

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Guideline scope

### Intermediate care - including reablement

#### *Topic*

The Department of Health in England has asked NICE to produce a guideline on intermediate care - including reablement. The guideline will cover the 4 categories of intermediate care defined in the [National Audit of Intermediate Care](#). These are crisis response, home based intermediate care, bed based intermediate care and reablement.

For more information about why this guideline is being developed, and how the guideline will fit into current practice, see the [context](#) section.

#### *Who the guideline is for*

- Providers of intermediate care and reablement.
- Health and social care practitioners delivering intermediate care and reablement.

The guideline will also be relevant to:

- People using intermediate care and reablement, and their families and carers
- Health and social care commissioners of reablement and intermediate care.
- Health and social care practitioners in other community services, including:
  - home care
  - general practice
  - housing.
- Health and social care practitioners in care homes.
- 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](#) 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) using intermediate care - including reablement.

## ***1.2 Settings***

### **Settings that will be covered**

- Community settings including:
  - People's own homes and temporary accommodation.
  - Specialist housing such as sheltered, warden supported or extra care housing.
  - Supported living (including Shared Lives schemes).
  - Day centres.
- Residential and nursing care homes.
- Dedicated intermediate care and reablement facilities.
- Acute, community and day hospitals.
- Prisons.

### **1.3      *Activities, services or aspects of care***

#### **Key areas that will be covered**

- 1    Assessment for and planning of intermediate care and reablement that is person centred and identifies needs, aspirations and social context, including support networks.
- 2    The effectiveness and cost effectiveness of different types of intermediate care:
  - Crisis response: Interventions (generally up to 48 hours) provided to people in their own homes or care homes to avoid hospital admission.
  - Home based intermediate care: Interventions provided to people in their own homes to support recovery from illness, facilitate earlier hospital discharge and maximise independence.
  - Bed based intermediate care: Interventions provided in hospitals or care homes to prevent premature admissions to long-term residential care, support earlier discharge from hospital and avoid unnecessary acute hospital admissions.
  - Reablement: Interventions provided to support people to learn or relearn skills and competencies and to build their confidence.
- 3    Service organisation, including:
  - Coordinating intermediate care and reablement with other services in the care pathway and as part of a wider package of care and support. This includes handover to providers of subsequent support, follow-up and review
  - Location of intermediate care and reablement services.
  - Monitoring, evaluation and review of reablement and intermediate care.
- 4    Information, advice, advocacy, training and support for people using intermediate care and reablement, and for their families and carers.
- 5    Providing training for people delivering reablement and intermediate care.

#### **Areas that will not be covered**

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

- 2 Rehabilitation programmes in hospital or community settings for identified medical problems for which 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 services in which 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 criminal offenders and people who misuse substances.

#### **1.4 Economic aspects**

We will take economic aspects 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 Crisis response – intermediate care:
  - What is the effectiveness and cost effectiveness of crisis response?
  - What are the views and experiences of people using services and their carers in relation to crisis response?
  - What are the views and experiences of health, social care and other practitioners about crisis response?
- 2 Home based intermediate care:
  - What is the effectiveness and cost effectiveness of home based intermediate care?

- What are the views and experiences of people using services and their carers in relation to home based intermediate care?
  - What are the views and experiences of health, social care and other practitioners about home based intermediate care
- 3 Bed based intermediate care (in hospital or residential settings):
- What is the effectiveness and cost effectiveness of bed based intermediate care?
  - What are the views and experiences of people using services and their carers in relation to bed based intermediate care?
  - What are the views and experiences of health, social care and other practitioners about bed based intermediate care?
- 4 Reablement:
- What is the effectiveness and cost effectiveness of reablement?
  - What are the views and experiences of people using services and their carers in relation to reablement?
  - What are the views and experiences of health, social care and other practitioners about reablement?
- 5 Intermediate care and reablement for people living with dementia:
- What is the effectiveness and cost effectiveness of intermediate care and reablement for people living with dementia?
  - What are the views and experiences of people living with dementia and carers about intermediate care and reablement?
  - What are the views and experiences of health, social care and other practitioners about intermediate care and reablement for people living with dementia?
- 6 Information, advice, advocacy, training and support:
- What is the effectiveness and cost effectiveness of information, advice, advocacy, training and support for people using intermediate care and reablement?
  - What are the views and experiences of people using intermediate care and reablement, and their families and carers, about information, advice, advocacy, training and support?

- What are the views and experiences of health, social care and other practitioners about information, advice, advocacy, training and support for people using intermediate care and reablement and their families and carers?

Please note these are only draft review questions. The Guideline Committee will discuss and agree final review questions 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:
  - Health and social care related quality of life, including carer quality of life.
  - Independence, choice and control over daily life.
  - Capability to achieve desired, person-centred outcomes as listed in the 9 areas of wellbeing set out in the [Care Act 2014](#).
  - Satisfaction of service users and carers.
  - Speech, language and communication skills.
  - Continuity of care.
  - Years of life saved.
- 2 Service outcomes:
  - Use of health and social care services (secondary, primary and community).
  - Length of hospital stay.
  - Delayed transfers of care from hospital.
  - Hospital readmissions.
  - Admissions to care homes
  - Need for support from care workers and carers.

## 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 intermediate care.

- [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 complex needs and multiple long-term conditions](#) NICE guideline. Publication expected November 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.
- [Acute medical emergencies in adults and young people, service guidance](#) NICE guideline. Publication expected November 2016
- [Service user and carer experience](#) NICE guideline. Publication expected January 2018.

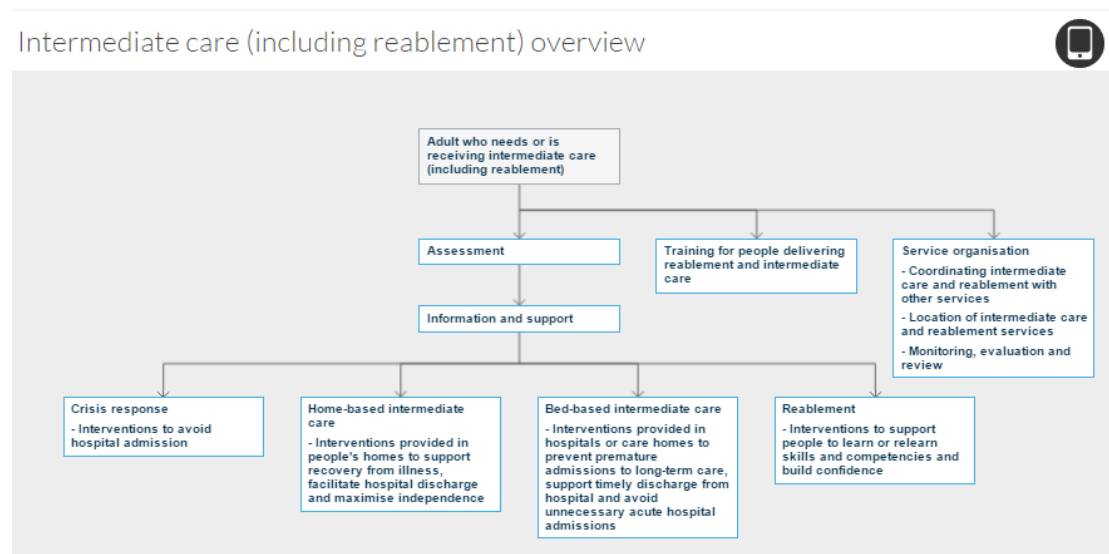
We will be working closely with the Guideline Committees on the related NICE guidelines currently in development (listed above) to ensure the guidelines are consistent and complement each other.

## 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 intermediate care (including reablement), based on the draft scope, is included below. It will be adapted and more detail added as the recommendations are written during guideline development.

Other relevant NICE pathways will also be linked to, including [rehabilitation after critical illness](#), [mental wellbeing and older people](#), [hip fracture](#), [stroke rehabilitation](#) and home care for older people (publication expected September 2015).





## 3 Context

### 3.1 *Key facts and figures*

Admission to hospital and delays in hospital discharge can create significant anxiety, physical and psychological deterioration and increased dependence. Therefore multidisciplinary services, which help people recover, regain independence and return home, are vital. Intermediate care and reablement play an important role as a means of facilitating timely transfer of care from hospital and preventing unnecessary admissions to hospital and care homes

Figures released in February 2015 show that on 1 day 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 had increased to 68.7% in January 2015, 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 (2003/04 to 2013/14) the growth in age groups 60–74 and 75+ was greater than the growth in hospital admissions as a whole (57.2% growth in 10 years for the 75+ age group compared with 37.9% for all 'finished consultant episodes'). ([Hospital Episode Statistics, admitted patient Care, England 2013-14](#) Health and Social Care Information Centre.)

Measures from the Adult Social Care Outcomes Framework show that reablement is increasingly supporting people to return to and remain at home after 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 after discharge from hospital was 3.3% in 2013/14, compared with 3.2% in 2012/13. 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 Framework 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 2014/15 Framework 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 Framework, outcomes and evidence of associated cost savings, the [National Audit of Intermediate Care](#) (NHS Benchmarking Network) suggests that investment levels in intermediate care and reablement were no higher in 2013/14 than in 2012/13.

### **3.2 Current practice**

Intermediate care uses a range of support models to help people be as independent as possible. It is an alternative to hospital admission and residential care. This guideline focuses on the support models included in the [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 for prisoners it was 13%.

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, and inappropriate or disrespectful communication by staff. The views of people specifically using reablement were gathered in a UK evaluation ([Glendinning et al. 2010](#)). Although people generally welcomed the improved independence reablement provides, their frustrations related to a lack of assistance with domestic tasks or with goals to improve 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 ongoing needs.

Existing guidance on intermediate care and reablement 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 rehabilitation 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 since the creation of the Better Care Fund they are being increasingly co-funded with health. Almost all reablement services were started in-house from existing home care services. However, as the service matures, reablement is being outsourced by some local authorities.

## **4 Further information**

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.