South West Strategic Clinical Network

A collaborative approach to rehabilitation, reablement, recovery, survivorship and prehab in the South West

'This is an exciting opportunity to do things together as organisations and take the strategy forward. The South West has momentum and rehab is on the national agenda.' South West Acute Provider Chief Exec.
'5 Year Forward View is the rehab model.' Director of Partnerships & Joint Commissioner, South West CCG Commissioner

Key features and benefits

- Co-produced commissioning guidance with multi system, collaborative engagement ensuring the person is at the center.
- The implementation of this will address the flow of people through the health and social care system to support the delivery of the '5 Year Forward View'.
- The SCN has clinically led this process and facilitated the collaborative approach, whilst maintaining the focus on the shared output.
- The South West health and social care community has owned and been part of the agreed solution/output.

What is it?

We have developed commissioning advice in the format of an implementation model. It has been developed with input from the South West Health and Social Care system, and is a high level pathway underpinned by a number of design principles (attached) which has 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.

It will provide care and support to all adults who:-

- Have had an acute episode and have been treated for it,

or

- Have been diagnosed or assessed,

or

- Have been coping at home but are starting to struggle. They need some help to keep them independent,

And

- Do not have critical health or social care needs now. They want to understand both their own, their family and carers role. They want to understand how things might progress in the future and their family, and carers want their needs considered
- And who will benefit from a rehabilitative approach

Why is it important?

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.

We are addressing the issues of patient flow in the health sector but it is also applicable to the large numbers of people who are support by the social care system and therefore at that time do not require health input. There is huge enthusiasm to make a difference to people in the South West.

Who are the partners?

The partners of this integrated work are:

- Patients, carers, families and people in the South West;
- Providers of health and social care in people's homes, in the community and in the acute sector – statutory and non-statutory organisations;
- Commissioners of health and social care in the South West
- Charitable organisations
- NHS England
- SW Implementation Group – Health & Social Care professional & patients
- SW ADASS
- SW Carers Forum

How are we making a difference?

Adopting this model will enable people to receive the rehabilitation services they need, in the most appropriate setting, and by the most appropriately skilled staff group, which in term will support the timely flow of people through the systems.

The collaborative approach has enabled localities to understand how they can turn local commitment to the core pathway into commissioning plans that reflect their local circumstances and business realities. This is transforming the commissioning of services to be focus around the patient in an integrated way.

What's next?

To work with Health and Social Care commissioners to embed the pathway and principles in the delivery of rehab services in the South West.

A number of commissioners are already commissioning services based on the

pathway and principles.

- We will continue to build and share these successes;
- We will develop a generic business case to enable the implementation of this work;
- We will work with the IPC programme to deliver the personalisation agenda;
- Build on this with the National Team for Person Centred Care Models for LTC
- There will be targeted geographical to support programmes of work. These include collaborative commissioning opportunities with Specialised Commissioning, NHS England;
- We will work with the Networks to implement the pathway;
- Work with the NHS England South to share the work.

Resulting in 3 years (mid 17) when the changes we are planning for rehabilitation have been fully implemented and bedded in.

Who to contact for more information?

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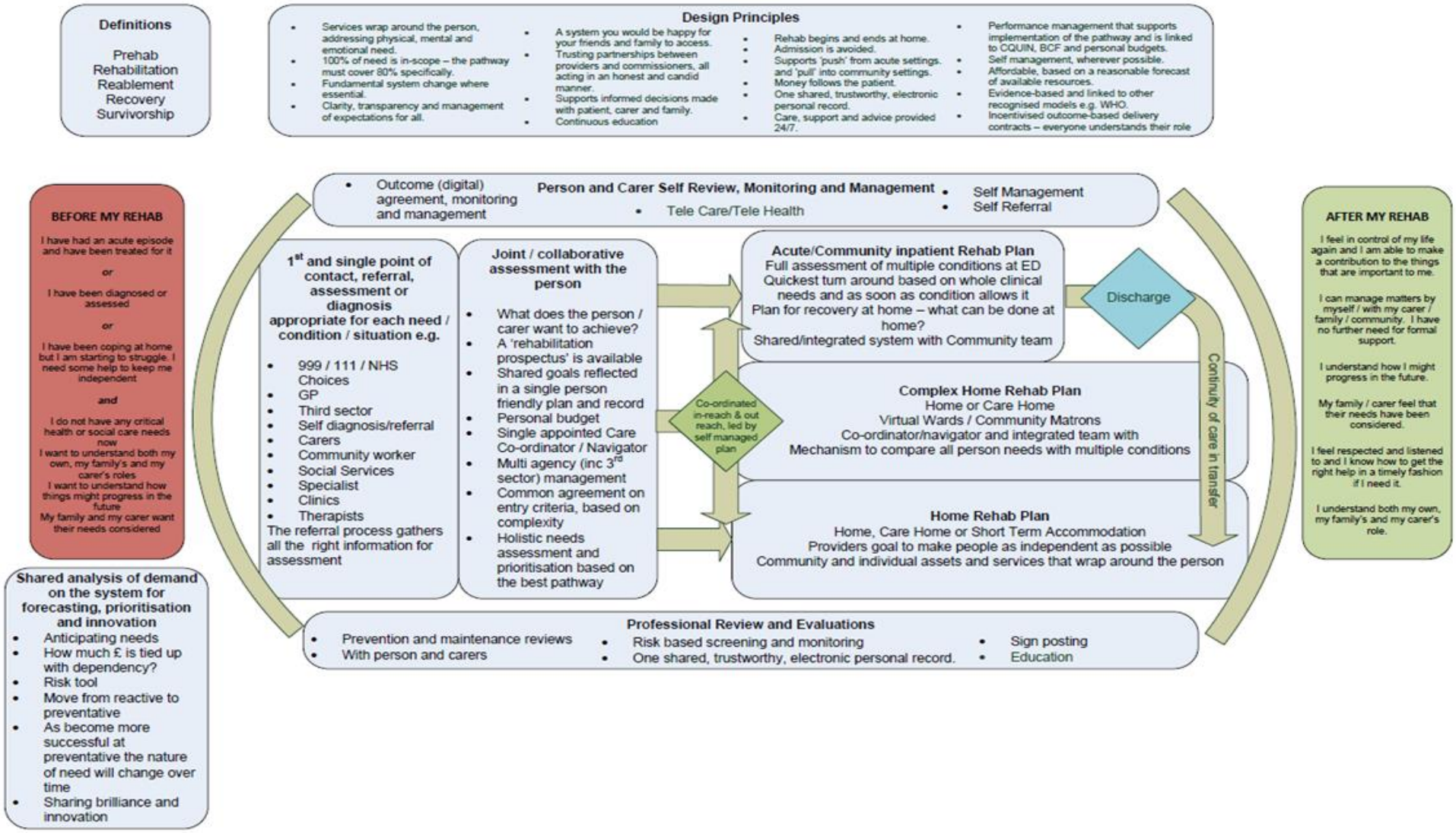
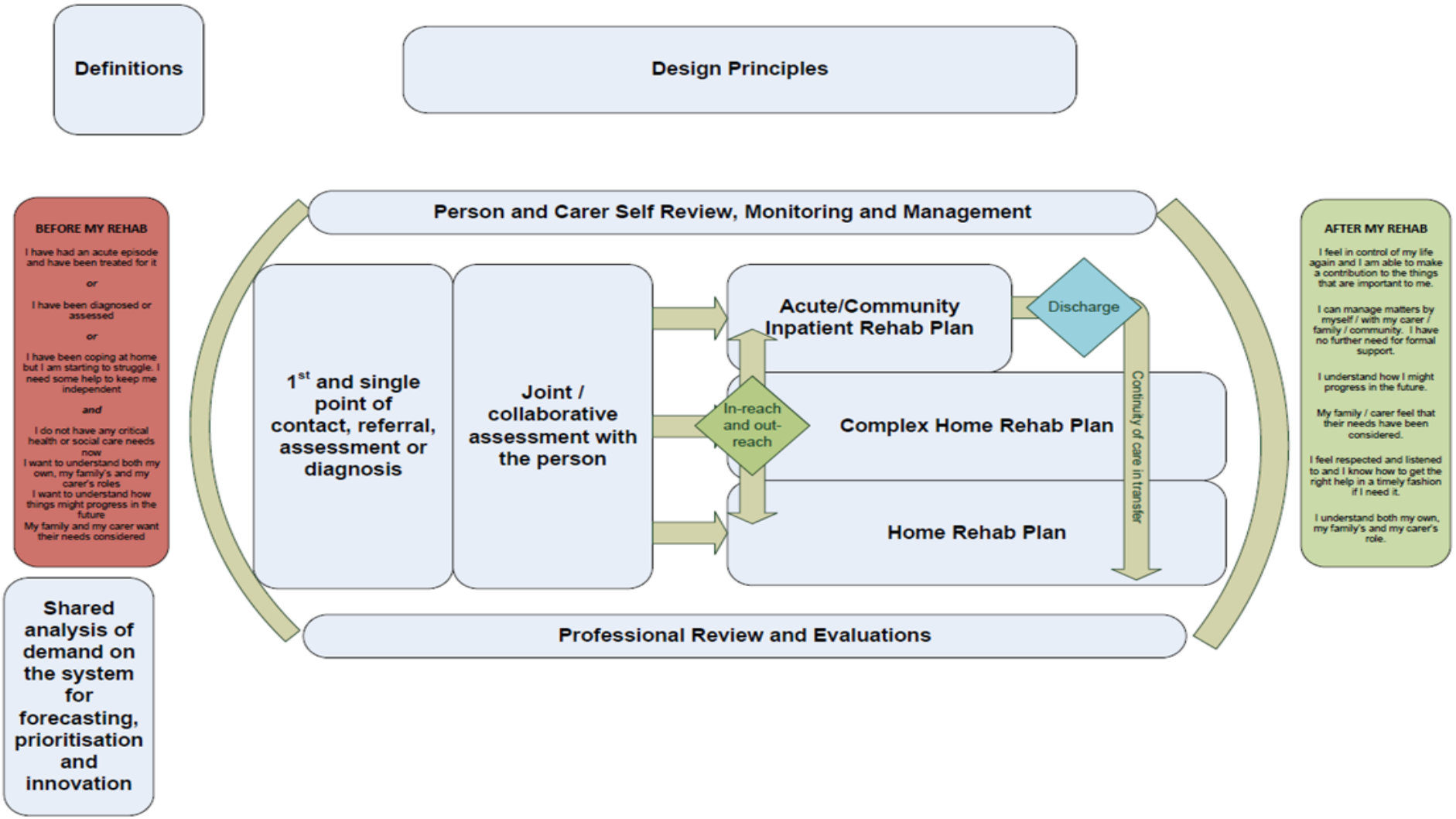
Desired Integrated Rehabilitation Pathway – High Level with detail notes



Desired Integrated Rehabilitation Pathway – High Level Summary



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The person-centred rehabilitation lens