DESCRIPTION OF THE PRACTICE	
1. Title of the practice	
- 'INTERMEDIATE CARE SERVICES: PROVIDING SEAMLESS CARE TO STABILISE DETERIORATION AT TRANSITION POINTS AND REDUCE DEPENDENCE ON LONG-TERM SERVICES AND HOSPITAL CARE' -	
2. Organisation responsible for the practice	
Halton Borough Council, United Kingdom	
3. Contact person(s)	
E-mail	policy@esn-eu.org
4. National/regional/local context of practice	
In England, medical care is organised nationally and provided by the 'National Health Service'. While health care services are free at the point of use, most formal long-term care is considered social and strictly means-tested. Local authorities organise social care. They coordinate the assessment of care needs for publicly funded care services. Social care is primarily responsible for the non-healthcare components of long-term care with individuals and their families. Only individuals with income and assets below the means-tested level receive publicly funded social care, and the system also directs services towards those who live alone and do not receive informal care. An increasing number of older persons are now accepting cash instead of services in the form of direct payments or individual budgets. A cap on care costs for service users will be introduced in April 2016. This means that once a person has spent a certain amount of money on his or her care, the state will step in and provide financial support. The state provides carers with a carer allowance. The central government aims to promote cooperation and collaboration between health and social care and, more generally, between health bodies and local authorities. The 'Health and Social Care Act 2012 and 'Care Act 2014 in England provide opportunities to integrate and cooperate in care. This legislation is enabling rather than compulsory. Legislation provisions also exist to enable healthcare organisations and local authorities to 'pool' financial resources for the commissioning and provision of services. According to our members, besides legislation, working relationships are also important.	
5. Summary of the practice	

The Intermediate Care Service operates in the Borough of Halton. The leading organisation is Halton Borough Council, in collaboration with Bridgewater Community NHS Trust, Warrington and Halton Hospitals NHS Foundation Trust.

The service works with people in their homes, care homes, acute hospitals and dedicated intermediate care/rehabilitation beds. This is done across organisations and in cooperation with primary, community and secondary care services.

The service is multi-disciplinary and multi-organisation. Professions within the service are nurses, physiotherapists, occupational Therapists, dietetics, care, and support staff. Doctors (general practitioners and consultants) are involved in specific cases.

The service works with people during 'transition' points in their health and well-being. The service is designed to stabilise deterioration in physical and emotional functioning, restore well-being and support adaptation to disability. It provides coordinated treatment, rehabilitation, care, and support for people in transition to prevent long-term disability / altered functioning.

Lessons learnt:

- Agreement across the contracting and providing organisations on the key outcomes to be achieved – enabled middle managers and professionals to work in an integrated way and overcome organisational boundaries
- Implementing a pooled budget – this has enabled resources to be moved around to respond to changes in demand

6. Staff involved

Nurses, Physiotherapists, Occupational Therapists, Dietetics, Care and Support staff. Doctors (general practitioners and Consultants)

7. Target group

Adults over 18 but primarily older people

8. Aims of the initiative

It aims to improve care coordination, the use of resources/cost reduction, health improvement for service users and informal carers, and improve quality of care. From an organisational perspective, the practice describes the need for more cohesion between health and social care for service users with complex problems. The service is designed to stabilise deterioration in physical and emotional functioning, restore well-being and support adaptation to disability. This should reduce the length of stay in an acute hospital and dependence and utilisation of long-term domiciliary and care home services

9. Issues for social services

Service Integration/ Cooperation across services	X	Service Planning		Contracting	

Technology		Skills development (of the workforce)		Quality of services	

ANALYSIS OF THE PRACTICE	
10. Status	
Pilot project (ongoing)	
Pilot project (terminated)	
Project (ongoing)	
Project (terminated)	
Implemented practice (restricted areas)	
Widely spread practice/rolled out	X

11. Scope of the initiative

Describe the setting of the practice, considering the following criteria:

- *Micro-level initiatives:* initiatives that involve individuals at the local level
- *Meso-level initiatives:* initiatives that involve organisations or communities
- *Macro level initiatives:* initiatives that involve large population groups

Meso level initiative

12. Leadership and management of the initiative

Describe the leadership of the practice, considering the following criteria:

- *Collaborative management*: shared between large partnerships, often of central, regional and local representation
- *Organisational management*: by one organisation
- *Professional management*: managed by a single person
- *Shared management*: shared with no defined leadership

Organisational management: this initiative is led by Halton Borough Council.

13. Engaging stakeholders in the project

Describe the engagement of stakeholders, considering the following criteria:

- *Individual initiative*: Individuals have sought practice change
- *Network approach*: one or more organisation(s) develop a network
- *Collaborative approach*: large collaboration with relevant stakeholders

Network approach: Halton Borough Council coordinated the cooperation of different professions (nurses, physiotherapists, occupational therapists, dietetics, care, and support staff—Doctors (general practitioners and consultants).

14. Involvement of service users and their families

Describe the involvement of service users, considering the following criteria:

- *Team involvement: service users and carers were part of the project team*
- *Consultative: A consultative body of users was set up for ongoing dialogue and feedback*
- *Involvement in care: person-centred approaches to care/support*

n.a.

15. Costs and resources needed for implementation

Describe how the practice is financed, considering the following criteria:

- *Within existing resources:* staff time and other resources are provided 'in-house'.
- *Staffing costs:* costs for staff investment
- *Joint/Pooled budgets:* two or more agencies pool budgets to fund services
- *Funded project:* external investment

Joint/Pooled budgets: the intermediate care service is funded by a wider pooled budget on health and social. The service sits within a wider pooled budget covering Health and Social Care spending on adults and older people with complex needs. Total joint expenditure on intermediate care is circa £4.9 million per annum.

16. Evaluation approaches

Describe the evaluation method of the practice, considering the following criteria:

- *Multi-method: use of both a qualitative and quantitative approach,*
- *Single method: a qualitative or quantitative approach*
- *Audit: looks at data sources such as existing medical records and other routinely collected service data.*
- *Informal: refers to in-house service evaluation using locally designed tools and/or collecting opportunistic feedback*
- *No evaluation*
- *An evaluation is planned*

Single method: a quantitative approach.

Key Performance Information (KPIs) is collected on a monthly basis to identify outcomes and trends. This includes process data and service user descriptions of experiences within the service. Specific service areas also collect information on outcomes achieved by individual service users.

17. Measurable effects of the initiative and what it has achieved

service users	☐ Health improvement for service users, ☐ Improved knowledge and understanding: The KPIs demonstrate good outcomes on discharge, such as a high proportion of people remaining within their own homes with appropriate levels of long-term care as required. Service users rate the service extremely highly in terms of delivery.
formal care givers	

informal carers	
organisations	▯ Better use of resources/cost reduction: The KPIs demonstrate good outcomes on discharge, such as a high proportion of people remaining within their own homes with appropriate levels of long-term care as required

18. Anticipated or 'aspirational effects of the initiative and what it has achieved

This category can include outcomes which are not documented, quantified or properly evaluated. They can include such elements as improved knowledge, quality, workforce, etc.

service users	
formal caregivers	
informal carers	
organisations	

19. How has the initiative changed the way care/support is provided

Enabled segmentation of people's care needs into 'short term' and the 'long term' with a focus on maximising the opportunity for people to regain and improve their self-care and functioning before moving to long-term provision.

20. Sustainability of the practice

Describe if the practice is sustainable, considering the following criteria:

- *Potential for sustainability:* practices were newly started or are ongoing/not yet mainstreamed. How could the initiatives be sustained (in terms of resources)?
- *Organic sustainability:* service users have been empowered to take the initiative forward
- *Established:* the project has been operational for several years

Established: The Intermediate Care Services has been operational for 10 years.

21. Transferability of the initiative

Describe if the practice has been transferred, considering the following criteria:

- *Transferred:* transfer to other regions, countries, service user groups, etc.
- *Potential for transferability:* there is interest from the outside; elements of the initiative have been taken up and used elsewhere; material for transferability (for ex. training material) has been developed

Transferred: Similar services have been developed in different areas. A few have a single coordinated approach and the same type of pooled budget arrangement.