

Co-ordinated, integrated and fit for purpose: A Delivery Framework for Adult Rehabilitation in Scotland - HDL(2007) 13

Background

The Delivery Framework for Adult Rehabilitation in Scotland was launched on the 21 February 2007. It was developed by a National Steering Group Chaired by Olivia Giles who has very personal experience of NHS Scotland's rehabilitation Services. In February 2002 Olivia's lower arms and legs were amputated as a consequence of near-fatal meningitis.

The HDL (Health Department letter) having introduced the Delivery Framework, also makes mention of the Prevention of Falls in Older People, although this is not mentioned in any great detail in the main document.

Framework Document

The framework sets out 3 defined target groups:

- older people;
- people with long term medical conditions
- people with prolonged absence, intending a phased return to employment

Under vocational rehabilitation, it reiterates that in another policy document; "Delivering for Mental Health"¹ employment can be a key factor in the recovery for many suffering from a mental health illness. In addition it links targets within the rehabilitation framework to other national work streams of anticipatory care, unscheduled care, planned care, self managed care and the management of long term conditions.

Prevention of unnecessary admissions, better identification and management of the 'at risk' population, safe early discharge, the prevention of dependency on care services and the health benefits of returning to work are key impact areas in the framework.

The framework states the intention to have a National Rehabilitation Implementation group and that Local Rehabilitation Co-ordinators Posts will be established in each of the Community Health Partnerships and will be funded through the Scottish Executive.

The recommendations for actions are across six areas:

- Access
- Local service provision

¹ Scottish Executive (2006) Delivering for Mental Health.

- Enablement and self-managed care
- Comprehensive and Evidence based services
- Sustainable multi professional teams
- Capacity

The action plan contained within the framework has a timeline and identifies the lead responsibility for each – a copy is attached (appendix A). Much of the responsibility is shared between the Board and Local Authority Partners.

Falls Prevention

In addition to the above, all Health Boards are asked to take the lead in developing with relevant partners a combined “Falls Prevention and Bone Health Strategy”, by the end of 2008. Each Community Health Partnership is required to appoint a Falls Lead or Co-coordinator with management responsibility to liaise with relevant agencies within their geographical region. This does not appear to have any additional funding provided by the Scottish Executive.

Much work on falls prevention has already been done in NHS Lanarkshire:

- The Board’s Nursing and Midwifery Advisory Committee produced a report on the benefits of falls prevention
- A falls Prevention “clinical community” exists to develop practice among health care professionals
- Falls and fracture prevention initiatives have been undertaken in primary care

Practice however remains inconsistent.

Recommendations

1. A short-life working group is set up with key representatives from Primary and Secondary Care, Salus, Social Work, Housing, Scottish Ambulance Service, and The Voluntary Sector, to produce a business case for the implementation of a coordinated approach to Rehabilitation and Falls.
2. The group should be led by Peter McCrossan, Associate Director for Allied Health Professions, and linked to Programme Board, Primary Care and Long Term Conditions.
3. Liaison will also be required with the Programme Boards for Mental Health, Acute Services and Older Peoples Services.

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