

Re-ablement Future Vision – Current Progress

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National Context

- Building on commitment to early intervention & prevention articulated by previous government
- In October 2010, £70m made available for re-ablement activity
- Further £162m made available in January 2011 to help with winter pressures

National Context

- In 2011/12 and 2012/13 re-ablement allocations rise to £150m and £300m respectively
- Made available via change in tariff arrangements for acute hospitals
- Allocated to PCTs but can be transferred into LA
- Several areas involved in SW region early implementer project to develop policy framework and detail of future tariff arrangements

Local Context

- In 2010/11 B&NES allocation of £70m = £212k
- Plus £495k of £162m
- In 2011/12 and 2012/13 this rises to £475k & £591k respectively
- Aim is to shift the system so that smoother, quicker transitions from hospital free up resource for community re-ablement activity

Focus & Definitions

- Intermediate Care
 - ‘... a range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission and premature admission to long term residential care, support timely discharge from hospital and maximise independent living’*

Focus & Definitions

- Home Care Re-ablement
‘...seeks to support people and maximise their level of independence so that we can appropriately minimise their need for ongoing support...re-ablement seeks to support a different phase on the continuum of care...a different stage of recovery...’

Working together for health & wellbeing

Overcoming Barriers



Best Use of all Resources

'In reality, the intermediate care and home care re-ablement phases for specific individuals may overlap'

- Considering widest possible definition of re-ablement across both statutory and voluntary sector

Focus & Definitions

- Government focus is on hospital discharge and prevention of re-admissions within 30 days
- Broader definition of re-ablement comprising both intermediate care and home care re-enablement i.e. health & social care
- *‘Seamless care’*

Looking Towards the Future



Local Focus & Vision

- Integrated Re-ablement team and function
- Focus on hospital discharge, admission avoidance etc AND community referrals
- *'Heading people off at the pass'* before they enter the social care system
- Stemming demand for long term social care packages

Local Focus & Vision

- Significant support from voluntary & third sector
- Single in-house team, multi-professional
- Wider offer, earlier offer, expansion of definition of '*rehab potential*'
- Less reliance on traditional long term packages of care
- New settings of support e.g. designated extra care

Local Progress

- Partnership approach with RUH, Somer, Age Concern, Care & Repair, CH&SC and others to develop integrated model
- Mapping & gapping analysis at RUH by DATE team (in-patient beds & ED)
- Distribution of funds to local providers to enhance/develop re-ablement capacity
- Development of new settings of care & support

Local Progress

- Working with SHA as early implementer site
- Getting tariff arrangements right will be crucial
- Aspiration for B&NES will be to develop single, good practice model/team for re-ablement co-ordination
- Partnering with Wiltshire to maximise learning

Questions

