of people supported by Marjorie Cobby House

Background papers

None