
INTERMEDIATE CARE PLUS STRATEGY

**Responsible Cabinet Member - Councillor Veronica Copeland,
Adult Social Care and Housing Portfolio**

Responsible Director - Murray Rose, Director of People

SUMMARY REPORT

Purpose of the Report

1. The purpose of this report is to seek members' approval of the Darlington Intermediate Care Plus Strategy.
2. In addition, to inform Cabinet on progress of the initial implementation of the joint Intermediate Care Plus Action Plan.

Summary

3. The draft Darlington Intermediate Care Plus Strategy (**Appendix 1**) is a joint health and social care strategy which provides a direction of travel, outcomes and broad commissioning intentions for Intermediate Care and Re-ablement services over the next three years (2011-2014).
4. The Strategy has been developed through joint commissioning arrangements with NHS County Durham and Darlington (NHSCDD), Primary Care Trust (PCT) and Shadow Clinical Commissioning Group working with key partners and service users.
5. The focus for this strategy is to provide different ways to provide support to vulnerable people to live independently. Intermediate Care Plus is based on developing a 24/7 whole systems pathway which will support people back to independence along with better management for those people with a broad range of long term conditions.
6. The aim is to improve the service user experience and quality of care at the same time as contributing to the affordability of health and social care by significantly reducing emergency admissions to hospital and the need for long term social care.
7. A draft Action Plan has been developed (**Appendix 2**) to achieve the ambitions set out in the Strategy.
8. The Department of Health additional funding which the Council is receiving via the PCT, (£1.362m social care funding for two years and an initial allocation of £306k re-ablement funding) is being invested in prevention and re-ablement services in Darlington to support

the outcomes of the draft Intermediate Care Plus Strategy.

9. Darlington Borough Council's Re-ablement Service will form part of an integrated intermediate care plus service, since April 2011 it has provided new access and assessment arrangements to support independence and prevent, where possible, the need for long term social care services.
10. The County Durham and Darlington NHS PCT is also investing "30 day re-admissions" funding in County Durham and Darlington NHS Foundation Trust focusing on the rapid response element of the intermediate care plus pathway.
11. It is expected that return on investment will fund these services in the long term post 2013. However, identifying savings across the health and social care economy is complex; investment in Intermediate Care Plus services may prove to be cost neutral. Further analysis is being undertaken to assess the efficiencies of the current investment.
12. The draft Strategy will also be endorsed by partners, through the governance arrangements of the Primary Care Trust.

Recommendation

13. It is recommended that :-
 - (a) Cabinet approve Intermediate Care Plus on behalf of Darlington Borough Council.
 - (b) Members note the report and progress against the draft Action Plan.

Reasons

14. The recommendations are supported by the following reasons :-
 - (a) Intermediate Care Plus is key to the affordability of future of health and social care.
 - (b) The Strategy will help deliver the Sustainable Community Strategy (2008-2011) "People in Darlington are healthy and supported to live full and active lives" for older adults and those with long term conditions.

Murray Rose, Director of People

Background Papers

Halfway Home – Intermediate Care Refresh Department of Health 2009
Vision for Adult Social Care: Capable Communities and Active Citizens" Department of Health, 2010

Elaine O'Brien x 2844
28th July 2011

S17 Crime and Disorder	Enables local vulnerable adults and older people to remain safe and secure in their homes.
Health and Well Being	Optimises independent living for local vulnerable people and reduces the incidence of hospital and care admissions.
Carbon Impact	There are no specific carbon impact issues contained within this report however short term care as opposed to long term care at home may reduce car miles in the longer term.
Diversity	The strategy aims to provide an equitable offer for those presenting to the Council and Health services.
Wards Affected	All.
Groups Affected	Adults and older people with short or longer term health or social care needs.
Budget and Policy Framework	This falls within the Councils Budget and Policy Framework.
Key Decision	This is a key decision.
Urgent Decision	This is not an urgent decision.
One Darlington: Perfectly Placed	Contributes to a number of key themes: Healthy, Aspiring, Safer and Prosperous Darlington.
Efficiency	The strategy aims to improve efficiency by contributing to the affordability of health and social care by significantly reducing emergency admissions to hospital and the need for long term social care.

Main Report

Information and Analysis

15. The Strategy has developed over the past 12 months following a workshop involving practiced based commissioners, commissioning managers from Durham County Council, NHSCDD and DBC to propose a consistent model across County Durham.
16. It was proposed that joint resources would be more effectively deployed at a wider intermediate tier of services known as Intermediate Care Plus. The intermediate tier would be designed to provide a foundation for integrated community health and social care services for people with a diverse range of long term conditions.
17. The NHS Durham and Darlington Programme Delivery Board approved Intermediate Care Plus as a Commissioning Intention 2011-12.
18. Darlington Commissioning Partners, DBC, NHSCDD and Shadow Clinical Commissioning Group with Community Health and Adult Social Care also agreed the approach for a Darlington Intermediate Care Plus Strategy.
19. Darlington Shadow Clinical Commissioning Group have been selected nationally amongst 52 other GP Practices as “pathfinders” for taking on commissioning responsibilities as part of the Government’s plans set out in the NHS White Paper ‘Liberating the NHS: Equity and Excellence’. The pathfinders will work together to manage their local budgets and

commission services for patients direct with other NHS colleagues and local authorities.

20. The Intermediate Care Plus strategy supports achievement of the pathfinder targets for reduction in 0-1 day hospital admissions for over 65's and from care homes. The "plus" element will also provide longer support at home for people with long term conditions.
21. The Single Needs Assessment 2010 and other data sources predict an increase in demand for health and social care to accommodate a growing older population and people with long term conditions. Darlington has a higher than national average incidence of long term conditions, specifically stroke and chronic obstructive pulmonary disorders. Providing long term support to people with these conditions will impact on the ability of health and social care economy to respond in future years unless a radical change of direction is agreed across the whole system.

Consultation Process

22. The draft Strategy has been consulted on over an eight week period from 9 May 2011 – 30 June 2011 alongside a revised Telecare Strategy which is a key component of delivering Intermediate Care Plus.
23. The consultation process commenced with Health and Well Being Scrutiny on 1 February 2011 (Min HWB85/02/11 refers) and the formal consultation consisted of email circulation of the documents and a proactive approach to seeking feedback from relevant stakeholders and groups via communication announcements with County Durham and Darlington NHS, County Durham and Darlington NHS Foundation Trust and Tees Esk and Wear Valley Mental Health Trust. In addition to articles in newsletters, the delivery of a consultation event with the LINK took place which was open to professionals and the public. Publication of the consultation documents on Darlington's Council websites, a number of meetings and presentations to groups and individuals (Older Persons Partnership Board, Darlington Intermediate Care Plus Strategic Group and D.A.D.) also took place.
24. Recent training on re-ablement (to frontline staff from health and social care and the independent sector) included an overview of the IC Plus Strategy.

Strategy Consultation Feedback

25. General feedback has been positive as many people have advocated for the direction of travel for some time and therefore welcomed the concept of broadening intermediate care to other specialist and non-statutory services. Specific comments were made to strengthen the key actions.
26. The final draft Strategy reflects this feedback and provides high level actions to implement them.

Implementation

27. During development of the Strategy over the past 12 months, the Adults transformation programme has led on early implementation of key areas.
28. The Council Re-ablement Service, (one of the three main functions of intermediate care), has been operational from April 2011.

29. The focus has now moved to support the operational delivery of the Integrated Model of Intermediate Care which has been “fast tracked” through the Dementia Collaborative.
30. A five day Rapid Process Improvement Workshop (RPIW) to review the referral route has instigated a number of immediate changes, namely the setting up of a single point of access for intermediate care services (including Re-ablement) and Equality of Access for People with Dementia.
31. Work is also progressing following a similar event to prevent unnecessary hospital admissions from care homes.
32. The Strategy Action Plan progress and additional funding will be monitored through the joint arrangements.
33. Although the services are still working towards integration, it is possible to illustrate the advantages of integrated working through early success stories, as follows:
 - (a) A person attending A&E was supported to return home within 2 hours. This response prevented the person being admitted to hospital and staff in A&E are delighted with the speed of the response time.
 - (b) Mrs M is main carer for Mr M who experiences dementia and Parkinson's. He wanted to return home from respite care and his wife was exhausted. In an emergency, reablement services supported Mr M back home and organised Occupational Therapy services. A longer term care package will be required and it will be appropriate to both Mr and Mrs M’s needs.
 - (c) Mr. A is a permanent resident in a residential care home. The new role of trusted assessor, a nurse at DMH, contacted the Single Point of Access as she had assessed this man in hospital and he was medically fit to return home. He was waiting for physiotherapy in the hospital, delaying his discharge. Through integrated triage it was agreed that he could return to residential care and the intermediate care physio provided the therapy within the residential home. The man returned home quickly and there was effective and efficient use of professionals’ time in that there was only one assessment in the hospital.
 - (d) Mr S was in hospital (DMH). As he was known to a Community Matron she visited him once in hospital; however at that time he was not ready to leave. The hospital trusted assessor arranged a residential intermediate care bed which was “spot purchased” to aid the discharge. The Community Matron revised his care plan for use in the residential setting. Mr S had a swift safe discharge with a familiar face – his Community Matron - with the completion of one assessment and care plan.
 - (e) A medication prompt was requested and the enablement service carried out an assessment to see if Lifeline and/or assistive technology could be used in the first instance before committing to ongoing services.
 - (f) A son contacted the service to say he was happy not to have to "go around the houses" to organise support for his father anymore and thought the joint triage was excellent.

Funding

34. The Government last year awarded additional funding to PCTs for re-ablement and social care, and this financial year, also to the acute hospitals for prevention of 30 day re-admissions. The additional funding is being used locally to develop services which will fill gaps in the Intermediate Care Plus pathway. The amount of funding allocated for Darlington is estimated by the PCT as follows:-

	2010/2011 £000	2011/2012 £000	2012/2013 £000
Re-ablement Funding	143	306	618*
Social Care Funding	340	1,362	1,302

* this is estimated, the first six months being transferred to DBC for re-ablement with further agreement required for future funding.

35. With the additional funding the Council has received it has enhanced the re-ablement capacity and commissioned services as follows;
- (a) Independent sector to add capacity for re-ablement and included a training re-ablement programme for management and frontline staff.
 - (b) End of Life Care 3 year Training Programme (GOLD Standards Framework) for care homes in Darlington.
 - (c) A Prevention and Supported Hospital Discharge Scheme with the British Red Cross.
 - (d) The expansion of the Lifeline Service to a three shift system from an existing on call system, that will support installation of assistive technology (Telecare) over a 24/7 time period.
 - (e) Intermediate care beds.
36. The further case to extend re-ablement funding from the PCT from September 2011 will be based on commissioning to meet the outcomes in the Intermediate Care Pathway.