

**TO: EXECUTIVE
16 DECEMBER 2014**

**THE JOINT COMMISSIONING STRATEGY FOR INTERMEDIATE CARE 2015 -2018
Director of Adult Social Care, Health and Housing**

1 PURPOSE OF REPORT

- 1.1 To enable the development of Intermediate care, within health and social care services in Bracknell Forest, to meet the needs of the population.

2 RECOMMENDATION

- 2.1 **That the overall approach within Joint Commissioning Strategy for Intermediate Care 2015 – 2018 is approved, and that final approval, following comment from CCG, is delegated to the Better Care Fund Programme Board.**

3 REASONS FOR RECOMMENDATION

- 3.1 To ensure that the strategic direction for people who require Intermediate Care and their carers continues to reflect
- the needs of the people concerned
 - national strategic direction
 - recognised best practice
- 3.2 This strategy builds on the successful approach to the provision of Intermediate Care currently provided by the Council in partnership with Berkshire Healthcare NHS Trust (BHFT), and which is jointly commissioned through a S75 pooled budget arrangement between the Council and Bracknell and Ascot Clinical Commissioning Group (BACCG). The current arrangements are detailed in Appendix 2 of the Joint Commissioning Strategy.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 To continue to provide intermediate care as defined in current contracts, however this would risk not taking account of new duties in the Care Act or national and local developments in integrated health and social care services or the feedback from the local population.

5 SUPPORTING INFORMATION

- 5.1 The Joint Commissioning Strategy for Intermediate Care 2015 – 2018 is a plan which sets out the priorities for developing intermediate care. The priorities have been informed by:-
- Feedback from people who have used intermediate care services both nationally and locally
 - Views of commissioners and providers of intermediate care services
 - Relevant legislation, national guidance and research
 - An analysis of the needs of the local population, current service delivery and what is likely to change or needs to change in the future.

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- 5.2 Whilst there has been inter-agency involvement in the development of intermediate Care, this is the first joint commissioning strategy with the Council and Bracknell and Ascot CCG both involved in identifying the direction and priorities for the development of intermediate care in the future.
- 5.3 The legal definition of intermediate care is a “structured programme of care provided for a limited period of time to assist a person to maintain or regain the ability to live in his home.”
- 5.4 The following principles for intermediate care have been developed in line with the views of people who have used the service, commissioners and providers of health and social care and in line with national policy, local policy and best practice:
- Intermediate care is a time limited, integrated, multidisciplinary function across health and social care, within the context of the whole system. The usual period for the provision of Intermediate Care is up to 6 weeks, but can be extended if appropriate to individual circumstances.
 - All adults should have the opportunity to access intermediate care functions in a timely way, to prevent deterioration, improve, maintain or manage changes in levels of health and wellbeing.
 - People should be given the right information to make an informed decision about whether they want intermediate care.
 - There is a choice of location of care and decision made about location of care is made jointly with the person requiring it.
 - Intermediate care services should be flexible and designed around the person and their family. Planning of programmes should involve the person and their circle of support including both formal and informal cares.
 - People who require intermediate care have a structured programme and are involved in setting goals for what they want to achieve both in the short term and longer term.
 - People have reablement plans and their progress is monitored, ensuring that they move through the process in a timely way.
 - People should not move directly to long-term residential care from an acute hospital ward unless there are exceptional circumstances (see page 5 for exceptions).
- 5.5 The vision for intermediate care is that it is a function which operates as part of the whole system and is able to draw on the support of the whole system. Therefore it is accessible and able to respond to demands seven days a week, and at appropriate times of day. There are five key points within a person’s journey where they could benefit from intermediate care:
- When there is a high risk of decline in independence, health and wellbeing resulting in need for long term support
 - When they are already receiving support and there is a change in their level of independence
 - When there is potential that they may be admitted to hospital
 - To support timely discharge from hospital and

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- When there is a potential admission to a care home.

5.6 The following outcomes of intermediate care are not only positive for the person but the whole system:

- Improvement in independence, health and wellbeing, with associated reduction in the requirement for long term support
- Maintaining independence, health and wellbeing
- Managing decline in independence, health and wellbeing
- Avoidance of unnecessary hospital admission
- Be in hospital no longer than is necessary
- Avoid premature admission to long term residential care.

5.7 Legislation taken into account includes the Health and Social Care Act 2012, which requires better integration of health and social care services and The Care Act 2014, which brings care and support legislation into a single statute, where the overall wellbeing of the individual is at the forefront of their care and support. Again promotion of integrated care between health and social care services as well as housing and other service providers is required within the new law.

5.8 As well as national policy the Strategy takes into account the following:

- Intermediate Care – Half Way Home 2009 - government guidance on what intermediate care is and how it should be delivered.
- The Intermediate Care Audit 2013 – a national audit of intermediate care services.
- Quality, Innovation, Productivity and Prevention (QIPP) – a programme of change in the National Health Service (NHS) to improve the quality of care in the NHS and make up to £20 billion of efficiency savings by 2014 -15 which will be reinvested in frontline care.

5.9 Intermediate care has been identified as a project for the Better Care Fund which combines existing NHS and Local Authority Funding which will be jointly invested to ensure that health and care and support work together, ensure services act earlier so that people can stay healthy and independent at home and avoid going to hospital or A&E, to move towards a system of 7 day working and deliver care that is centred on individual needs.

5.10 The 2014-19 strategy has been developed by using available data, including the 2012/13 Joint Strategic Needs Assessment for Bracknell Forest, and information from a range of health and social care data bases such as The Health and Social Care Information Centre, Projecting Adult Needs and Services Information and Projecting Older people Population Information (POPPI). Development of the strategy is also in accordance with Health and Social Care Outcomes Frameworks.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 The relevant legal provisions are contained within the main body of the report.

Borough Treasurer

- 6.2 The Council allocates its financial resources through the budget process in the context of its medium term financial plan. Currently the medium term financial plan forecasts that the Council will need to make significant savings over the next few years. Over this period the Council will have to develop increased efficiency in service delivery whilst still responding to demographic changes, new legislation and the need to modernise services. This will require the reallocation of some of the Councils limited resources to key priorities.
- 6.3 In order to deliver these service changes the Council publishes a range of strategies and policies relating to many of its key services. A strategy or policy does not represent a financial commitment but, rather, sets the strategic direction of travel, subject to the level of resources that become available. These strategies also form the basis of the annual service plan which ensures that the development of the Councils services is consistent with its medium term objectives within the resource envelope that is agreed. The development of these strategies is, therefore, an important part of the Council's arrangements for helping it allocate its limited resources to maximum effect.

Equalities Impact Assessment

- 6.4 An Equality Impact Assessment was carried out for the development of this Strategy See attached Appendix Two.

Strategic Risk Management Issues

- 6.5 A detailed action plan will be developed for the delivery of commissioning intentions for development of intermediate care. Performance and progress will be measured against each priority.

7 CONSULTATION

Principal Groups Consulted

- 7.1 Feedback from people who have used the Community Response and Reablement Service.
Health and Social Care Commissioners and practitioners.

Method of Consultation

- 7.2 Following an episode of intervention from the main intermediate care service in Bracknell Forest, the Community Response and Reablement Team, people are requested to complete a satisfaction questionnaire. One to one interviews were completed with a range of health and social care commissioners and practitioners including GP's, nurses, a consultant geriatrician, social care managers and staff. The responses in the questionnaires and the views from commissioners and practitioners were then used to inform the strategy.

Representations Received

- 7.3 From January – June 2014, 150 questionnaires were completed by people who had used the Community Response and Reablement Team. Of those 138 (92%) rated the service as very good or excellent.

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Background Papers

Joint Commissioning Strategy for Intermediate Care 2015-2018: Appendix 1
Equalities Impact Assessment: Appendix 2

Contact for further information

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