

Item No. 9.	Classification: Open	Date: 2 May 2017	Meeting Name: Health and Wellbeing Board
Report title:		Development of an integrated urgent response, short term rehabilitation and reablement delivery model	
Ward(s) or groups affected:			
From:		David Quirke Thornton, Strategic Director of Children's and Adults Jay Stickland, Director of Adult Social Care Angela Dawe, Director of Operations and Strategic Development, Adult Local Services	

RECOMMENDATIONS

1. To note the work taking place between Adult Social Care (ASC) and Guy's and St. Thomas' (GSTT) Adult Local Services to reconfigure the existing urgent response and short term rehabilitation and reablement services and create one integrated, multi-disciplinary service. The attached provides an overview of the case for change, the new delivery model, expected outcomes and implementation stages. (The key areas of the report will be highlighted to the HWBB by a brief slide presentation)
2. To note the phased implementation of the changes in order to ensure a smooth transition to the new service whilst maintaining current service delivery and performance. These are set out in section 8 of the report.
3. To note the stakeholder engagement activities that have taken place so far and further plans to engage stakeholders in the development of the service and embed the changes across the health and social care system. These are set out in section 11 of the report.
4. To feedback any comments to further shape and inform the changes.

BACKGROUND INFORMATION

5. The design of the new service has been developed through a provider collaboration between ASC and GSTT and co-produced with NHS Southwark Clinical Commissioning Group (CCG) and council commissioners through the project's governance arrangements.
6. These services predominately support older, frail residents to recover from illness, injury or crisis at home and enable them to improve how they function, remain independent, safe and well living in their community.
7. The focus is to simplify and improve the pathway for people and create one integrated health and social care service with shared responsibility and accountabilities embedded within the two Local Care Networks. As a starting point, this involves bringing together four services (Enhanced Rapid Response,

Supported Discharge, Reablement and the urgent social work response function).

8. As well as reducing duplication and fragmentation, the changes will build on good practice and enable better collective use of resources to effectively reduce or contain spend on longer-term care, A&E admissions and acute hospital beds. Through more effective management of demand it will also contribute to savings and efficiency programmes.
9. A detailed business case has been produced and approved by the Children and Adults Board on 5th April and the GSTT Trust Management Executive on the 6th April. This agrees the reconfiguration of resources, the shared leadership and management structure and the phased implementation plan to establish the service.

KEY ISSUES FOR CONSIDERATION

10. The case for integrating these services has been shaped by the following:
 - Feedback on existing services – current pathways can be complicated and confusing and means for some patients / service users the pathways are difficult to navigate resulting in fragmented and un-coordinated care.
 - National legislation and policy – the Care Act, Better Care Fund and the NHS Five Year Forward View, promotes a vision for integration to deliver better sustainable health and social care and a system wide approach to demand management
 - Local drivers – Southwark’s Five Year Forward View, Sustainability and Transformation Plan, ASC’s Vision and priorities and GSTT’s Strategic Plan, CCG Commissioning Intentions
 - Current and future population need and demand – Health and social care profile for Southwark shows demand for these type of services is expected to increase by 25% to 30% over the next decade.
 - Current savings targets for both ASC and GSTT – the collective use of resources will provide scope for reducing the incidence and amount of ongoing long term support and will realise cashable savings.
11. A staged implementation approach is recommended to allow the necessary organisational and structural changes to take place to create a shared leadership and management structure and integrated workflows supported by the right staffing and skills mix.
12. The priority for the business case has been to identify the skills mix, staffing model and costs needed to establish the service and build confidence and trust making sure there are robust arrangements in place underpinned by a working culture that will sustain integrated working in practice. Once the service is established, work will continue with stakeholders to develop the full operating model making sure that it is embedded in the whole system.

Outcomes and benefits realisation

13. The development of an integrated outcomes framework and benefits realisation plan is work in progress and will be in place for when the service goes live. The main benefits expected to be gained from the changes will include:

- Improvements in quality of care offered to patients / service users
- Improved clinical and functional outcomes for patients / service users so they are able to live safe and well in their communities
- Improved patient, service user and carer experience with care co-ordinated around the person
- Improved access to services
- Improved efficiencies to the system through a streamlined pathway and a reduction in duplication and handoffs
- Improved integrated working, connectivity and communication across the whole system
- Better use of workforce and skills mix through a shared governance, leadership and management structure
- Improved recruitment and retention
- Improved professional and practice development
- Greater staff satisfaction through shared systems and models of work and by being part of a wider community response, linking in with the local care networks and contributing to the overall health and well-being of residents
- Increased number of people accessing short term rehabilitation and reablement
- Reduced dependency on long term services, possible admissions to long term care delayed, hospital admissions and A&E attendance reduced.
- Better management of more acutely ill patients in secondary care, by more appropriately managing demand of other less ill patients into a wider range of services

Community impact statement

14. See section 12 of the report.

Resource and financial implications

15. The changes will be achieved within the existing financial envelope.

Legal implications

16. The changes will comply with the statutory health and social care framework.

Consultation

17. The report sets out the stakeholder engagement that has been carried out so far. This will continue as the model develops.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Development of an Integrated Urgent Response, Short Term Rehabilitation & Reablement Delivery Model

AUDIT TRAIL

Lead Officer	David Quirke Thornton, Strategic Director of Children's and Adults	
Report Author	Janice Lucas, Institute of Public Care	
Version	Final	
Dated	19 April 2017	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	-
Strategic Director of Finance and Governance	No	-
Cabinet Member	No	-
Date final report sent to Constitutional Team	19 April 2017	