

**Reference:** FOI.ICB-2425/112

**Subject:** Rehabilitation Services

*I can confirm that the ICB does hold some of the information requested; please see responses below:*

*Request has been made through a Microsoft Forms link. The answers below will be transferred to the form so that the ICB complies with the FOI Act in responding in the format requested. This response will also be sent to the requester as per normal process so that the requester receives all the information the ICB legally has to supply.*

QUESTION	RESPONSE
1. Name of ICS	Bristol, North Somerset and South Gloucestershire
2. Your name	Bristol, North Somerset and South Gloucestershire ICB (Integrated Care Board)
3. Your email address	<a href="mailto:bnssg.foi@nhs.net">bnssg.foi@nhs.net</a>
4. Your FOI reference	FOI.ICB-2425/112
5. Does your system have measures in place to monitor provision of community rehabilitation services to patients?	Yes
6. What is being measured in relation to the delivery of community rehabilitation?	Pathway 1,2 and 3 referrals Pathway 1,2 and 3 waiting list size Pathway 1 booked slots and utilised slots Pathway 2 and 3 occupancy Pathway 1,2 and 3 length of stay Pathway 2 and 3 delays Pathway 1,2 and 3 discharge outcomes, per locality and per month.

7. Are you in the process of establishing measures to monitor the provision of community rehabilitation services to patients?	Already in place, see above
8. Are you committed to establishing measures in the future?	See above
9. When are you planning on committing to establishing measures?	See above
10. In the last 12 months, have there been cuts to any resources allocated to support the provision of community rehabilitation?	No
11. What funding and/or services have been cut?	None
12. Are there plans to cut resources to support the provision of community rehabilitation in the next 12 months?	No
13. Does your system have a single accountable lead for rehabilitation working at director/board level?	Yes
14. What is their name and job title?	David Jarrett Chief Delivery Officer
15. If you do not have a single accountable lead with overall responsibility for rehabilitation working at director/board level, are you recruiting someone to take on this work? When do you intend to have someone in post?	N/A
16. Does your system have a non-board/non-director level employee with a specific remit/portfolio to take forward the development of rehabilitation services?	No
17. What is their name and job title?	N/A
18. Does your system have a rehabilitation programme setting out plans to deliver, expand, integrate and redesign services?	Yes, Discharge to Assess (D2A) programme

19. Is your system taking forward the recommendations and actions set out in the Intermediate Care Framework issued by NHSE in September 2023?	Yes, this is built into our D2A programme
20. What improved outcomes have been achieved for patients as a result of your system's focus on the recommendations of the Intermediate Care Framework this year?	<p>Improved demand and capacity Outcomes through development of new whole system model.</p> <p>Improved workforce utilisation / integration through a new Community Rehabilitation and Reablement model.</p> <p>The introduction of a new community governance structure including Integrated Care Meetings and Integrated Operational Meetings across BNSSG has offered us the opportunity to work in much more joined-up ways across health, social care and VCSE. This model has enabled us to explore opportunities for trusted assessment and a strength-based approach to support people to receive the right care at the right time, with minimal delay. Our collective ambition is to promote independence and enable people to live well at home. We continue work to progress this ambition and to improve feedback and learning to optimise outcomes for people and ensure sustainability of new ways of working.</p> <p>Transfer of care hubs implemented – improved outcomes include shift in from bedded to home care pathways and reduced acute length of stay for P3 patients.</p> <p>Improved data quality and prep for a national standard</p>
<p>21. Please tell us how you are developing the capacity of your services to shift rehabilitation from the acute hospital to settings outside of an acute hospital (ICF Pathway 1 – Home-based care) for patients with urgent rehab needs?</p> <p>(In your answer, please cover:</p>	<p>The D2A programme includes investment into community rehabilitation services and home care services. This includes investment in community rehabilitation staff, as well as VCSE support and Local Authority (LA) reablement and bridging services. This investment is supporting the shift in discharge from bedded to home care rehabilitation pathways.</p>

- current demand for these services
- system capacity commissioned to meet demand for 2023/24
- your capacity to meet demand for 2024/25
- how much of your 2023/2024 capacity is for rehabilitation
- how much of your 2024/2025 capacity is for rehabilitation
- how much of your 2023/2024 capacity is for domiciliary care
- how much of your 2024/2025 capacity is for domiciliary care)

Numbers not held by ICB for Domiciliary care and any additional P1 capacity is used for community referrals for flex capacity in P2 and UCR.

	Annual capacity acute		Annual demand acute	
	23/24	24/25	23/24	24/25
B	2861	3337	3383	3210
NS	2145	2619	2194	1986
SG	3004	3075	2200	2781
<b>BNSSG totals</b>	<b>8010</b>	<b>9031</b>	<b>7777</b>	<b>7977</b>

22. Please tell us how you are developing capacity to increase the productivity of acute and non-acute rehabilitation services across bedded care (ICF Pathway 2 – Bed-based care) to improve flow, length of stay and clinical outcomes?

(In your answer please cover:

- current demand for these services
- system capacity commissioned to meet demand for 2023/24
- your capacity to meet demand for 2024/25
- how much of your 2023/2024 capacity is for rehabilitation
- how much of your 2024/2025 capacity is for rehabilitation)

The D2A programme, including the transfer of care hubs, includes workstreams to increase productivity in P1,2 and 3 services.

Examples include review of LA care act assessment capacity, P2 flow focus and improved operational working between partners coordinating P1 care. These measures are improving outcomes, improving flow and reducing length of stay in rehabilitation pathways.

***The information provided in this response is accurate as of 23 July 2024 and has been approved for release by Dave Jarrett, Chief Delivery Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.***