

Intermediate care including reablement

NICE National Institute for
Health and Care Excellence

Consultation on draft guideline – deadline for comments 5pm on Friday 26 May 2017

email: IntermediateCare@nice.org.uk

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

We would like to hear your views on the draft recommendations presented in the short version and any comments you may have on the evidence presented in the full version. We would also welcome views on the Equality Impact Assessment.

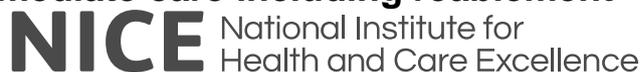
We would like to hear your views on these questions:

1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.
2. Would implementation of any of the draft recommendations have significant cost implications?
3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)
4. Recommendation 1.2.6 recommends that home-based intermediate care is the preferred approach. Are local services configured or being reconfigured to enable this? Please provide brief details of, or signposts to, examples or case studies of approaches to configuring intermediate care services.
5. Recommendation 1.2.8 recommends offering reablement as a first option to people being considered for home care. Is this the approach used in your local area? Please provide brief details of, or signposts to, examples of the use of reablement at a local level.
6. Recommendation 1.3.1 recommends that the time between a referral and an intermediate care service being started is no more than 2 working days. Is this the approach in your local area? How feasible is this in practice?
7. Recommendation 1.3.10 recommends that crisis response intermediate care services should be initiated within 2 hours of a referral being made (on the premise that the referral is appropriate). Is this the approach in your local area? How feasible is this in practice?

See section 3.9 of [Developing NICE guidance: how to get involved](#) for suggestions of general points to think about when commenting.

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Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):		Care & Repair England		
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.				
Name of commentator person completing form:		Jane Minter		
Type		[office use only]		
Comment number	Document (full version, short version or the appendices)	Page number Or 'general' for comments on the whole document	Line number Or 'general' for comments on the whole document	Comments Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
Example 1	Full	16	45	We are concerned that this recommendation may imply that
Example 2	Full	16	45	Question 1: This recommendation will be a challenging change in practice because
Example 3	Full	16	45	Question 3: Our trust has had experience of implementing this approach and would be willing to submit its experiences to the NICE shared learning database. Contact.....
1	Short version	Page 5	Line 25	Add housing staff (there will be circumstances when people will have a warden or other staff member offering housing support and they also need to be part of the core practitioners)
2	Short version	Page 6	Line 28	Define reasonable adjustments – We assume this might include adjustments to the home environment including any adaptations and repairs needed to the home to ensure that it is safe, secure, warm and manageable for the person needing intermediate care
3	Short version	Page 9	Line 4	Add not only specialist equipment but also adaptations and repairs to the home to provide safety and comfort for the person receiving intermediate care at home. Assessing the home environment should be part of the risk assessment. This should include Occupational Therapists and local Home improvement agencies as appropriate.
4	Short version	Page 10	Line 2	Suggest adding an extra goal – ‘take into account the environment in which the person lives and its suitability for both intermediate care and long term independence’ it is important to ensure that the place in which the care is offered is suitable to provide the best support and service.

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5	Short version	Page 11	Line 1	Add a section that offers people access to advocacy, as appropriate, not just information
6	Short version	Page 13	Line 15	Housing services - add 'such as repairs, adaptations, handypersons and other housing support services'
7	Short version	Page 14	Line 7	Add a new section 'health, safety and comfort concerns about the environment in which the intermediate care takes place especially where this is in a person's home'. This is to make sure that the home is safe, warm and comfortable for the person receiving intermediate care
8		General	General	<p>Question 1 and 4. One of the areas that have the most impact is collaborative working across all sectors and this has proved to be a challenge across health and social care and is even more of a challenge to engage with housing.</p> <p>We argue that at both a strategic and operational level housing organisation must be engaged especially as the guideline promotes care at home as the goal. This will be a challenge for health and care partners – needing to understand the importance of housing and to contact and engage the right agencies locally that can support people to assess a person's home environment and help with any adjustments needed. One agency in relation to Intermediate Care at home will be the local Home Improvement Agency which offers help with repairs, adaptations and improvements to the home. Details of local agencies from http://www.findmyhia.org.uk/</p> <p>There are some resources from NHS England aimed at engaging housing that NICE might like to refer to in relation to this aspect. See https://www.england.nhs.uk/commissioning/health-housing/ which refers to the health and housing quick guide</p> <p>Question 4. We have some examples of where home adaptations services have worked with health and social care to support discharge home.</p> <p>One of these – Ealing – has done specific work on reablement. Here is a link to these case studies, including Ealing, which might be of interest as a group of practical examples showing an integrated approach where going/staying at home is the goal https://homeadaptationsconsortium.wordpress.com/good-practice/</p> <p>A further example of a reablement approach is identified on Page 23-24 of the evaluation of the Warwickshire integrated housing options advice service. In this case the setting is in extra care housing and identifies the difference in approach to rehabilitation and the role of a housing setting in that process</p>

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.

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- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.