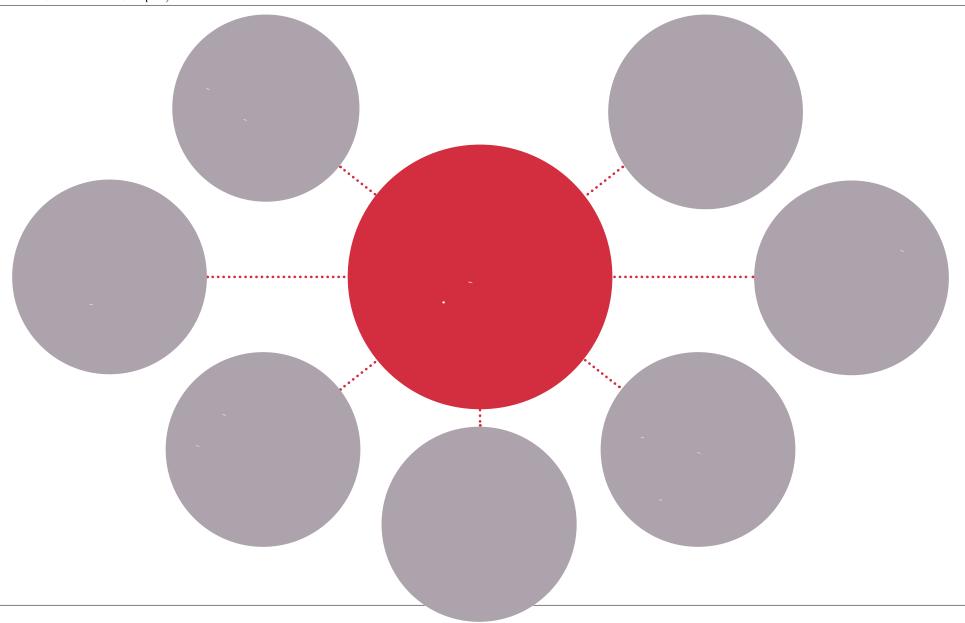
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All intermediate care services should be focused on prevention, rehabilitation, reablement and recovery, to prevent unnecessary admission or avoid admission. Being clear on the expectation of what the bed-based intermediate care service will provide will ensure that care is delivered safely and the right staff are available to deliver the expected outcomes.

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Access to an intermediate care bed should be fast and direct, avoiding multiple referrals or complex pathways. There must be good communication and

smooth handover processes with wider services, in conjunction with joint working built on strong and well-established relationships. Key connections will include: home care and care home services; primary care teams; hospital teams; the local third sector agencies that can help people maintain their wellbeing and independence on return home; mental health services; and unscheduled care teams.

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•	appropriate care and the individual outcomes that have been identif ed by the person receiving care.	HLP
The integration authority should be assured that a single, person-centred joint assessment process — for both health and social care needs — is undertaken at	- h	HLA, C. B,
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the point of admission and throughout an admission.

This can help ensure the service can deliver

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(NHS Benchmarking Network. 2015). This can be supported by 7.4 ()-42b

Intermediate care services must be complementary to other health and social care services, and there is a wide range of agencies to which the bed-based intermediate care service should be connected.

Joined up thinking is necessary for bed-based intermediate care services to meet the needs and preferred outcomes of people using the service

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As the commissioner, the integration authority must be clear on what workforce is required to meet the specific needs of people who fit the admission

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The purpose of a period of intermediate care must be to provide interventions and support that enable the person to rebuild their conf dence, optimise their function, and support their return home wherever possible. While the care must be designed around the needs of the individual, it should also be time limited and delivered with discharge in mind. Evidence suggests that the benef ts of intermediate care slow after approximately six to eight week.

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Clinical and care governance is the process by which the quality of health and social care is monitored and assured. It provides a framework so that staff are clear about their responsibilities and accountability in any action or decision they may take to ensure the provision of safe quality care.

All staff working in a bed-based intermediate care service must be enabled to make decisions independently, at an appropriate level, but also have conf dence in knowing where to seek advice and how to escalate issues to an identif ed senior clinical decision maker, 24/7.

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