



**Circular HSS (ECCU) 2/2005**

26 April 2005

To: Chief Executives of HSS Boards and Community HSS Trusts

**INTERMEDIATE CARE**

1. A key element of reform, modernisation and efficiency in the HPSS is the development of responsive and integrated primary and community care services aimed at maintaining independent living and reducing reliance on acute hospital services. There is growing evidence that intermediate care services have the capacity to make a significant contribution to the achievement of that aim.
2. The Primary Care section of Priorities for Action 2004/05 imposed a requirement upon Health and Social Services Boards to develop intermediate care plans and submit them to the Department for consideration. Detailed analysis of the plans revealed a variable approach across the HPSS and subsequent discussions highlighted a need for further work to define intermediate care and provide a common outline framework for reporting progress on its development.

**High Level Definition**

3. Building on work already done in the NHS, the Department has developed a high level definition of intermediate care. The definition has been specifically tailored to circumstances in Northern Ireland and takes account of views expressed by HPSS staff already working in this area. It is hoped that the definition will provide a strategic context for the development of intermediate care services, however, it is not intended to be restrictive in any way and may be developed further in the light of working experience. The definition is set out in Appendix 1.

**Planning and Reporting Framework**

4. The size and content of intermediate care plans submitted to the Department varied widely. Following discussions with HPSS colleagues, the Department accepts the need for further guidance on reporting the development of intermediate care across the HPSS. The purpose of the Planning and Reporting Framework set out in Appendix 2 is to bring greater consistency to the information contained in the plans and significantly reduce the amount of paper involved.

5. The key components of the Planning and Reporting Framework were distilled from the plans submitted in response to Priorities for Action 2004/05 and comments subsequently received by HPSS colleagues. The Department recognises that it will take time to develop and refine the information systems necessary to underpin the planning process. It is important, however, that assessment of the relative effectiveness of different schemes plays an early part in determining priorities for development.
6. Priorities for Action 2005/06 will expect Boards to refine their intermediate care plans and be in a position to report on general progress and the effectiveness of individual schemes. Boards will be required to submit shorter (5-10 pages) updated versions of their plans to the Department by 30 September 2005 to offer assurance of their progress and to allow the Department to take a view about the impact of intermediate care regionally.

## **Conclusion**

7. Beyond this first step the Department would hope to do further work on developing our understanding of intermediate care and its impact in terms of improved efficiency and outcomes. For example, it has been suggested that more needs to be done to categorise the many different types of intermediate care schemes. The Department has also invited tenders for a major VFM Study looking at the comparative cost effectiveness of different approach. It is expected that findings from the Study will make an important contribution to the development of strategic thinking in this area.
8. The development of effective intermediate care schemes will make an important contribution to the overall reform and modernisation agenda. In that context, HPSS bodies are remind of the role the Service Improvement Unit can play in supporting innovative approaches and new ways of working.
9. If you have any queries about the content of this circular, please contact Mandy Jones tel: 9052 2930 or Jenny McCann tel: 9052 2460.

## **Action required:**

- **HSS Boards and Trusts to note the definition for intermediate care;**
- **HSS Boards to refine their intermediate care plans in line with the core components set out in Appendix 2.**

**RAY MARTIN**  
**Elderly and Community Care**

**INTERMEDIATE CARE**  
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**HIGH LEVEL DEFINITION/SPECIFICATION**

Intermediate care is a range of integrated services to prevent unnecessary hospital admission, promote faster recovery from illness, support timely discharge and maximise independent living.

Intermediate Care services should:

- (i) be targeted at people who would otherwise face:
  - a. inappropriate admission to acute in-patient care;
  - b. long-term residential/nursing home care;
  - c. unnecessarily prolonged hospital stays; or
  - d. continuing HPSS in-patient care;
- (ii) be provided on the basis of a comprehensive person-centred assessment of need, resulting in a structured individual care plan that, where appropriate, involves active therapy, treatment or opportunity for recovery;
- (iii) have a planned outcome of maximizing independence and typically enabling service users to remain or resume living at home;
- (iv) be time-limited, usually no longer than six weeks and frequently as little as 1-2 weeks or less; and
- (v) involve cross-professional working, with a single assessment framework, increasingly integrated professional records and shared protocols.

**INTERMEDIATE CARE**  
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**PLANNING AND REPORTING FRAMEWORK**

1. Trust
2. Service name, location and partners, if any
3. Target group
4. Intended impact
5. Process map for the service (single sheet).
6. Existing scheme or new scheme
7. If new in current year, start date
8. Activity units e.g. contacts/hours/placements/bed days
9. No. of activity units per annum
10. No. of service users targeted by scheme
11. Average no. of days on scheme
12. A&E attendances avoided
13. Hospital bed days saved as a result of avoided admissions
14. Hospital bed days saved as a result of planned reduced length of stay
15. Hospital bed days saved as a result of reduced delays in discharge
16. Intensive community care packages avoided as a result of rehabilitation