Agenda Item

Report to:	**Scrutiny Committee for Adult Social Care**
Date:	**25 November 2005**
By:	**Director of Adult Social Care**
Title of report:	**Intermediate Care**
Purpose of report:	**To examine the effectiveness of the 'Intermediate Care' service and that provided jointly with Health**

RECOMMENDATION – the Scrutiny Committee is recommended to:

1. **Endorse the Adult Social Care Department working with Primary Care Trusts (PCTs) to agree consistent eligibility criteria across the county;**
2. **Endorse the increased emphasis on monitoring and evaluating the impact of intermediate care services particularly the quarterly, bi-annual and annual reviews;**
3. **Endorse regular reviews of residential care units to ensure consistency in procedures, workforce development and professional standards;**
4. **Endorse that CareFirst is fully adopted as the complete management information system for the living at home programme including Firwood;**
5. **Endorse working in partnership with Acute Trusts and PCTs to develop effective integrated service models, particularly those that cater for older people with cognitive impairments.**

1. Financial Appraisal

1.1 There are no financial implications associated with this report

2. Background Information

2.1 Intermediate care is defined as those services that are targeted at people who would otherwise face unnecessarily prolonged hospital stays, or inappropriate admission to acute inpatient care, long-term residential care or continuing NHS inpatient care.

2.2 In East Sussex there is a range of intermediate tier services provided by the department of Adult Social Care, PCTs or are jointly provided, which are either residential or community services. These are set out in Appendix 1.

2.3 ***Current Performance:*** The Living at Home Programme was officially launched by East Sussex County Council in 1997 to facilitate earlier discharges from hospital, to prevent unnecessary admissions to long-term institutional care and to enable older people to live at home for as long as possible.

2.4 The number of people accessing intermediate care services has increased through reducing the average length of stay in each unit and bringing more facilities on line such as Firwood. Information on this is set out at Appendix **2**, along with the discharge destinations for 2002/03; 2003/04; and 2004/05. A sample of 296 people who accessed the Living at Home Programme between 1 April 2003 and 19 February 2005 indicated that 92% are still at home three months after discharge.

2.5 ***Improving the effectiveness of jointly managed services:*** There are a range of intermediate care services which include rapid response homecare, community based rehabilitation services to day rehabilitation care and residential intermediate care services. These form 'intermediate tier' services.

2.6 ***Eligibility Criteria:*** Intermediate tier services have developed in a piecemeal fashion across the county. This has meant that a number of similar services i.e. residential intermediate care services have different eligibility criteria.

2.7 A large number of referrals to some intermediate care services, such as Firwood, are not deemed eligible, creating a perception that it is difficult to access services.

2.8 It is recommended that the Adult Social Care Department works with the PCTs to agree consistent eligibility criteria.

2.9 ***Decentralisation of living at home programme:*** Initially, the Living at Home Programme residential units had a centralised management structure with one operational manager. Since then Thornwood has been transferred to joint management with Bexhill and Rother PCT, Hastings & St. Leonards PCT and Rother Homes and the remaining units have been decentralised under the remit of PCT based Operational Managers, as part of aligning resources to local needs.

2.10 Decentralisation has had a number of benefits such as the ability to align resources with local needs, but this needs to be managed carefully in order not to lose the benefits of centralised management. These include consistent referral and assessment protocols and procedures; consistent workforce development within all residential units; ability to purchase specialist input such as Registered Mental Health Nurse (RMN) input to manage people with mental health problems; improved resource utilisation of 'hub' resources such as Firwood House; and bed management. It is recommended that the above principles are embedded in the decentralised Living at Home Programme.

2.11 ***Models of Care:*** The majority of residential intermediate tier services in East Sussex are focused on delivering 'step down' care and providing a rehabilitation centred service, an essential component of intermediate tier services. There is a recognised need to continue the development of integrated models of care which encompass: Rapid responsive homecare; Day care (rehabilitation); and Residential intermediate care. An effective service model to prevent an unnecessary admission at the point of crisis, requires, where appropriate:

- The provision of homecare within a few hours by the departments Rapid Response Homecare team, irrespective of whether a full assessment has been carried out, subject to satisfying CSCI requirements;
- Overview assessment and, where appropriate rapid access to day care services for rehabilitation; Outreach community based rehabilitation and urgent equipment allocation; or a spell in a residential setting.

2.12 However, this will require not only the resources to deliver the above, but additional resources to: transfer cases from the 'blocked' in-house team to the independent sector to release capacity to respond to urgent referrals; provide flexibility around service provision prior to a complete assessment i.e. if an urgent referral is received for rapid response homecare, then this should not be subject to delays in assessment; and provide long-term placements when all options for independence in the community have been exhausted, particularly if the individual is occupying a residential intermediate care bed.

2.13 ***Intermediate Care for people with mental health problems:*** There is a nationally recognised gap around intermediate tier services for people with mental health problems. With age projected age profile for East Sussex, and the associated incidence of dementia, there will be a need to build skills, capabilities, resources and new models of care to meet the needs of these vulnerable and frail individuals.

2.14 ***Monitoring and Evaluation:*** Intermediate Care is a resource intensive service. Continuous improvement, using a basket of performance indicators (PIs), should be used to manage the service. The effectiveness of intermediate tier services is determined by a number of measures, including the following PI's: the length of stay; therapeutic input; levels of functional independence prior to and following treatment; discharge destination following intervention; and the setting of the individual 3, 6 and 12 months after the intervention. A minimum dataset has been defined for the service and has been mapped into CareFirst. Following training, CareFirst should be able to record all relevant data.

3. Conclusion and Reasons for Recommendation

3.1 The Scrutiny Committee are recommended to agree the recommendations set out in this report in order to: endorse consistent eligibility criteria across the county; ensure consistent monitoring of outcomes across units; ensure consistency in procedures, workforce development and professional standards; develop partnership working with Acute Trusts and PCTs in order to develop effective integrated service models, particularly those that cater for older people with cognitive impairments

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BACKGROUND DOCUMENTS
None