



6 October 2014

South West Strategic Clinical Network

**South West House
Blackbrook Park Avenue
Taunton
Somerset, TA1 2PX**

SENT BY EMAIL

To: CCG Chairs and Chief Executive
Directors of ADASS

Email: ruthhall@nhs.net

Telephone Number: 0113 825 5116

Dear Colleague,

**Commissioning Advice - A Collaborative Approach to Rehabilitation:
Reablement, Survivorship, Recovery and Prehab in the South West**

We are writing to you – and to all health and social care commissioners in the South West – to invite you to incorporate a significant change into your approach to commissioning rehabilitation. We believe that this change would be a major step in addressing inequity, inconsistency, quality, safety and patient experience as well as delivering improvements in system flow.

Over the past 6 months we have worked with health and social care commissioners, providers, third sector organisations as well as people from across the South West, to describe a simple core rehabilitation pathway (please see attached high level and patient lens) that is built on:

- Understanding the needs of people;
- Safe, high-quality care that reflects learned good practice making best use of scarce resources;
- Equity and consistency;
- Transparency for people using and working in the system.

Historically rehabilitation pathways have often focused on particular disease groups and not on the overall needs of the person. From our own experience both as health and social care professionals and as people, we know that all the services available are not always co-ordinated effectively, there are often significant waits for services, there are too many hand-offs or hand overs and sometimes there are either gaps in service provision or lack of capacity where it is most needed. The patient quote below supports this view.

“It was frustrating that I couldn’t find a single person to take responsibility for the entire package. There were several changes of staff and the same interviews and questions every time personnel changed.”

The population is getting older, living longer with an increasing number of co-morbidities. We have sought to address this – and other drivers – head on.

Some of the key building blocks of our proposed pathway are described in more detail, (these documents will be uploaded shortly onto our

“High Quality Care for all, now and for future generations.”

website: www.swscn.nhs.uk), and you will quickly notice the following distinguishing features:

- A single unbreakable thread starting and finishing in the person's home (or place of residence) - including all post-acute care whether that is in a hospital or the community;
- Services that support the majority of care being delivered in the community and as close to the person's home as is possible;
- Needs assessment that is comprehensive and joint across all organisations in the broadest sense;
- An individual care plan/rehabilitation prescription that is based on the person directed outcomes and provides a shared and trustworthy record that is accessible to all;
- Care navigation as a core principle;
- A focus on prevention.

We realise that health and social care areas have different community assets and legacies. Local transformational change – while it takes time and determination – is surely the only way to deliver the considerable benefits and efficiencies that are required. The Strategic Clinical Network and all its members, consisting of all the Health and Social Care organisations in the South West, are here to support commissioners, providers, third sector and people living in the South West to work together to produce commissioning advice.

The Better Care Fund, Personalised Health Budgets and Integrated Personal Commissioning Programme are commissioning levers that give opportunities to implement the pathway.

Over the next few months we will be able offer you:-

- A view as to the time people might need to spend in different parts of the overall pathway.
- Advice as to an approach to financial modelling and costing.
- An example from within the region of where this approach has already been introduced and some of the early evidence showing initial impact and benefit.

If you wish to discuss this letter – or any other matter on which you think we might help – further please contact Ruth Hall (Programme Manager) or Stephen Illingworth (Clinical Lead). We would be happy to come to your organisation to present our purpose, process and recommendations in a more engaging way than is possible in print. We would like to have the opportunity to have a discussion about including this work within your commissioning intentions.

Yours sincerely,

Stephen Illingworth *Ruth Hall*

Stephen Illingworth
Clinical Lead

Ruth Hall
Quality Improvement Programme Manager