

AGENDA ITEM: 7

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Meeting	Budget and Performance Overview & Scrutiny Committee
Date	21 June 2011
Subject	Achieving Independence for Older People through Rehabilitation / Intermediate Care
Report of Summary	<p>Cabinet Member for Adult Social Care</p> <p>The Report outlines the context and partnership work undertaken between NHS Barnet and Barnet Council in 2010/11 for the corporate indicator NI 125; and provides an update on the financial resources and work streams to further increase integration between health and social care, improve outcomes and deliver efficiencies against shared agendas.</p>

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Status (public or exempt)	Public
Wards Affected	All
Enclosures	Appendix 1 - Summary of NHS social care and earmarked enablement allocations
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1. RECOMMENDATIONS

- 1.1 Committee are requested to make comments/recommendations on the work underway to achieve greater independence for older people using the social care allocations transferred from NHS Barnet to Barnet Council.**

2. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 2.1 The London Borough of Barnet has agreed a Medium Term Financial Strategy and the proposal for the investment of the social care allocations through the NHS must support the delivery of that strategy.

- 2.2 The NHS Operating Framework sets out how this new funding should be managed:

'PCTs will need to transfer this funding to local authorities to invest in social care services to benefit health, and to improve overall health gain. Transfers will need to be made via an agreement under Section 256 of the 2006 NHS Act.

PCTs will need to work together with local authorities to agree jointly on appropriate areas for social care investment, and the outcomes expected from this investment.'

- 2.3 The Council's Corporate Plan 2011/12 (published in draft and pending approval at Cabinet 15 June 2011) includes the theme *Better services with less money*. One of the key priorities of Adult Social Care & Health linked to this theme is *"Integrate health and social care services to promote better outcomes, increase independence and reduce bureaucracy"*. This will be delivered through the use of s256 resources and related work-streams referred to in the main part of this report. As with the 2010/11 Corporate Plan, the 2011/12 version includes National Indicator (NI) 125 as a target. NI 125 relates to *"Achieving independence for older people through rehabilitation / independence care"* (paragraph 9.1 refers).

3. RELEVANT PREVIOUS DECISIONS

- 3.1 Cabinet Resources Committee, 2 March 2011 – approved the transfer of resources referred to in this report under section 256 of the NHS Act 2006 from NHS Barnet to London Borough of Barnet.
- 3.2 Cabinet, 14 February 2011 – agreed partnership working for Health in Barnet including delegating responsibility for the social care allocation through the NHS to the shadow Health and Well Being Board.
- 3.3 Cabinet, 12 April 2010 – agreed the Corporate Plan 2010/11, which included the corporate plan indicator and target NI 125.

4. RISK MANAGEMENT ISSUES

- 4.1** These allocations represent a significant opportunity at a time when the public sector is experiencing significant reductions or constraints on budgets. It is therefore imperative that the monies transferred to local authorities under s256 of the NHS Act 2006 are invested in such a way that mitigate risks within the system and where possible generate opportunities to drive efficiencies across that system.
- 4.2** The social care allocations through the NHS are significant in 2011/12 in recognition that reductions to Local Authority budgets are front loaded. The level of allocation in subsequent years reduces. It is therefore essential to invest in areas that will deliver additional long term savings within health and social care as opposed to investing in provision which would have to reduce year on year. It is noted that the level of investment in enablement increases over the financial years.
- 4.3** As noted in the aforementioned Cabinet Resources Committee report, there is a risk that the enablement allocation which can be used for health and social care priorities is deployed by NHS Barnet and North Central London sector to meet health priorities only. It was therefore agreed that this risk is mitigated through the expenditure plans for this allocation being agreed through the Health and Well Being Board.
- 4.4** NI 125 is an indicator and target joint owned by Health and the Council, though sourced by the former. There is a risk relating to the timely collection and provision of this data as it involves two provider (hospital) trusts. Officers in Health and the Council have put in place joint working arrangements to mitigate this risk. NI 125 also needs to be seen in the context of a suite of indicators (the national data set – paragraph 9.1 refers) which comprise the outcomes framework for Adult Social Care.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1** The investments must comply with appropriate equalities and diversity considerations and legislation. All business cases linked to the expenditure plan for sign off through the Health and Well Being Board will need to clearly identify equality and diversity considerations and how they address local needs as identified through the Barnet Joint Strategic Needs Assessment.
- 5.2** Consideration will also need to be given to the potential impact of any proposals on the protected groups pursuant to the Equality Act 2010. This general duty requires public authorities, in the exercise of their functions to have “due regard” to the need to: (a) eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Act; (b) advance equality of opportunity between different groups; and (c) foster good relations between different groups.

Equalities analysis will be completed within the context of the partnership with Health and be addressed through the Health and Well Being Board.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 The NHS Operating Framework sets out how this new funding should be managed: *'PCTs will need to transfer this funding to local authorities to invest in social care services to benefit health, and to improve overall health gain. Transfers will need to be made via an agreement under Section 256 of the 2006 NHS Act.*

PCTs will need to work together with local authorities to agree jointly on appropriate areas for social care investment, and the outcomes expected from this investment. This could include current services such as Telecare, community directed prevention (including falls prevention), community equipment and adaptations, and crisis response services. The Department would expect these decisions to take into account the Joint Strategic Needs Assessment for their local population, and the existing commissioning plans for both health and social care. PCTs should work with local authorities to achieve these outcomes in a transparent and efficient manner, with local authorities keeping PCTs informed of progress using appropriate local mechanisms'.

- 6.2 The allocation will support the delivery of the £8.9m saving plan across adult social care budgets in 2011/12. The NHS Barnet Board agreed in principle to the transfer based on an investment plan that demonstrates measurable outcomes for health and social care (both quality and finance).
- 6.3 It is recognised that the delivery of this programme of work may require additional commissioning and other resource; however, where this is the case, it will be funded from within these allocations (paragraph 9.8, Tables 1 and 2 refer).
- 6.4 The commitments proposed in this report will be contained within the funds available as set out in paragraph 9.8 (Tables 1 and 2 refer).

7. LEGAL ISSUES

- 7.1 The NHS Act 2006 provides a legal framework enabling NHS bodies and local authorities to work together through delegation of functions, grant arrangements and flexibilities such as pooled budgets. Section 256 of the NHS Act 2006 is the enabling power for a PCT to make payments to a local authority towards expenditure incurred or to be incurred by the authority on community services. The social care allocations detailed in paragraph 9.8 of this report therefore come under legislation.
- 7.2 See also paragraph 5.2 and legal duties under the Equality Act 2010.

8 CONSTITUTIONAL POWERS

- 8.1 The scope of the Overview and Scrutiny Committees/Sub-Committees is contained within Part 2, Article 6 of the Council's Constitution; the Terms of Reference of the Overview and Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution).

9 BACKGROUND INFORMATION

National Indicator 125 and Initiatives relating to Older People in 2010/11

- 9.1 There is a set of indicators that underpin the outcomes framework for Adult Social Care (ASC) i.e. National Data Set for ASC, part of the Local Government Single Data List. This includes NI 125 "Achieving independence for older people through rehabilitation/intermediate care". NI 125 is a corporate plan indicator and seeks to measure the benefit to individuals from intermediate care and rehabilitation following a hospital episode. It captures the joint work of social services and health and is defined as where both health and social care needs of the individual have been assessed. This assessment may have been done jointly by health and social care staff, social care staff only, or health staff only. The key element is that both the health and social care needs of the individual have been assessed. The measure is designed to follow the individual and not differentiate between social care and NHS funding boundaries. The measure covers older people aged 65+ on discharge from hospital who:
- Would otherwise face an unnecessarily prolonged stay in acute in-patient/community hospital care, or be permanently admitted to long term residential or nursing home care, or potentially use continuing NHS in-patient care.
 - Have a planned outcome of maximising independence and enabling them to resume living at home.
 - Are provided with care services on the basis of a joint multi-disciplinary assessment resulting in an individual support plan that involves active therapy, treatment or opportunity for recovery.
 - Are to receive short-term interventions, typically lasting no longer than 6 weeks, and frequently as little as 1-2 weeks or less.
- 9.2 The definition of NI 125 is: the proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting) who are at home or in extra care housing or an adult placement scheme setting three months after the date of their discharge from hospital. **Good performance is typified by a higher percentage.**

Note – those who are in hospital or in a registered care home (other than for a brief episode of respite care from which they are expected to return home) at the three month date and those who have died within the three months are not reported in the numerator. Three months is defined as 91 days.

- 9.3 NI 125 data for 2010/11 shows that Barnet's percentage achieving independence was 84.31% (target 87%). This equates to a numerator of 317 and denominator of 376. For 2009/10 the figures were respectively 86.41% (83%), 534 and 618. For 2008/09 the figures were respectively 82.63% (no target % set as it was a new indicator), 176 and 213.
- 9.4 Compared to Barnet's "statistical near neighbours" Barnet is ranked 10th out of 16 for the year 2010/11 (quarter 3). The top-performing borough is Haringey (95.8%), with the lowest score represented by Croydon (63.9%). Unfortunately comparative information on the detailed work streams undertaken for this indicator by Councils and their respective Health partners is not collected in any systematic way.
- 9.5 By way of illustration, some of the work initiatives relating to older people undertaken by the Council with partners during 2010/11 include:
- Integration of Enablement and Intermediate Care Services (joint working arrangements between Health and Council).
 - Improving Stroke services (refocusing community support / rehabilitation options for stroke victims).
 - Review of Falls pathway.
 - Dementia (implementation of local action plan in line with the national Dementia strategy).
 - Housing Support for Older People ("sheltered plus" housing and a menu of charged services e.g. warden morning-call).

Initiatives relating to Older People in 2011/12 – 2012/13

- 9.6 Recent policy documents "A vision for Adult Social Care: Capable Communities and Active Citizens" and "Equity and Excellence: Liberating the NHS" both identify a need for increased integration between health and social care in the planning and delivery of care to meet the needs of their population. In addition it has been recognised that national NHS policies such as care closer to home and QIPP (Quality, Innovation, Prevention and Productivity) have an impact on social care provision and capacity and that it is necessary to support social care through these NHS changes.

Support to Social Care

- 9.7 This support to social care is being delivered through a series of financial allocations to deliver a benefit to the health and social care system. The allocation for Barnet is set out in tables 1 and 2 below. The funding for social care allocation has been transferred in full to the London Borough of Barnet by way of a section 256 agreement.
- 9.8 The funding will be used in a highly co-ordinated way to achieve maximum benefit across both health and social care, principally across London Borough of Barnet and North Central London Barnet (NCLB) but also with the acute health trusts. For example, the development of enablement services in the community supports the ability of acute trusts to avoid admitting people via A&E departments and achieving timely discharge of patients. The programme will lay the foundation to achieve long term benefits over the next 5 to 10 years.

	2010/11	2011/12	2012/13
	£m	£m	£m
National Allocation	162.000	648.000	622.000
London Allocation	24.611	98.363	Not yet set
NHS Barnet Allocation	0.967	3.888	3.726 (est.)

	2010/11	2011/12	2012/13
	£m	£m	£m
National Allocation	70.000	150.000	300.000
London Allocation	10.686	92.043	Not yet set
NHS Barnet Allocation	0.421	0.980 (est)	1.961 (est)

- 9.9 Appendix 1 illustrates how this funding has been allocated to different service areas. Each service area is being taken forward as an individual project. In some cases, work streams have been brought together in recognition of significant overlap; for example, care homes, enablement and intermediate care. The following briefly describes each work area (cross-referenced to Appendix 1) and the evidence base / good practice that has identified and prioritised the different work streams.

Work Stream on Admission Avoidance (Care Homes, Enablement and Intermediate Care)

- 9.10 A hospital stay for any patient is very costly. Every attendance at Accident and Emergency (A & E) and emergency admission for older people (OP) has extra risks associated with disorientation, and change to life and social patterns, that create opportunities for accidents (falls) development of other conditions, and stress that delays recovery and lengthens the hospital stay.

9.11 Barnet performs badly against a national indicator of emergency admissions (the indicator shows the ratio of actual emergency admissions to the expected level, given the age, sex and need of the population for 19 conditions where admission could be potentially avoided). This costs money, is distressing for patients and may identify inadequate care pathways.

Best Practice / Evidence Base

9.12 Kings Fund seminar; 'Avoiding hospital admissions, Lessons from evidence and experience' 2010. A summary of the findings include:

- The greatest opportunity to reduce hospital admission and bed days lays in the proactive management of people with long term conditions especially people with multiple conditions.
- Integrated working between health and social care can result in lower than expected emergency admissions and reduced use of beds (Torbay experience)
- Multiple co-ordinated strategies, under pinned by an integrated information system, are needed to reduce demand on A & E.
- Need for more proactive strategies to reduce deaths in hospitals including a range of alternatives to hospital such as hospices.
- A single assessment and co-ordinated care approach to older people identified as being at risk of avoidable hospital admission or admission to residential care has shown a range of positive benefits including fewer bed days, and A & E visits, few falls and delayed transfers to nursing care.

9.13 A review of evidence carried out by the Health Services Management Centre (HSMC) show a number of initiatives have an effect on emergency admissions. These include:

- Case management in some forms
- Crisis resolution teams
- Intermediate care
- Telehealth
- Team-based interventions in Accident & Emergency
- Proactive management of long-term care

Strategic fit

9.14 The project forms part of the NHS QIPP plan for this year and also LBB/NHS work to integrate planning, commissioning and delivery of services across health and social care where clear benefits to working this way can be identified. The London Borough of Barnet Corporate Plan target is to achieve:

A reduction in emergency re-admissions within 28 days of discharge from hospital.

Success will be measured as follows:

- A 25% reduction in avoidable re-admissions within 28 days of discharge.
- 87% of people aged 65+ who are still at home 91 days after discharge into rehabilitation services

The project links with the following:

- NHS/NCL Barnet Commissioning Strategic Plan (CSP) goals: First things First; Improving Health; Building Resilience.
- London Borough of Barnet corporate plan – to integrate health and social care services to promote better outcomes, increase independence and reduce bureaucracy.

Implementation

- 9.15 A group comprising social care and health service managers, GPs, clinicians from acute and community services and a public representative have been brought together to take guide these streams of work. This work is expected to deliver greater integration between local authority enablement services, NHS intermediate care services, hospital care providers and GP care. Greater integration in how these services are commissioned and delivered will reduce duplication and omission of care leading to better outcomes for people using the services and savings within health and social care systems. There is also a link to work already underway in our local acute hospital trusts to manage people differently when they attend A&E departments and to work previously undertaken in Barnet to improve end of life care. In particular this will include the expansion of the rapid response palliative care service into residential care homes.
- 9.16 Detailed project plans have been developed for each element with delivery of change expected to commence by the final quarter of 2011/12 in most cases.
- 9.17 Some projects are already underway: for example, an initial pilot took place between December 2010 and March 2011, using the reablement linked to hospital discharge funding 2010/11. The first stage of the project comprised investment into the successful enablement service (provided by Housing 21 and commissioned by LB Social Services). Aim initially was to:
- Ensure a greater number of people have access to enablement.
 - More simplified access and greater choice for patients, through a single pathway.
 - Creation of more capacity within IC, especially during the winter.

The outcome is that an outline pathway has been agreed and implemented. In the period February to end of March 2011 in the region of 20 patients successfully moved through the pathway. This project is currently being evaluated, and the detailed report will be ready by mid June.

Work stream on Dementia

9.18 LBB will commission a piece of work to map the ideal care pathway for people with dementia across health and social care. This work will be undertaken with local clinicians, social workers and carers to develop / confirm the ideal pathway. There will be an emphasis on maintaining independence for as long as possible. The council will procure actuarial skills to identify where changes to the pathway should be made to generate the greatest benefit to Barnet people and the impact of these changes on workforce needs, cost and activity across health and social care. The outputs of this work will be the production of:

- A data analysis summary and high level process map of the current dementia pathway in Barnet.
- A high level process map of a desired dementia pathway in Barnet that has been agreed with stakeholders.
- A list of potential interventions (securing the agreement of key stakeholders across both health and social care), which will positively impact the dementia pathway in Barnet.
- Develop a cost/benefit model for each of the proposed interventions, which will show the cumulative benefits and will also break down the cost and saving for each stakeholder organisation.
- An implementation route map.
- A high level business case, which robustly evidences the case for change.

Delivery of this stream of work is expected to commence in August / September 2011 following a formal procurement process.

Work Stream on Older people (fragility fractures and community stroke pathway)

9.19 In addition to the dementia pathway referred to above, the council will carry out similar work on the community element of the stroke care pathway i.e. from the point a patient is discharged from acute hospital care. The same approach will be followed and will underpin actions to improve stroke care in the community following the recent Care Quality Commission assessment.

9.20 There is evidence that older people that fracture a bone are susceptible to further fractures. These subsequent fractures can significantly increase the level of ongoing dependence a person experiences. However; appropriate follow up of these patients reduces the risk of subsequent fractures and therefore improves outcomes for the patient

and reduces spend in health and social care. A business case for to support the development of a fragility fracture follow up service is being finalised and will be presented to the NCL NHS Barnet QIPP group in June 2011.

Work stream on Telecare / Telehealth

- 9.21 The ASC&H directorate has already carried out a pilot to assess the impact of including telecare in the intensive, six week enablement assessment package. An evaluation is being undertaken and next steps will be agreed following review of this evaluation. These may include an expansion of the original pilot to further test the outcomes achieved and to build the business case for further investment if appropriate.

Public involvement

- 9.22 A member of the public, recruited via the Older People's Assembly, is a member of the group overseeing admission avoidance and will take a particular interest in the care homes work stream. We would seek to include other members of the public and service users in other work streams as they progress and in particular in the work on dementia and community stroke services.

Evaluation of impact

- 9.23 Baseline data and clear outcomes are being defined for each strand of work set out above. This will facilitate robust evaluation of the impact on outcomes for service users and the intention is to measure impact across health and social care. Information managers from NCL NHS Barnet and LBB are working together to ensure data from both organisations can be brought together in a meaningful fashion to support this work. These evaluations will be shared with all interested stakeholders and used to support any future investment decisions.

10 LIST OF BACKGROUND PAPERS

- 10.1 None.

Appendix 1: Summary of NHS social care and earmarked enablement allocations

Service area	Funding nominally allocated £000s	Outline of work proposed
Manage impact of changing health offer	£800	To manage the impact of changes to continuing healthcare leading to shift of patients to social care responsibility. Will be linked to project to jointly procure continuing care to increase efficiencies and VFM and reduce changes in provider for patients / clients.
Managing winter pressures	£400 (carried fwd from 2010/11)	Manage increased pressures in winter, especially usage of care home beds.
Enablement (Admission avoidance work stream)	£300	Extending the enablement offer to Barnet residents. Understanding the impact of PACE.
Intermediate care (step up / step down) (Admission avoidance work stream)	£ 900	Map the provision of enablement and intermediate care services. Develop interventions to avoid admissions such as the virtual ward and rapid response. Strengthen social work capacity on hospital sites in and out of hours. Support to the cares role (excluding carer's breaks).
Telecare / Telehealth (Admission avoidance work stream)	£200	To support the maintenance and early discharge of people. Pilot inclusion of free telecare in the 6 week intensive re-ablement offering and explore use of telehealth.
Mental Health (Dementia) Care pathway work stream	£500	PwC Optimal Care pathway project that will work with clinicians and social care to agree desired pathway; use actuarial skills to identify where changes to the current pathway towards the desired pathway will have greatest impact on quality and costs. Identify where investment needs to be made and by whom to achieve savings across health and social care. This underpins conversations between health and social care on service changes.
Older People (Falls and stroke work stream)	£200	Deliver the falls business case to pilot support for older adults. Improve the community element of the stroke pathway (Barnet scored "fair" in a recent CQC assessment) including supported discharge and post discharge reviews.
Community equipment	£300	Plan for increased spend on community equipment as a result of focus in health and social care on supporting people in their own homes.
Care homes (Admission avoidance work stream)	£250	Develop the offer for supporting Barnet residents in care homes. This work will be combined with the work streams on enablement and intermediate care under the banner of admission avoidance.
Building commissioning capacity	£250	Invest in capacity to deliver the projects above.