SCHEDULE 2 – THE SERVICES

A. Service Specifications

<table>
<thead>
<tr>
<th>Service Specification No.</th>
<th>11J/0245</th>
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</thead>
<tbody>
<tr>
<td>Service</td>
<td>Community (Care Home) Beds (Lyme/Charmouth Locality)</td>
</tr>
<tr>
<td>Commissioner Lead</td>
<td>Director of Primary and Community Services</td>
</tr>
<tr>
<td>Provider Lead</td>
<td></td>
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<tr>
<td>Period</td>
<td>1 June 2019 – 31 March 2021</td>
</tr>
<tr>
<td>Date of Review</td>
<td>Annually</td>
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1. Population Needs

1.1 National/local context and evidence base

The case for change in community and primary care services is detailed in the Integrated Community Services Outline Business Case. Building on these ambitions, it is important to note that nursing care and rehabilitation will primarily be delivered within a person’s home wherever possible and that referral to a short-term care home/community hub will only be necessary for a defined cohort of people.

The purpose of commissioning short term beds in care homes and community hubs is to provide step up and step-down rehabilitation, reablement and end of life care and support within a defined timeline for Service Users who are unable to receive this service at home or where admittance to an acute hospital ward is not required.

The specification of this service is designed to complement the services we already have supporting our population who are high intensity users. The Key Features and Functions of Community Beds have been agreed by the System and supports the model of care agreed.
2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description assumptions of care for personalisation and improvement of services</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 1</td>
<td>Preventing people from dying prematurely</td>
<td>✓</td>
</tr>
<tr>
<td>Domain 2</td>
<td>Enhancing quality of life for people with long-term conditions</td>
<td>✓</td>
</tr>
<tr>
<td>Domain 3</td>
<td>Helping people to recover from episodes of ill-health or following injury</td>
<td>✓</td>
</tr>
<tr>
<td>Domain 4</td>
<td>Ensuring people have a positive experience of care</td>
<td>✓</td>
</tr>
<tr>
<td>Domain 5</td>
<td>Treating and caring for people in safe environment and protecting them from avoidable harm</td>
<td>✓</td>
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</tbody>
</table>

2.2 Local defined outcomes

- Average occupancy rate of 85%, based on 4 care home beds
- Average length of stay of 24 days
- Approximately a third of beds used for step-up care from the community team.

3. Scope

3.1 Aims and objectives of service

Community beds for short term rehabilitation, reablement or end of life care will be available across the County within community hubs with beds or in locality care homes where the service is commissioned.

Community short term care home beds for Rehabilitation, Reablement and end of life care (step up, step down or transition) will be available in areas of the county where there is a community hub without beds but it is recognised that there is a requirement for residential beds with suitably trained and skilled staff to accommodate a small number of Service Users who require a period of care and support related to their rehabilitation or reablement goals or at the end of life. The provision of these beds will form part of a range of options to support people’s different levels of need whilst providing care and support close to home.

This service specification requires the provision of care home beds to support the philosophy of Reablement, Rehabilitation which promotes the independence of the Service User to lead the life they wish thereby reducing their dependency on support packages through the use of a reablement approach, ensuring that the customer and their families, relatives or carers:

- Are fully aware of the purpose of their short-term placement, has agreed the outcomes and are committed to returning home;
- Are supported to return home following their short stay in a care home bed;
- Will have the opportunity to engage in conversation with staff and other residents;
- Will be recognised as a contributor to the delivery of their own joint Care and Support Plan;
• Will identify their outcomes or by Best Interest Decision Making should the individual be unable to identify their chosen outcomes themselves;

• Are recognised that they are able (with capacity) to make their own choices and decisions regarding risk with the support and advice of others where required.

The World Health Organisation states that rehabilitation intervention should be aimed at achieving the following broad objectives:

• Preventing the loss of function
• Slowing the rate of loss of function
• Improving or restoring function
• Compensating for lost function
• Maintaining current function

These principles apply in a holistic way to encompass both physical and mental health. NHS England Commissioning Guidance for Rehabilitation 2016. In addition, the provision of rehabilitation and reablement beds should be;

• Targeted at people who would otherwise face prolonged hospital stay or inappropriate admissions to acute care or long term residential care;
• Provided on the basis of a comprehensive assessment, resulting in a structured individual care plan;
• Have a planned outcome of maximising independence and typically enabling Service Users to resume living at home;
• Are time-limited, the expected time frame being within 2 weeks and normally no longer than 6 weeks;
• Involve cross-professional/ agency working

Intermediate Care: Halfway Home (Department of Health, 2009)

3.2 Service description/care pathway
Community beds for rehabilitation, reablement and end of life care will be primarily used to support frail and older people with rehabilitation or end of life care needs that cannot be managed within their own home environment. See Key Features and Functions of Community Beds for greater detail.

3.3 Population Covered
Adult Service Users, over 18 years, registered with Lyme/Charmouth GP practices.

3.4 Any acceptance and exclusion criteria.
Adults over 18 years registered with a Lyme/Charmouth GP Practice

3.5 Interdependence with other services/providers
Current service providers for acute and community (including primary) care. Local Authorities/Social Care

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)
### 4.3 Applicable local standards

Key Features and Functions of Community Beds

Key Features and Functions of the Model of Care

### 5. Applicable quality requirements and CQUIN goals

#### 5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

#### 5.2 Applicable CQUIN goals (See Schedule 4 Part E)

### 6. Location of Provider Premises

The Provider's Premises are located at:

*To be advised*

### 7. Individual Service User Placement

Not used