



**THIS ITEM IS FOR INFORMATION ONLY**

**(Please note that "Information Only" reports do not require Integrated Impact Assessments, Legal or Finance Comments as no decision is being taken)**

**Title of meeting:** Community Wellbeing, Health & Care

**Subject:** Community Rehab Service (CRS)

**Date of meeting:** 4<sup>th</sup> November 2024

**Report by:** Simon Nightingale, Assistant Director, Health & Care Partnerships

**Cabinet Member:** Councillor Matthew Winnington

**Wards affected:** All

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**1. Requested by**

Cabinet Member for Community Wellbeing, Health & Care.

**2. Purpose**

To update the Cabinet Member and Spokespeople on the progress made to bring the Portsmouth Rehab and Reablement Team (PRRT) together with the Community Independence Service (CIS) to form Portsmouth City Council (PCC) Adult Social Care, (ASC) service for physical, home-based intermediate care delivered by Hampshire and Isle of Wight Healthcare NHS Foundation Trust (the Trust).

**3. Background**

Since 2012 PCC and the Trust have worked in partnership to provide a rehabilitation and reablement service to Portsmouth residents, who need support to regain/maintain their independence with activities of daily living. This was provided by PRRT (led by the Trust) and in 2021, CIS (led by PCC).

Two services had the potential for confusion for referring professionals and inconsistency in service offer. In addition, this often led to a siloed approach to supporting people, resulting in unnecessary differences in the provision and quality of rehabilitation. The CIS service had only temporary funding from a grant from central government.

To address the variation in provision, provide a clear offer to residents and establish a consistently funded service, in 2023 the Trust and PCC collectively reviewed how PRRT and CIS were commissioned. This included a review of criteria, referral pathways, types of

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need and interaction with other reablement services. The aim of this review was to understand the current ways of working, including outcomes for Portsmouth residents, how cultures underpin successes within the teams, and how the service could be taken forward into a design within the financial budget that was available.

The process of change was difficult for some colleagues as both CIS and PRRT had delivered positive outcomes for residents and there were concerns that the integrated nature of the service may be reduced. Managers undertook many listening and engagement events to assure staff had opportunity to be involved with the design of the new service and to assure that the service was built on the principles and achievements of the previous two services. This process was informed by the principles of the systems thinking methodology of service improvement and continues currently, engaging staff in how the service is further developed and implementing change to the service as required.

### **4. Current Position**

At the beginning of 2024 the consultation closed, and it was collectively agreed to implement a service that offers reablement to as many Portsmouth residents as possible, (expanding the numbers using the service) maintaining the skills from both services where possible and achieving financial sustainability. The aim was to have a single service that is able to support individuals in regaining independence, skills, and confidence after a period of illness, injury, or increased dependency. This kind of support can be critical for people adjusting to a new level of ability, those requiring additional care, or individuals returning home after a hospital stay.

These programs typically involve:

- **Personalised support plans:** Tailored to meet the specific needs of the individual, focusing on physical, emotional, and social aspects.
- **Skill-building:** Helping individuals regain or develop skills for daily activities such as mobility, personal care, and household tasks.
- **Confidence-building:** Offering emotional support to boost confidence and mental well-being.
- **Multidisciplinary approach:** Involving health professionals such as occupational therapists, physiotherapists, social workers, and care staff to provide holistic care.
- **Home adaptations:** Assessing and making changes to the home environment if needed, to ensure it is safe and supportive for the individual.
- **Short-term, goal-oriented care:** Focused on empowering individuals to manage their own care as much as possible, with the aim of reducing long-term reliance on formal care services.

Since the consultation closed, work has progressed in developing the new Community Rehab Service (CRS). CRS aims to prevent hospital admissions, support faster recovery from illness, support timely discharge from hospital, and maximise independent living by working with the resident and building on their abilities. The Trust will hold and manage the Care Quality Commission registration for CRS.



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CRS is part of a number of community services, working together to get the right support for residents in the right place at the right time and the service is developing better links with Primary Care to this end. Working together also enables a reduction in the amount of times people need to tell their story to health and care professionals.

Work is now focusing on implementing the service model and reconfiguring referral pathways through a single point of access, supported by a single referral and triage process. The aim of this is to ensure the service is built on the principles published by The Chartered Society of Physiotherapy of *explicit, easy, efficient, and equitable referral processes*.

The service is working to develop performance measures, so it is clear of the impact for Portsmouth residents. A number of these measures are being manually captured, which has an impact on staffing capacity and work continues to increase automated reporting of these measures.

**5. Future Planning**

To ensure the service continues to develop and adapt based on learning and population need, a service improvement plan has been developed. This plan includes a review of roles and responsibilities across the newly developed service to ensure the right skill mix to meet demand.

A recruitment plan has been developed, using grant funding to increase rehabilitation staff available and occupational therapists. This is part of the plan to increase the number of people the service can support.

To enhance the governance arrangements of the service, a pilot is currently being implemented to test a remote desktop solution to enable a single IT solution across the two organisations. Following the conclusion of the pilot an options appraisal will be completed to agree next steps.

Challenges remain in terms of having the right capacity to meet the current and future demand on the service, offering all eligible residents the opportunity for rehabilitation. This will involve collaboration with colleagues to measure the benefits of the service in cost avoidance as well as individual outcomes for residents. This will then translate into future planning to demonstrate how expanding the service could lead to better outcomes for more residents.

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Signed by (Director)



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Appendices:

**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location