

FLINTSHIRE COUNTY COUNCIL

REPORT TO: **CABINET**

DATE: **TUESDAY, 18 FEBRUARY 2014**

REPORT BY: **DIRECTOR OF COMMUNITY SERVICES**

SUBJECT: **INTERMEDIATE CARE FUND**

1.00 PURPOSE OF REPORT

- 1.01 To advise Cabinet of the purpose of the Intermediate Care Fund, the application process, and outline proposals for Flintshire's bid. As we are at the initial planning and development stage of the bidding process the report is presented for information.
- 1.02 Members may wish to consider arrangements for securing political endorsement of the final bid which needs to be made within very tight timescales.

2.00 BACKGROUND

- 2.01 Intermediate Care describes a wide range of services which focus on prevention, rehabilitation, reablement and recovery. These services can help avoid unnecessary hospital admissions, inappropriate admission to residential care, as well as preventing delayed discharge from hospital.
- 2.02 Welsh Government have developed an Intermediate Care Fund to encourage integrated working between local authorities, (including Housing and Social Care), Health and other partners The Fund is only available for 2014-2015.
- 2.03 Funding is targeted at supporting older people, particularly the frail elderly, to maintain their independence and remain in their own home.
- 2.04 The Fund can be used to build on existing good practice and increase the scale of provision of integrated services. It can also be used to pump-prime funding to assist transformation and change and to test new models of delivery. The fund can not be used to substitute existing funding streams, it must be used to support new or additional provision of services and ways of working
- 2.05 The indicative allocation for Flintshire is £1,926m consisting of £642k capital and £1,284m revenue funding.

3.00 CONSIDERATIONS

3.01 We are in the process of developing outline proposals for our application to the Fund. Whilst local authorities have been given the lead for the development of proposals we are required to develop our bid in close partnership with Local Health Boards, and with third and independent sector partners. These partners will have a critical role in delivering services associated with the fund. The fund has also been allocated on a regional footprint and we will need to have both regional and partner endorsement of our bid.

3.02 We do not yet have definitive proposals or costed models but our initial areas for dialogue with partners include:

Capital Funding

3.03 Our aspiration is to use a significant proportion (£550k) of the capital allocation to support the development of additional Extra Care Facilities. Capital funding would provide leverage for investment in the cost and delivery of Extra Care and enable us to realise the commitment in our Corporate Improvement Plan to develop a further 2 Extra Care provisions. Our intention is to develop Extra Care in Holywell and Flint.

3.04 We are also exploring the potential of reconfiguring a small number of existing sheltered housing flats (potentially one per locality) to provide a resource for short term support in the community. The accommodation could be used for a range of purposes including a step-up or step-down beds, the provision of respite for carers to prevent carer break down and admission to care homes, and to provide an alternative setting for older people who can not either return home from hospital, or remain at home, until major adaptations are completed at their home. The accommodation would make good use of telecare and telehealth equipment and we can explore potential links to enhanced care service models where health and social care support is required. We anticipate that we would allocated £90k for this work.

3.05 Both Extra Care and proposals for sheltered housing would operate a rehabilitation and reablement culture to support independence and avoid either hospital or long-term residential care admissions.

Revenue

3.06 From the revenue funding we are looking at proposals that will develop and enhance our capacity and ability to deliver existing strategic intentions for service modernisation. Examples of our developing proposals include:

3.06.1 Supporting Integration

- Support locality working to increase capacity of care coordination and the delivery of integrated services. This will include costs associated with establishing co-location as well as providing additional capacity to develop integrated approaches to assessing and managing frailty and exploring the potential for joint health and social care posts
- Working closely with Health to develop and deliver joint commissioning strategies for people with dementia leading to more market capacity to deliver good quality dementia care. This would involve funding a 1 year fixed post to work across Health and social care to expand the Living Well service model to the independent sector with funding to provide specific training on good dementia care and approaches for the independent and third sector. Funding will also be sought to enable mentoring arrangements from in House services and block contracting of hours to pilot and test a service model. The aim of the service will be to support a larger cohort of people with dementia who may otherwise need Residential Care. We would also look for the post holder to develop a market position statement for Care Home placements for people with dementia with a view to supporting the development of an appropriate level of EMI nursing capacity so that Flintshire residents can have their needs met within the County.

3.06.2 Avoiding hospital admission and minimising stays

- Provide additional capacity to support the roll out of Enhanced Care and to review service models to ensure effective take up, good outcomes and value for money. This could include providing, and assessing the impact of additional CPN capacity which can not be met within existing Enhanced Care resources
- Procure research with Health to develop a targeted risk stratification of people who are at risk of hospital admission, or who are regularly admitted into hospital, and associated interventions to manage and minimise hospital admission for this cohort
- Develop respite/convalescence facilities to help ensure that people are able to access services in their local community as part of their recovery process
- Increase the capacity of reablement and rapid response services to better meet demand

3.06.3 Investing in prevention and wellbeing

- Fund the development of self assessment systems for people to

access equipment to help them live at home

- Provide additional investment in telecare
- Target investment to make preventative and wellbeing services sustainable and integrated e.g. expand the provision of Falls prevention in the East and South locality for people who are identified as high risk of falls by their GP, and the development of approaches enable increased access to the National Exercise Referral Scheme

These proposals should be viewed as initial considerations. They are not an exhaustive or definitive list and are subject to dialogue with partners and work to ensure that proposals can be delivered and are financially sustainable.

Governance arrangements

- 3.07 Funding has been allocated across regional footprint areas to ensure change is driven at a strategic level and to improve the consistency of service provision and uniformity of outcomes. Flintshire's bid will need to be submitted as part of regional collaborative proposal.
- 3.08 The development of a regional proposal will be overseen by the newly formed North Wales Integrated Services Programme Board. The Board has representation from all 6 local authorities, Health and Housing with arrangements to co-op independent and 3rd sectors where appropriate. The Board forms part of the governance arrangements that fed into the North Wales Regional Leadership Board. The Board is chaired by Flintshire's Director of Community Services and the Fund will be brokered by Flintshire on behalf of the Region. This forms part of reciprocal arrangements across North Wales for leading on regional initiatives.
- 3.09 There is a North Wales Regional meeting with Welsh Government on 12 February 2014 to discuss and clarify application processes for the regional bid and developing local proposals. Bids will then be submitted for regional co-ordination and Health endorsement on the 24 February 2014. The final bid will need to be submitted on behalf of the region on the 7 March 2104.

4.00 RECOMMENDATIONS

- 4.01 Cabinet are asked to note the availability of the Fund, initial proposals, and asked to consider arrangements for securing political endorsement of the final bid, through delegated powers.

5.00 FINANCIAL IMPLICATIONS

- 5.01 The Fund provides an opportunity to pump prime and extend the

range of services that help people to maintain their independence and reduce/delay the need for long term statutory support. As the funding is for one year only, any proposals for work extending beyond 31 March 2015 will need to clearly state how sustainability will be achieved and where any future funding will come from within significant budgetary constraints.

6.00 ANTI POVERTY IMPACT

6.01 NA

7.00 ENVIRONMENTAL IMPACT

7.01 NA

8.00 EQUALITIES IMPACT

8.01 The Fund provides an opportunity to benefit older people. An equality impact will be undertaken on our final bid to identify and where necessary address any equality issues.

9.00 PERSONNEL IMPLICATIONS

9.01 Funding may enable fixed term opportunities for staff.

10.00 CONSULTATION REQUIRED

10.01 We are required to develop our bid in close partnership with Local Health Boards, and with the Third and Independent Sectors. This will take place at a local level and regionally through the North Wales Integrated Services Programme Board.

11.00 CONSULTATION UNDERTAKEN

11.01 Initial discussions have taken place with key partners at the North Wales Integrated Services Programme Board.

12.00 APPENDICES

None

**LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985
BACKGROUND DOCUMENTS**

None

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