

Short Stay Intermediate Care Services in a range of Housing and Care Settings

This Factsheet looks primarily at the provision of intermediate care in extra care housing. It supercedes the earlier Housing LIN factsheet, No. 11, to now take into account the Department of Health's guidance earlier this year on intermediate care set out in its 'Prevention Package'. It also considers the provision of intermediate care in other settings including sheltered housing and purpose built provision.

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1. Introduction

This Factsheet considers how intermediate care within extra care housing works for commissioners, providers and service users. It updates factsheet no.11 following the Department of Health's DH guidance on Intermediate Care issued as part of the 'Prevention Package' earlier this year.

In undertaking the background research for the case study, we sent a questionnaire to organisations that had received funding from the DH (Department of Health) Extra Care Housing fund, where it appeared that there was an intermediate care element included in the funding bid. We would like to thank everyone who spoke to us over the telephone and/or completed our questionnaire.

In addition to the focus on extra care, the Factsheet also considers the provision of intermediate care within other settings including sheltered housing and purpose built provision. The focus is on practical working models within different settings.

There has not yet been any national evaluation of the costs and outcomes of intermediate care in extra care housing. However, DH and the Medical Research Council commissioned a national evaluation of the costs and outcomes of Intermediate Care services for older people from the Nuffield Community Care Studies Unit (NCCSU), University of Leicester, and the Health Service Management Centre (HSMC), University of Birmingham which were published in 2006. Details can be found at: <http://www2.le.ac.uk/departments/health-sciences/extranet/ECC/lnru/publications>

When you click onto this website link, look down the centre of the page under publications. The Executive Summary (DOH114 12/05) and full report (DOH114 12/05) are both referenced, with links provided to each publication.

2. What is intermediate care and the policy context

Intermediate Care is a generic term that covers a wide range of services that help prevent unnecessary admission to hospital, or help facilitate early discharge. As such, the term refers to a very important range of preventative services that can help reduce delayed discharges from hospital and promote recover.

Intermediate Care services enable people to improve their independence and aim to provide a range of enabling, rehabilitative and treatment services in community settings. The term has been defined as a "range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission, support timely discharge and maximise independent living". (National Service Framework for Older People, Standard 3 DH, June 2002).

The NHS Plan set out a major programme to promote independence for older people, through developing a range of services that are delivered in partnership between primary and secondary health care, local authority services, in particular social care, and the independent sector. One of the critical elements in this programme is to develop new intermediate care services.

In addition, the government's *Putting People First* concordat (2007) on the future of adult social care seeks to set out and support the government's commitment to independent living for all adults. It recognises that people with social care needs "demand equality of citizenship in every aspect of their lives, from housing to employment to leisure" and that "the vast majority of people want to live in their own homes for as long as possible". One of the key shared outcomes is to "stay healthy and recover quickly from illness". Successful intermediate care is crucial to delivering on this outcome.

Since intermediate care was first introduced there has been considerable progress in many areas in developing integrated service models across health and social care, focused on providing intermediate care to people in their own homes. This has had an impact on reducing the number and proportion of people receiving intermediate care in 'specialist accommodation' settings such as community hospitals, care homes and care with nursing homes, and extra care housing. The *Putting People First* concordat reinforces this aim of supporting as many people needing intermediate care services in their own homes rather than in specialist settings. Considering the need for further 'specialist bed/flat based provision needs to be considered within this policy and service delivery context.

Recent progress has also been driven by a series of major national policy developments such as the NHS '*Darzi*' *Next Stage Review* in 2008 with its focus on care closer to home and the launch in July 2009 of the Government's health *Prevention Package for Older People*, www.dh.gov.uk/en/Publicationsandstatistics/Publications/dh_103146

This raises the profile of prevention as a means of ensuring good health, well-being and independence in later life, by promoting and encouraging uptake of comprehensive health and social care services for older people. As health and well-being are major concerns for people in later years the health prevention package forms the DH's main contribution to the government's ageing strategy *Building a Society for All Ages* (HM Government, 13 July 2009).

The prevention package includes updated guidance on intermediate care, reflecting the plethora of change in policy and practice since the initial guidance was published in 2001. It renews the emphasis on those people who are at risk of admission to residential care, includes people with dementia and mental health needs, and highlights the role of joint commissioning across a range of integrated services to fulfill the intermediate care function, including social care re-ablement. It states that the time period within which intermediate care is provided should be seen as flexible, depending on the needs of the individual, and should be provided to people whose short term needs can be addressed within a limited period of weeks as part of an overall care pathway.

This updated guidance emphasizes that intermediate care is, consequently, a broader concept than originally envisaged. It is more a function than a discrete service type and so services will vary depending on the needs and resources of the locality. Some areas will more use of residential care beds and other may provide more care in people's own homes, or in specialist resource centres. The guidance suggests that as part of this continuum of intermediate care, supported discharge may work well in specialist accommodation such as extra care housing with the appropriate therapeutic support from specialist teams, support workers and community equipment.

In terms of the wider role of housing in prevention, and promotion of health and wellbeing, the Care and Support Green Paper '*Shaping the Future of Care Together*' states that the government 'will continue to encourage a range of housing support options. These will include supported living (care in a person's own home). Extra care housing (accommodation with design features and support to help people live independently), changes to homes or workplaces that make it easier for people to move about, and designing new homes. All of these measures will help to delay the need for care and support later on. Further evidence of the preventive aspects of intermediate care are also set out in the prevention package produced by the 'Partnerships for Older People Projects' (POPP) programme.

The Green Paper provides an example (see below) that includes intermediate care and telecare, linked to early discharge to special accommodation.

Re-ablement, telecare and special housing

After he had a stroke, Terence was at risk of falling and was not able to be at home safely on his own. Because he wanted to leave hospital, he was discharged two weeks early to a special flat with additional support. While he was there he received rehabilitation from the intermediate care team, but also built up his confidence to live independently and had a falls detector, bed sensor and gas detector. He returned to his own flat several weeks later and did not require further care.

Shaping the Future of Care Together (July 2009) – p.52

3. What is extra care housing and where does it fit in relation to intermediate care?

What is extra care housing?

New forms of sheltered housing and retirement housing have been pioneered in recent years, to cater for older people who are becoming frailer and need access to care and support services.

There is no legal definition of Extra Care Housing. The bidding guidance published by DH for the Extra Care Housing fund describes it as:

‘A type of housing that enables people with care and/or support needs to remain in their own home’.

Traditionally these people may have been accommodated in sheltered housing, residential care, nursing homes and other types of accommodation with care and/or support. Extra Care Housing enables the delivery of health and social care services to most service users without the need for them to move out and should be capable of providing the majority of tenants with a home for the remainder of their life.

Extra Care Housing can be new build, re-modeled from existing buildings or a mix of both. The crucial factor is the philosophy, together with design features, including:

- Self contained flats with kitchen and bathroom facilities that support and enable independence, privacy, dignity and the delivery of care services
- Staff facilities – office and sleep-over room
- Barrier free spaces that are accessible and enabling, and aid residents’ mobility and independence
- A range of areas for services such as hairdressing, laundry etc.
- Room space for consultations and advice such as G.P. visits, telehealth facilities for vital signs monitoring for people with long term conditions
- Communal areas – dining facilities, lounges and day rooms
- Guest facilities
- Good links with the local community
- Staff on site to manage and maintain the building and manage the delivery of care and support services

There are variations on the above such as additional facilities for staff, a shop, storage for wheelchairs and scooters and the provision of social, educational and recreational facilities.

The Extra Care Housing Toolkit published by the Housing LIN defines Extra Care Housing as:

'Purpose built accommodation in which varying amounts of care and support can be offered and where some facilities and services are shared'.

Extra Care Housing is also known as very sheltered housing, assisted living, or simply as 'housing with care'. It comes in many built forms, including blocks of flats, bungalow estates and retirement villages. Other related models of extra care, often known as 'close care' provide self contained extra care accommodation on the site of a care home, so that extra care residents are able to call upon the services of the care home and its staff if they need them.

Evolving the role of extra care in relation to wider health and community benefit

As Extra Care Housing has developed the focus has evolved from design and development towards service delivery and in particular to increase the outcomes it can provide for older people in the community. To be successful for Department of Health capital funding social services authorities have been required to demonstrate a number of benefits including, improving services for individuals with long term conditions, preventing unnecessary admissions to hospital and/or residential care, assisting in reducing delayed transfers from hospitals, and improving health and well-being.

It is now becoming generally accepted that extra care schemes should provide a range of care and support services to people in their localities as well as to their residents. The concept of progressive privacy allows for separation of private space for residents from communal space. The provision of facilities such as cafes and restaurants, social activities, hairdressers and shops which are open to non-residents can help make these services economically viable. Alongside this health suite/rooms providing health related services such as nurse led clinics, falls prevention and flu jabs are expanding the health related dimension of extra care schemes. For examples of this, see Housing LIN case studies Nos. 14, 35, 38, 40 and 47.

Where does extra care housing fit in relation to intermediate care

Developing an intermediate care component to extra care housing is a further development of maximising its health and social care potential. Individual flats/groups of flats in extra care housing are being used as short stay provision both to prevent hospital admission and to facilitate successful discharge to a housing rather than long-term care setting in the community.

4. Issues to address in setting up intermediate care services in extra care housing

There are a number of separate issues which need to be considered when looking at setting up an intermediate care service within extra care housing. These are examined below:

Development issues

At the time an extra care housing scheme is being developed, discussions will take place with individuals from a number of different organisations including adult social

services and primary care. It is important to get a commitment at this stage for the inclusion of intermediate care, in order to agree funding, staffing and management issues. There are two significant questions to be addressed, namely:

- Do social care and/or health need additional units of intermediate care and does a service within extra care fit with their respective strategic directions? Many commissioners are now moving away from specific intermediate care beds to the provision of re-ablement services in individuals' own homes, perhaps alongside a 'fast track' system for adaptations. In other instances they have commissioned purpose built intermediate care or provide the service within residential care
- How will a potential service fit with the philosophy of the development? In most instances there will be a good 'fit' around a shared approach to independence, choice and re-ablement

For schemes developed with HCA (Homes and Communities Agency, the successor body to the Housing Corporation) funding, additional and separate capital funding will need to be available for the development of short stay units, as the HCA is not able to fund these. If the PCT (Primary Care Trust) or social care cannot commit capital they may be willing to enter into a revenue funding agreement as a way of servicing the loan on the capital, for example, renting a specific number of units for an agreed period.

The DH Extra Care Housing Fund has encouraged the provision of short stay care and, on some pipe-line schemes has provided capital.

Regulatory framework

Intermediate care services were developed in response to delayed hospital discharges and specifically older people occupying acute beds but unable to return to their own homes. The Community Care (Delayed Discharges etc.) Act (Qualifying Services) (England) Regulations 2003 applied to aids and adaptations and to intermediate care. In summary it set out the following:

- Community equipment (aid or minor adaptation) where it was provided to assist with nursing at home or aid daily living and cost less than £1,000 should be free of charge
- Intermediate care (a structured programme of care for up to six weeks) should be provided free of charge

The provisions came into force on 9th June 2003 and underpinned the development of services to prevent unnecessary hospital admissions and re-admissions and support for people to return home after a hospital stay.

The contractual arrangements for intermediate care are twofold: firstly between the provider and social care and health; and secondly between social care and health and the service user. The housing provider operates intermediate care on behalf of social care and/or the PCT and will make a charge to them for the service.

None of the examples of intermediate care considered for the purposes of this Factsheet is registered by the Care Quality Commission (CQC) – formerly the Commission for Social Care Inspection (CSCI) - as an establishment. A number of providers had been instructed by CQC that units should be registered but, as a result of detailed discussions, this was not done (the domiciliary care team on site is registered with CQC).

Funding

Adult social care and/or the PCT will be required to either make a capital investment equal to the number of units of accommodation they require, or to enter into an agreement to pay rent on the units. Other costs include:

- Service charge
- Heating and hot water
- Water rates
- Cleaning

Arrangements also have to be agreed for the provision of furnishings and decoration of the flats.

In some instances flats will include height adjustable kitchens, aids to daily living, special beds and mattresses etc. Whilst this will support individuals to become more independent, the aim is generally for flats to be domestic in style and akin to a home environment.

Staffing and management

There seem to be two main models:

Stand alone model

This is where social care or the PCT simply rents a number of flats from the housing provider and agrees a contract. In this case the provider may have no involvement in service delivery. Social care or the PCT put in place mechanisms for referring people to the service, provision of assessment, care and rehabilitation (personal care, physiotherapy, occupational therapy and other specialist health and social care services as required), arrangements for discharge from the service and cleaning of the properties. This arrangement may or may not include contracting with the provider for cleaning and/or annual decoration.

Enhanced model

Similar to the model above, social care or the PCT rents a number of flats and pays for a management service which may include any of the following:

- Welcome pack
- Scheme tour including the restaurant and other communal facilities
- Introduction to residents
- Laundry service
- Cleaning service

The commissioners either contracts the care externally or from the on site care team. Similar to the stand alone model the care staff work alongside rehabilitation and other specialist health and social care services and staff.

The enhanced model helps service users to make the most of the on site facilities and be part of their rehabilitation package.

How it works

In all instances social care and health will take the lead with the following:

- Communication with hospital discharge teams
- Referral arrangements (this may be limited to social care and hospital staff or can be self referral)
- Protocols to ensure appropriate referrals
- Needs assessments
- Arrangements for service users to return home

5. Case Study examples

Below we provide a number of case study examples for the provision of intermediate care in extra care and other settings.

Intermediate care in extra care settings

Below we provide some case study examples of intermediate care in extra care settings.

Case study 1: Intermediate Care in extra care housing: Poppyfields

Poppyfields is an extra care housing scheme developed by Hanover Housing. It was opened in 2006 and 3 flats out of the 34 in the scheme were funded as intermediate care flats. Capital funding was provided by Huntingdon PCT.

The PCT sees these flats as part of its Intermediate Care Service. As such it is a directly provided and funded service by the NHS, using extra care housing to deliver the Intermediate care service.

The PCT has a management agreement with Hanover which allows the use of the flats for intermediate care. The home care part of the service is provided by an independent home care provider, and funded by the PCT.

The Intermediate Care flats are all physically located in one part of the scheme.

Both Hanover and the PCT consider the service and contractual arrangements work well.

Hanover would like, as a housing association to provide intermediate care services in other extra care schemes and is talking to other social services authorities about this.

Case study 2: Intermediate care in extra care: Rowan Village

Stoke on Trent City Council, together with Staffordshire Housing Association who manage the scheme, have developed Rowan Village Extra Care Facility. In line with national guidance such as 'Valuing People Now', 'People as Partners' and 'Our Health, Our Care, Our Say', 6 of the units have been allocated to people with learning disabilities, and 8 units out of the 75 are for intermediate care.

The scheme was developed with Department of Health extra care funding, together with Housing Corporation and local authority funding.

The intermediate care flats represent a partnership with adult social care and the PCT. Individuals sign a licence with Staffordshire Housing Association as the landlord. Social services pay the rent. Care costs are covered in the contract and the IC (Intermediate Care) team provides specialist services such as therapy and nursing services. This is seen by the partners as an effective partnership model.

Case study 3: Intermediate transitional Care in extra care housing: Paramount Court

Paramount Court is an extra care scheme in St Helens run by Helena Housing Association. It has 99 units, a mix of sheltered and 20 units of extra care housing. There are also 2 transitional units which are run by adult social care for people being discharged from hospital but who are not yet ready to go home. They come for a 6-8 week period, following assessment in hospital by care managers. Home care services are provided by Manchester Care.

Case Study 4: Intermediate care in extra care housing: Mendel Lodge

Wirral PCT are developing the concept of community health services around the 'virtual ward' in the community as part of the process of shifting away from hospital based services. The WISP Project is built around developing an integrated health and social care approach. Intermediate care fits into this approach, alongside the development of other services such as community matrons. The PCT has provided £200,000 capital as part of a successful extra care housing funding bid to the DH Extra Care fund, for the development of a new extra care scheme, at Mendel Lodge. Mendel Lodge will provide 49 units of extra care housing. The capital funding will contribute to the provision of community facilities such as therapy rooms, and the provision of 10-12 intermediate care flats as part of the extra care scheme. The PCT will also be putting revenue into the scheme.

Intermediate Care and Sheltered Housing

Extra care housing schemes have not been the only housing environment for the provision of rehabilitation services. Set out below are two examples of intermediate care services and sheltered housing.

Case Study 5: Intermediate Care and Sheltered housing: Cleves Cross Grange

Cleves Cross Grange is a sheltered housing scheme in County Durham and has two flats which form part of the local Sedgefield Home Assessment and Rehabilitation partnership (SHARP) which provides a range of crisis intervention and rehabilitation services.

One of the flats has been adapted to provide a wide range of equipment and fittings in order to assess individuals for equipment and/or adaptations in their own home and provide individuals with the opportunity to test equipment and adaptations, including:

- Height adjustable kitchen units and a range of kitchen equipment and appliances
- Flat floor shower and bathing aids
- Hospital style adjustable bed
- Over bed hoist
- Home appliances and equipment

The other flat has been left largely unchanged in order to provide a home like environment for the purposes of assessment.

The two flats are adjacent to one another with interconnecting doors allowing a maximum of two individuals and/or their carers to use them at any one time.

Whilst the properties are utilized the assessment process does not include an overnight stay. The reasons for this are lack of access to on site care. The PCT felt that the risk for them was too great, specifically that if someone needed urgent care this would take some time to arrive.

The latter issue is one which is more easily dealt with in an extra care environment with care staff on site 24/7.

Case Study 6: Intermediate Care in Sheltered housing: St Peter's Court, Cirencester

In 2003, the Cotswold and Vale Primary Care Trust successfully bid for a capital grant from the Department of Health. Working in partnership with Hanover, Stroud and Cotswold's District Councils, Fosseway Housing Association and social services, the PCT began to develop 16 sheltered housing units to provide intermediate care. One of these was St Peter's Court in Cirencester which opened in early 2004 with two specially adapted and furnished flats. Patients who were suitable for receiving intermediate care at St Peter's typically spent up to six weeks living in one of the self-contained furnished units, where they could re-build their confidence in a specially-designed rehabilitative environment prior to going home. Whilst the service was successful and valued by older people who used it, it is no longer in operation. The PCT gave notice on one of the flats in 2006 and on the second one the following year as a result of shifting the provision of intermediate care to Cirencester Hospital.

Intermediate care in a purpose built residential care resource centre setting

There are also examples of intermediate care being provided in purpose built residential care resource centre settings.

Case Study 7: Intermediate Care in a residential care setting: Median Road Resource Centre

Median Road Resource Centre is a multi-purpose short-term residential facility for older people, opened in 1991. The centre provides the following short-term services for older people:

- Rehabilitation
- interim care
- respite care

The centre also has a small number of permanent residential care beds but these are moved over to short stay as they are vacated.

The centre is divided up into five units, each are individually decorated and have a kitchen diner and a sitting room with a TV/Video/CD. There are 37 bedrooms and every room has an en-suite wet-room with lavatory and hand basin, and some rooms are large enough for couples.

The centre has care support workers on duty 24/7.

Intermediate care in Short Stay Rehabilitation Unit – free service

The Short Stay Rehabilitation Unit provides short-term intensive residential rehabilitation, usually 4 – 6 weeks. The aim is to help people live as independently as possible, through the provision of multidisciplinary therapy services. The therapists and therapy assistants are seconded from the Therapy at Home Team based at the local hospital (Homerton).

Interim care – charged for service

Interim care is short-term transitional care for people who:

- No longer need a hospital bed, but who are temporarily unable to return home, or move directly into new accommodation; or
- Are living in the community but at risk of being admitted to hospital for non-medical reasons (for example if the person is not coping at home), even though they have care and support provided by social services

The aim is to:

- Help the person return home and live as independently as possible
- Provide them with rehabilitation if they need it
- Decide what help they need to return home
- Carry out assessments and make recommendations for alternative housing, if necessary

Residential respite – charged for service

Respite care provides a break for the carer and the person being cared for. The service is for people with cognitive impairment and those who need help with personal care, such as washing and dressing. The length of stay can vary to suit the carer's need, but it is usually anywhere between 24 hours and two weeks, including emergency bookings. The service is not aimed at individuals who have very high levels of need.

Anyone who stays for interim care or respite care can receive an assessment from a therapist from the Short Stay Rehabilitation team.

Additional services

- An interpreter or translator
- A local GP visits the centre once a week, and anyone staying at the centre can see them if they wish.
- A benefits assessment
- A carer's assessment
- A community nurse for continence advice or tissue viability assessment.
- A referral to the Sensory Service for people with diagnosed sight and, or hearing problems.
- Hairdresser
- Chiropodist
- Hearing aid check
- Optician
- Dentist

New developments

The building is wired to support Telecare, and work is in progress to provide a gym for individual treatment and exercise groups for the people staying at the centre.

If a person staying at Median Road Resource Centre is not going to return home, they are offered a range of supported housing options.

6. Other relevant Housing LIN publications

Factsheet 1 - Extra Care Housing 'What is it?'

Case Study 14 - Intermediate Care Services within ECH in Maidenhead

Viewpoint 7 - Connecting Housing and Health – Poppyfields

Podcast - Poppyfields, St. Neots Working in Partnership with Health

Case Study 35 - [Ledbury Community Health and Care Centre](#)

Case Study 38 - [Healthy Outcomes in Blackburn and Darwin's Extra Care Housing](#)

Case Study 40 - [Combining Extra Care Housing with health care services at Barton Mews](#)

Case Study 47 - [Integrating Extra Care: partnership working in Staffordshire](#)

All these are available under the resources page on the Housing LIN website at www.dhcarenetworks.org.uk/housing/

Other publications

A report on the evaluation of Moor Allerton Care Centre published by Dementia North and Northumbria University
www.dhcarenetworks.org.uk/housing

7. Useful contacts

Department of Health

www.dh.gov.uk

Department of Work and Pensions

www.dwp.gov.uk

Department of Communities and Local Government (CLG)

www.communities.gov.uk

Organisations referenced in the Case Studies

Poppyfields

Chapman Way
Off Barford Road
St. Neots
PE19 2FF

Hanover 01480 475069
Huntingdonshire District Council 01480 338222

Rowan Village

Julie Russell, Staffordshire Housing Association
Tel: 01782 744533
E mail: Julie.russell@staffshousing.org.uk

Paramount Court

Pam Buck, Helena Homes
Tel: 07766 366910
E mail: pam.buck@helenapartnerships.co.uk

Mendell Lodge

Jennifer McGovern, Joint Commissioning Manager for Older People/Physical and Sensory Disabilities, Wirral Council
Tel: 0151 666 3652
E mail jennifermcgovern@wirral.gov.uk

Sedgefield Home Assessment Rehabilitation Partnership (SHARP)

Cleves Cross Grange
Ferry Hill
County Durham

Median Road Resource Centre
25, Median Road
Hackney
London
E5 0PF
Tel: 020 83568710
www.hackney.gov.uk/mrrc

The full list of Housing LIN Factsheets and other resources can be seen and downloaded at our website:

www.dhcarenetworks.org.uk/housing

The Housing LIN welcomes contributions on a range of issues pertinent to Extra Care housing. If there is a subject that you feel should be addressed, please contact us.

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