

DORSET COMMISSIONING PARTNERSHIP

DORSET CARE

SERVICE SPECIFICATION: INTERMEDIATE CARE

Segment 1 and Segment 3

Lot 3

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1. Introduction

- 1.1 This specification should be read in conjunction with the Commissioning Intentions document, the Dorset Care Framework Overarching Service Specification (Document 1), Service Specification: Care and Support at Home (Segment 1, Lot 1) and/or Service Specification: Care and Support in a care home (with or without nursing) (Segment 3, Lot 1), and additional information provided within the appendices. These documents will form part of the final contract for successful bidders.
- 1.2 This document specifies the requirements which apply to the provision of an Intermediate Care service for older people, adults with physical disabilities and/or mental health issues.

2. Aims and outcomes of the service

- 2.1 The aim of the service is for Service Users to remain in or return to their own home, reducing unnecessary hospital stays or inappropriate admission to acute hospital, long term residential care or continuing NHS inpatient care.
- 2.2 It is to maximise Service Users' capability to live independently and safely and reduce reliance on health and social care. It is essential that the focus of the service is on these individual outcomes as described in the Service User's Care and Support plan.
- 2.3 The Service User should feel confident and secure and be an active participant in all decisions regarding their Care and Support.
- 2.4 To support Service Users to continue to live or return to live independently in their chosen home and/or community.

3. Description of the service

- 3.1 The Intermediate Care services are short term, intensive Care and Support interventions to help Service Users avoid unnecessary hospital admission, assist in the timely discharge of Service Users from both acute and community hospitals, rebuild confidence after illness or when ready to leave hospital, regain independence, and aid further recovery before making a decision about long term care particularly if a permanent move into a care home is being considered.
- 3.2 The service will focus on promoting independence and support to maximise choice and quality of life and reduce the need for Care and Support in the future.
- 3.3 Intermediate Care may include but is not limited to the provision of:
 - Step-up
 - Step-down
 - Short term residential admission
 - Crisis response
 - Home based Intermediate Care
 - Bed based Intermediate Care

- Re-ablement
 - Rapid response
 - Care and Support at Home
- 3.4 Intermediate Care involves multi-agency partners working to a single assessment and shared Care and Support Plan.
- 3.5 Intermediate Care solutions will be up to six weeks' duration per Service User. A number of cases will be resolved within the first two weeks. Individual packages will be tapered as Service Users work towards achieving their outcomes.
- 3.6 On occasion and with the agreement of the Provider, the Intermediate Care solution may be extended to meet the Service User's outcomes.
- 3.7 Intermediate Care shall operate over seven days per week, 24 hours per day, every day of the year. The service will be provided during weekends and Public Bank Holidays as agreed in advance between the Commissioning Partners and the Provider.

4. Service access and commissioning

- 4.1 Intermediate Care will be available to adults:
- Aged 18 years and over
 - Who could be diverted from unnecessary hospital admission
 - Who, following a period of hospital admission, could be discharged in a timely manner with the support of Intermediate Care.
 - Who, following an assessment by a Provider, have been identified as having needs which Intermediate Care can support according to the responsible Commissioning Partner's eligibility criteria.
 - When the Service User is willing to work with the Intermediate Care team to learn or re-learn skills and build confidence in order to enhance the Service User's wellbeing.
 - Who would benefit from the service once hospital treatment has finished and who require further rehabilitation
 - Following hospital discharge the Service User has to consider residential care as a permanent move.
 - Further assessment of need and future outcomes would benefit the Service User.
 - The next step is that the Service User is considered to have potential to make progress with learning/re-learning skills within a maximum period of six weeks.
 - Planned surgery e.g. hip replacement
- 4.2 Where the Provider identifies that the needs of the Service User are above those provided through Intermediate Care, the Provider will refuse the referral on the grounds that it can demonstrate to the Commissioning Partners that the service is inappropriate.

- 4.3 Referrals to the service must be made through the responsible Commissioning Partners' Brokerage Team, Operational Team or Out of Hours Service.
- 4.4 The Commissioning Partners accepts that to enable the service to perform to maximum efficiency, the Provider needs to receive timely and accurate Service User details.

5. Post Intermediate Care

- 5.1 The Commissioning Partners will work with the Provider to arrange suitable discharge arrangements, which may include the commissioning of a Care and Support at Home service, re-ablement, admission into a residential environment, further assessment, or discharge with no further Care and Support requirements.
- 5.2 Service Users should be at the centre of the planning discussion and kept fully informed of the arrangements for discharge.

6. Review and discharge

- 6.1 The Provider will ensure that the Service User's progress is reviewed on a regular basis, but no less than weekly. At no later than the three week review, the responsible Commissioning Partner will commence the planned closure of the Intermediate Care package and where necessary agree with the Service User transitional arrangements to further meet outcomes.
- 6.2 The Service User will be discharged from the service in the following circumstances:
- On achieving the Service Users outcomes
 - Completion of the Intermediate Care service.
 - It is agreed by all parties that the service no longer meets the Service User's needs.
 - The Service User wishes to cease receipt of the service and the Provider has notified the Commissioning Partners of this intent.
 - The Commissioning Partners are withdrawing the service from the Service User and the Provider has been notified of this.
- 6.3 The minimum notice period for the cessation of the service by either parties is 48 hours, unless other agreed by the Commissioning Partners.

7. Quality monitoring

- 7.1 Services and/or interventions will be monitored in line with Appendix 1: Care and Support at Home Quality Monitoring Standards and/or Appendix 2: Care and Support in a Care Home (with and without Nursing) Quality Monitoring Standards.

8. Performance monitoring

- 8.1 The performance monitoring measures are set out below and should be submitted on quarterly basis to the responsible Commissioning Partner.

KPI Reference	Measure	Quarter 1	Quarter 2	Quarter 3	Quarter 4
R1	Number of Service Users accepted for Intermediate Care.				
R2	Number of Service Users declined and why				
R3	Number of Service Users completing the service and why				
R4	Service Users who successfully complete Intermediate Care and need no further on going social care Support				
R5	Service Users who successfully complete Intermediate Care and need a lower level of Care and Support				
R6	Service Users who receive first Intermediate Care service visit within 7 working days of acceptance of the referral.				
R7	Service Users who after 91 days of starting their Intermediate Care are still living in their own home				
R8	Response to referrals within one week				
R9	Service Users who received first visit within 7 working days from referral acceptance.				
R10	A Care and Support solution, with outcomes agreed with Service User/ Carer within 5 working days of first visit.				

8.2 This supports the Commissioning Partners overarching performance monitoring framework. See Appendix 3.

9. Award/Call Off Process

9.1 The Commissioning Partners reserve the right to use supplementary quality questions for mini-competition / call-off and to set rates or to have a further competition on rates. There may be more than one award on intermediate care depending on need in specific geographic areas and service pressures.