
Scrutiny Review - Intermediate Care

THURSDAY, 3RD NOVEMBER, 2005 at 13:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Adamou, J Brown (Chair), Dodds and Hoban

AGENDA

1. APOLOGIES FOR ABSENCE

2. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. Where the item is already on the agenda it will be dealt with under that item but new items of urgent business will be dealt with at item 5.

3. DECLARATION OF INTEREST, IF ANY, IN RESPECT OF ITEMS ON THIS AGENDA:-

A member with a personal interest in a matter who attends a meeting of the authority at which the matter is considered must disclose to that meeting the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent.

A member with a personal interest in a matter also has a prejudicial interest in that matter if the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgement of the public interest.

4. EVIDENCE TO THE REVIEW (PAGES 1 - 16)

The review panel will receive a presentation from the Expert Adviser setting out Government thinking and giving examples of good working practice within Intermediate Care.

5. URGENT BUSINESS

To deal with any new items of urgent business admitted at item 2 above.

Eve Pelekanos
Head of Improvement & Performance
187-197A High Road
Wood Green Library
London N22 6XD

Carolyn Banks
Principal Scrutiny Support Officer
Tel No: 020 8489 2965
Fax: 020-8489-2662
E-mail: carolyn.banks@haringey.gov.uk

Intermediate Care - “A Whole System Approach”

Jan Allwood

Reference Group member

Health and Social Care Change

Agent Team – D.O.H

November 2005



Facts and Figures

- Since the 1930s, over 65s has more than doubled.
- Now, one fifth of the population is over 60
- Between 1995-2025:
 - over 80s will increase by almost a half
 - Numbers of people over 90 will double



Issues around acute hospital admission & discharge

- ◆ Older people occupy 65% of acute sector beds
- ◆ Transfers from acute wards account for:
 - 63% of nursing home admissions
 - 43% of residential home admissions
- ◆ <3000 beds / day are occupied by people awaiting discharge
- ◆ Majority of those beds are occupied by people with Mental Health needs



What is Intermediate Care?

- ◆ An emerging concept in health care
- ◆ May offer attractive alternatives to hospital care
- ◆ Care that is "in between"
- ◆ Arises out of a policy imperative
- ◆ Intermediate Care is delivered by those health (*and social care*) services that do not require the resources of a general hospital but are beyond the scope of the traditional primary care team (BGS)



Intermediate Care – The National Perspective

Builds on the National Guidance (Jan 2001)

Intermediate care should focus on three key points in the pathway of care:

- responding to or averting a crisis**
- active rehabilitation following acute hospital stay**
- where long term care is being considered**



NSF for Older People (Standard 3)

To provide integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admissions, support timely discharge & maximise independent living.

(This includes adults with complex needs and older people with mental health needs)



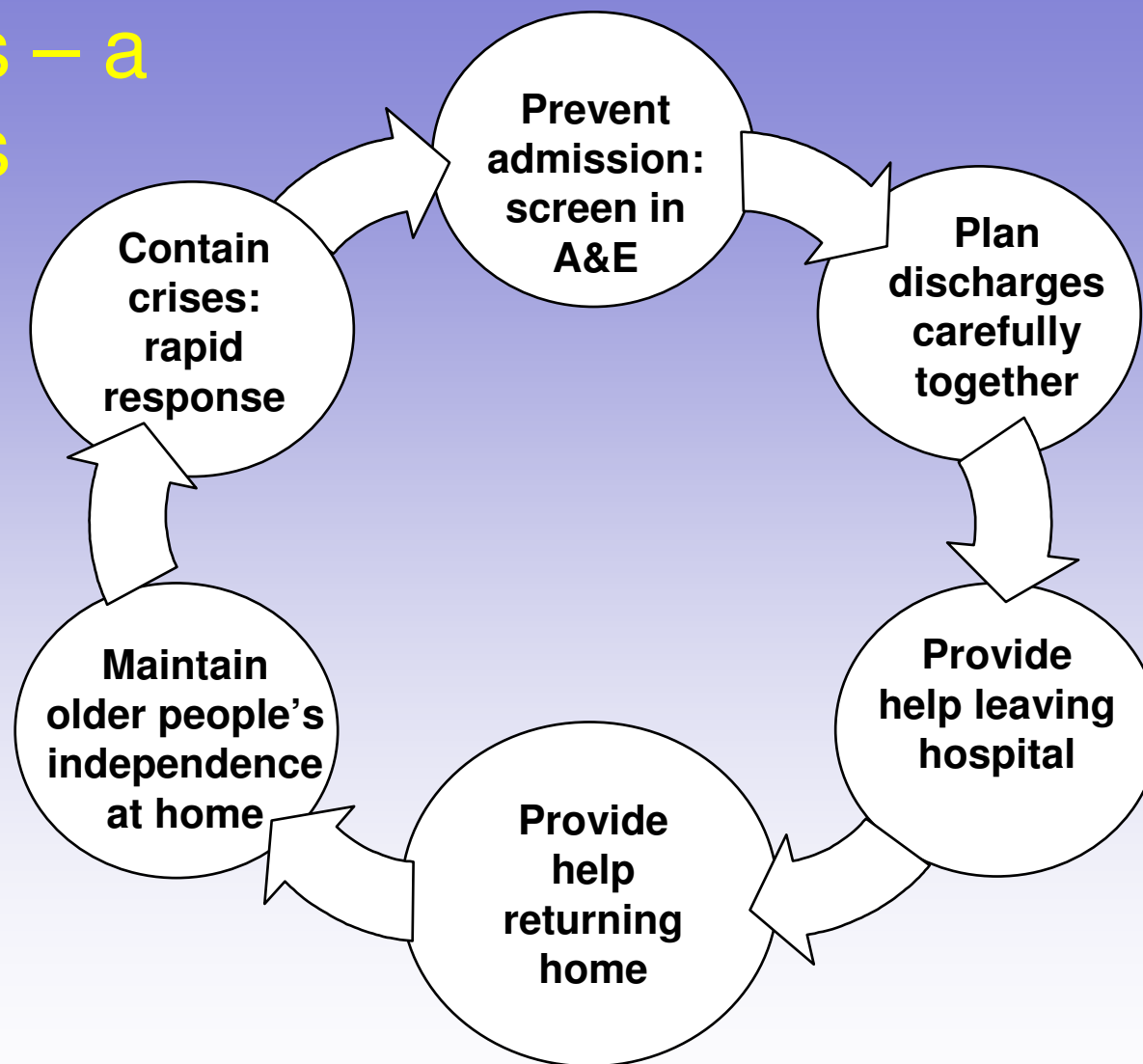


A Whole Systems Approach

- ◆ Self Care – Advice and Carer Support
- ◆ Multi-agency prevention
- ◆ Voluntary Sector
 - Primary Care
 - Housing
 - Health and Social Services
- ◆ Community Nursing / Therapy / Social Care Support
- ◆ Intermediate / Interim / Transitional Care
- ◆ Secondary Care
 - Fast Track Medical Assessment and Treatment
 - Specialist Nursing and Therapy

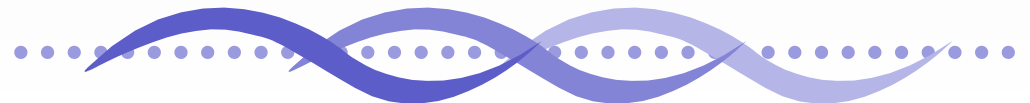


Integrated services – a Virtuous Circle



Key Deliverables - Intermediate Care

- ◆ Improving discharge and transfers from hospital and promoting rehabilitation
- ◆ Reducing avoidable admissions
- ◆ Avoiding premature/avoidable dependence on long-term care



Who is eligible ?

Targeted at people who would otherwise face:

- ◆ unnecessarily prolonged hospital stay
- ◆ inappropriate admission to acute in-patient care , long term residential or continuing NHS in-patient care
- ◆ Provided on the basis of a comprehensive assessment, individualised care plan, active therapy, treatment or opportunity for recovery.



Essential components of I.C.

- ◆ In reach to secondary care to encourage timely referral
- ◆ Single point of referral to Intermediate Care
- ◆ Free at the point of delivery
- ◆ 24 hour, 7 day access to integrated services
- ◆ Fast response, flexible and adaptable. Ready access to equipment
- ◆ Person/carer centred, not service driven
- ◆ Time limited service, individualised
- ◆ Speedy access to medical assessment/support
- ◆ Settings: own home, day hospital, day care, extra care step-up/step-down, beds in a variety of settings



Cont.

- ◆ Empowered, highly skilled professionals
- ◆ Generic, well trained support workers
- ◆ Clear aims, objectives, outcomes
- ◆ SAP which links up all care sector
- ◆ Access to technology
- ◆ Ability to offer end of life care
- ◆ Evaluation, ongoing development
- ◆ Marketing, communication, joint training
- ◆ Leadership, champions
- ◆ Pooled budget



What needs to be done?

- ◆ **Research : Evaluate : Monitor : Feedback**
 - Listen to older people's and carer's views
 - GP Practice profiles – IC referrals
 - Delayed transfers – quantity & quality

- ◆ **Culture Change – “hearts and minds”**
 - Multi-agency Training
 - Involve all acute wards
 - Communication / Feedback Loop / Newsletter
 - Publicity Campaign for consumers



How is it done?

- ◆ Requires Health and Social Care colleagues to work *in partnership* to further develop responsive innovative solutions to current challenges
- ◆ Requires a *shared vision*, which involves all involved being clear about the national agenda.



Intermediate Care in the future

- ◆ **Joint assessment and joint management of risk**
- ◆ **The assessment and decision making about the longer term care needs of older people including older people with mental health needs should take place within an Intermediate Care setting rather than an acute general hospital**

