Southampton City Better Care Partnership Agreement 2015/16

Quarterly Performance Report

Scheme	**INTEGRATED REHAB/REABLEMENT AND SUPPORTED DISCHARGE**
Host	**Southampton City CCG**
Report Author	**Jamie Schofield, Senior Commissioner ICU**
Reporting Period	**Q1 2015/16**
Report Date	**17 August 2015**

Overall Financial Performance

Annual value	£26.015m CCG = £23.882m SCC = £2.133m
Year to date budget	£6.504m
Year to date spend	£6.378m
Variance	-£0.126m
Reasons for Over/Underspends: SCC – Underspends on Brownhill and HDT which will recover by year end	
Actions being taken to address Over/Underspends: N/A	
Opportunities for Savings: This scheme includes the integrated Rehab and Reablement service proposal for which there is a separate Business Case outlining savings opportunities. The intention is to bring together health and social care community and bed based rehab and reablement (and ultimately discharge facilitation) services under a single management structure to create efficiencies and savings that can be reinvested in the integrated provision in order to deliver wider system savings. The efficiency savings of bringing the teams together are linked to streamlining of management structure, a reduction in bed based reablement (shifting more reablement activity to people's own homes) and some externalisation of dom care reablement onto the Dom Care Framework. The proposal is to reinvest a significant proportion of these efficiency savings to create additional capacity to deliver wider system change and in particular reduce hospital admissions and permanent admissions to residential and nursing homes There is an indicative net saving in the region of £825,380 linked to this scheme to be realised by 2020 if the proposals (currently going through Cabinet for approval to consult) are taken forward. This saving is against budgets that sit outside of this scheme, ie. residential and nursing home admissions, NEL admissions and excess bed days. **It should be noted that a decision is still to be made about the share of the benefits and risks between the CCG and SCC. This will need to be agreed by end November 2015 in time for the next Cabinet report in early 2016.** Cabinet approval to consult is expected 18 August.	
Predicted Cost Pressures: See individual lines in section below.	

Associated Contracts

Contract	Duration	Annual Value	Any Over/Under spend to date	Summary of Performance to date	Further Comments
Solent NHS Trust Block NHS Contract - Rehab/reablement services	1 year rolling contract	£4.7m	n/a block contract 0.229m cost pressure relating to 15/16 CCG QIPP saving on Rehab/Reable not being achieved due to slippage.	Ongoing issues around LOS and DTOC in RSH wards	
SCC Inhouse provision - rehab/reablement services (including previous S256s for Social Care Transfer, Reablement, Care Manager posts)		£1.033m	£0.4 m cost pressure relating to 15/16 SCC saving on Rehab/Reable not being achieved due to slippage.		
Southern Health Block NHS Contract - Adult and OP inpatient and Rehab services	1 year rolling contract	£13.545m	£0.043m overspend – being managed by CCG		Overspend is due to contract value increasing after signing of S75
EC09/01/1987 - JES Contract with Millbrook Healthcare	2013 – 2020	£1.6m	£0.06m underspend	Measures have been taken to reduce spend in year – further report to CPB due Sept 15	Predicted underspend at year end of c£100k
Disabilities Facilities Grant		£0.908m			SCC held capital grant
Social Capital Fund		£0.618m			SCC held capital grant
Wheelchair Contract with Millbrook Healthcare	5 years commencing Apr 2014	£0.216m	£121k cost pressure relating to high levels of demand	There are significant demand pressures on this contract relating to backlog activity	

Contract	Duration	Annual Value	Any Over/Under spend to date	Summary of Performance to date	Further Comments
				at point of contract transfer and ongoing referral rates. For SCCCG, this equates to £62,639 NR backlog clearance and £121,192 pa recurring uplift.	
Home Oxygen Contract with Dolby Vivisol	Regional contract coming up for re-tender				
Orthotics contract with Peacocks	No contract at present	£0.104m	n/a		

Overall Delivery

Original Aims and anticipated Outcomes	The following aims and anticipated outcomes related specifically to the integrated rehab and reablement proposal and the associated service redesign: • Economies of scale through shared management structures, reduced overhead costs and a reduction in duplication of functions and roles. • Focussing of spend on system need rather than agency need. • The development of a diverse holistic provision that aids person centred practice. • Single processes such as single assessment, lead professionals and shared recording and communication systems that support higher levels of consistency and reduce duplication. • Opportunities for the workforce to cross skill and develop wider knowledge and experience that supports them to deliver person centred care across agency boundaries. • Avoidance of duplication and unnecessary "hand offs" in the system. • Integrated patient pathways to improve timeliness and efficiency. • Improved accessibility through the development of single points of access, shared processes and 24/7 service delivery. • Improved coordination of hospital discharge processes through standardisation of approaches such as "Discharge to Assess", "Trusted Assessment" and "Early Supported Discharge".
Evidence of delivery against original aims and outcomes and how this supports overall BCF targets	• A joint City Council/Solent NHS transformation manager has been employed to implement the integrated rehab and reablement service • A Cabinet Paper has been produced requesting permission to consult with staff on Phase 1 of the project and with staff and the public on Phase 2. Cabinet decision expected 18 August 2015. • Provider services have developed a draft management structure that reduces the number of managers working across the newly integrated

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<tr><td></td><td colspan="3">team.
• Draft plans are underway to integrate systems reducing duplication including introducing a lead professional approach, integrated planning and recording, co-location and greater flexibility in the use of resources including administration weekly workshops.
• A S75 legal partnership agreement for integrated provision is currently being drafted by SCC and Solent.
• The integrated Rehabilitation and Reablement Service has direct links to the rest of the pathway at cluster level through the delivery of Community Rehabilitation, falls work, Risk Stratification, Supported Self Managing Planning, Integrated Person Centred Plans, expanding opportunities to “step up” into reablement with rapid response to crisis. All of these elements are currently within the design of the service.
• There are both strategic and operational project boards with direct oversight of the programme collectively determining the service structure, outcome measures and legal framework.</td></tr>
<tr><td>Performance Indicators</td><td><u>Indicator</u>

• To significantly reduce permanent admissions to residential and nursing homes

• To increase the percentage of older people still at home 91 days post discharge into reablement services

• To significantly reduce delayed transfers of care

✓ To reduce avoidable emergency admissions

• To reduce injuries due to falls</td><td><u>Plan to date</u>

69

Data still unavailable from SCC

2296

6953

231</td><td><u>Actual to date</u>

83

Data still unavailable from SCC

2727

6944

258</td></tr>
<tr><td>Summary of Risks and Issues & Mitigating actions</td><td colspan="3">• Timescales for delivery of the integrated Rehab and Reablement service proposal and associated savings have slipped significantly and are dependent on Cabinet approval to consult (due 18 August) and the outcome of the consultation. Political sensitivities have the potential to result in further delay.
• Savings attached to the project are primarily generated through reinvesting resources freed up through integrating management structures, reducing bed based reablement and externalising some domiciliary care to create the additional capacity needed to really impact on admissions to hospital, residential and nursing home care. There is the risk that, having reinvested these savings, the service fails to have the desired impact and these wider system savings are not realised. However, this will be mitigated through a phased approach to reinvestment with a robust monitoring framework for tracking the impact of investment. This will mean that investment in additional capacity will only be made where there is evidence that previous investment has achieved the outcomes to help deliver the long term</td></tr>
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	reductions. • Co-location would support the service to develop faster; there is a risk that both the estate and IT systems will not be available in the short term to facilitate this change. In mitigation there are other aspects of the programme that providers can and are working on to move the project forward.

Summary

Any proposed Changes/ Recommendations for consideration by CPB and HWBB	None
Priorities for forthcoming period	• Commence consultations for the integrated Rehab and Reablement proposals (subject to Cabinet decision) • Implement initial integration of the staff teams and processes under an integrated management structure (subject to outcome of consultation)

Date received by Commissioning Partnership Board	
Date signed off by Commissioning Partnership Board	
Date received by Health & Wellbeing Board	
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