

RECORD OF EXECUTIVE DECISION

Tuesday, 16 February 2016

Decision No: (CAB 15/16 16414)

DECISION-MAKER:	CABINET
PORTFOLIO AREA:	HEALTH AND ADULT SOCIAL CARE
SUBJECT:	APPROVAL FOR PHASE TWO OF AN INTEGRATED SERVICE FOR CRISIS RESPONSE, REHABILITATION, REABLEMENT AND HOSPITAL DISCHARGE
AUTHOR:	Mark Howell

THE DECISION

- (i) To note the consultation feedback and representations received, and after taking into account of the feedback and representations, to approve the implementation of Phase Two of the re-designed Integrated Service for Crisis Response, Rehabilitation, Reablement and Hospital Discharge. This implementation will include the closure of bed-based provision at the City Council facility, Brownhill House and redirection of resources into domiciliary care and more community focussed options of flexible bed based provision e.g. extra care housing.
- (ii) To approve the commissioning of an increasing proportion of domiciliary care from the Council's new Domiciliary Care Framework (implemented from April 2015) where the unit costs of care are significantly lower; and over time reduce the proportion of care sourced from the Council's in house Reablement Team (City Care First Support, CCFS) as vacancies occur through natural staff turnover.
- (iii) To approve a formal consultation about future employment/roles with all relevant affected staff in the City Council on the implementation of Phase Two, as set out in paragraph 61 of this report.
- (iv) To delegate authority to Director of Quality and Integration and Service Director: Legal and Governance following consultation with the Cabinet Member for Health and Adult Social Care to do anything necessary to give effect to the Phase Two proposals incorporating any changes resulting from the staff consultation.
- (v) To approve the inclusion of the Council's budgets for the Hospital Discharge Team (£0.52m) and the Reablement Team (£1.18m) in the Rehabilitation and Reablement Scheme of the Section 75 Better Care Partnership Agreement Pooled Fund to enable costs and savings to be shared in this way as outlined in paragraph 75.
- (vi) To approve delegated authority to the Section 151 Officer to agree additional investment of up to £0.400M to enable the commencement of the "invest to save" proposals as outlined in paragraphs 88-93.
- (vii) To note the potential to explore further usage or potential disposal of

Brownhill House is outside of the remit of this work programme, and will be the subject of a future separate Cabinet report.

REASONS FOR THE DECISION

1. The recommendations in this report 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
 - Provides a clear and effective pathway to promote recovery and independence and which can:
 - Increase efficiencies by reducing service duplication, providing co-ordinated care and a more tailored use of bed-based resourcesReduce spend across the health and social care system by reducing the future demand for services as the population gets older e.g. reduce spend on avoidable hospital admission rates, length of hospital stay and need for on-going complex packages of care.
2. A number of national studies have been carried out e.g. De Montfort University with Leicestershire County Council: External Evaluation of the Home Care Reablement Pilot Project (2000) and research via Social Care Institute for Excellence (SCIE 2011). These studies and others have clearly demonstrated the significant and sustainable benefits to clients of a home based reablement approach. For example, the best results show that up to 62% of reablement service users no longer need a service after 6 – 12 weeks (compared to 5% of the control group), and 26% of people had a reduced need for ongoing home care hours (compared with 13% of the control group).
3. Cabinet received a report on 18th August 2015 which highlighted the significant pressures on City Council resources and pressures on the health system, and made a strong case for change e.g.
 - Rates of unplanned admissions to hospital and delayed discharges from hospital are above the national average
 - Pressure on hospital beds is unsustainable and unsafe
 - A higher proportion of older people in Southampton rely on input from social services than is the case nationally and demand for services is rising
 - The city has a much higher rate of admissions of older people aged 65 and over to residential and nursing care homes when compared to Health and Wellbeing Boards in our comparator areas and nationally.Two separate Phases of development were proposed to achieve a re-designed integrated health and social care rehabilitation/ reablement service for Southampton.
4. Cabinet approved (18th August 2015) Phase One of the service re-design, and following consultation this is now being implemented. At the core of Phase Two is the principle that people are best supported to regain or maintain their independence within their own home or usual place of residence. This includes a shift towards a more domiciliary / community based model of care which will require fewer specific rehabilitation and reablement beds to be provided by council in-house services.

DETAILS OF ANY ALTERNATIVE OPTIONS

Option: Implement Phase One (re-structure staffing resources and bring together all the functions associated with crisis response, rehabilitation, reablement and at a later date hospital discharge, into a single integrated service) but not proceed to Phase Two.

This option is not recommended 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 supported in the community/own home with better outcomes
- Efficiencies and savings across the rehabilitation and reablement care "pathway" would not be realised
- Resources would not be transferred to positively promote new ways of working to deliver Better Care Plan principles.

Option: Implement Phase Two but without reducing the proportion of domiciliary care provided by the council's in-house Reablement Team.

This option is not recommended because it would reduce the savings generated by Phase Two, which in turn are available for reinvesting in more rehabilitation and reablement activity to meet increasing need, and deliver the wider system change across Health and Adult Social Care.

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: 16th February 2016

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)*