

**REPORT TO:** Executive Board Sub Committee  
**DATE:** 10 April 2008  
**REPORTING OFFICER:** Strategic Director – Health & Community  
**SUBJECT:** Intermediate Care Executive Partnership Agreement Section 31-Pooled Budget  
**WARD(S)** Borough-wide

**1.0 PURPOSE OF THE REPORT**

1.1 To update the Executive Board Sub Committee on progress and seek approval for further developments in the Intermediate Care Partnership.

**2.0 RECOMMENDATION: That:**

- (i) Executive Board Sub Committee note the contents of the report.**
- (ii) Note the achievement of the key targets and further development of the Intermediate Care Services.**
- (iii) Agree to strengthen the current partnership and pooled budget arrangement by including other intermediate care services within the framework as outlined in section 7.**

**3.0 BACKGROUND INFORMATION**

3.1 A formal Department of Health Section 31-partnership was agreed in 2006 and included lead commissioning, pooled budget and integrated management for the Rapid Access Rehabilitation Service (RARS).

3.2 An Intermediate Care Executive Commissioning Board (ECB) was established in July 2006.

3.3 Since then numerous meetings have been held to develop the performance management process and finance matters and the two budgets are now managed as one overall budget, therefore improving the flexibility of the service.

3.4 Regular review and monitoring of the service is undertaken by the ECB to ensure the service meets its targets and the pooled budget is managed effectively, with quarterly reports to the partnership Board.

## 4.0 KEY DEVELOPMENTS

- 4.1 *The implementation of the Pooled budget* has facilitated improved flexibility within the service e.g. there were difficulties in recruiting to the PCT care vacancies, resulting in increased costs for agency cover. The PCT funding element for these posts was transferred to HBC and the Council were able to recruit to care posts employed within HBC.
- 4.2 *Integrated management:* all management posts for the service were employed by the Council. This resulted in some barriers for the development of an integrated management system, and clinical leadership. The practice manager post became vacant which allowed us to look differently at the management support within the pool, and the establishment of a clinical facilitator role, again transferring funds within the pool to fund this role.
- 4.3 In addition single divisional manager across all direct care services in Older People's services has facilitated integrated working across the in house home care service and wardens to further support the work within Intermediate Care Services, including telecare and the ability to respond more flexibly to the needs of people who use our services, and at times of pressure around capacity issues. Out Of Hours we have an integrated service with district nursing, this approach could be developed further and is a recommendation from the ECB in relation to the current redesign and development of Intermediate Care Services.
- 4.4 *Medicines Management:* a pilot service was established using Council Grant. Following an evaluation it was agreed to mainstream this aspect of the service. A risk assessment and business plan were presented to the PCT and mainstream funding was secured.
- 4.5 *Improved partnership working with the PCT:* The development of a section 31 agreement has facilitated improvements in the relationships and partnership working with the PCT. One example of this is the joint response to winter pressures. The ECB developed proposals for increased capacity in Intermediate Care over the winter period. These proposals were agreed and funded jointly across the PCT and the Council. The Intermediate Care ECB is taking the lead on a series of programmes to facilitate speedier discharges from Hospital. A proposal for a 28 bed Intermediate Care Unit has been developed by the ECB and presented to the PCT for consideration, and a business plan is currently being developed.
- 4.6 *Clinical governance:* Improved clinical governance arrangements within the team have been facilitated by the section 31 agreement. A number of clinical and documentation audits have been completed, which have resulted in improved clinical care to service users.

4.7 The ECB is taking a lead role in the *redesign of Intermediate Care Services* across Halton and St Helens; a research review has been completed which identified best practice. The outcomes of this review have been utilised to develop a gold standard framework for all Intermediate Care Services, this describes the overall approach and model of service provision based on best practice evidence. In addition a performance management framework has been developed to enable us to effectively monitor and measure the services delivered to ensure positive outcomes for service users.

4.8 A scoping exercise has been completed in relation to further development of the current service, as well as some redesign opportunities within other mainstream services to include 18-55 age group.

The main redesign/ development opportunities in Halton are:

- Sub acute unit
- Increased assessment provision including in reach to acute hospitals and A&E's
- Increased capacity

4.9 Development of a framework for Service User involvement is currently being developed and progressed, due to report back to the partnership board shortly.

4.10 Inclusive service for Older People with Mental Health Needs; a pilot service to employ a community psychiatric nurse within the RARS Team has now been evaluated. Recommendation for this to become a mainstream service in RARS has been agreed.

## 5.0 **SERVICE DELIVERY AND IMPROVEMENT TARGETS**

5.1 A number of targets were agreed as part of the partnership agreement. The ECB routine collates information on performance and monitors the achievement of targets.

5.2 A number of Local Intermediate Care Targets were agreed and have been achieved:

- 2% reduction in the rate of readmissions from Intermediate care to the acute hospital, compared with 2004/05
- 2% increase in the number of Older people admitted to Intermediate Care as an alternative to hospital or long term care, compared with 2004/05
- 2% increase in the number of people discharged home from Intermediate Care, compared with 2004/05 data.
- 2% increase in the number of older people admitted to Intermediate Care on discharge from hospital, compared with

2004/05 data.

5.3 Intermediate Care also contributes, and has had a positive impact on the achievement of a number of targets across the whole system:

- A 5% reduction in emergency bed days, by 2008, using 2003/04 data
- A 10% reduction in the number of Older People in Hospital Beds awaiting transfer of care
- A 10% reduction in the rate of emergency admissions
- A 2% increase in the number of older people supported to live at home
- A reduction in the number of older people admitted to long term institutional care

## 6.0 **SERVICE USER OUTCOMES**

6.1 Intermediate Care is a key element in recent health and social care policy directions. In essence, it includes services that aim to prevent unnecessary admission to hospital and long-term residential and nursing care, facilitate earlier discharge from hospital, and support people to remain in their own homes as independently as possible. Outcomes for service users are measured in relation to quality of life interventions, within the care and treatment plans. Further improvement of outcome measures has been included within the Gold Standard. A number of case studies have been put together and are included in Appendix 1.

## 7.0 **FUTURE DEVELOPMENTS**

### 7.1 **To further develop Integrated Management**

Following the appointment of a clinical facilitators role, a full proposal on integrated management will be developed and implemented.

### 7.2 **Extend the Section 31 and Pooled Budget**

The pooled budget will be expanded to include all Intermediate Care Services during 2008/09, including the potential to develop a Halton Reablement Service.

### 7.3 **Finance**

Appendix 2 highlights the current expenditure into the Intermediate Care Service. Appendix 3 puts forward proposals for revised funding contributions and Appendix 4 proposals for new developments. £157,028 “saving” will enable the Council to absorb the reduction in the health SSP contribution to the Vulnerable Adults Task Force (VATF) Programme.

Current budget expenditure	2,170,425
Proposed funding	1,579,897
Additional funding for Gold Standard	433,500
“Saving”	157,028

The reduction in the VATF expenditure is £147,908 And this will be used to offset this figure and the remaining £10,000 will be used as a contingency.

This equates to the PCT and HBC sharing the financial responsibilities in relation to Intermediate Care Services, which previously have been funded in the main from HBC mainstream and grant allocations.

#### 7.4 **Performance**

There continues to be some duplication of performance data collection across the PCT and the Council, this has resulted in the team being required to input data for performance requirements in two separate data bases, meaning duplication of efforts across the Council and the PCT. Further work will be undertaken to address this issue.

#### 8.0 **POLICY IMPLICATIONS**

8.1 None identified.

#### 9.0 **IMPLICATIONS FOR THE COUNCIL’S PRIORITIES**

##### 9.1 **Children & Young People in Halton**

None identified.

##### 9.2 **Employment, Learning & Skills in Halton**

None identified.

##### 9.3 **A Healthy Halton**

Intermediate Care provides services which support people to remain independent and continue to live in their own home for as long as possible if that is their wish, this enables people to feel in control of their own lives, which in turn impacts positively upon their physical and mental health.

9.4 **A Safer Halton**

None identified.

9.5 **Halton's Urban Renewal**

None identified.

10.0 **RISK ANALYSIS**

10.1 The risk to the council within these proposals is minimised, moving to an overall position of shared risks with the PCT both in terms of service governance and financial, within the framework of the section 31 agreement.

11.0 **EQUALITY AND DIVERSITY ISSUES**

11.1 Intermediate Care Services are provided in a way, which reflects the diverse range of needs present in the population ensuring equality of opportunity and access to services irrespective of race, religion, culture, sexuality, age, marital status or disability.

12.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None.