

Resource pack

Delivering care closer to home: co-designing intermediate care in ICSs

25th October 2023

Learning Network: Adult Social Care Providers & Integrated Care Systems



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Intermediate Care Framework

Intermediate Care Framework aims to improve patient experience and outcomes

- NHS England has published its [intermediate care framework for rehabilitation, reablement and recovery following hospital discharge](#) to help ensure high quality step-down care.
- Building on the work of the eight discharge frontrunner sites to test new approaches, this best practice guidance focuses on recommended actions that systems should consider in partnership with their intermediate care services.
- A [new community rehabilitation and reablement model](#) is also published alongside the framework and aims to ensure that the individual (and their families) is at the centre of discussions and that any transition points will be as seamless as possible.



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National Care Forum Blueprint

To complement the Intermediate Care Framework, NCF have created a [Blueprint for effective accommodation-based Intermediate Care and Reablement](#) to support wider policy approach, beyond the current focus on homecare only.

Key ingredients:

- 1. Environment** – an effective 24/7 environment staffed by an experienced care team which promote rehabilitation and optimum physical activity, social interaction, and psychological responses for individuals who are attempting to regain confidence and mobility and return to a level of functioning independence to return home
- 2. Workforce** - specific training and support for the workforce to ensure a rehabilitation mindset; 24/7 staffing provides a real opportunity to make every interaction with the person a rehabilitative' interaction and increases the opportunities to encourage independence.
- 3. Multidisciplinary Commitment and Collaboration** between care workers and registered specialists and therapists as well as families, social workers and other key people.
- 4. Technology** - Digital systems in the local health and care system that communicate securely with the intermediate care service and systems should consider how this will be achieved whilst meeting the requirements of data protection legislation and other regulations
- 5. Sustainable Commissioning and Funding** - It is essential to develop mature partnership commissioning and contracting arrangements for Intermediate Care services across local systems. If providers are to invest in creating specialist environments, then they need sustainable long-term funding and resourcing to deliver these.



Delivery Plan for Recovering Urgent and Emergency Care Services

- The [Delivery Plan for Recovering Urgent and Emergency Care Services](#) sets out actions the NHS, and social care led by DHSC, will take to strengthen discharge processes and help reduce the number of beds occupied by patients ready to be discharged.
- Over the next two years, and as part of the up to £14.1 billion extra for health and social care, £1.6 billion will be focused squarely on discharge.
- This builds on the existing £500 million Adult Social Care Discharge Fund and £200 million funding for step-down care and will be pooled into the Better Care Fund to be used flexibly on interventions that best help discharge patients to the most appropriate location for them.
- The ambition is to have ‘care transfer hubs’ in every hospital ahead of winter, so that people do not stay in hospital longer than necessary. Around a quarter of local areas currently offer this service 12 hours a day, seven days a week.
- New data will be collected and published on discharge to ensure we are measuring the whole patient journey in hospital.



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National Frontrunners

Discharge Frontrunners is a pilot programme looking to find new solutions to the wide- impacting challenge of delays in discharge. Solutions that work for local people and communities, helping people get the care they need, at the right time, in the best place for them.

The six 'frontrunner' sites are:

- **Sussex Health and Care Integrated Care System** - trialing a new data tool to help services manage performance, give operational oversight, and manage demand.
- **The Northern Care Alliance** (Greater Manchester) - trialing specialised dementia hubs to support people who have a greater chance of re-admission.
- **Humber and North Yorkshire Integrated Care System** - supporting patients to move across health and social care organisations through innovative use of data and real-time intelligence.
- **One Croydon Alliance** - working on a fully integrated team between acute and community, integrated IT system, integrated financial systems and integrated leadership, to better coordination between hospitals and community care settings like rehabilitation services.
- **Leeds Health and Care Partnership** - focused on intermediate care, establishing an Active Recovery Service providing short term community rehabilitation and reablement. Focus on rehabilitation and reablement not only improves patient experience but helps prevent future re-admission.
- **Warwickshire Place** - developing a partnership between the NHS and social care to help provide care and support to patients when they are released from hospital into the community, increasing capacity for home care, and expanding recruitment.



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Further resources

Age UK: [Intermediate care and reablement \(ageuk.org.uk\)](https://ageuk.org.uk)

Care England: [Winter 2023-2024: What Good Looks Like for Adult Social Care - Care England](#)

CPA: [Previous ICS Learning Network resources](#) (including reports, recordings and case studies)

CPA: [Hewitt Review letter to ICB Chairs](#)

CPA: [A guide for care homes on the enhanced health in care homes \(EHCH\) service](#)

CQC: [State of Care 2022/23 - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

DHSC: [Innovation projects in adult social care receive £42.6m boost](#)

DHSC: [Hospital discharge and community support guidance](#)



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Further resources

NHSE: [Enhanced Health in Care Homes](#)

NHSE: [Multidisciplinary teams' role in enhancing the health of care home residents](#) (animation)

NHSE: [Caring for the carer – what's in it for Integrated Care Systems?](#)

ADASS: [The Carers Challenge 2023](#)

Royal Voluntary Service: [NHS Intermediate Care and Rehabilitation Webinar](#)

NHS Providers: [Early learnings from NHS England's discharge front runner sites](#)



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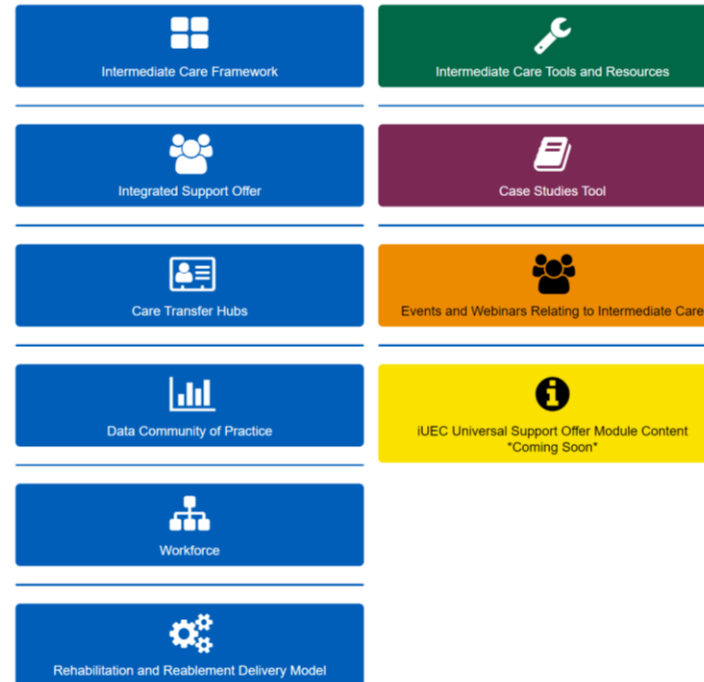
Further resources: Future NHS Intermediate Care Programme

Future NHS have provided an Intermediate Care Programme workspace with links to relevant frameworks, tools and resources and case studies.

You can access the platform here: [Intermediate Care Programme - FutureNHS Collaboration Platform](#)

Please note you will need to create a login to access the site – this is free and easy to do.

You will be able to access the following:



Further resources: Intermediate care case studies

Intermediate Care Programme Future NHS Workspace: case studies and good practice examples (sign up required)

[Delivery model and increasing capacity](#)

[Demand and capacity planning](#)

[Development of metrics including community bed flow and utilisation](#)

[Transforming workforce practices](#)

[Professional practice, leadership and governance](#)

[Reducing health inequalities](#)



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