

Insight Report: Intermediate Care

Understanding the experiences, needs and preferences of patients accessing intermediate care, their carers / family / friends

May 2023 V1.0

1. What is the purpose of this report?

This paper summarises what we know about intermediate care in Leeds. This includes the experiences, needs and preferences of:

- People accessing intermediate care
- Their carers, family, friends, and staff

Specifically, this report:

- Sets out sources of insight that relates to this population
- Summarises the key experience themes for this population

2. What do we mean by intermediate care?

Intermediate care (IC) is short-term intensive support provided to patients to maximise their independence. This support is usually limited to a six-week period.

Intermediate care includes both step-down care and step-up care. Step-down care is when additional short-term support is provided after a hospital stay to help a person regain independence. Step-up care is when short-term support is provided when a person is at risk of being sent to hospital or to a care home.

People who access intermediate care tend to be older. They may be frail or have a chronic condition which increases their risk of needing a high-level of care after an episode of illness, accident, or surgery.

Intermediate care is provided by a health and social care team, which can include nurses, occupational therapists, physiotherapists, social workers, community care officers and others. This team works with people to help them gain confidence and independence, through different activities.

Intermediate care is funded and delivered by either the NHS, local authority councils, or a combination of the two. Independent companies may also deliver intermediate care services too.

Types of intermediate care

There are four types of intermediate care. These are known as: reablement, home-based intermediate care, bed-based intermediate care, and crisis response.

Type	Definition	Where it is provided
Reablement	<ul style="list-style-type: none"> When a person is provided short-term support after being unwell The aim is to improve their confidence and ability to live as independently as possible Goals are likely to relate to daily living tasks, moving safely, or getting the individual to participate in social activities 	<ul style="list-style-type: none"> Usually in someone's own home May also be provided in a care home or elsewhere in a community setting
Home-based IC	<ul style="list-style-type: none"> This is like reablement, but an individual may require more complex, tailored support, for example physiotherapy after surgery 	<ul style="list-style-type: none"> Usually provided in someone's own home May also be provided in a care home if that is where a person usually lives
Bed-based IC	<ul style="list-style-type: none"> This is similar to home-based IC, but specifically for individuals who are bed-bound It is usually not provided at home and involves a temporary stay in a different setting 	<ul style="list-style-type: none"> In a community hospital, a care home (residential or nursing), acute hospital, or another stand-alone IC setting
Crisis response	<ul style="list-style-type: none"> This is an urgent assessment provided by a special team, in reaction to an individual needing urgent care It helps decide whether short-term care is safe and, if so, where it should be provided (at home or another setting). 	<ul style="list-style-type: none"> Usually upon arrival in an acute hospital emergency department May also be provided in a person's own home or in a care home where they live

The importance of intermediate care

Intermediate care is important because it improves independence and improves the quality of life for patients and those around them, including carers and family members.

It also relieves pressures on in-patient services in hospitals, making sure that those with the greatest need can access these services when they need it.

Intermediate care helps to:

- Enable an individual to continue to live at home
- Promote confidence, functional ability, mobility, independence, and wellbeing
- Reduce subsequent care, which a patient may otherwise have needed
- Support timely discharge from hospital
- Prevent unnecessary or stressful hospital admissions
- Prevent early admission into long-term care.

What we want to know

The Networked Data Lab (NDL) is currently preparing to do some research (analysis) on the topic of intermediate care.

In January 2023, we held a workshop with patients and members of the public to understand their experiences and views of health and social care services, including intermediate care and reablement. We wanted to understand these views to contribute to our topic selection process.

People were interested in the NDL exploring the following areas:

- A. **The connections between intermediate care and wider health services.** For example, the level of information sharing between different providers involved in a person's care. At the workshop, several people reported the frustration of having to repeat their medical information (or the medical information of the person they cared for), to multiple different professionals.
- B. **Looking at characteristics of those who may be overlooked.** For example, language and communication difficulties, deprivation, living alone, elderly, traveller community, technologically challenged.
- C. **Are the right people put in the right setting at the right time?** For example, does a person's home have the right adjustments to 'step down' care to?

Following the workshop, we began to develop the topic of intermediate care into realistic research questions. We are at an early stage in agreeing the question(s) but have prepared a list below, which may change over time as more information becomes available.

1. **Who is using intermediate care (in practice)?** This links to areas B and C above.
 - What type of services?
 - How do different groups use them? (e.g. based on demographic characteristics, type/no. of conditions, after hospital discharge vs. preventing admission)
 - Which groups may be missing out? (differences in provision between people)
 - Are the right services provided to the right people?
2. **What are the outcomes of people using intermediate care?** This links to areas B and C above.
 - For different groups
 - Compared to people who use alternative care pathways
3. **Who is most likely to need to use intermediate care services in the future?** This links to area C above.
4. **What are the bottlenecks affecting the delivery or effectiveness of intermediate care?** This links to area C above.
 - Identifying the risks of people remaining in intermediate care too long
 - Which interventions help reduce the duration people remain in intermediate care

5. **Does prior contact with certain healthcare services positively impact intermediate care services?** (e.g., reduce level of intermediate care needed; improve outcomes) This links to area C above.
6. **How do successful intermediate care services in NDL areas achieve their goals?** This links to area C above.
7. **What is the impact of providing intermediate care services in a fragmented system?** This links to area B above.

3. What are the key themes identified by the report?

The insight review highlights several key themes:

- Improve involvement of people in conversations about their discharge at all stages of the hospital journey (**Communication**)
- People from deprived areas are more likely to need intermediate care (**Health Inequalities**)
- Family members need to be recognised as care givers and an integral part of the discharge journey and involved in discharge conversations from admission to discharge (**Involvement in care**)
- Ask people if they have communication needs (**Accessible**)
- Refer to carers Leeds for information and support (Only **10%** of family members discharged home said they had been told about carers assessments). (**Communication/information**)
- Ensure everyone is given an appointment follow up contact details for further support and advice. (**Information**)
- Living at home for as long as possible is very important (**Choice**)

4. Insight review

We are committed to starting with what we already know about people’s experience, needs and preferences. This section of the report outlines insight work undertaken over the last three years and highlights key themes as identified in Appendix A.

Source	Publication	Date	Key themes relating to intermediate care experience
ICB in Leeds	Frailty Insight review https://www.healthandcareleeds.org/have-your-say/get-involved/populations/frailty/	Dec 22	<ul style="list-style-type: none"> • Compared with other populations, those living with frailty were less likely to receive person centred coordinated care. People report having multiple conditions and limited time with their GP. • Compared with other populations people living with frailty were more likely to feel that they were only sometimes able to discuss what was important to them in managing their own health and wellbeing (involvement in care). Carers told us that it was very important to them to be recognised as caregivers by health and care professionals and to be involved in the planning of care. • Those living with frailty were more likely to report instances where they were required to repeat information within and between services (Communication/joint working). People had mixed views on the word ‘frailty’. Carers generally found the word helpful but many people living with frailty told us that the word had negative connotations. • Data suggests that the frailty population currently does not receive enough support or information to help them manage their own health and wellbeing, such as diet and up-to-date health information. • Older people (who are more likely to experience frailty) tell us that wider determinants such as housing and access to social activities and exercise have a significant impact on their health and well-being. • Accessible and safe travel and transport is seen as important by people living with frailty and their carers. Data suggests that people over 65 are less likely than younger people to have access to a frequent bus within 400 metres (Health inequality – age).

Source	Publication	Date	Key themes relating to intermediate care experience
			<ul style="list-style-type: none"> • The proportion of people living with frailty is three times higher in the most deprived areas of Leeds than least deprived (health inequality – deprivation). • Living at home for as long as possible and living with dignity and independence is seen as very important by people with frailty (Choice and support). • People living with frailty report the importance of having services that work well together but take collective accountability (Joint working). • Older people value a workforce that have a good understanding of the needs and preferences of older people. • Fear of falling has a significant impact on people with frailty. They value support around this (environment/resources). • Support for visual impairments is important to people living with frailty, in particular support accessing visual aids, good physical access and understanding staff (Health inequality – disability and workforce). • COVID-19 had a significant impact on people with frailty including an impact on confidence and isolation. • Health inequality (race and deprivation) - People from diverse ethnic communities in the most deprived areas become frail 11 years younger than white people in the least deprived areas • Resources - Carers told us that independence for them meant being in control of their life. People told us that this included having flexibility and freedom and being able to meet the needs of their pets and family while fulfilling their role as a carer. Access to respite care was seen as important my many of the carers we spoke to.
ICB in Leeds Home First Programme	Diagnostic Findings Not available online	Nov 22	<ul style="list-style-type: none"> • 56% of people say the care and support they are receiving at home is right for them

Source	Publication	Date	Key themes relating to intermediate care experience
			<ul style="list-style-type: none"> • 42% of people recently discharged were satisfied with how staff kept them involved in their care and support needs after hospital. • 38% of family members were satisfied. • 13% of people say they were given a choice about which intermediate care setting they were referred to <p>Bed-based intermediate care:</p> <ul style="list-style-type: none"> • 47% of people discharged said that they were told in advance which intermediate care setting they would be going to and the reasons why. • People living with frailty are less likely to receive person centred coordinated care.
Healthwatch Leeds	Leaving Hospital https://healthwatchleeds.co.uk/reports-recommendations/2022/leaving-hospital/	March – May 2022	<ul style="list-style-type: none"> • Improve involvement of people in conversations about their discharge at all stages of the hospital journey • Under section 91 of the Health & Care Act, NHS Trusts now have a legal duty to involve all patients likely to need further care and support in discharge planning • Family members need to be recognised as an integral part of the discharge journey and involved in discharge conversations from admission to discharge • Ask people if they have communication needs • Refer to carers Leeds for information and support (Only 10% of family members discharged home said they had been told about carers assessments). • Ensure everyone is given an appointment follow up contact details for further support and advice
NHS Warrington Clinical Commissioning	Development of Warrington’s Intermediate Care	Dec 2020	<ul style="list-style-type: none"> • People using IC have complex needs • Person centred care was important • A good physical environment is important

Source	Publication	Date	Key themes relating to intermediate care experience
Group (CCG) and Warrington Borough Council	Services: pre-consultation engagement report https://www.warrington.gov.uk/sites/default/files/2020-12/02_pre-consultation_engagement_report.docx.pdf		<ul style="list-style-type: none"> • Continuity of care in the community is important
Health & Social Care Dumfries and Galloway Joint Board	Right Care, Right Place: Intermediate Care https://dghscp.co.uk/wp-content/uploads/2023/03/Item-12-RCRP-Intermediate-Care.pdf	June-Oct 2022	<ul style="list-style-type: none"> • 77 people identified concerns about the availability of local care • Staffing is an issue • Standard of care and support at home was praised however there was concern about lack of care and support available to support people discharged home from hospital

Additional Reading / understanding

National

For more general information on IC, please see these resources:

- Nice Guidance 2018 for Intermediate Care: <https://www.nice.org.uk/guidance/gs173/resources/intermediate-care-including-reablement-pdf-75545659227589>
- Age UK (2023). Factsheet 76: Intermediate care and reablement. https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs76_intermediate_care_and_reablement_fcs.pdf
- NICE (2018). Understanding intermediate care, including reablement: a quick guide for people using intermediate care services. <https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/understanding-intermediate-care>
- SCIE (2017). Intermediate Care: SCIE Highlights. <https://www.scie.org.uk/reablement/what-is/carers-family>
- SCIE (2020). Reablement: a guide for carers and families. <https://www.scie.org.uk/prevention/independence/intermediate-care/highlights#ic-mainnote-02>

Below are select research articles on patient experiences of intermediate care:

- Trappes-Lomax, T and Hawton, A. (2012). The user voice: older people's experiences of reablement and rehabilitation. <https://www.emerald.com/insight/content/doi/10.1108/14769011211237528/full/html?fullSc=1&fullSc=1&fullSc=1&fullSc=1&fullSc=1&mbSc=1>
- Teale, E A and Young, J B. (2015). A Patient Reported Experience Measure (PREM) for use by older people in community services. <https://pubmed.ncbi.nlm.nih.gov/25712515/>
- SCIE (2012). The role of carers and families in reablement (video). <https://www.scie.org.uk/reablement/videos/role>
- Under wood, F, Latour, J M and Kent, B (2021). The meaning of confidence from the perspective of older people living with frailty: a conceptual void within intermediate care services. <https://pubmed.ncbi.nlm.nih.gov/34228775/>

5. Inequalities Review

We are committed to tackling health inequalities in Leeds. Understanding the experiences, needs and preferences of people with protected characteristics is essential in our work. This section of the report outlines our understanding of how end of life care is experienced by people with protected characteristics (as outlined in the Equality Act 2010 – Appendix B).

Please note that we are aware that the terminology used in relation to the recognition of a person's identity may depend on the context of its use. Some people may define some terms differently to us. We have tried to use terminology that is generally accepted. Please do get in touch if you would like to discuss this further.

Protected Characteristic	Insight
Age	The average age of people with frailty gradually increases from the most to the least deprived areas (Centre for Better Ageing, 2021 ICB Frailty Insight Report)
Disability	Having better support for vision loss or impaired vision - for example, help to get the right glasses, better layout of places I visit to make it easier to get around, more understanding from other people. (NIHR, 2022) · Low employment levels among people with learning disabilities contributes to poor mental and physical health (Friends, families and Travellers, 2020) ICB Frailty report
Gender (sex)	We have been unable to source any local evidence relating to the experience of gender
Gender reassignment	We have been unable to source any local evidence relating to the experience of the Trans community
Marriage and civil partnership	We have been unable to source any local evidence relating to the experience of marriage and civil partnership (Marriage and civil partnership in relation to the Equality Act is only relevant to employment – not service provision)
Pregnancy and maternity	We have been unable to source any local evidence relating to the experience of pregnancy and maternity.
Race	People from Black and Minority Ethnic backgrounds in the most deprived areas become frail 11 years younger than White people in the least deprived areas (Centre for Better Ageing, 2021) · Some people whose first language is not English told us that: o it can be a struggle to book appointments with GP for people who do not speak English o they would like for GP consultations to be longer for frail older people o it is important to them to be able to speak in their own language. (NHS Leeds CCG, 2018) · Gypsy and traveller communities report a range of experiences which impact on frailty care. These include being turned away from services, a lack of trust in services, difficulties with communication and transport difficulties. (Friends, families and Travellers, 2020) ·

Protected Characteristic	Insight
	Disproportionate location of Gypsy and Traveller sites by motorways and sewage works contributes to high rates of respiratory problems and long-term illness (Friends, families and Travellers, 2020) Frailty Insight report
Religion or belief	We have been unable to source any local evidence relating to the experience of religion or belief
Sexual orientation	We have been unable to source any local evidence relating to the experience of sexual orientation
Homelessness	Recent research has demonstrated that people experiencing homelessness living in a hostel, with an average age of 55.7 (aged between 38-74) had frailty levels equivalent to people in their late 80's. In addition, there were a wide range of unmet needs and high rates of older age syndromes including cognitive impairment, falls, mobility impairment and multimorbidity (Friends, families and Travellers, 2020) Frailty Insight Report
Deprivation	People from more deprived areas are more likely to need Intermediate Care – Frailty Insight Report
Carers	Carers told us that it was very important to them to be recognised as care-givers by professionals and to be involved in the planning of care. . Another important aspect of good healthcare for both people living with frailty and their carers was receiving good quality, up-to-date and accurate health information. . Carers also talked about the importance of independence. They told us that independence for them meant being in control of their life. People told us that this included having flexibility and freedom and being able to meet the needs of their pets and family while fulfilling their role as a carer. . Carers also told us that it was important that they had time to look after their own needs. Access to respite care was seen as important my many of the carers we spoke to. . Both people living with frailty and their carers told us that access to transport was important to them. People said that poor access to transport had a big impact on other areas of their life that mattered to them. . Carers also talked about the importance of independence. They told us that independence for them meant being in control of their life. People told us that this included having flexibility and freedom and being able to meet the needs of their pets and family while fulfilling their role as a carer. Carers also told us that it was important that they had time to look after their own needs. Access to respite care was seen as important my many of the carers we spoke to. (NHS Leeds CCG, 2018) – Frailty Insight Report
Access to digital	We have been unable to source any local evidence relating to the experience of accessing digital
Served in the forcs	We have been unable to source any local evidence relating to the experience of people who have served in the forces

6. Gaps and considerations

This section explores gaps in our insight and suggests areas that may require further investigation.

Gaps identified in the report:

Additional gaps and considerations identified by stakeholders

To be added

Additional gaps and considerations identified by stakeholders

To be added

Appendix A: Involvement themes

The table below outlines key themes used in our involvement and insight work. The list is not exhaustive and additional themes may be identified in specific populations.

Theme	Description	Examples
Choice	Being able to choose how, where and when people access care. Being able to choose whether to access services in person or digitally	People report wanting to access the service as a walk-in patient. People report not being able to see the GP of their choice
Clinical treatment	Services provide high quality clinical care	People told us their pain was managed well
Communication	Clear communication and explanation from professionals about services, conditions and treatment.	People report that they're treatment was explained in a way that they understood
Covid-19	Services that are mindful of the impact of Covid-19	People report the service not being accessible during the pandemic
Environment	Services are provided in a place that is easy to access, private, clean and safe and is a way that is environmentally friendly and reduces pollution	People report that the waiting area was dirty
Health inequality	Services are provided in a way that meet the needs of communities who experience the greatest health inequalities.	Older people report not being able to access the service digitally
Information	Provision of accessible information about conditions and services (leaflets, posters, digital)	People report that the leaflet about their service was complicated and used terms they did not understand
Involvement in care	Involvement of people in individual care planning and decision-making.	People told us they were not asked about their needs and preferences
Involvement in service development	Involvement of people in service development. Having the opportunity to share views about services and staff.	People told us that they were given an opportunity to feedback about the service using the friends and family test
Joint working	Care is coordinated and delivered within and between services in a seamless and integrated way	People report that their GP was not aware that they had been admitted to hospital
Person centred	Receiving individual care that doesn't make assumptions about people's needs. Being treated with dignity, respect, care, empathy and compassion. Respecting people's choices, views and decisions	People report that their relative died in the place they wanted

Resources	Staff, patients and their carers/family/friends have the resources and support they need	Family reported that adaptations to the house took a long time to be made
Satisfaction	Services are generally satisfactory	Most people told us that they were very happy with the service.
Timely care	Provision of care and appointments in a timely manner	People report waiting a long time to get an appointment
Workforce	Confidence that there are enough of the right staff to deliver high quality, timely care	People raised concerns that the ward was busy because there were not enough staff
Transport and travel	Services are provided in a place that is easy to access by car and public transport. Services are located in a place where it is easy to park.	People report poor local transport links People report good access to parking
Wider determinants	Services and professionals are sensitive to the wider determinants of health such as housing	People told us that their housing had a negative impact on their breathing

Appendix B: Protected characteristics (Equality and Human Rights Commission 2016)

1. **Age** - Where this is referred to, it refers to a person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).
2. **Disability** - A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
3. **Gender (Sex)** - A man or a woman.
4. **Gender reassignment** - The process of transitioning from one gender to another.
5. **Marriage and civil partnership** - Marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. [1] Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).
6. **Pregnancy and maternity** - Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
7. **Race** - Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
8. **Religion or belief** - Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
9. **Sexual orientation** - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Other characteristics

Other protected characteristics identified by the ICB in Leeds include:

- **Homelessness** – anyone without their own home
- **Deprivation** – anyone lacking material benefits considered to be basic necessities in a society
- **Carers** - anyone who cares, unpaid, for a family member or friend who due to illness, disability, a mental health problem or an addiction
- **Access to digital** – anyone lacking the digital access and skills which are essential to enabling people to fully participate in an increasingly digital society
- **Served in the forces** – anyone who has served in the UK armed forces