NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Short-term interventions for regaining independence

Topic

The Department of Health in England has asked NICE to produce a guideline on short-term interventions for regaining independence. The guideline will cover reablement and home based and bed based intermediate care that supports people to regain independence through short-term interventions.

Who the guideline is for

The audience for the guideline is:

- providers of short-term interventions for regaining independence
- health and social care practitioners delivering short-term interventions for regaining independence
- health and social care commissioners of short-term interventions for regaining independence
- people using services, families and carers.

The guideline will also be relevant to:

- health and social care practitioners in other community services, including:
  - home care
  - general practice
- health and social care practitioners in acute inpatient settings.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the Welsh Government, Scottish Government, and Northern Ireland Executive.

Equality considerations

NICE has carried out an equality impact assessment [add hyperlink in final version] during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope, if exclusions were made.

1 What the guideline is about

1.1 Who is the focus?

Groups that will be covered

- All adults (18 and older) identified as having lost, or being at risk of losing their independence.

Groups that will not be covered

- Children and young people (aged under 18).

1.2 Settings

Settings that will be covered

- Community settings including:
  - people's own homes and temporary accommodation
  - extra care housing (such as warden supported, sheltered or specialist accommodation)
  - supported living (including Shared Lives Schemes)
  - day centres
- Residential and nursing care homes
- Acute and community hospitals
- Prisons

1.3 Activities, services or aspects of care

Key areas that will be covered

1 Assessing and planning short-term care for regaining independence which is person centred and identifies needs, aspirations and social context including support networks.

2 Interventions and elements of care packages for regaining independence to support people to learn or relearn skills and competencies and build confidence, including:

- Developing and agreeing achievable goals with the person about the support needed to help them improve their independence and reviewing progress throughout (for example returning to monthly interest group meetings or regaining contact with family and friends).
- Supporting the person to regain competence and confidence in dressing and washing and ensuring they have a nutritious, varied and culturally appropriate diet (for example using a perching stool to support balance when washing or cleaning teeth).
- Supporting the person to regain competence and confidence in mobility and physical strength, including the use of equipment and assistive technology (for example support to continue exercises at home and attend local exercise classes).
- Working with the person to ensure their home is clean, comfortable and safe, including through practical solutions and the use of telecare or other assistive technology (for example equipment for carrying items safely through the home)
- Supporting the person to develop or regain meaningful relationships and connections with their community, whether through employment or social contacts (for example befriending or employment schemes).
- Working with the person to maximise the extent to which they can manage their own care and support needs, including taking prescribed medication (for example medication reminders and pill box organisers).

3 Information, advocacy, training and support for people using short-term interventions and their families and carers.

4 Service organisation, including:

- Coordinating short-term interventions with other cross-sector services in the care pathway and as part of a wider package of care and support.
- Delivering short-term interventions for regaining independence, including different types of provision (bed based and home based)
- Monitoring, evaluation and review of short-term interventions for regaining independence.

5 Ongoing care, including handover to providers of subsequent support, follow-up and review.

Areas that will not be covered

1 Home care. This is covered in a separate guideline.

2 Medically indicated rehabilitation programmes in hospital or community settings for identified medical problems where the primary objective is to promote recovery from the condition (for example cardiac and spinal injury rehabilitation). Rehabilitation for specific conditions will be covered by other NICE guidelines.

3 Mental health treatment services where the primary objective is to treat a mental health difficulty or support long-term recovery (for example crisis teams, assertive outreach and pharmacological therapy).

4 Rehabilitation services for people who misuse substances and criminal offenders.

1.4 Economic aspects

We will take cost-effectiveness into account when making recommendations. We will develop an economic plan that states for each review question whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using a public sector perspective. However, a societal perspective may also be

adopted to test the sensitivity of the results when including other relevant costs and outcomes related to people using services and their carers.

1.5 Key issues and questions

While writing this scope, we have identified the following potential review questions:

1 What are the views and experiences of people using services and their carers in relation to short-term interventions for regaining independence?
2 What are the views and experiences of health, social care and other practitioners about short-term interventions for regaining independence?
3 What is the effectiveness and cost effectiveness of short-term interventions for regaining independence? What is the optimal care package?
4 Is there any evidence that different delivery models for short-term interventions for regaining independence are more or less effective and cost effective than others?
5 What is the effectiveness of short-term interventions for regaining independence aimed at supporting people with mental health difficulties and people living with dementia?

These are only examples of areas that may be addressed. The review questions will be agreed by the Guideline Committee at the start of guideline development.

1.6 Main outcomes

The main outcomes that will be considered when searching for and assessing the evidence are:

1 Person-focused outcomes:
   - Independence, choice and control over daily life.
   - The person's capability to achieve desired, person-centred outcomes (which will be broadly defined and reflect the 9 areas of wellbeing set out in the Care Act 2014).

- How satisfied the person using services and their carers are with short-term interventions.
- Health and social care related quality of life.
- Continuity of care.
- Years of life saved.

2 Service outcomes:

- Use of health and social care services (secondary, primary and community).
- Need for support from care workers and carers.
- Length of hospital stay.
- Delayed transfers of care from hospital.
- Hospital readmissions.
- Admission to care homes.

2 Links with other NICE guidance and NICE Pathways

2.1 NICE guidance

NICE guidance about the experience of people using services

NICE has produced the following guidance on the experience of people using services. This guideline will not include additional recommendations on these topics unless there are specific issues related to regaining independence.

- Patient experience in adult NHS services (2012) NICE guideline CG138
- Service user experience in adult mental health (2011) NICE guideline CG136
- Medicines adherence (2009) NICE guideline CG76

NICE guidance in development that is closely related to this guideline

NICE is currently developing the following guidance that is closely related to this guideline:

- Home care NICE guideline. Publication expected September 2015

- Social care of older people with multiple long-term conditions NICE guideline. Publication expected October 2015
- Transition between inpatient hospital settings and community or care home settings for adults with social care needs NICE guideline. Publication expected November 2015
- Older people – independence and mental wellbeing NICE guideline. Publication expected November 2015
- Transition between inpatient mental health settings and community and care home settings NICE guideline. Publication expected August 2016

2.2 NICE Pathways

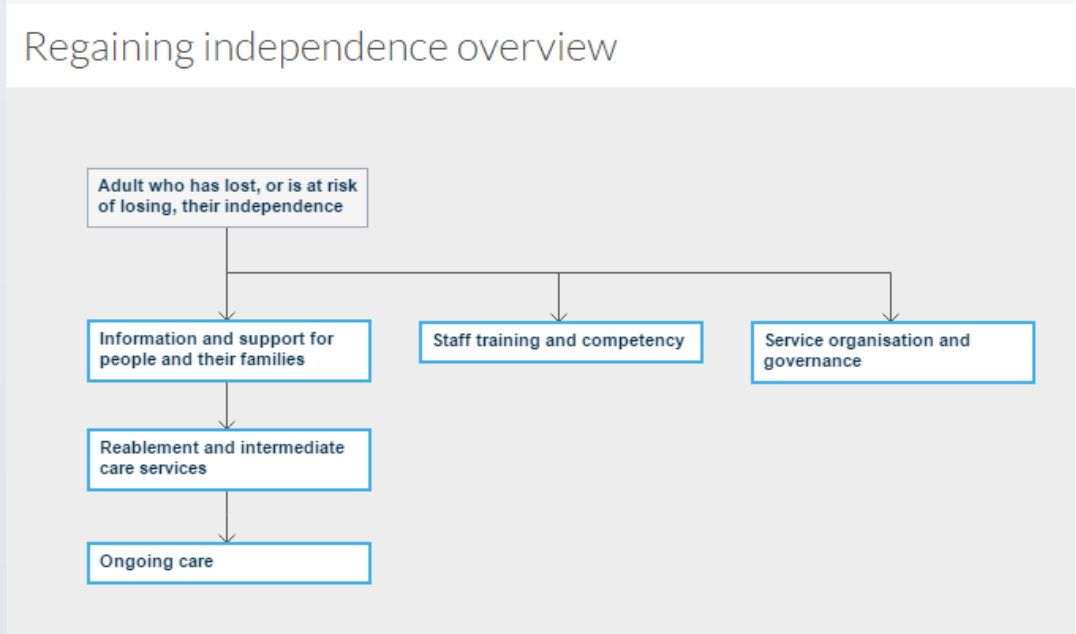
When this guideline is published, the recommendations will be added to NICE Pathways. NICE Pathways bring together all related NICE guidance and associated products on a topic in an interactive topic-based flow chart.

A draft pathway outline on regaining independence, based on the draft scope, is included below. It will be adapted and more detail added as the recommendations are written during guideline development.

The guideline will overlap with the existing NICE guideline on rehabilitation after critical illness and occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care. The NICE Pathway will integrate the recommendations from both guidelines, showing clearly how they fit together.

Other relevant NICE guidance will also be linked to from the NICE Pathway, including:

- Stroke rehabilitation NICE guideline CG162 (2013)
- Hip fracture NICE guideline CG124 (2011)



3 Context

3.1 Key facts and figures

Intermediate care and reablement services facilitate timely transfer of care from hospital and particularly in the case of intermediate care, provide a genuine alternative to hospital admission. Figures released in February 2015 show that on the last Thursday in January 2015, 5246 patients were delayed in hospital, 3597 of which were acute patients (Delayed Transfers of Care: monthly situation reports, NHS England). The proportion of delays occurring in an acute care setting has increased to 68.7%, compared with 63.8% in January 2014.

Emergency admissions to hospital are also increasing. There were 5.4 million emergency admissions in 2013/14 compared with 5.3 million in 2012/13, an increase of 1.5%. The Health and Social Care Information Centre attributes this, at least in part, to 'the increased demand on health services from an ageing population' Additionally hospital admission statistics show over a 10-year period (2003/4 to 2013/14) the growth in age groups 60–74 and 75+ was greater than the growth in episodes as a whole (57.2% growth in 10 years for the 75+ age group compared with the 37.9% growth in all

'finished consultant episodes'). (Hospital Episode Statistics, Admitted Patient Care, England 2013-14, Health and Social Care Information Centre.)

Admission to hospital and delays in hospital discharge can create significant anxiety, physical and psychological deterioration and increased dependence. Therefore in the context of the latest data, multidisciplinary support that helps people recover, regain independence and return home is vital.

Measures from the Adult Social Care Outcomes Framework (ASCOF) show how reablement is increasingly supporting people to return to and remain at home following transfer from hospital (Measures from the Adult Social Care Outcomes Framework, England, 2013-14, Health and Social Care Information Centre). The proportion of older people who were offered reablement services following discharge from hospital was 3.3% in 2013/14. It was higher for adults aged 85 and over (8.2%) than for adults aged 75–84 (3.5%) and aged 65–74 (1.1%). Effectiveness is also increasing. The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital to reablement or rehabilitation services was 82.5% in 2013/14, compared with 81.4% in 2012/13. The best available research on reablement also demonstrates that people using reablement experience increased health and social care related quality of life and reduced need for ongoing commissioned care (Home care re-ablement services: investigating the longer term impacts [prospective longitudinal study] Social Policy Research Unit, University of York).

The ASCOF also measures local authority performance in reducing dependency among older people and other adults, a key aim of intermediate care and reablement services. The indicator used is permanent admissions to residential and nursing homes and the figure decreased in 2013/14 with 668.4 admissions per 100,000 of the population compared with 697.2 in 2012/13 ('Measures from the Adult Social Care Outcomes Framework'). A new measure has been introduced to the ASCOF 2014/15, to provide evidence of a delay in dependency specifically resulting from reablement (The Adult Social Care Outcomes Framework 2014/15. Handbook of Definitions, Department of Health).

Despite the improvements illustrated by the ASCOF outcomes and evidence of associated cost savings, the National Audit of Intermediate Care (National Audit of Intermediate Care summary report 2014, NHS Benchmarking Network) suggests that investment levels in intermediate care and reablement were no higher in 2013/14 than they were in 2012/13

3.2 Current practice

The focus of this guideline is on intermediate care and reablement. Intermediate care uses a range of support models providing an alternative to hospital admission and a means of facilitating hospital discharge. This guideline focuses on the support models that help people regain independence: home-based and bed-based intermediate care, and reablement ('National Audit of Intermediate Care summary report 2014')). Reablement aims to help people remain independent by supporting them to learn or relearn skills for daily living that may have been lost through illness, disability or an accident. Other terms, such as 'restorative care' are also used to describe reablement.

There is no single agreed delivery model for reablement. Many schemes take community referrals; usually via adult social care (‘intake and assessment services’) and increasingly services are hospital focused (‘hospital discharge schemes’). Reablement also operates selective and de-selective approaches to accepting referrals. ‘Selective’ assumes only people with specific needs or conditions will benefit; others pass to ‘routine support’. ‘De-selective’ assumes all people will benefit unless for some specific reason it is agreed they will not, for example they have a lower limb fracture in plaster.

This variability in service models gives rise to inequality in access. Some reablement schemes do not accept referrals for people living with dementia or with end of life care needs. Services in other areas do support these groups on the basis that relative outcome gains can be made through a period of reablement. Indeed, some reablement services have been specifically established to support people living with dementia. Research evidence for the effectiveness and cost effectiveness of reablement for people living with dementia is lacking because they are generally excluded from evaluations.

The National Audit of Intermediate Care ('Audit of Intermediate Care summary report 2014') also highlights access issues for certain vulnerable groups. In crisis response services, access to specialist mental health and dementia care has worsened, with only 55% of services stating they had 'quick and ready' access in 2013/14 compared with 70% in 2012/13. Other vulnerable groups fare worse; the proportion of intermediate care services specifically available to homeless people was 26% in 2013/14 and 13% for prisoners.

Problems identified by people using services are also presented in the National Audit of Intermediate Care. Criticisms focus on a lack of appropriate information about services and care issues, especially on discharge plus inappropriate or disrespectful communication by staff. The views of people specifically using reablement were gathered in a UK evaluation. Although people generally welcome the improved independence reablement provides, frustrations related to a lack of assistance with domestics tasks or with goals around improving social contact. It is apparent that reablement teams must manage people's expectations at the outset and address a broad concept of independence.

3.3 Policy, legislation, regulation and commissioning

Policy

The concept of intermediate care was developed in the NHS Plan: 2000 and implemented in England through the National Service Framework for Older People: 2001.

Reablement specifically received policy support in 2010 when it was recognised as a means of prolonging or regaining independence. In recognition of the upfront investment needed to provide this more intensive support, the government invested £70 million in reablement (NHS support for social care: 2010/11 – 2012/13, Department of Health). Further funds were committed through the government spending review and NHS operating framework in 2011/12 and 2012/13. The Care and Support White Paper subsequently announced the transfer of funds from the NHS Commissioning Board to local councils in 2013/14. Most recently, NHS commissioners and

local authorities have been required, via the Better Care Fund, to pool budgets to support models of integrated care and support including reablement and intermediate care teams.

Legislation, regulation and guidance

The Community Care (Delayed Discharges etc.) Act 2003, emphasised intermediate care as a structured programme provided free of charge for up to 6 weeks to assist people to maintain or regain the ability to live in their own home. This was reiterated specifically in relation to reablement in 2010 (LAC (DH) (2010) 6: The Personal Care at Home Act 2010 and charging for re-ablement Department of Health) and again, for reablement and other intermediate care services, in the Care Act 2014. The Care Act also clarifies that the cost of intermediate care, including reablement, must not be calculated in a personal budget, even if they are combined with other elements of care and support to meet eligible or on-going needs.

Existing guidance on reablement and intermediate care is published by national government departments (Intermediate care – halfway home: updated guidance for the NHS and local authorities Department of Health), local authorities, the Social Care Institute for Excellence (Maximising the potential of reablement SCIE guide 49), and professional bodies such as the College of Occupational Therapists (At a glance 46: reablement: a key role for occupational therapists). Much of the guidance on reablement provides advice for commissioners, which reflects the relatively recent evolution of the service. There is a focus on evaluating reablement and toolkits have been published for this purpose. Guidance on charging for intermediate care and reablement has been published by the Department of Health, including Care and support: statutory guidance issued under the Care Act 2014.

Commissioning

Certain types of intermediate care (crisis response, bed based and home based intermediate care) have typically been commissioned and provided by the NHS. In contrast reablement is largely (although not exclusively) provided by local authorities.

Local authorities also fund the majority of reablement services although increasingly they are being co-funded with health following the creation of the Better Care Fund. Almost all reablement services were started in-house from existing home care services. However, as the market matures, reablement is being outsourced by some local authorities.

4 Further information

This is the draft scope for consultation with registered stakeholders. The consultation dates are 8 May to 5 June 2015.

The guideline is expected to be published in July 2017.

You can follow progress of the guideline.

Our website has information about how NICE guidelines are developed.