

MUNICIPAL YEAR 2010/2011 REPORT NO. 236

MEETING TITLE AND DATE:
Cabinet – 27 April 2011

REPORT OF:
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Agenda – Part: 1

Item: 8

**Subject: Enfield Joint Intermediate Care
and Re-ablement Strategy 2011 - 2014**

Wards: ALL

Cabinet Member consulted:

Councillor Don McGowan

1. EXECUTIVE SUMMARY

- 1.1 Intermediate Care and Re-ablement services are a key priority within the overarching Personalisation agenda. The development of Intermediate Care, and its integration with social care Re-ablement, is seen as essential to the transformation of health and social care and to maximising people's independence.
- 1.2 This report proposes the agreement of an Enfield Intermediate Care and Re-ablement Strategy jointly with NHS Enfield. The Strategy is attached [**annex 1**] and has been prepared and been subject to a 3 month period of consultation with key partner agencies and the general public. The direction of travel set out in the strategy has been endorsed by the Older People's Partnership Board.
- 1.3 Intermediate Care services are aimed at helping people avoid prolonged hospital stays or inappropriate admission to acute in-patient care, long-term social care or continuing NHS in-patient care. They feature comprehensive assessment and outcome-focused rehabilitation aimed at maximising independence and enabling people to resume normal living. They are time-limited, usually between 1-6 weeks.
- 1.4 Re-ablement describes the use of timely and focused intensive therapy and care in a person's home to improve their choice and quality of life, so that people can maximise their long-term independence.
- 1.5 The strategy sets out how Enfield intends to commission Intermediate Care and Re-ablement services over the next 3 years (2011 - 2014) in order to improve the quality, effectiveness and efficiency of current service provision. It outlines 6 key strategic objectives that were

developed in consultation with local stakeholders. Each objective is aligned with national policy and guidance and each is supported by robust rationale.

- 1.6 As part of the Council transforming social care programme, a new Health and Adult Care Services structure will be in operation from 11 April 2011. The new structure includes an integrated 'enablement service' which combines Intermediate Care, Hospital Social work and In-house home care. These developments are in line with the proposals set out in the strategy and are the first step towards the development of a fully integrated health and social care service as described in the strategy.
- 1.7 The key anticipated outcomes that the strategy aims to achieve are:
- A reduction in avoidable hospital admissions
 - A reduction in hospital readmissions
 - A decrease in post-hospital transfer to long-term care
 - A reduction in the use of ongoing home care packages
 - Increased user and carer satisfaction
- 1.8 Implementation of the strategy will result in an estimated saving across health and social care of approximately £1.34 million over 3 years while at the same time provide higher quality, person-centred services.

2. RECOMMENDATIONS

2.1 Cabinet is asked to:

- i) Note the contents of this report; and
- ii) Approve the Enfield Joint Intermediate Care and Re-ablement Strategy 2011-14.

3. BACKGROUND

3.1 In April 2008, Enfield published *Getting Personal*¹ a joint social care and health document which set out the commissioning intentions for older people's services (2008 – 2011). This document included a

¹ London Borough of Enfield – *Getting Personal* - 2008

commitment to the development of Intermediate Care Services in the Borough.

- 3.2 This strategy builds on the intentions outlined in *Getting Personal* and aims to ensure that the strategic objectives and commissioning intentions are underpinned by robust evidence based approach and informed by the priorities identified in the Joint Strategic Needs Assessment.
- 3.3 The strategy also helps to ensure resources are used efficiently and effectively, to improve quality and to provide a framework for a more integrated approach to the delivery of health and social care services.
- 3.4 The strategy sets out a commitment by NHS Enfield and Enfield Council to investing in a unified Intermediate Care and Re-ablement framework across Enfield that :
 - Promotes faster recovery from illness;
 - Prevents unnecessary acute hospital admission;
 - Prevents premature admission to long-term residential care;
 - Supports timely discharge from hospital;
 - Maximises independent living;
 - Facilitates timely hospital transfer;
 - Ensures re-admissions to hospital are avoided as appropriate;
 - Is 'joined up' across health and social care with clear and easy to recognise access points and care pathways;
 - Increases access to those with complex needs including those with dementia;
 - Ensures the focus is on achieving outcomes for individuals;
 - Makes optimum use of Telecare and Telehealth;
 - Is of a high quality and based on best practice and research;
 - Has a robust performance management framework;
 - Works within an agreed governance framework.
- 3.5 The strategy is in line with a number of key national policy drivers, including the national drive towards enabling patient choice and developing personalised services outlined in the Department of Health White Paper "*Our Health, Our Care, Our Say*" (2006). Of relevance to the development of Intermediate Care services are the objectives of shifting resources into preventative services; providing care closer to home; further development of joint commissioning; and encouraging innovation through direct payments and individual budgets. Following on from this, the Department of Health published "*Putting People First*" (2008), which describes a vision for transforming the adult health and social care system from one which intervenes at the point of crisis to one which helps people to remain healthy and independent and maximises individual choice and control.

3.6 One of the key aims of this strategy is to ensure that Intermediate Care and Re-ablement services are commissioned effectively in order to maximise independence, reduce unnecessary use of costly acute hospital beds and delay entry to long-term residential and nursing care.

3.7 As part of the Council transforming social care programme, a new Health and Adult Care Services structure will be in operation from 11 April 2011. The new structure includes an integrated 'enablement service' which combines Intermediate Care, Hospital Social work and In-house home care. These developments are in line with the proposals set out in the strategy and are the first step towards the development of a fully integrated health and social care service as described in the strategy.

3.8 Consultation on Strategy

3.9 Formal public consultation on the draft Intermediate Care and Re-ablement strategy was undertaken over a 3 month period from 1 November 2010 to 28 January 2011. The consultation was widely publicised and people were invited to respond either to an online questionnaire or in writing.

3.10 A summary of submissions received in response to the consultation on the draft Intermediate Care and Re-ablement Strategy (2011 – 2014) is attached **[Annex 2]**. The document also sets out the Council and NHS Enfield response to the comments and suggestions that were received.

3.11 Current and Future Funding

3.12 Over £6.5 million is currently invested in a range of health and social care commissioned Intermediate Care and re-ablement services in Enfield. This is detailed in the table below:

Intermediate Care Service	Provider	Commissioner	Annual Budget
Magnolia Unit-Residential Rehabilitation	NHS Enfield	NHS Enfield	£2.186 million (Continuing Care component is £0.729m)
Hospital Avoidance Service	NHS Enfield	NHS Enfield	£870,183
Greentrees Unit Step-down beds.			£951,241 (agreed estimated cost for 2010-11. Includes

	NHS Haringey	NHS Enfield	provision of Stroke Rehabilitation)
Finchley Memorial Hospital Step-down beds.	NHS Barnet	NHS Enfield	£873,000 (spot purchased)
Finchley Memorial Stroke Rehabilitation beds.	NHS Barnet	NHS Enfield	£212,354 (cost per case provision)
Total NHS Enfield:			£5,092,778
Re-ablement Service (including Intermediate Care hospital discharge)	LBE	LBE	£1.5 million
Home from Hospital Service	Age Concern	LBE	£46,920
Total LBE:			£1,546,920
TOTAL:			£6,639,698

- 3.13 One of the key aims of the strategy is to ensure that Intermediate Care and Re-ablement services are commissioned effectively in order to reduce unnecessary use of costly acute hospital beds and delay to long-term residential and nursing care.
- 3.14 A review of services indicated that there is spare capacity within the current service to address future need and considerable potential for redesign to increase productivity and to achieve maximum efficiency.
- 3.15 By decommissioning hospital based Intermediate Care Services provided in neighbouring Boroughs and further investing in the development of services provided in Borough, it is estimated that we will save approximately £800k per annum while at the same time provide higher quality, person-centred services.
- 3.16 Further savings are anticipated through a reduction in inappropriate hospital admissions, timely discharge from hospital, a decrease in the number of people admitted to long term care, and a reduction in the use of ongoing home care.

3.17 Enfield Joint Intermediate Care and Re-ablement Strategy 2011-14

3.18 The strategy sets out how Enfield intends to commission Intermediate Care and Re-ablement services over the next 3 years (2011 - 2014) in order to improve the quality, effectiveness and efficiency of current service provision. It describes 6 key strategic objectives as follows:

<u>Priority</u>	<u>Rationale</u>
1. PREVENT AVOIDABLE ADMISSIONS TO HOSPITAL AND SUPPORT TIMELY DISCHARGE	<p><i>Individuals will receive their care in the right place, at the right time.</i></p> <p><i>We will reduce the cost of acute hospital care and manage increasing projected demand.</i></p>
2. DECREASE THE NUMBER OF PEOPLE UNNECESSARILY ADMITTED TO LONG TERM CARE FOLLOWING A HOSPITAL STAY	<p><i>Assessment and decision making about peoples long term care needs will be made only after they have had the opportunity for rehabilitation, recuperation and recovery.</i></p>
3. IMPROVE QUALITY AND MAXIMISE INDEPENDENT LIVING	<p><i>Increase patient satisfaction and maximise people's potential to live as independently as possible in their chosen community.</i></p>
4. IMPROVE THE SKILLS AND COMPETENCIES OF THE WORKFORCE	<p><i>Investing in workforce development will allow the current services to support people with more complex needs thereby reducing hospital admissions, admissions to care homes and home care hours.</i></p>
5. DELIVER MORE COST EFFECTIVE SERVICES IN ORDER TO MEET CURRENT AND FUTURE DEMAND WITHIN EXISTING RESOURCES	<p><i>Within the current and future financial and political climate, both health and social care economies are tasked to provide best value services for the local population, within agreed budgetary constraints.</i></p>
6. ROBUST PERFORMANCE MANAGEMENT AND GOVERNANCE	<p><i>Monitoring and evaluating quality and performance will provide robust information to ensure the strategy is achieving desired outcomes and inform future commissioning intentions.</i></p>

4. IMPLEMENTATION AND MONITORING

An implementation plan which includes indicative resource allocations has been drafted and is attached [**annex 3**]. On approval of the strategy, this plan will be further developed in partnership with NHS Enfield; the Local Borough of Enfield; and key local stakeholders.

The implementation and monitoring of the strategy will be overseen by the Older Peoples Partnership Board.

5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 The Strategy sets out the case for change and the rationale for the priorities chosen and supported by local stakeholders. It proposes an approach to commissioning Intermediate Care and Re-ablement Services that is consistent with national policy drivers and is in line with existing Council and NHS Enfield strategies.

5. REASONS FOR RECOMMENDATIONS

- 5.1 The strategy is intended to meet the government's key objectives for the delivery of personalised services that maximise people's independence and provide choice and control. It aims to ensure that services are commissioned efficiently and effectively in order to ensure that we can continue to meet projected increases in demand as a result of Enfield's growing population of older people. The strategy is also intended to provide a framework for more integrated approach to the delivery of health and social care services.

6. COMMENTS OF THE DIRECTOR OF FINANCE AND CORPORATE RESOURCES AND OTHER DEPARTMENTS

6.1 Financial Implications

The financial implications of undertaking the proposed actions arising from the strategy are set out in Annex 3. The annex shows that savings will be realised from year 1 onwards. The actions that require funding or produce savings relate mainly to NHS budgets and expenditure, and not the Council. However, the benefits realisation relies on both working in partnership to achieve the desired outcomes.

It is therefore imperative that, if Cabinet agree to the recommendations set out in this report, the Council works closely with Health colleagues to refine the proposals and ensure that clear agreements are in place around the funding streams before additional expenditure is incurred.

6.2 Legal Implications

The Strategy is the Council's response to the initiatives set out in the various Central Government Guidance referred to in this report and commensurate with the statutory duties and powers of the Council.

6.3 Property Implications

Not applicable.

7. KEY RISKS

- 7.1 There are no significant risks identified as a result of this strategy.
- 7.2 Implementation of service changes will be managed and considered in the context of proper risk management arrangements.
- 7.3 In addition to mitigating the risk of non-compliance with national guidelines, the Intermediate Care and Re-ablement Strategy should help to reduce the risk of longer term stays as well as reducing financial demands through encouraging people to live at home wherever possible.

8. IMPACT ON COUNCIL PRIORITIES

8.1 Fairness for All

- Improved services will benefit all residents of Enfield by enhancing people's independence and ability to remain at home rather than being admitted to hospital.

8.2 Growth and Sustainability

- Not applicable

8.3 Strong Communities

- The strategy is intended to enhance access to services by the whole community.
- The strategy has been informed by the views of local residents who responded to the consultation.

9. PERFORMANCE MANAGEMENT IMPLICATIONS

- 9.1 The Care Quality Commission have a range of indicators as part of the Performance Assessment Framework for PCTs and Councils with an Adult Social Services Department which are directly relevant to the commissioning of Intermediate Care and Re-ablement services. Performance is routinely monitored on a monthly basis.
- 9.2 There are a number of indicators within the New Local Area Agreement relevant to Health and Adult Social Care. In particular the following are most significant:

- Number of Social Care clients receiving Self Directed Support (Direct Payments and Individual Budgets)
- People supported to live independently through social services
- Number of Delayed Discharges from Acute Hospitals.

10. COMMUNITY IMPLICATIONS

9.1 The strategy aims to promote peoples recovery from ill health and maximise their independence and therefore is for the benefit of all people in Enfield.

9.2 A Predictive Equality Impact Assessment has been completed and is attached **[annex 4]**

11. HEALTH AND SAFETY IMPLICATIONS

No Health and Safety Implications arising directly from this report.

11. PUTTING ENFIELD FIRST

Delivering Fairness, Growth and Sustainability is fundamental to the delivery of the Enfield Joint Intermediate Care and Re-ablement Strategy. Improving peoples quality of life and maximising their independence will support the Council's ambition of Fairness, Growth and Sustainability.

Background Papers

- Department of Health: Intermediate Care – Halfway Home 2009