

Future of Community Rehabilitation

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**Tower Hamlets
Community Health Services**

Overview

- Description of DOT
- Stroke pathway – slides of pathway
- Focussing on community neuro services – stroke as an example
- Transitions
- Resources
- Lifelong elements
- Future

Disability Options Team

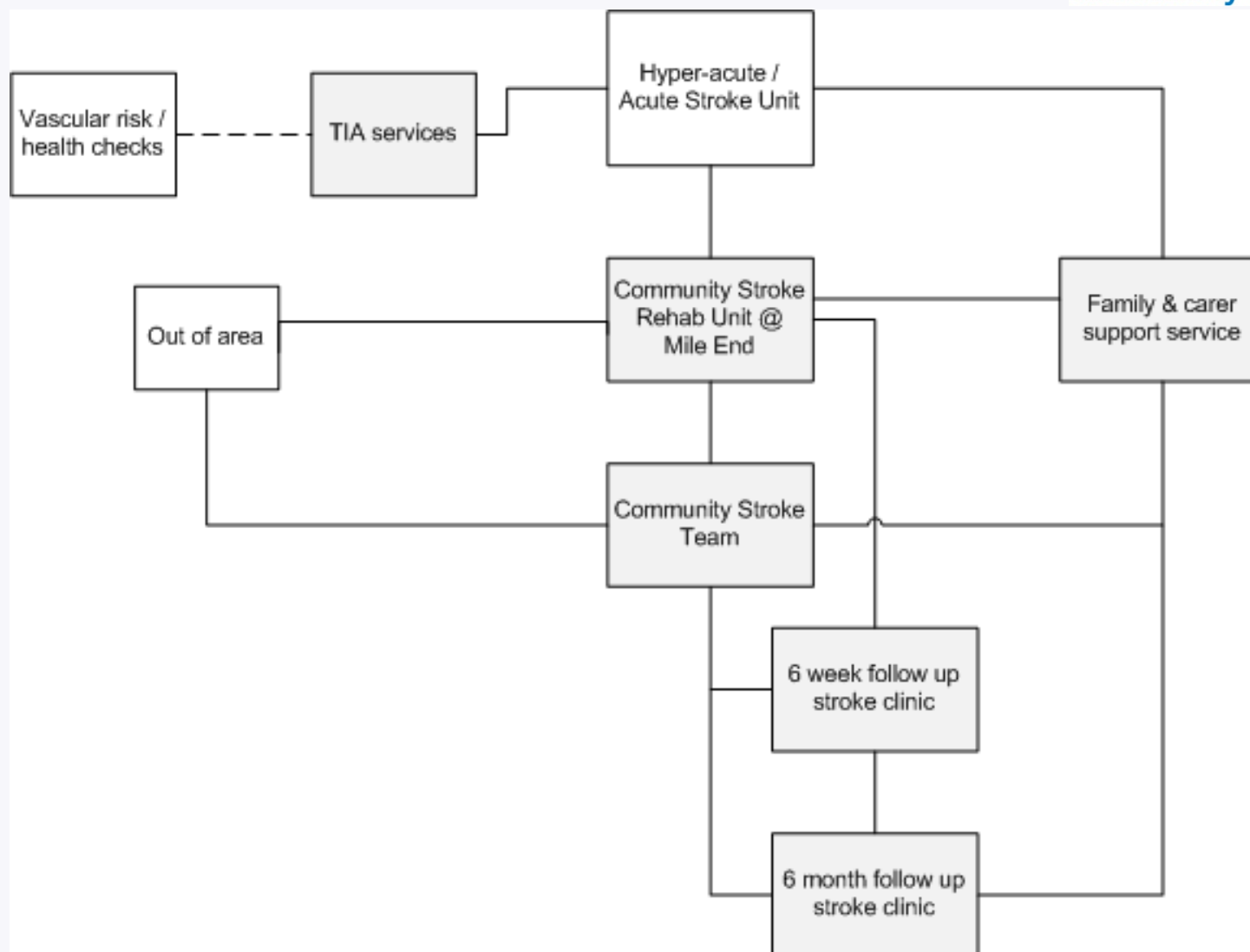
- Neurological conditions
- Physical Disability
- MDT
- 16+
- Length of intervention
- Integrated team

Intervention offered

Quality Requirement 1 – a person centred service:-

- People with Long Term Neurological Conditions are offered integrated assessment and planning of their health and social care needs. They are to have the information they need to make informed decisions about their care and treatment, and where appropriate, to support them to manage their condition themselves

Stroke Pathway



Stroke Pathway

Chapter 3 – Life after stroke

- 10. High-quality specialist rehabilitation
- 11. End-of-life care
- 12. Seamless transfer of care
- 13. Long-term care and support
- 14. Assessment and review
- 15. Participation in community life
- 16. Return to work



Stroke Pathway

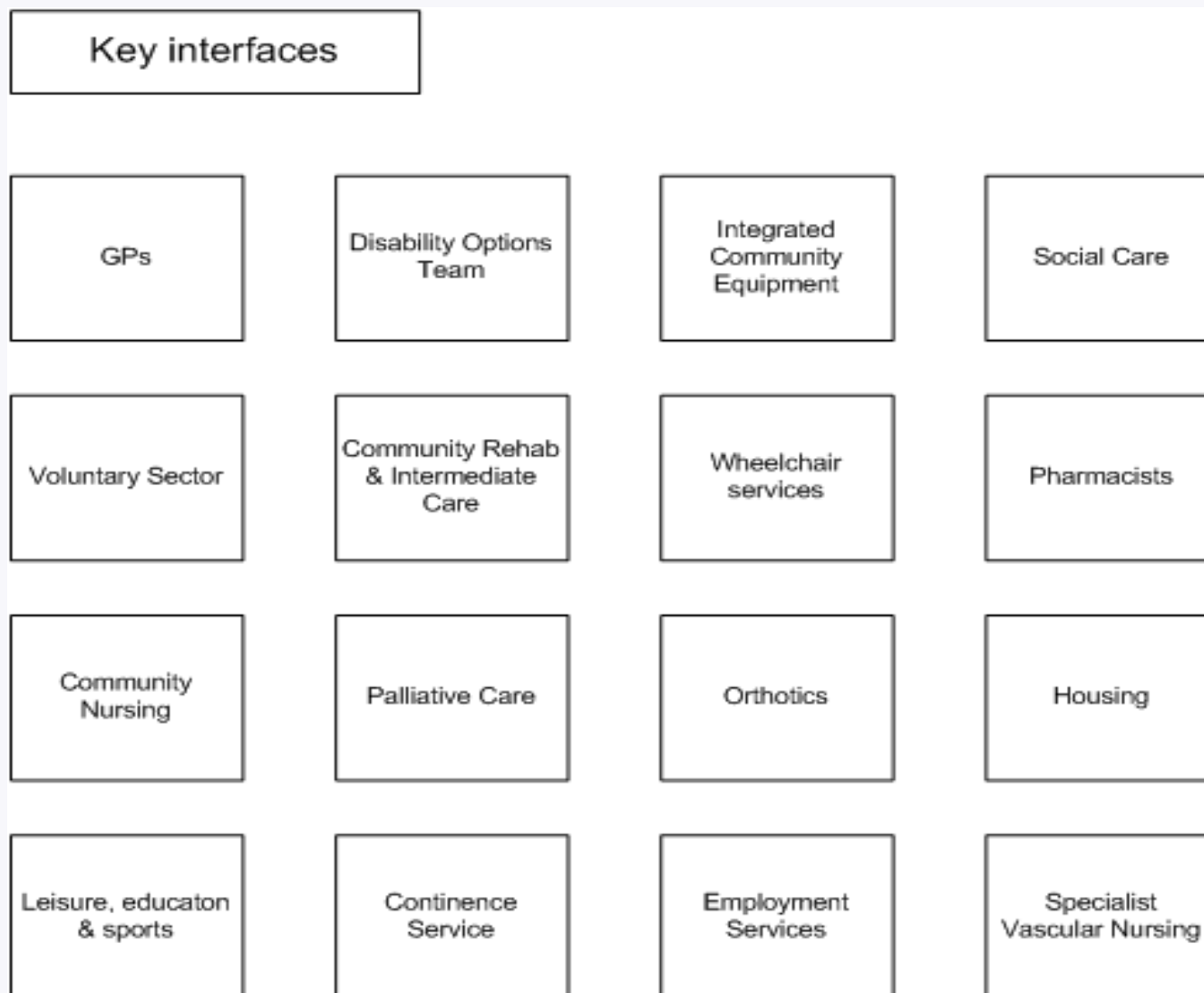
The Stroke Community Rehabilitation service will

- Assess and treat patients with suspected TIA, to prevent stroke
- Provide multi-disciplinary assessment, therapy and treatment in a variety of settings including specialist vocational rehabilitation
- Co-ordinate, plan and support the transfer of the patient's care into the community from the Acute Stroke Unit, including Early Supported Discharge where appropriate
- Offer Early Supported Discharge 7 days per week

Stroke Pathway

- Undertake care planning with clients
- Provide post acute community stroke specialist rehabilitation inpatient care
- Provide an outpatient follow up clinic for patients at 6 weeks and 6 months post follow up
- Act as a specialist resource for primary and community care services, providing education and advice to other teams

Stroke Pathway



Transitions

- Pinch points: staff, client & family anxiety
- Inequity of services: differential waiting lists
- ‘Problem client’ – better service

- Role of Clinical specialists
- In-reach: pulling through the system
- Identifying subtle disability & emotional support needs
- Skill mix – role of RSWs
- Inter-professional working

Transitions

- Early psychological support
- Access – clear criteria & expectations
- Moving on – clear criteria & expectations
- Clear competencies
- Shared education & training
- Communication: building relationships and processes – attending MDM's etc
- Information: consistent & accessible across the pathway & client Journey
- Vocational Rehabilitation – link Stroke & DOT

Tensions/Difficulties

- Delivering a single therapy
- Named contact
- Consistency of services
- Interface with generic / universal/primary / intermediate care services: falling between the gaps
- Links with voluntary & community sector
- Specialism of services
- Demand & capacity
- Health vs. social needs
- Family & carer needs and support

Lifelong elements

- Diagnosis – for life
- Revolving door to services: resource model vs. expert practitioner service
- Complex client group – can be hard for universal services to manage
- Complex needs – money management/life skills
- Care package for walking wounded:-
 - Motivation
 - Support – letters/bank – life
 - Initiative

Resources

- Constraints of silo commissioning & provision
- Matching client & service needs – timing/access/responsiveness
- Financial disincentives – cross organisational cost & efficiency savings
- Historical & policy inequity
- Cost of rehab equipment/adaptations – complex
- Tariff development

Self Management

- Expectations
 - Health service vs. Client
 - Intervention/Goals/ Outcomes/Time
- Expert patient programme vs. condition specific
- Client stand alone vs. signposted
- Client review meeting – early & timely

The Future...

- Reflect on achievements to date
- GP commissioning
- Return to work
- Client as expert: user engagement
- Long term follow up: dependency vs. support
- What can we do more of? – NHS Health checks – interface with primary care & community matrons
- Increasingly bespoke

The Future

- Person vs. Service Pathway
- Care Pathways
- Integrated Teams
- Personal budgets – pros & cons
- Care Packages
- Circles of support – learning from learning disability services
- Costs benefits of community rehab

Which piece of the puzzle next? Best fit?

NHS

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Community Health Services

