

**EFFICIENCY IMPROVEMENT AND  
TRANSFORMATION PROCESS**

**BASELINE REPORT**

**CHILDREN EDUCATION AND SOCIAL CARE**

**INTERMEDIATE HOME CARE SERVICES**

**06.07.2009**

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## **1. Description of Current Service:**

### **1.1 Who provides the service?**

The Local Authority has a legal duty to meet assessed needs of clients living in the Borough of Stockton on Tees under the NHS and Community Care Act 1990. Services are facilitated within the eligibility criteria determined by the Local Authority under the (LAC [2002]13 Fair Assess to Care Services – Guidance on Eligibility Criteria for Adult Social Care)

### **1.2 History of how the service was formed and why it exists**

The Intermediate Care service is a Borough wide service for adults over the age of 18 years and was developed in 2001 to provide support and care to enable people to remain at home during an exacerbation of a long term condition or carer crisis or to return home from a period in hospital for eg surgery or a fall. The service provides a full range of intermediate care and personal support needs for up to a period of 6 weeks and is free to the client. (Intermediate Care is nationally defined as being up to a period of 6 weeks).

Individual packages of care and support are developed after the client has been assessed on need.

The service works as part of an integrated service comprised of a Therapy Team, Rapid Response Nursing funded by the PCT and a Discharge Liaison Team funded by the NT&HFT. There are strong links to SBC Occupational Therapy service for the provision of equipment and adaptations. The service is provided in the client's own home and is free. The aims of the service are to prevent inappropriate hospital admissions and to support early discharges from hospital.

This unique combination of health, social care and therapy needs would make it difficult to provide a service in clients' own homes through a different mechanism

### **Rehabilitation and Assessment Beds**

There are 10 rehabilitation and 12 assessment beds in Rosedale Residential Home. This is a Local Authority home and consists of four independent units catering for between 10 and 12 clients/resident on each, a total capacity of 44 clients/residents.

The purpose of the rehabilitation and assessment beds is to provide a non-medical residential setting for people to receive short-term rehabilitation.

### **Objectives**

- Improve the functional capacity of people, enabling them to maximise their potential to be independent.
- Promote confidence in people (and their carers) so that independent living at home is a practicable and an achievable option.
- Co-ordinate therapy, social care and primary health care in the formulation of a care plan, which will support people in their return home.
- Achieve earlier hospital discharge for people who are deemed medically fit but where there are safety concerns if they were to return home from hospital.

- To reduce the dependency on a larger package of care, which may have been needed if discharged from hospital straight home.
- Reduce the requirement for long-term residential care.
- Timely discharge back into the community to increase bed availability.

### **1.3 How is the Service Provided?**

The service is provided to all residents of the Borough who meet the criteria for intermediate care, between the hours of 7am to 10pm, 7 days per week. The clients are adults from the age of 18 years but are predominately older people.

The packages of care vary, but will mostly contain some social and personal care, therapy and nursing care if required. This service is designed to maintain people in their own homes and to support them in regaining mobility and independence, following surgery, falls or an exacerbation of a long-term condition. All clients are offered a questionnaire and help is provided to complete it if necessary before leaving the service.

### **1.4 Influences on the service**

Overall referrals to the services and the complexity of the conditions have increased in the past three years. This may be due to the demographic changes and the commitment to maintaining care in the community.

The criteria for access to the service is continually reviewed and broadened but the lack of a 24 hour service prevents people with more complex needs sometimes accessing the service.

With the development of Momentum and the reduction of hospital bed days, clients will have increased needs for support, therapy and care following hospital discharge and more will need 24 hour services. An increasing ageing population and more innovative surgery and medicine will increase demand on the service.

Clients feel that the Intermediate Care Service is an essential part of their return to independent living following a hospital stay or loss of mobility.

### **1.5 How does the service perform?**

The actual Intermediate Care Service is a registered service under the regulation of the Care Quality Commission and regular inspections from CQC have demonstrated that services are provided to a very high standard. Analysis of Quality Assurance surveys of clients and their carers has similarly been predominantly positive.

### **1.6 What does inspection tell us about this service?**

Stockton Intermediate Care Service has a **3 star rating**, which means that the people who use this service experience **excellent** quality. The support staff are well trained and qualified with over 80% having achieved a minimum of NVQ Level 2, this is in excess of the National Training Organisation recommended level of 50%

### **1.7 Resources/Assets:**

#### **Buildings:**

The service and staff are based at Tithebarn.

**Personnel:**

The service is part of the integrated team as previously described.

The Intermediate Care Team is staffed as follows:

1 Manager

3 Co-ordinators

28 Support Workers

2 Clerical Assistants

**1.8 Are there any limitations or barriers affecting the delivery of the service?**

The fact that this is not a 24-hour service prevents some clients with more complex needs from accessing the service

**1.9 Could the service be provided through a different mechanism?**

Personal care is provided through the Independent Sector. Nursing Care is provided through community nursing services.

There is currently no community therapy service although the independent sector could provide private services.

Currently there is no other service that provides total integrated intermediate care.

## **2. Customers**

### **2.1 Who are the customers and what are their needs now?**

Clients who are 18 or over, living in the Borough of Stockton-on-Tees and have been assessed as meeting the criteria for Intermediate Care. Clients may be elderly, frail, disabled, sensory or mentally impaired but must have the ability to reach an optimum level of independence.

Current clients may require one or more of the following; therapy, personal care, assistance with mobility, feeding, medication, communication and daily living skills

### **2.2 How are service users consulted and how do their views shape delivery?**

Client and carer surveys are conducted with every client on the service. An analysis of the findings is used to develop services. The survey covers all aspects of the service delivery .

Clients and carers are encouraged to raise any service issues they are either personally or collectively concerned about, with the manager or staff at any time. Clients and carers are made aware of the complaints procedure and are supported to make a complaint if this is their preferred action.

### **2.3 How satisfied are the customers?**

Analysis of surveys for the past 12 months show the following:

Number of surveys sent out	1,057
Number returned	165
Satisfied with service	165 (minor issues recorded)

### **2.4 Communication**

Communication is through face to face contact with clients and carers or by letters or telephone if appropriate.

### **2.5 Are there customers who could use the service but don't?**

Clients who may need 24 hour support are sometimes prevented from accessing the service.

### **2.6 Are there customers using the service who should not?**

All referrals are assessed against criteria for access to the service

### **2.7 Who are the customers of the future, and what are their needs?**

Demographic changes with an increased ageing population means more people need support to remain in their own homes. The future of hospital care under Momentum will result in increased numbers of patients requiring supported discharge, which may increase delays in discharges from hospital. More people will wish to remain independently at home for longer and will require support to achieve

this. Demographic changes will result in more clients with very complex needs being discharged from hospital to be cared for in the community.

## **2.8 What is likely to impact on demand for these services in the future?**

### **Increase in demand due to:**

Fewer hospital beds and bed days  
Inability for family to take on caring or support role  
Isolation as communities become more insular.  
Safe environment for vulnerable people and management of risk  
Economy of scale in service delivery  
Central Government reduction in funding for alternative care.

## **2.9 What do complaints/compliments tell us about the service?**

There have been no formal complaints from the service in the past twelve months.

There have been 59 compliments/commendations for the combined services in the past twelve months. These were for primarily thanking the staff for the standard of care they received.

### **3. Aims and Objectives**

#### **3.1 Is the service required by statute and is there a statutory level of service?**

The Local Authority has a legal duty to meet assessed needs of clients living in the Borough of Stockton-on-Tees under the NHS and Community Care Act 1990. This requirement is subject to the criteria applied through Fair Access to Care. All intervention with clients and carers must take account of Human Rights legislation Articles 1 to 14. The service can be commissioned and provided by an alternative source if necessary. There is no statutory level of service beyond the FACS criteria adopted by Stockton-on-Tees.

#### **3.2 Is the service responsive, proactive or both?**

The service is both responsive and proactive in that it responds to people in crisis situations to prevent an admission to hospital or care homes, and also supports people in a planned discharge from hospital

#### **3.3 Is the service needed?**

In the absence of a suitable alternative it is required to support clients and their carers with intermediate care who wish to remain in the community but who have a need for social, therapy or personal care.

Independent or voluntary providers have not historically provided a fully integrated intermediate care service.

#### **3.4 What would happen if the service was not provided either in part or in whole?**

Lack of intermediate care services would result in increased admissions to care homes and hospitals.

Rises in numbers of delayed discharges from hospital and bed blocking.

Less people regaining independence following surgery, falls etc

#### **3.5 How would the service react to new pressures and what capacity would be required to deal with additional/new demands?**

As with all resource provision, the concept of change and development is not new or unique. The service has adapted to deal with crisis situations at comparatively short notice. The pressure of a short term increase in demand would necessitate a full review and assessment of current clients to identify those who may be discharged from the service. If referral rates continue to increase in the longer term there may be a need to increase capacity with additional investment for staff.

#### **3.6. Who provides a similar service to this using a different delivery mechanism?**

Although there are independent and voluntary service providers for homecare there is no current provider of intermediate care in the community.



#### **4. Relevance/Context**

##### **4.1. How does the service fit with the overall aims of the Council?**

The service promotes community based service delivery. It reduces the need for longer-term care and or permanent residential care. It is cost effective in relation to other forms of community care i.e. care homes or hospital admission. It enables clients and their carers to live their lives in a way that they prefer and to remain longer in their own homes and with input at a level they require to maintain their independence.

It reduces the risk to vulnerable clients and monitors their health and well being under a preventative agenda.

##### **4.2. How does the service contribute to key policy areas?**

Reduces the need for permanent residential care.

**Aids hospital discharge**

**Prevents unnecessary hospital admission**

**Supports people at home**

Support to carers

##### **4.3. What policies, plans and strategies impact on the service?**

Protection of Vulnerable Adults

Older People strategy

Health and safety

National Service Framework (NSF) for Older people (2001)

FACS

Our Health Our care Our Say(DH 2006)

NHS Community Care Act (1990)

National Care Standards Act 2000 now Care Quality Commission

Staff work to recognised policies, procedures and practice guidance of Stockton-on-Tees Borough Council and Children Education and Social Care specifically.

##### **4.4 Are there any political judgements or decisions involved in determining the level of service?**

None

## **5. Financial and Resource Considerations**

### **5.1 What are the costs of the service?**

Intermediate care is an in-house service and the budget for 2009/10 is £794,230.

### **5.2 What is the charging policy?**

There is no charging policy the, service is provided free to clients

### **5.3 How have Gershon efficiency savings impacted on the service and how is the service planning to meet future Gershon efficiency targets?**

Supplies & Services budgets have remained at 2008/09 prices in order to meet budget pressures in 2009/10. There is also efficiency of £382,000 within Adult services which has to be achieved during 2009/10. Planning is ongoing regarding how these savings will be met.

## **6. SERVICE DRIVERS**

### **6.1 What do we need to change and why? What are the main drivers of change?**

#### **Provide a more flexible service**

Service delivery is confined to the length of time staff are available and this is determined by the budget.

It should progress to provide 24 hour services to include people who may currently be in hospital or care homes.

06.07.09