

ANNEX 3

COMMISSIONING INTENTIONS AND INDICATIVE RESOURCE ALLOCATION

The following table sets out the draft implementation plan and indicative estimated resource implications for the 3 year strategy. Following approval of the strategy, more detailed work on the plan will be carried out in partnership with stakeholders and definitive yearly resource allocations will be agreed through the usual financial approvals process and as part of the Councils annual budget setting process.

STRATEGIC OBJECTIVE	COMMISSIONING INTENTIONS	RESOURCE IMPLICATIONS			COMMENTS
		Y1	Y2	Y3	
1. PREVENT AVOIDABLE ADMISSIONS TO HOSPITAL AND SUPPORT TIMELY DISCHARGE	Identify a Single Point of Access for Intermediate Care services across Enfield which is readily identifiable and accessible to all referrers and which is promoted widely.	£0	£0	£0	Within existing operational budgets.
	Regular communication with all GP's on all aspects of the service ensuring familiarity with the referral process and availability.	£0	£0	£0	Team manager's responsibility in partnership with GP Consortium.
	Regular reporting from the service to highlight use and non-use by specific GP's and to tailor assertive marketing to those areas.	£0	£0	£0	Team manager's responsibility in partnership with GP Consortium.
	Develop an integrated health and social care I.T system.	£0	£0	£0	Costs met through implementation of corporate IT strategy.

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		Y1	Y2	Y3	
	Commission an additional 8 beds at the Magnolia Unit, of the full range of step down and admission avoidance Intermediate Care beds within Enfield which will also be used to meet the needs of people with more complex needs including those with Mental Health needs.	£443k	£531k	£531k	Funded through decommissioning of out of borough NHS beds and in borough hospital based provision. Planned implementation from 1 June 2011.
	Further invest in the medical support to complement the existing GP and Nurse Consultant to ensure that the patients receive appropriate and timely intervention.	£0	£0	£0	To be developed as part of the planned service redesign of Magnolia unit and in partnership with the GP consortium.
	Decommission Cost and Volume contract out of borough Intermediate Care step-down beds currently purchased from NHS Barnet and NHS Haringey.	-£1,113,750	- £1,485,000	- £1,485,000	Gross NHS full year saving of £1.485 million.
	Commission Cost per case contractual arrangements with NHS Barnet and NHS Haringey demand exceeds capacity within Enfield Intermediate Care bed provision.	£0	£0	£0	Potential cost of this contingency plan will be met through identified savings.

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		Y1	Y2	Y3	
	Monitor the ongoing requirement for spot purchasing in order to inform future commissioning requirements and consider the potential for spot purchasing from Independent Sector residential care providers with support provided by the Intermediate Care Team.	£0	£0	£0	Cost neutral as routine commissioning activity.
	Increase the capacity of Intermediate Care to provide in-reach to care homes.	£0	£0	£0	Cost neutral. Increased capacity through integration of intermediate care and re-ablement teams and refocusing of current resources.
	Develop clear care pathways; <ul style="list-style-type: none"> • from the two acute hospitals in Enfield and out of borough acute hospitals, • via the Ambulance Service, • from Primary Care, to access Intermediate Care thereby ensuring that individuals move through the system in a timely and appropriate way.	£0	£0	£0	Cost neutral.

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		Y1	Y2	Y3	
	Develop the capacity of the current rapid response component of the Intermediate Care Hospital Avoidance team to provide urgent community based assessment and immediate intervention in people's homes (or care home, if this is where they live), to reduce inappropriate admissions to hospital.	£50k	£50k	£50k	Funded from re-ablement crisis response provision.
	Develop the ability of the Intermediate Care service to deliver intravenous therapy at home in line with the developing expectations of a rapid response service which has the necessary skills that enable people to be treated in their own homes rather than to be admitted to hospital.	£0	£0	£0	No additional cost. Implementation through development of rapid response team as detailed above.

STRATEGIC OBJECTIVE	COMMISSIONING INTENTIONS	RESOURCE IMPLICATIONS			COMMENTS
		Y1	Y2	Y3	
2. DECREASE THE NUMBER OF PEOPLE UNNECESSARILY ADMITTED TO LONG TERM CARE FOLLOWING A HOSPITAL STAY	<p>We will ensure that no one is transferred directly from an acute ward to long term residential care (unless in exceptional circumstances) without being offered a period of Intermediate Care and Re-ablement.</p> <p>We will ensure that assessment, review and decision making takes place in an Intermediate Care environment, rather than in an acute setting, following the opportunity for rehabilitation, recuperation and recovery. The effect of this intention will be to reduce the current number of individuals who are admitted to long term bed based care, directly from hospital. It will also have the potential to reduce the ongoing financial requirement of statutory organisations.</p>	£400k	£400k	To be determined	Health re-ablement funding
	We will provide Intermediate Care services to an individual which ensure the patient experience is of the highest quality.	£0	£0	£0	Within existing budget and refocusing of services.
	Establish targets and a trajectory for the reduction of numbers of patients who are admitted directly to long-term care from and Acute setting.	£0	£0	£0	Routine monitoring to be built into redesigned service,

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	We will ensure there is a unified assessment process, trusted by all with appropriate information shared between partners.	£0	£0	£0	Within existing budget and refocusing of services.
	We will adjust the time limited criteria currently in place across Intermediate Care, to ensure that individuals with more complex needs have equity of access for assessment and rehabilitation, prior to decisions being made about their longer term needs.	£0	£0	£0	Within existing budget and refocusing of services.
	We will determine a clear Re-ablement pathway that links reablement with the self-directed support processes.	£0	£0	£0	Within existing budget and refocusing of services.
3. IMPROVE QUALITY AND MAXIMISE INDEPENDENT LIVING	Integrate Re-ablement into the customer journey by reconfiguring the provision of in- house home care and ensuring an integrated continuum of service provision.	£0	£0	£0	Within existing budget and refocusing of services.
	Develop a person centred 'menu based' approach to service provision.	£0	£0	£0	Within existing budget and refocusing of services.

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		Y1	Y2	Y3	
	Ensure a dedicated care management service to the Intermediate Care step down and admission avoidance beds to ensure that people are able to move through the whole system in an appropriate and timely manner.	£0	£0	£0	Within existing budget and refocusing of services.
	Integrate the health and social care Intermediate Care teams to ensure that the full needs of the client can be met by the service.	£0	£0	£0	Within existing budget and refocusing of services.
	Invest in Assistive Technology to support people to remain in their own homes and ensure that Telecare and Telehealth become an integral component of the rehabilitative and re-ablement processes.	£75k	£75k	£75k	Funded from decommissioning of out of borough beds as described above.
	Ensure that the management of the Chronic Obstructive Pulmonary Disease (COPD) patients currently monitored within Intermediate Care are proactively reassessed and managed within Primary Care. Use Telehealth within the COPD service, rather than as an add-on service to Intermediate Care to assist in the support towards self-management. There would be an initial outlay of equipment costs associated with the development of this additional component and staff will require training.	£0	£0	£0	Within existing budget and refocusing of services. Telehealth costs to be met from decommissioning of out of borough beds as described above.

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	We will address the absence of a Community Therapy service, ensuring that this links with the service redesign programme currently underway in Enfield.	£0	£0	£0	Delivered through health led service redesign.
	Continue to commission low level Re-ablement Services from the 3 rd sector.	£0	£0	£0	Within existing budget allocations.
4. IMPROVE THE SKILLS AND COMPETENCIES OF THE WORKFORCE	Ensure there is ready access to the specialist skills required to enable Intermediate Care to support the needs of people with long-term conditions including those individuals with dementia and mental health needs.	£0	£0	£0	Within existing resources of community mental health teams.
	All Intermediate Care staff will receive core training in dementia, and appropriate access to professional support.	£0	£0	£0	Agreement required with Mental Health trust for them to deliver training and support.
5. DELIVER MORE COST EFFECTIVE SERVICES IN ORDER TO MEET	Ensure cost effective service delivery and monitor outcomes of Intermediate Care and reablement service to ensure that it meets the desired outcomes of: the individual and their carers.	£0	£0	£0	Requires joint monitoring framework to be established by commissioners in line with newly specified service description.

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CURRENT AND FUTURE DEMAND WITHIN EXISTING RESOURCES	Ensure there is a robust financial monitoring framework which links service delivery to ensure that the service is delivered within the defined budget.	£0	£0	£0	Requires joint monitoring framework to be established by commissioners in line with newly specified service description.
	Commission a longitudinal study to track the impact of the redesign of Intermediate Care services on: <ul style="list-style-type: none"> • admissions to long term care • hospital readmissions • home based packages of care • self care • user and carer satisfaction • cost. 	£0	£0	£0	No cost. Requires commissioning leadership.
ROBUST PERFORMANCE MANAGEMENT AND GOVERNANCE	Develop and implement a robust performance management framework to ensure that future Intermediate Care provision in Enfield meets the requirements as directed by the Intermediate Care strategy.	£0	£0	£0	Core commissioning business.
	To ensure that Intermediate Care in Enfield has a detailed governance framework. This ensures that the governance arrangements are adhered to and are transparent.	£0	£0	£0	Core commissioning business.
PROJECT	In order to ensure delivery of targeted savings of	£30k	£30k	£0	Funded from

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MANAGEMENT	£1 million and to improve access to services, this challenging agenda will require investment in additional project management support over the 3 year period.				decommissioning of out of borough beds as described above.
TOTAL:		- £115,750	- £399,000	- £829,000	Total savings realised from year 1.