

Report to:	Health and Wellbeing Board	Date of Meeting:	Wednesday 8 September 2021
Subject:	Integrated Intermediate Care Strategy		
Report of:	Executive Director of Adult Social Care and Health	Wards Affected:	(All Wards);
Portfolio:	Cabinet Member Adult Social Care Cabinet Member Health and Wellbeing		
Is this a Key Decision:	N	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

This report presents to the Board the Sefton Joint Intermediate Care Strategy 2021-24 for approval. Intermediate Care is defined as a range of integrated services that: promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; and maximise independent living.

Recommendation(s):

- (1) To approve the Sefton Joint Intermediate Care Strategy 2021-24
- (2) To note that that further reports will be submitted to the Board throughout the life of the strategy in order to provide updates on delivery of the strategy.

Reasons for the Recommendation(s):

The implementation of a joint Local Authority and Clinical Commissioning Groups (CCGs) Intermediate Care strategy is a key workstream of the Sefton Integrated Commissioning Group and the Health and Wellbeing Board will play a key role in supporting and overseeing its delivery.

Alternative Options Considered and Rejected: (including any Risk Implications)

1. **Maintain the Status Quo** – this option was considered and rejected as the Integrated Commissioning Group have identified that a key priority is an expansion of integrated working relating to the delivery of updated models of service delivery, which the strategy outlines and seeks to implement, which in turn will improve outcomes for Sefton Residents, including maintenance of their independence.

What will it cost and how will it be financed?

(A) Revenue Costs

There are no revenue costs associated with this report. Any proposals arising from the delivery of the strategy which result in revenue costs will be subject to separate reports in line with Council governance and approval processes.

(B) Capital Costs

There are no capital costs associated with this report. Any proposals arising from the delivery of the strategy which result in revenue costs will be subject to separate reports in line with Council governance and approval processes.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):	
There are no resource implications arising from this report at this stage.	
Legal Implications:	
<ul style="list-style-type: none">• Care Act 2014• Care and Support Statutory Guidance• The Care and Support and After-Care (Choice of Accommodation Regulations) 2014• National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care	
Equality Implications:	
The equality Implications have been identified and mitigated.	
Climate Emergency Implications:	
The recommendations within this report will	
Have a positive impact	
Have a neutral impact	Y
Have a negative impact	
The Author has undertaken the Climate Emergency training for report authors	Y

Contribution to the Council's Core Purpose:

Protect the most vulnerable:
The strategy outlines how services will be delivered so that they continue to meet the needs of vulnerable people.

Facilitate confident and resilient communities:
Delivery of the strategy will encompass a key focus on ensuring that the needs of the local population are met, and that people are supported to maintain their independence and remain part of their communities.
Commission, broker and provide core services:
The strategy outlines the approach to joint strategic commissioning at a Sefton borough level and encourage greater integration and collaboration between Social Care and Health in order to achieve better outcomes.
Place – leadership and influencer:
The strategy outlines to the market how Social Care and Health will work with the Provider market and ensure that it continues to meet needs.
Drivers of change and reform:
The strategy is a key document outlining how change and reform in the delivery of services and patients / Service Users experiences will take place.
Facilitate sustainable economic prosperity:
Greater income for social investment:
Cleaner Greener

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.....) and the Chief Legal and Democratic Officer (LD.....) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

This strategy has been informed by ongoing discussions with patients, carers, local residents and a wide range of stakeholders through the CCGs' "Big Chats", "Mini Chats" and other listening activities.

Implementation Date for the Decision

Immediately following the Board meeting.

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Appendices:

Appendix A – Sefton Joint Intermediate Care Strategy 2021-24

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

- 1.1. The overarching aspiration of the previously approved “Making it happen” Cabinet paper was that integration would become “business as usual” by 2020.
- 1.2. Integration was described as being clear why partners stand together, stepping outside institutional siloes and navigating multiple meanings of ‘place’. It means redesigning the health and social care landscape together, decommissioning services as well as creating new ones, sharing risks and jointly being responsible for what may be difficult decisions within a complex, challenging and changing system.
- 1.3. The Sefton Integrated Commissioning Group has previously defined the principles of integrated commissioning and identified areas of potential focus. The Group framed its ambition as the need to move towards a strategic commissioning approach by focusing on shared values including maximising population health outcomes, developing trust and transparency of the whole budget position, and supported by an open, positive culture.
- 1.4. A key focus of the Integrated Commissioning Group was the delivery of Intermediate Care services. Intermediate Care is defined as a range of integrated services that: promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; and maximise independent living.
- 1.5. To drive and support this work, the development of a joint strategy was a key identified workstream of the Integrated Commissioning Group and that its implementation should be subject to formal approval.

2. The Rationale and Development of the Strategy

- 2.1. The strategy has been produced in order communicate and outline how Sefton will deliver the overall aims of encouraging independence, avoiding unnecessary admission to hospital and to accelerate discharge from hospital, while ensuring that no long-term decisions about care and independence are taken in a hospital setting.

- 2.2. The strategy was developed following the alignment of a strategic vision for the borough or the place of Sefton via the Health and Wellbeing Strategy, Sefton2together and the NHS 5-year delivery plan.
- 2.3. The strategy outlines a joint health and social care commitment to making a real difference to the way services are delivered and the quality of the patient's individual experience of health and social care provision in Sefton.
- 2.4. As detailed in the strategy, its development was needed in order to address how Health and Social Care will meet the current and future needs of the Sefton population, and take into account the ageing population and the associated impact on the demand for services, as well as the COVID impact on services which has seen a greater demand for Care delivered outside of a Care Home Setting.
- 2.5. Delivery of the Strategy will form a key part of the Sefton Integrated Care Partnership and is an excellent example of what can be achieved through aligned commissioning, demand management and a focus on outcomes for the local population. It also has a role in ensuring providers of Health and Care understand intermediate care and its importance to the system as a whole.

3. Key themes and Objectives within the Strategy

- 3.1. The strategy focusses on the following four models of intermediate care and how they will be delivered in an integrated way so that people can move easily between them, depending on their changing support needs;
 - Home-based intermediate care
 - Reablement
 - Bed-based intermediate care
 - Crisis response
- 3.2. The strategy highlights that care will largely be provided in the person's own home, but for those assessed as at risk if 24-hour care is not provided or their home is unsuitable, an intermediate care bed in a residential setting, or with some nursing care may be the only viable option to avoid hospital admission.
- 3.3. A key theme within the strategy is working to achieve the following outcomes;
 - Ensuring individuals receive care at the right time in the right place, reducing acute hospital admission and managing the projected increase in demand;
 - Ensuring decisions about long-term care are made only when individuals have had an opportunity for rehabilitation and recovery; and
 - Increase individual satisfaction and maximise independent living
- 3.4. The strategy also highlights that a key element of its delivery will be activities relating to commissioning and also engagement with key stakeholders throughout its life, in order to ensure that all partners are aware of required services and to

ensure that any services commissioned meet the needs and aspirations of the local population.

- 3.5. The strategy is included as Appendix A of this report, however please note that it may be subject to further design changes in advance of it being fully published and disseminated to key Stakeholders.

4. Delivery of the Strategy and Governance Arrangements

- 4.1. As detailed in the strategy, its oversight ultimately rests with the Health and Wellbeing Board, however oversight will be conducted by the Programme Delivery Group.
- 4.2. In terms of the practical delivery of the strategy, an Operational Group will ensure that action plans and individual projects are managed, with this group including Providers delivering services, with a range of measures in place to ensure impact. This group includes clinical representation.
- 4.3. This is an area of significant collective spend in Sefton. The delivery of an integrated strategy would help facilitate its full inclusion in the Better Care Fund going forward and a more detailed report on impact of spend to the system will be brought to the board at a later date. It will be a significant area of investment though future Cheshire and Merseyside Health Care Partnership funding Streams.

5. Conclusion & Recommendations

- 5.1. The Intermediate Care Strategy has been developed to outline how key deliverables of the Health and Wellbeing Board will be realised. It takes into account that the elderly and frail population is projected to rise significantly and there are an increased number of people living longer with more complex health needs.
- 5.2. Health & Wellbeing Board are asked to approve the strategy and note the delivery and governance arrangements associated with it.
- 5.3. The Health & Wellbeing Board are also asked to note that it is intended that further reports will be submitted to the Board to report progress against the delivery of the strategy and any identified issues and themes.