

RECORD OF EXECUTIVE DECISION

Tuesday, 18 August 2015

Decision No: (CAB 15/16 15107)

DECISION-MAKER:	CABINET
PORTFOLIO AREA:	CABINET MEMBER FOR HEALTH AND ADULT SOCIAL CARE
SUBJECT:	CONSULTATION ON PROPOSALS FOR AN INTEGRATED SERVICE FOR CRISIS RESPONSE, REHABILITATION, REABLEMENT AND HOSPITAL DISCHARGE (PHASE ONE AND PHASE TWO)
AUTHOR:	Stephanie Ramsey

THE DECISION

- (i) To approve that within the consultations the preferred Option is Option 4 which will deliver an integrated service.
- (ii) To approve a formal consultation with relevant staff in the City Council and Solent NHS Trust on Phase One.
- (iii) To delegate authority to the Acting Director of Adult Social Care and Head of Legal and Democratic Services, following consultation with the lead Cabinet Member for Health and Adult Social Care to do anything necessary to give effect to the Phase One proposals incorporating any changes resulting from the staff consultation.
- (iv) Subsequent to consultation, and as a part of the actions in (iii) to facilitate integrated working between Health and Social Care, to approve establishing a Section 113/Section 75 agreement under the National Health Service Act 2006 as appropriate.
- (v) To approve a formal consultation with relevant staff (City Council and Solent NHS Trust), with stakeholders and with service users, carers and family members on proposals for Phase Two, including the potential preferred Option - a reconfiguration of rehab and reablement beds to achieve the most appropriate balance of bed based and domiciliary care to support the integrated service model.
- (vi) To note that there is an indicative net saving in the region of £210,000 to £825,380 to be realised by 2020 if Phase Two of the re-design of services is taken forward. This saving is associated with a predicted reduction in hospital admissions and permanent admissions to residential and nursing homes by investing more into reablement and domiciliary care, and is predicated on re-investment of some of the resources freed up by Phase Two.
- (vii) To note, subsequent to consultation, the final recommended proposal in respect of Phase Two, will be brought back to a Cabinet meeting in 2016 for approval and agreement to implement.

REASONS FOR THE DECISION

1. There is a strong case for change. The outcomes for clients and their experience can be improved as the city has:
 - A higher proportion of older people who rely on input from Adult Social Care services than is the case nationally (5.2% compared with 3.8%)
 - A significantly growing number of Delayed Transfers Of Care (DTC)
 - A much higher rate of admissions of older people aged 65 and over to residential and nursing care homes when compared to other Health and Wellbeing Boards in our comparator areas and nationally.
2. There are also significant pressures on City Council resources and pressures on the health system:
 - Rates of unplanned admissions and delayed transfers are above the national average, pressure on beds is unsustainable and unsafe and there are high rates of admission to residential and nursing homes
 - Current community rehabilitation, reablement and hospital discharge services are provided by Southampton City Council Adult Social Care and Solent NHS Trust, working with Southern Healthcare and University Hospital Services (UHS)
 - While the different teams work hard to provide quality services, current service configuration makes it difficult to work effectively together in a co-ordinated way. The Business Case (Appendix 1) has evidenced the impact of having separately provided hospital discharge, crisis response, rehabilitation and reablement functions.
3. The recommendations in this report for an integrated service contribute to a key element of the Better Care Plan approved by Cabinet in January 2014, which was to achieve a re-designed integrated health and social care rehabilitation/ reablement service for Southampton. This requires a new service that can deliver an improved client experience that is:
 - Person-centred, seamless and integrated, (e.g. care planning and assessment may be undertaken by any agency using a common trusted tool)

Provides a clear and effective pathway to promote recovery and independence.

DETAILS OF ANY ALTERNATIVE OPTIONS

The options considered were:

1. Option1: **Do Nothing** - this is considered not to be a viable option as it will not achieve the overall aims and ethos of the Better Care Plan and the issues

identified in paragraph 13 of the report will continue.

2. Option 2: **Improved Partnership working only** (i.e. Adult Social Care and Health Teams working across organisational boundaries to streamline referrals and capacity through joint working protocols and processes, without any integration of staff teams). This would deliver some improvement but not the overall system change required to deliver the outcomes needed and reduce the increasing spend on acute hospital and social care. Each service would still be driven by its own organisational aims and priorities as opposed to shared city wide vision and priorities. Potential efficiencies in streamlining management structures and removing duplication of roles would also be lost, as would the ability to flex the totality of staff resources to meet needs in an holistic way.
3. Option 3: **Partial Integration** of Southampton City Council's Reablement team and Solent NHS Trust's existing Locality Community teams only. Once again this will not fully deliver the economies of scale and benefits as identified in the Business Case. (Appendix 1 of the report).
4. Option 5: **Full integration as at Option 4 but not to progress to Phase Two.** This option is not considered a preferred Option because:
 - It maintains a heavy reliance on hospital beds, which does not support the ethos of reablement and independence the city aspires to
 - It does not offer the flexibility required to meet clients' needs
 - Business Case data (based on 3 separate Bed Audits) evidenced up to 50% of all clients in community beds are medically fit and could, with appropriate support, be managed in the community/own home with better outcomes
 - Efficiencies and savings across the pathway would not be realised
 - Resources would not be transferred to positively promote new ways of working to deliver Better Care Plan principles.

OTHER RELEVANT MATTERS CONCERNING THE DECISION

None.

CONFLICTS OF INTEREST

None.

CONFIRMED AS A TRUE RECORD

We certify that the decision this document records was made in accordance with the

Local Authorities (Executive Arrangements) (Access to Information) (England) Regulations 2000 and is a true and accurate record of that decision.

Date:

Decision Maker:
The Cabinet

Proper Officer:
Judy Cordell

SCRUTINY

Note: This decision will come in to force at the expiry of 5 clear days (as set out in the Constitution) from the date of publication subject to any review under the Council's Scrutiny "Call-In" provisions.

Call-In Period

Date of Call-in (*if applicable*) (*this suspends implementation*)

Call-in Procedure completed (*if applicable*)

Call-in heard by (*if applicable*)

Results of Call-in (*if applicable*)