Please note that these definitions are draft and subject to discussion and agreement with clinicians and health and social care professionals across LLR.

DRAFT Definitions and Inter-relationships between Intermediate Care and other Community-based services

As interpretation of terms is significantly different between organisations, and between professional and clinical groups, this paper seeks to identify a common definition of the following:

- Intermediate Care
- Rehabilitation
- Reablement
- Step Up
- Step Down

These draft definitions will be reviewed by various agencies and professional and clinical groups. They will then be revised and agreed as the formal definitions to be adopted by health and social care across Leicester, Leicestershire and Rutland.

The diagram at the foot of this section describes how these components are inter-linked.

Intermediate Care

Based on the definition provided by Kings Fund and NHS Wales

A short-term intervention to promote and preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays, or inappropriate admission to hospital or residential care. The care is person centred, focused on rehabilitation and delivered by a combination of professional groups with either a therapeutic or specialist medical lead where required.

Step Up

Health-led inpatient beds specifically for the purpose of avoiding acute hospital admissions where it is appropriate to do so. For example, this might include chest infections or exacerbation of long term conditions such as COPD where care or medical support is not appropriate within the existing care setting or at home. Although requiring medical support, the person is medically stable and therefore acute admission is not necessary.

Step Down

Health-led inpatient beds specifically for the purpose of supporting a patient's discharge from an acute hospital where an acute environment is no longer appropriate, but where the patient is not yet fit enough to return home or to their original care setting. This might include intensive rehabilitation after a fall, and will include assessments to ensure the person can be fully discharged home safely and without significant risk of readmission. The person will be medically stable but may require medical input with immediate access to clinical support.

Rehabilitation

The process of restoration of skills by a person who has had an illness or injury so as to regain maximum self-sufficiency and function in a normal or as near normal manner as possible. These services would usually be led by health with possible input from social care. It involves the input from professional, qualified staff including nurses and therapists to undertake health assessments, medicine reviews and to help develop coping and self-management strategies to cope with long-term illnesses or conditions.

Inpatient rehabilitation is appropriate for patients who require intensive therapy, support and education in a relatively short period of time (3-6 weeks) and with regular input from clinically-trained staff, e.g. immediate access to nursing. This could therefore not be undertaken in a home environment.

Reablement

Based on The Department of Health's definition developed through councils' work on home-care reablement, and the Department of Health's department for ***Care Services Efficiency Delivery*** *(CSED)*

Reablement is an active period typically of up to 6 weeks of intense activity and support designed to promote people's independence. These services are aimed at people with poor physical or mental health to help them accommodate their illness by learning or re-learning the skills necessary for daily living. This is a preventative measure that can reduce people's need for both acute hospital care and can help people to continue living at home for longer. This can include recovery following the acute hospital episode, rehabilitation and homecare re-ablement in the sense of getting the person back to the position, or improving upon, the position that they were in before the acute hospital phase. It could involve physiotherapy, an intervention by a dietician or whatever the person needs following acute care. As those eligible for reablement are medically stable, reablement is commonly led by Social Care with input from health where required. However, more recently joint commissioning arrangements are being explored.

Scope of Intermediate Care and inter-relationships

The following chart outlines the services sitting under the umbrella of intermediate care and their relationship with other

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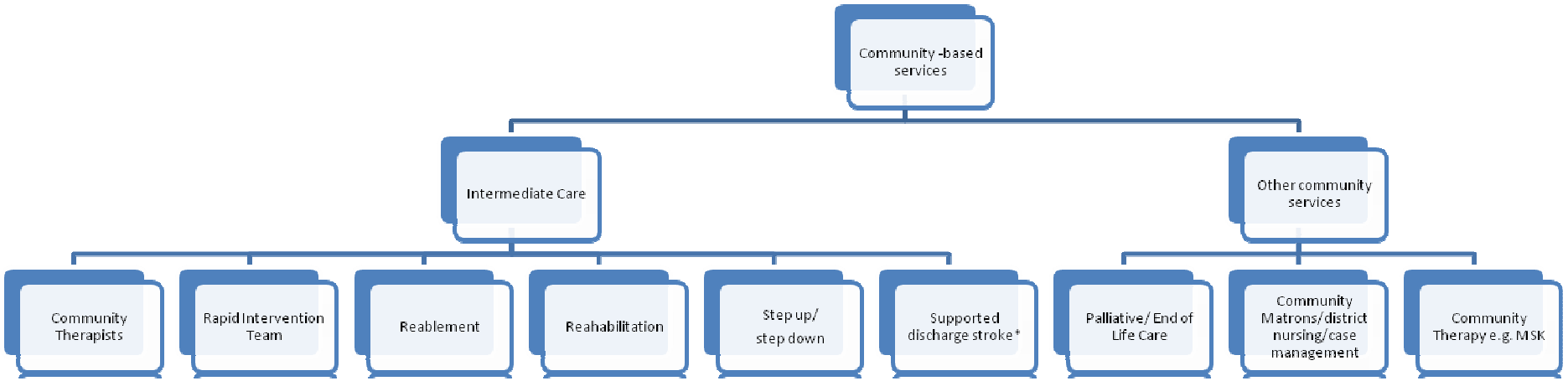
The following chart outlines the services sitting under the umbrella of intermediate care and their relationship with other community-based services.



**Please note that there is a separate pathway for stroke, therefore these beds are not considered in the proposed new intermediate care bed base considered within this paper*