

SURREY COUNTY COUNCIL**CABINET****DATE: 24 NOVEMBER 2015****REPORT OF: MRS HELYN CLACK, CABINET MEMBER FOR WELLBEING AND HEALTH****LEAD OFFICER: HELEN ATKINSON, DIRECTOR OF PUBLIC HEALTH****DAVID SARGEANT, STRATEGIC DIRECTOR ADULT SOCIAL CARE, WELLBEING AND INDEPENDENCE****SUBJECT: EAST SURREY INTEGRATED REABLEMENT UNIT****SUMMARY OF ISSUE:**

This report outlines a proposal to create a 'beacon' service for a new Integrated Reablement Unit and specialist elderly frail service as part of the health and social care system transformation in East Surrey

The integration of health and social care is a key strategic priority for Surrey County Council and its partners to improve outcomes for residents and enhance the sustainability of the whole system. The proposal to develop the Integrated Reablement Unit highlights the partnership working that is taking place between Surrey County Council and the NHS.

The timing of this provision is very important to being able to manage the increase in demand associated with winter and the additional pressure this creates on health and social care services.

The Integrated Reablement Unit would contribute to the Council's corporate Wellbeing objective by supporting older people to be discharged from hospital appropriately and live independently in the community.

RECOMMENDATIONS:

It is recommended that the Cabinet:

- 1) Approves Surrey County Council's initial investment of £1.7m in an Integrated Reablement Unit on the East Surrey Hospital site in Redhill operated by Surrey and Sussex Healthcare NHS Trust.
- 2) Delegates authority to the Strategic Director for Adult Social Care Wellbeing and Independence, in consultation with the Cabinet Member for Wellbeing and Health, to approve legal arrangements to develop and bring the Integrated Reablement Unit into operation.

REASON FOR RECOMMENDATIONS:

The provision of an Integrated Reablement Unit in East Surrey will provide an improved process for discharge from hospital and enable Surrey and Sussex Healthcare NHS Trust (SaSH), East Surrey Clinical Commissioning Group (ES CCG) and Surrey County Council (SCC) to make better use of their available resources. It will be the first step in system transformation in East Surrey to provide a better service to Surrey residents. The creation of the unit will release immediate financial savings for the health system and is anticipated to achieve cost avoidance for the County Council.

The Integrated Reablement Unit will allow people to receive an intense rehabilitation service which will enable greater independence on discharge. This will in turn ensure that more can be delivered for less cost but with improved outcomes, helping to maximise efficiency across both Health and Social Care.

Developing the unit at pace will mean that it will be 'up and running' in time to help support the health and social care system with 'winter pressures'. During the winter months there is increasing demand on services, especially bed capacity at East Surrey Hospital. This Unit will ensure people receive a timely assessment which will provide an individual support plan detailing need and how this will be met.

All people transferred to the Integrated Reablement Unit will be medically fit for discharge from the acute wards. Transferring to the Integrated Reablement Unit will reduce the risk of further infections, consequently reducing the risk of increased length of stay for people in a hospital environment. Discharge processes will be more streamlined, which would provide better outcomes for people.

The Integrated Reablement Unit will enable Health and Social Care to work collaboratively together to provide the best possible outcomes for East Surrey residents.

DETAILS:

1. As part of the transformational integration of health and social care planned across Surrey, it is proposed that a new integrated reablement unit is created on the site of East Surrey Hospital (ESH) in Redhill. The facility will be one of the first of its kind in the country and will enable people who are medically ready to be discharged to be moved out of acute hospital beds and placed in the unit for a short period of time while appropriate arrangements are put in place for their ongoing care.
2. Improving the wellbeing of Surrey's residents is the primary focus of the prevention strategy being implemented across the health and social care system. The creation of the integrated reablement unit will help to achieve some of the key aspects of this prevention strategy such as reducing patients' length of stay in acute hospital settings, enabling people to live more independently following discharge and in so doing reduce rates of re-admission back into hospital.
3. The new unit will have a 22 bed capacity. Currently there are on average 30-35 people from Surrey medically ready to be discharged at ESH on any given day who have to stay in an acute bed while appropriate arrangements are put in place for their ongoing care. The new unit will therefore alleviate the majority

of the current delays for Surrey patients medically ready for discharge. This will improve the patient experience, significantly reduce the costs of administering and paying fines for delayed discharges and also reduce acute staffing costs.

4. A care provider will be commissioned to run the new unit operationally and provide core day to day care services for the individuals residing in it. The revenue operating costs of the unit will be paid by ES CCG out of the savings that will be delivered for them as a result of the unit's creation.
5. In addition to the core care services, health rehabilitation and social care reablement will be made available to individuals where relevant to support them in their future care pathway. These services will be provided from within existing community health and social care reablement resources. The additional support provided in the unit will enable people to live more independently once they leave the unit, which is fundamentally better for their wellbeing and also means that in many cases they should require a lower funded care package than had they remained in acute hospital beds.
6. The creation of the unit will enable SaSH to redevelop 22 acute beds in the hospital and in doing so achieve cost savings, particularly in relation to agency staff that are currently required to operate the acute beds. These savings will be reinvested to create two new specialist units in the hospital itself – an elderly frail unit and an end of stroke pathway unit. Therefore the creation of the integrated reablement unit will not only ensure people who are medically ready for discharge are more appropriately supported while arrangements for their ongoing care are confirmed, it will also improve the care pathways of individuals who require specialist acute care.
7. The construction of the integrated reablement unit will be managed by SaSH. A contractor with a proven track record in this field has already been commissioned to undertake the development work subject to final approval from all three organisations. The unit will be a new modular building erected just beyond the east entrance to the hospital. SaSH is confident that the work can be completed within 20 weeks from the start date. As the work has already begun and is progressing without issues, it is anticipated that the works will be completed by the end of January 2016. A proportion of the acute beds planned to be redeveloped as a result of the creation of the unit will be temporarily kept open to deal with pressures over the winter period. The new elderly frail unit will be opened no later than 1 April 2016, followed by the new end of stroke pathway unit in September 2016.
8. SCC's hospital care team who currently provide a seven days per week 8am to 8pm service in ESH to conduct social care assessments and facilitate discharge of patients, will be part of integrated discharge team responsible for who is admitted into the integrated reablement unit. This will ensure that only patients medically ready for discharge and with suitable care needs that could be enhanced by the rehabilitation and reablement services on offer in the unit will be admitted.

CONSULTATION:

9. All of the relevant key stakeholders of SCC, SaSH and ES CCG have been consulted as part of the development of plans for the creation of the integrated reablement unit. The creation of the unit has been signed off by the governing

bodies of SaSH and ES CCG and is now awaiting final sign off by SCC's Cabinet so that the project can proceed.

RISK MANAGEMENT IMPLICATIONS:

Category	Risk Description	Mitigation Activity
Financial	The construction costs of the unit could exceed the £2.6m financial envelope agreed, requiring additional investment leading to a request for further funding from SCC	Costs have been validated with SaSH and the memorandum of understanding / agreement that will be signed off for the project will make it clear that SCC's investment is limited to £1.7m. As part of this, SaSH have already agreed to cover any cost overrun on the construction.
	There is a risk that ES CCG's share of the construction costs that SCC is initially funding is not repaid to SCC	A timeframe for repayment of SCC's investment will be set which ES CCG are committed to honour
	It may not be possible to evidence cost avoidance benefits to SCC as a direct result of the creation of the unit	Work is underway to identify case studies that clearly show that cost avoidance savings should be secured as a result of people's ongoing care needs being reduced because of their stay in the unit. Subject to these case studies being identified, a clear methodology will be established to track these cost avoidance savings from when the unit becomes operational
Reputational	There is a risk that if we do not proceed with this development our reputation and relationship with the East Surrey Health economy will be damaged	Maintain open dialogue with all partners expressing views at all stages
Service Delivery	Change in work, with expectation of managing front door of the service as well as current assessment work within the hospital	Establish joint training programme for staff.
Legal	It may prove difficult to agree suitable legal arrangements to enable the project to proceed	Ensure the funding and operation arrangements of the unit are clearly set out in the legal agreement and signed off by all parties so that SCC's investment is clearly safeguarded

Financial and Value for Money Implications

10. The construction of the integrated reablement unit is estimated to cost £2.6m. Costs have been calculated by SaSH who are managing the construction and have experience of creating similar care settings. The capital construction costs will be funded equally by SaSH, ES CCG and SCC – i.e. each organisation will contribute £0.86m towards the unit's construction. SaSH will meet any construction costs over and above the £2.6m estimate.
11. In recognition of the ES CCG's current challenging financial position, it is proposed that SCC initially pays £1.7m to SaSH, covering both the Council's and ES CCG's share of the capital investment. Arrangements will be made for ES CCG to repay their share of the investment (£0.86m) to SCC out of the savings they secure once the unit is operational. The terms of the repayment will be agreed as part of the legal agreement to be established.
12. SCC will fund the £1.7m investment through borrowing at an annual cost of £131,000 assuming a 25 year life of the asset.
13. The creation of the unit is expected to deliver the following efficiencies across the whole health and social care system:
 - a. SaSH will avoid additional agency staffing costs as result of the redevelopment of 22 acute beds. The introduction of this unit creates the capacity to develop the specialist elderly frail and end of stroke pathway units within the hospital as outlined above. This will deliver savings from the commissioning spend. There will also be a reduced administrative burden in issuing delayed discharge fines to ES CCG.
 - b. Nationally all CCGs are required to pay a £250 per day delayed discharge fine to NHS hospital trusts for anyone who is assessed as medically ready for discharge but who has to stay in an acute bed until appropriate arrangements can be made for their ongoing care. ES CCG will therefore save over £2m in delayed discharge fines that are currently paid to SaSH for people who in the future will be able to placed temporarily in the integrated reablement unit rather than remain in acute beds.
 - c. It is anticipated that cost avoidance savings will be achieved for SCC as a result of people being discharged from hospital with lower social care needs (and therefore requiring cheaper packages of care) having passed through the new integrated reablement unit rather than remaining in acute hospital beds.
14. It is estimated that the unit will cost in the region of £0.7m - £1m per year to operate. These revenue running costs will be paid by ES CCG out of the savings they will accrue from no longer paying delayed discharge fines. ES CCG, in consultation with SCC and SaSH, will lead a procurement exercise to commission a care provider to operate the unit on behalf of all of the funding bodies.

Section 151 Officer Commentary

15. The Section 151 Officer supports the development of an integrated reablement unit to assist demand management across the health and social care system in East Surrey. Although the main financial benefit to SCC is cost avoidance

savings, it is recognised that this initiative is a key aspect of the strategic priority of health and social care integration.

16. The legal agreement that protects the Council's investment and ensures that the funds are used for the project is intended is regarded as essential by the Section 151 Officer.

Legal Implications – Monitoring Officer

17. The Council has a statutory duty to promote and encourage the integration of health and social care, with the aim of joining up services. This report concerns one such project to provide integrated care at East Surrey Hospital.
18. Legal arrangements will need to be put in place to protect the Council's investment and ensure the funds are used for the project as intended. Proposals are included in the report for delegated authority to approve these arrangements following further discussion between the partners.

Equalities and Diversity

19. Pending Cabinet approval, a full equalities impact assessment will be completed. It is not anticipated that there will be any detrimental impact on people with protected characteristic by developing the integrated reablement unit.

Safeguarding responsibilities for vulnerable children and adults implications

20. It is anticipated that the development of the integrated reablement unit will have a positive impact on vulnerable people in this area of Surrey, particularly older people with support needs. This development will contribute to older people being supported back into the community appropriately and maximise their independence.

Public Health implications

21. The integrated rehabilitation unit will support a number of public health indicators including:
 - Reducing emergency readmissions within 30 days of discharge from hospital
 - Health-related quality of life for older people
 - Reducing excess winter deaths
 - Increasing diagnosis rate for people with dementia

WHAT HAPPENS NEXT:

22. If the recommendations set out above are approved by the Cabinet then the following actions will be taken:
 - SCC will make arrangements to borrow £1.7m of capital resources and pay this to SaSH.
 - SaSH will proceed with completion of the construction of the unit.
 - ES CCG will conduct a tender process and award a contract to a care provider to operate the unit.

- A legal agreement will be drawn up to formalise the ownership, funding and ongoing operation of the unit.
- Arrangements will be made for the repayment of £0.86m of SCC's initial investment by ES CCG.
- The new integrated reablement care unit will be opened following completion of construction works and procurement of an appropriate care provider. The target opening date is February 2016.
- If activity remains the same, SaSH will close the 22 acute beds enabling them to develop the elderly frail unit planned to be opened by April 2016 and an end of stroke pathway unit planned to be opened in September 2016.
- Metrics will be agreed and measured to determine the success of the unit. This will help to inform further integration plans and could lead to the creation of similar units elsewhere in Surrey if there is clear evidence of strong performance for this particular unit.

Contact Officer:

Jo Poynter, Adult Social Care Area Director for East Surrey

T: 01372 833182

M: 07794 034773

Consulted:

David McNulty, Chief Executive Surrey County Council

William House, Finance Manager for Adult Social Care

Sarah Baker, Group Manager Children, Education and Adults Group, Legal and Democratic Services Surrey County Council

Elaine Jackson, Chief Executive Officer East Surrey Clinical Commissioning Group

Richard Bates, Interim Chief Finance Officer East Surrey Clinical Commissioning Group

Michael Wilson, Chief Executive Surrey and Sussex Healthcare NHS Trust

Paul Simpson, Chief Finance Officer Surrey and Sussex Healthcare NHS Trust

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