

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	PEOPLE DIRECTORATE BUDGET PROPOSALS AND LINKS TO THE PEOPLE TRANSFORMATION AND POTENTIAL FUTURE IMPROVEMENT		
DATE OF DECISION:	23 JANUARY 2014		
REPORT OF:	DIRECTOR OF QUALITY AND INTEGRATION		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY

People Directorate transformation and wider commissioning changes will contribute significantly to the budget proposals. The redesign and shift to earlier intervention is intended to reduce or more effectively manage demand and release resources. Overall themes underlying the People Directorate Transformation support this transformation and include:

- meeting people's needs in a holistic way, putting them at the centre of their care
- making optimum use of the health and care resources available in the community, reducing duplication, doing things once wherever appropriate
- identifying need and intervening earlier in order to secure better outcomes by providing more coordinated, proactive services
- providing people with the right care, in the right place at the right time, reducing unnecessary pressure on "acute" services

These approaches release resources and use those available more effectively. This is shown within the children's services transformation which is improving the outcomes of our children and transforming our services to ensure that we have a stronger focus on Early Help with clearer pathways that allow families to access services earlier, Redesign of adult social care will improve services to so that we can help people to remain independent for longer and to delay access to long term care. The aim is to achieve immediate resolution for customers at the first point of access. This links into the citywide, cross organisational approach proposed in developing the integrated approaches within the Better Care Fund (previously Integration Transformation Fund) work.

This, along with other system redesign, is being facilitated by the Integrated Commissioning Unit (ICU). The ICU between the Clinical Commissioning Group and the People Directorate is a significant opportunity to improve services and outcomes for Southampton residents through system redesign, ensuring high quality provision and managing contracts and providers effectively. Elements of the People Directorate proposals are based on more efficient integrated commissioning.

The intention is also to build on the transfer of the public health function to help people lead healthier lifestyles so that they are less dependent on council and health services.

RECOMMENDATION:

- (i) To note the potential outcomes of the People Directorate transformation on budget proposals

REASON FOR REPORT RECOMMENDATIONS

1. This report provides an explanation of how the People Directorate budget proposals link to the People transformation and potential future improvements.
2. The proposals are based on review of national best practice, areas where the council does not benchmark well against other similar authorities in outcomes and spend as well as priorities within the Health and Wellbeing Strategy.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. N/A

DETAIL (Including consultation carried out)

4. Childrens transformation

The clear vision for social care is a relentless attention to improving the outcomes of our children and transforming our services to ensure that we have a stronger focus on Early Help with clearer pathways that allow families to access services earlier, whilst also ensuring the pursuit of timely permanency for all of our looked after children through a diverse range of routes. The vision for the transformation is

“An Early Intervention City with a multi-agency integrated service provision that works to ensure children's needs are met at the earliest stage.

Where possible, and children's welfare is assured, these needs will be met within their family and community resources. ”

5. The proposed approaches to achieve this include, through close work with schools and health partners, expanding the current good services provided to provide a 0 – 25 multi-agency service for children and young people with disabilities. In addition developing the integrated Common Assessment Framework with the Families Matter project and creating a Multi-Agency Safeguarding Hub (MASH)

6. The focus of Children’s social care, initially, is to reduce the overspend not make savings. The intention is to significantly improve outcomes for children and young people, especially where Southampton does not benchmark well with other comparator authorities. For example:

7. 26% more (than statistical neighbours) hospital admissions for deliberate or accidental injury and significantly higher admissions for alcohol and substance misuse for young people.	Teenage pregnancy rates are 17% higher than statistical neighbours and rank Southampton 142/152 LA’s
Total absence from school – 5.9% (England 5.1%) giving the city a rank of 147/152	Demand for Social Care Services across the spectrum is disproportionate (usually to about 30% higher) to our statistical neighbours

8. **Adult’s Transformation**

Adult Services transformation is focused on immediate resolution for customers at the first point of access, improving the service for customers who currently experience long waits and multiple assessments. All service users who are eligible for services will be offered a reablement service to maximise their independence. Evidence indicates that of those who receive a maximum 6 week reablement service 60% will not require ongoing services for up to 2 years. This is the target for the Southampton service.

9. Those people who do require ongoing care will be supported by 2 long term teams to ensure they can maximise their independence and have choice and control over the interventions to support them. A Safeguarding Team will be established to ensure consistent, high quality practice in the prevention, detection and support to vulnerable adults at risk of or subject to abuse. Public Health colleagues are focusing on developing preventative services that will reduce the reliance on social care services.

10. The adult transformation is to improve processes as currently clients undergo repeated assessments, there are lots of teams and ‘hand on’ issues for users. Too much time is spent recording rather than direct contact with clients and finance processes are inefficient. Too few people have a reablement opportunity and so move into residential and nursing care straight from hospital. Transformation will improve these issues, improve outcomes and reduce cost. This approach is based on best practice evidence from across the country

11. The transformation will impact on key measures within the Adult Social Care Outcomes Framework including:

- Permanent admissions of older people aged 65 and over to residential and nursing care homes per 100,000 population where Southampton’s performance is poor.
- Delayed transfers of care from hospital per 100,000 population (average per month)

- Social care-related quality of life - Southampton is 107th out of 149 Local authorities (LAs) and in the 4th quartile. The SE regional average is 19.0. Southampton's Comparator average is 18.9

12. As well as maintaining outcomes which are progressing well such as:

- Proportion of older people aged 65 and over who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services
- Carer-reported quality of life, Southampton is 21st out of 152 LAs.

13. **Expected outcomes**

Reablement is a term which describes the practical support that assists people in relearning skills or developing capabilities to overcome loss experienced from a change in life circumstances such as health deterioration. At the heart of the Adult Transformation programme is the intention to provide reablement opportunities to all where appropriate. Currently the 'pathway' of care that adults who come to the Council for social care experience is overly bureaucratic. This inadvertently encourages dependence and a lack of control and focuses on people in crisis rather than those where reablement support could reduce ongoing need. This is because a number of teams might become involved and people wait for appropriate involvement even if the potential solution to their needs is straightforward. There is an increasing body of evidence that reablement can generate real and lasting benefits for users, including:

- improving quality of life and regaining or increasing confidence
- keeping and regaining skills, especially those enabling people to live independently. In the post reablement phase, service users report fewer problems with mobility, self-care, usual activities, pain/discomfort, anxiety/ depression
- increasing people's choice and autonomy
- enabling people to be able to continue living at home and reducing the need for ongoing care and support.

14. Furthermore it is also recognised that, by making reablement more generally available at the right time, an increased number of people will achieve an outcome that reduces their care needs. If this is also provided to people in a more effective way and within a culture of promoting independence it is expected that £697,000 will be saved over a full year. (*H&AS 1 Improve outcomes from reablement services so fewer people need care packages and for those where ongoing care is required they have reduced support needs*) This saving will be partly achieved by a more focused approach with customers where the criteria for reablement involvement would make them currently eligible and partly by offering reablement to a greater number of people in total.

15. It is the intention that more information will be available to people at the 'front door' or in the public domain in order to inform greater self- management. To support this people who come for advice will be followed up with a letter or call to check that their issue is resolved or to prompt solutions so preventing or delaying people from deteriorating. It is expected that proactive assistance of this sort for 600 people which results in a delay in developing care needs of three to six months will save £337,000 in a full year. (*H&AS 2 Proactively assisting up to 600 people to access low level services to delay access to long term care by between 3 to 6 months*)
16. The adult transformation is an integral part of the citywide Better Care Fund developments to achieve a system of integrated care which is rooted in neighbourhoods and focussed on identifying need earlier, intervening earlier and empowering people to make their own decisions, maintain their independence and make their own life choices. This model is based upon local coordinated care, responsive discharge and reablement to support timely discharge and recovery and building capacity of local communities and services as well as of individuals, their carers and families. This work with health organisations, housing, voluntary sector, communities and people will support the achievement of the outcomes outlined above.
17. **Commissioning led transformation**
For people to stay at home, and to benefit from reablement, they may need some element of home care. This is why domiciliary care is being retendered (H&AS4) across all care groups. This will allow an increased focus on improving quality and reducing/delaying future long term care needs of clients
18. Snapshot data provided in July 2013 identifies that the domiciliary care market within Southampton currently provides care for approximately 1,810 people in any given week (1,750 SCC and 60 SCCCG). It accounts for a £20M spend (£15M SCC and £5M SCCCG). There are currently up to 75 providers (65 spot purchased and 10 framework providers contracted) working in the city and delivering care packages on behalf of SCC and the Clinical Commissioning group (CCG). The Integrated Commissioning Unit's (ICU's) commissioning intention is to purchase domiciliary care via a new framework agreement or via personal budgets. Currently there is a significant variation within the type and quality of care provided and in the rates charged. The aim of the tender is to significantly improve the quality within domiciliary care services and to ensure services are able to respond to changing needs and demands. This will reduce the current 'spot' purchased arrangements that currently exist within the city across both SCC and health and the complexity of monitoring such a range of provision.
19. The specification to be used in the procurement is intended to drive quality and consistency. This, supported by key performance indicators (KPIs) with a direct read across into the contract terms and conditions, will provide clarity for providers and a strong framework for effective implementation. For example, minute by minute calls are highlighted as an area that will need to cease; this will be reflected in the specification by introducing flexible weekly care plans that are agreed and implemented by the user and provider.

20. This saving will be achieved through two main strands. The average price paid for Domiciliary care across all client groups will be reduced as a result of the new framework and negotiations with providers. Also the new framework will include an expectation that the long term care providers build in an element of reablement within the care they provide so as to delay existing clients needs from increasing and requiring more intensive support. Through more efficient and effective commissioning and improved clarity with providers there will be improved outcomes for clients and savings released through this tender.
21. **Personalised approaches and best value**
Proposal is to undertake a review of all current residential and nursing packages (H&AS5) using the Care Funding Calculator which is a national tool which aims to help providers and commissioners achieve a better understanding of the market and assess fair prices for residential care and supported living arrangements for service users based on the specific needs of individuals. It provides a more thorough awareness of how much time and resources are used for each person and helps with detailed and personalised care planning. It will also include better commissioning of placements that are required to be above standard cost to ensure best value and improved support in residential settings to maintain clients' independence and reduce the need for nursing care.
22. Reviewing of placements for clients with an Acquired Brain Injury (ABI) or those with a Learning Disability to ensure appropriateness of current accommodation (H&AS 6) is another approach to achieving a more personalised approach at better value. To move "out of area" clients back into the city where appropriate to improve usage of local resources and to increase use of supported living. The Department of Health (2007) highlights services commissioned for adults with complex needs should be based on local individualised support solutions which provide a good quality of life. The failure to develop appropriate services has led to an increase in the use of placements which are expensive, away from the person's home, and not necessarily of good quality.
23. Approximately 200 clients with learning disabilities in Southampton already have their own tenancies. Feedback illustrates that outcomes for these clients are positive, and there is an accepted need to ensure greater independence for more people, by enabling more clients to reside in supported living. Initial work has identified 41 individuals with a learning disability who could maybe benefit from their service being reprovided.
24. **Public health**
The public health grant will be uplifted from £14.3m to £15.1m in 2014/5. The current grant-funded public health programmes are being re-designed and re-commissioned over a three year period to ensure effective, high value for-money interventions are in place and that progress is accelerated to improve health outcomes. As part of this remodelling, the grant will be used to sustain key environmental health interventions such as air quality and pest control, promote and develop sports and physical activity across the city, and to increase prevention and earlier intervention in early years, so as to improve outcomes for children and young people and reduce health inequalities.

25. Amongst the services that will be re-designed and re-commissioned (H&AS11) over the three year period are alcohol, substance misuse, sexual health, school nursing and health promotion. The proposal is also to potentially refocus the use of public health monies to release funds elsewhere. Expected outcomes include all local schools and colleges having access to school nurse expertise and support. Residents with young families will benefit from an increased focus on prevention and early engagement in achieving and maintaining positive health and wellbeing.
26. Detailed work has already been undertaken to review substance misuse (H&AS10) services within the city and to bring together a range of separate contracts for both alcohol and drug treatment and for adults and children. A new model for substance misuse treatment will combine services with a single point of entry, for each age group, in to treatment. They will offer assessment and where appropriate, information, advice and brief interventions in order to provide early support to those seeking treatment for problems with substance misuse. The third service will be the Delivery of Drug and Alcohol Treatment and Recovery service with one lead provider, providing, sourcing and co-ordinating a suite of holistic interventions with the objective of enabling service users to become abstinent from their substance misuse issues.
27. A full service review of drug treatment services was undertaken in 2011/12 to inform future commissioning intentions. This highlighted a number of performance issues in relation to the services currently being commissioned which were impacting on our performance against national targets. Linking the commissioning of adults and children's services and drug and alcohol services enables economies of scale including reduction of staffing within the Drug Action Team. Improved support reduces need for substance misuse packages. The revised service will be out to tender shortly.

RESOURCE IMPLICATIONS

Capital/Revenue

28. The overall proposed savings will be £6,811,000 in 2014/15

Property/Other

29. N/A

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

30. S.101 Local Government Act 1972 and S.1 Localism Act 2011. Any procurements will be in accordance with the authority's Contract Procedure and Financial Procedure Rules, The Public Contracts Regulations 2006 and the EU Procurement Directives 2006, The Council is working to implement The Social Value Act into procurement. Officers are seeking to develop opportunities of applying the principles against any procurement.

Other Legal Implications:

31. None

POLICY FRAMEWORK IMPLICATIONS

32. The proposals in this report are wholly in accordance with the Council’s budget and policy framework.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report
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SUPPORTING DOCUMENTATION

Appendices

1.	None
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Documents In Members’ Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out?	Yes – all proposals have an impact assessment
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Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None	
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