REPORT TO: Healthy Halton Policy & Performance Board

DATE: 10th November 2009

REPORTING OFFICER: Strategic Director, Health & Community

SUBJECT: Intermediate Care Services in Halton

1.0 PURPOSE OF REPORT

1.1 To inform Healthy Halton Policy & Performance Board of the current service provision, review and improvements in Halton Intermediate care services.

2.0 RECOMMENDATION

1) That Members receive the presentation on Intermediate Care Services and comment on the presentation.

3.0 SUPPORTING INFORMATION

- 3.1 Intermediate care services have played a significant part in achieving improvements in overall outcomes for people in Halton over the past 5 years. This has been reflected in a steady reduction in emergency admissions and acute hospital bed utilisation, the reduction being greater in the over 65 population. The number of people living in care homes has more than halved. Over the same period of time the number of people over 65 supported at home has tripled. This approach has also reduced the size of on-going care packages so that people are able to live more independently with lower levels of support.
- 3.2 The review of intermediate care in 2008, focused on the development of a gold standard and performance management framework against which current services could be assessed and future services commissioned. The review programme involved a range of stakeholders, including public, patient, clinician and practitioners.
- 3.3 The attached presentation aims to inform the Healthy Halton Policy & Performance Board of the review process and outcomes achieved.
- 3.4 An information pack will be tabled at the Healthy Halton Policy & Performance Board

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4.0 POLICY IMPLICATIONS

4.1 Health and social care policy is focused on the delivery of health and social care services away from acute hospital and long term care provision to community based services.

5.0 FINANCIAL/RESOURCE IMPLICATIONS

- 5.1 None
- 6.0 OTHER IMPLICATIONS
- 6.1 None
- 7.0 RISK ANALYSIS
- 7.1 None.
- 8.0 EQUALITY AND DIVERSITY ISSUES
- 8.1 None.