



NHS Western Isles/Comhairle nan Eilean Siar

Health and Social Care Western Isles Partnership

Short Term Assessment and Reablement Team (START) Policy and Protocol

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1 Introduction

This policy and protocol provides the scope of practice for the Short Term Assessment and Reablement Team (START) who will be delivering intermediate care. START will comprise of Reablement workers, Care and Support Supervisors, Occupational Therapists and Physiotherapist.

This policy and protocol has been produced to capture the basic information needed to plan, direct and manage the intermediate care service and subsequently assess its overall success in line with national Health and Social Care standards.

The Policy and protocol will address the following fundamental aspects of the service:

- What is the service aiming to achieve
- Why is it important to achieve the stated aims
- Who will be involved in managing the service and what are their roles and responsibilities
- How the service will meet quality and benchmarking standards
- Where the service is based

Intermediate Care is commonly described as “the range of services which will help to divert admission to, or support discharge from, an acute care setting through timely therapeutic interventions which aim to prevent a physiological crisis or offer recuperative services at or near a person’s own home. Intermediate Care is not simply convalescence or an alternative to long stay beds, since these do not have therapeutic input.” (University of Leeds, 2005).

There is an evidence base for intermediate care, not least in terms of the King’s Fund analysis of new services in England. It is also driven by national policy, with the Scottish Government advocating its development as part of a mixed economy of care and support (The Kings Fund, 1999).

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Intermediate Care features in our Integration Joint Board strategic plan. Within this context, we now need to consider the shape and function of a new intermediate care service, and the development of an organisational culture and training regime which supports a Reablement philosophy.

In a Western Isles context, development work has been ongoing with the creation of the START service, but as can be seen from the diagram below, we support the implement ward-based reablement to keep people active during a hospital stay, but we still have service gaps in our approach to Reablement:

- 24-hour care within a step up step down Reablement unit or beds
- respite care is available to support unpaid carers' health and well-being but the services we provide are not always focused on keeping the cared-for person active

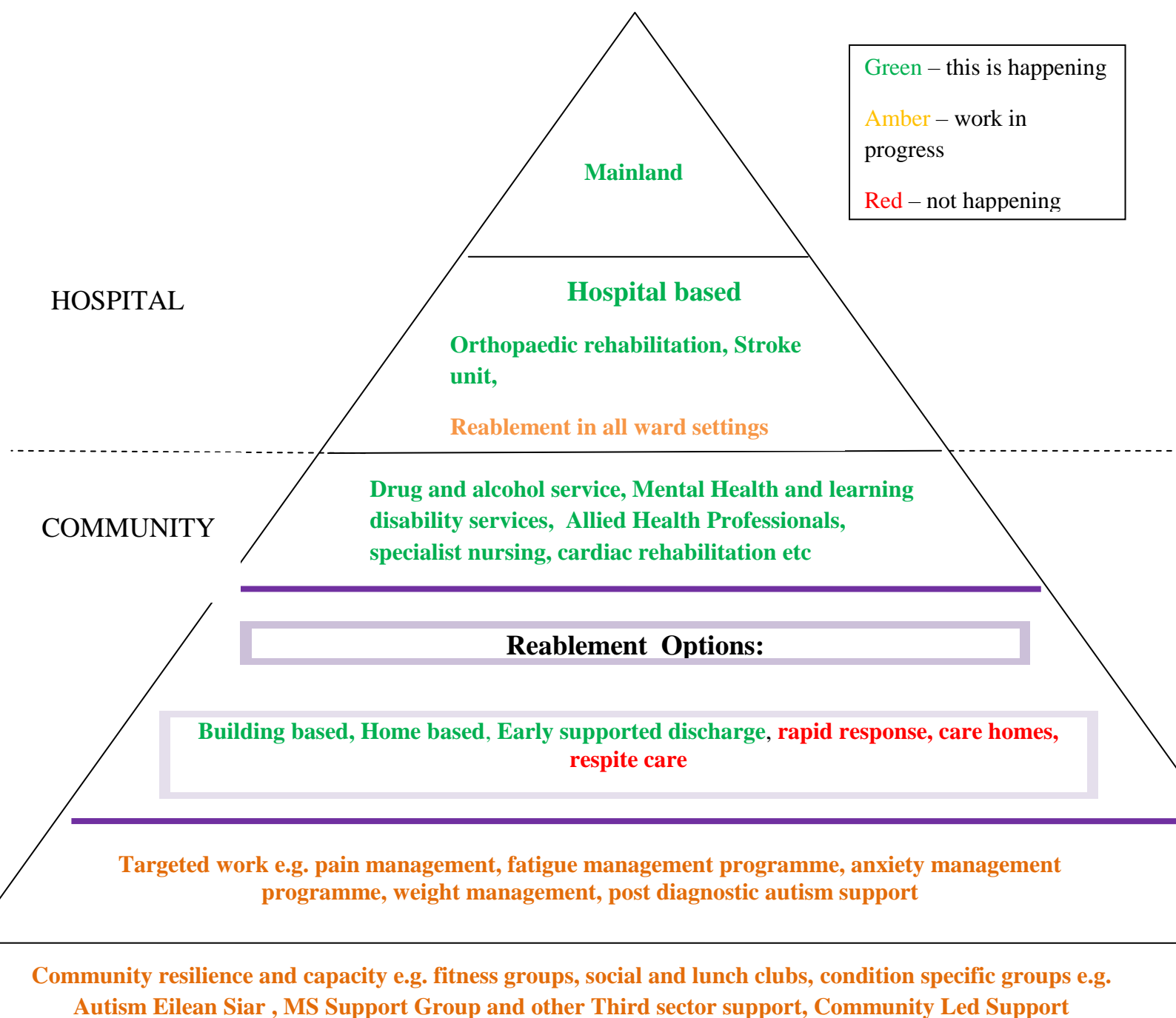
Our strategic plan sets out our ambition to deliver a bed based capacity and home based service, and our intermediate care service needs to be able to provide these options.

Regarding the demographic changes predicted for Western Isles, the number of people over the age of 75 years will increase from 2,682 (in 2010) to 4665 (in 2035), (NHS Western Isles Health Board, 2020). Older people are major users of health and social care services and there are nationally predicted rises in the likely demand for mental health, long term conditions and acute health care as well as community based services (NHS Western Isles Health Board, 2020).

In order to meet clinical demand on services we need to continue to look at how we can shape local services in order to meet these service demand predictions and develop care models to support community based services as an alternative to hospital. In order to achieve this goal we need to look at new ways of managing people with more complex needs in the community setting in a safe and sustainable way providing enhanced recovery in the community (e. g. shorter lengths of admission following illness or surgery) and promoting recovery (e.g. falls rehabilitation).

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Reablement Hierarchy – Western Isles



Green – this is happening

Amber – work in progress

Red – not happening

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2 Policy Statement

Intermediate care is defined as follows:

“The function of intermediate care – inherent in its name – is to integrate, link and provide a transition (bridge) between locations (home/hospital and vice versa); between different sectors (acute/primary/social care/housing); and between different states (illness and recovery, or management of acquired or chronic disability”). (Joint Improvement Team, 2012).

Intermediate Care supports the key objectives to enable independence and avoid unnecessary admission, or stay, in hospital or a permanent admission to a care home by providing a ‘bridge’ or transition through services at key points of crisis in people’s lives (University of Leeds, 2005).

The Short Term Assessment and Reablement Team is one element of Intermediate Care. Other elements such as a Rapid Response service will be part of the evolving development of a Nurse led **Urgent and Emergency Care Team (UECT)** comprising staff trained and managed in-house and linking to external agencies like SAS. The workforce will include Health Care Assistants/Social Care Workers, Care and Support Supervisors, Social Workers, Scottish Ambulance personnel, Allied Health Professionals, Nursing and Medical professionals. The UECT will possess all the skills and knowledge necessary to manage the majority of the person’s need for urgent or emergency care and will be led by a single manager with a single budget. The service will be supported by the local consultants and mainland providers.

3 Policy

The aim of Reablement is to assist people who have been assessed as having health and/or social care needs to maximise their level of independence by learning or relearning skills necessary for daily living with staff supporting individuals “to do” rather than “do for”.

- Reablement service to prevent unnecessary admission to hospital/ residential care

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- Increase speed of discharge from hospital/ residential care and emergency respite placement
- Enable people to live independent lives, with meaning and purpose, within their own community
- Enhanced Reablement and therapy input to optimize long term independence and quality of life by maximising people's functional abilities and reduce ongoing care needs
- Provide opportunities for further assessment of need in a homely setting with the aim of supporting recovery and transition to the person's own home
- Provide a seamless transition from secondary care into primary care services

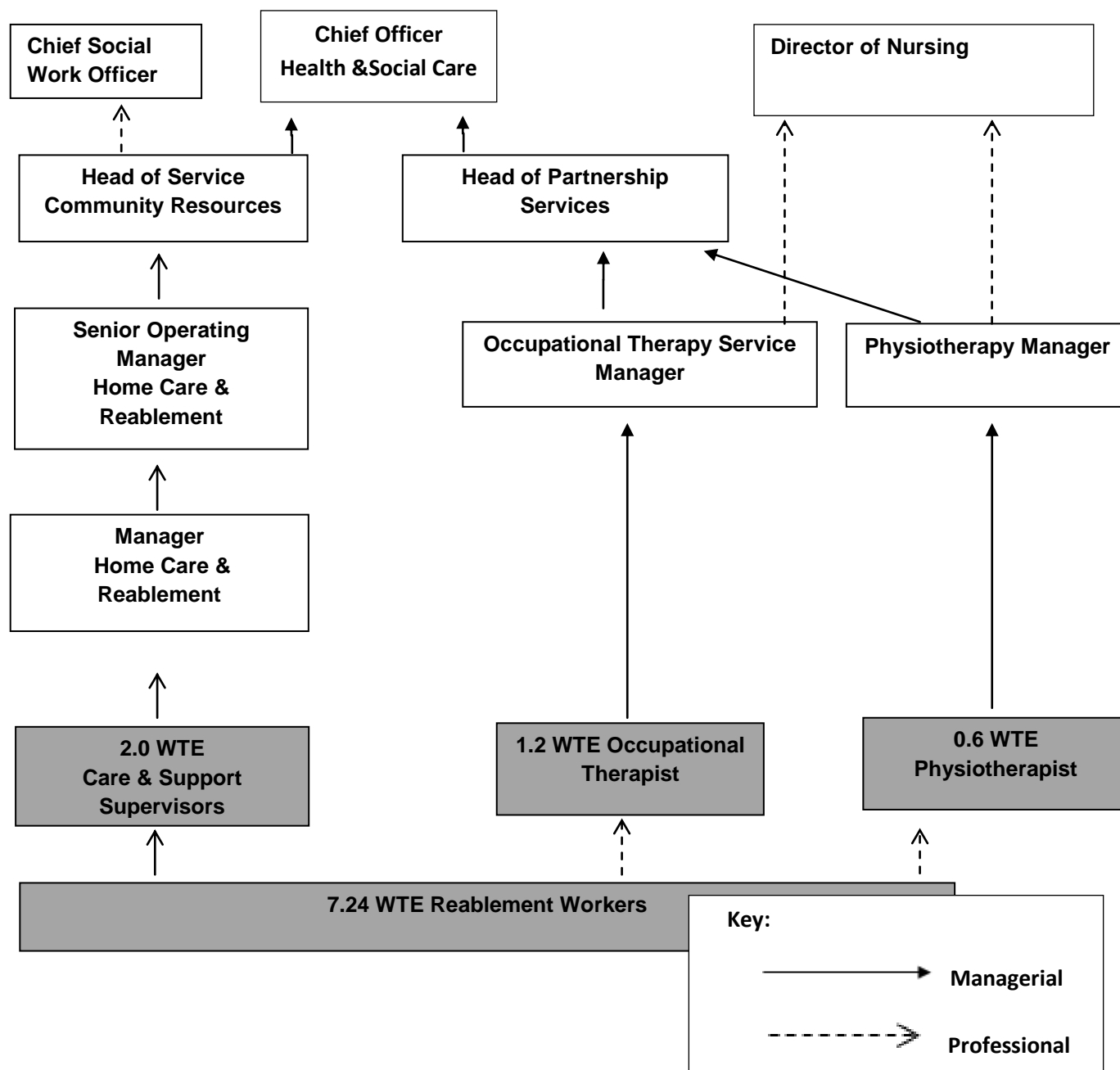
3.1 Scope

- The team includes the following people: The Person including families, Reablement workers, Care and Support Supervisors, Physiotherapist, and Occupational Therapists. This intensive reablement input will be based on individual needs for a period of up to twelve weeks, but on average 6 weeks
- The team will work collaboratively with all professionals and services that will contribute to the overall Reablement approach, hospital based staff, community nursing team, social workers, General Practice staff, Third Sector services etc
- Only individuals who meet the criteria will be supported by the service
- The START team will work in the Stornoway and Broadbay area in people's own homes and in the Reablement Flats which comprises two flats adjoining the Dun Berisay Care Home. The Reablement Flats will primarily support individuals who live outside of the Stornoway and Broadbay area.
- The service will be provided 7 days a week

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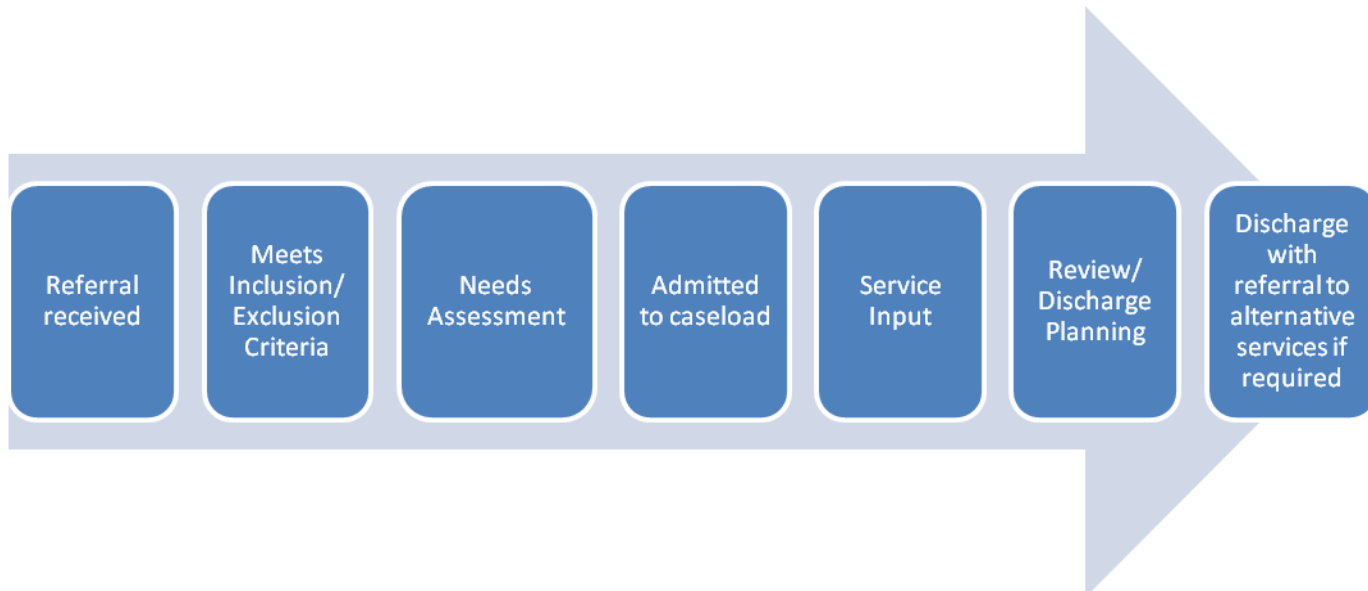
3.2 START Structure

The Occupational Therapists will be managed by the Occupational Therapy Services Manager and Physiotherapist by the Physiotherapy Manager. The Manager for Homecare and Reablement will manage the Care and Support Supervisors and Reablement workers.



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3.3 START Service Pathway



- There will be a single point of access where referrals will be triaged by the team on a daily basis
- An initial assessment carried out by the Occupational Therapist, Physiotherapist or Care and Support Supervisors will include a decision about whether the criteria for accessing the service are met
- In the event of a transition from hospital to home or the Reablement flats, a clear estimated date of discharge will be required
- Reablement service will commence with continuous monitoring of the person's individually tailored goals, progress and outcomes achieved at regular scheduled weekly review meetings
- Goals and an estimated date for discharge from the START service will be agreed with the person and their family/carers
- Adjust the level of support according to the person's needs

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- A robust process for discharge from this START service will be followed. This will include training of relevant families and formal or informal carers to ensure a smooth transition to the person's own home or homely setting. Ongoing care needs will be passed on to the relevant agencies
- In the event that the person is (re) admitted to hospital due to a medical or social care need, the START Assessor will review the service-user's needs with the appropriate health professional
- If the service-user needs to stay in hospital for a period of 7 days or more, the Assessor will discharge the service-user as their support needs have changed and can no longer be met by START
- The Assessor will ensure the service-user, the family and carers' are aware of this process with the knowledge that the person can be re-referred to START as they near the point of discharge from hospital

3.4 Referral to Service

Referral into the START service can be made from any health/social care professional who has a clear understanding of the holistic needs of the person. Referrals will be taken from:

- Community based Health Care Professionals
- Acute services
- Out of Hours Service
- GP or Primary Care Team
- Social Services
- Care at Home Service
- Scottish Ambulance Service
- Mental Health services
- Allied Health Professionals
- Emergency Department
- Self referral or referrals from family/carers will also be considered

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A referral document must be completed and submitted via SCI Gateway (for Health Care Professionals) and Care First (Social Care Professionals). Telephone referrals will be completed for those who cannot access these referral routes.

A designated member of the START will discuss the referral with the referring professional.

Referrals will be accepted Monday to Sunday. The person will be assessed within 48 hours of receipt of a referral.

START will have a weekly meeting to discuss the ongoing care of individuals already admitted onto the caseload and to look at service improvement.

3.5 Admission/Exclusion Criteria

The following are the **Admission criteria** to the START service. Individuals must be:

- Medically fit to be supported at home or homely setting
- GP team are supportive of the admission to the START service
- Able to actively take part in their rehabilitation and have the potential to regain or improve their level of independence
- Age 18 or over
- Have the ability to consent to care/treatment or appropriate consent in place
- Have the motivation and potential for rehabilitation
- Person to understand that successful intervention is likely to result in the person regaining their previous level of function and care support or lead to a reduction of a care package

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Exclusions include:

- People whose needs would be more appropriately met by other community services and/or Social Services/voluntary services and support at home
- Where a decision and/or plan regarding discharge has not been agreed
- People needing acute care but who refuse hospital admission
- Display severe behavioral disturbance/extreme confusion/inability to retain information and instruction
- Ongoing problematic drug and or alcohol use inhibiting rehabilitation
- People who require complex nursing care

3.6 Patient/Service User Journey

- Once the person has been accepted into the service START will collaborate with the person, their family/carers and professionals involved. The service will be committed to maintaining and respecting the person's privacy and dignity
- People using the service will have a multi professional needs assessment, to identify the immediate and ongoing requirements. Professionals will use a person centered approach and will collaborate with the person and their family/carers in identifying outcomes and goals. An initial intense intervention will be undertaken to support the person in their own environment; this will then be reduced based on individual needs
- People receiving the service will be reviewed on a daily basis by Reablement workers. Each person will be continually assessed with input from the appropriate therapy i.e. physiotherapy, occupational therapy. Referrals to community nursing services and other support services will be made as required

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- All assessments will be documented on the START assessment documentation. Planned daily care will be delivered by Reablement workers. Each intervention will be clearly documented in the relevant section of the START documentation according to agreed documentation standards
- A summary of the person's care needs and goals will be available to the person and other relevant support service in the form of a Personal File which the person will hold in their home
- At the end of START's involvement with an individual a discharge summary will be shared with the referrer and the General Practitioner and the team will contribute to Anticipatory Care Plans where possible or appropriate

3.7 Reablement Accommodation

START has access to Reablement accommodation, which can be utilised to deliver rehabilitation post discharge from the hospital or to support rehabilitation for someone who requires this, input, but lives out with the Stornoway/Broadbay including Point area.

Individuals must meet the inclusion and exclusion criteria set out in section 5.5. A fixed date of discharge from the team must be set prior to admission into the accommodation, but can be brought forward or delayed depending on the person's needs and achievement of their goals.

3.8 Working Time/Sickness/Absence

Shift patterns for START members to be agreed across 7 days per week.

Sickness and absence will be managed in line with NHS Western Isles and Comhairle nan Eilean Siar (CnES) policies.

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4 Accountability and Responsibilities

- The Chief Officer – Integrated Joint Board (IJB) has overall responsibility for the START service. The Chief Officer will manage the strategy through the IJB Senior Management Team in terms of management structure and ensure clear guidelines for those tasked with the compliance of legislative guidance and statutory standards
- Senior Managers are responsible for ensuring that the requirements of this Policy and protocol are effectively implemented in their areas of responsibility
- The Occupational Therapy Services Manager, Physiotherapy Manager and Care and Reablement Manager has day-to-day responsibility for staff within the team, ensuring that Health and Safety policies and wider organizational policies are adhered to
- All staff will contribute towards performance improvement, ensuring holistic care delivery and compliance with organisational policies and relevant discipline codes of conduct and practice

5 Implementation, Education, Training, Monitoring and Reviewing

All staff will complete relevant induction from either NHS Western Isles or CnES. Each individual is responsible for obtaining their annual updates as required by their organisation's training policy and professional registration bodies.

Additional training needs specifically for START include 2 days Reablement Training, Fire Safety training and Medication training. Each member of the team is responsible for identifying their additional training needs based on their clinical specialty.

Annual appraisal and Personal Development Planning will be undertaken with all staff in collaboration with the relevant managers who provide professional support/accountability following NHS Western Isles and CnES policies.

The outcomes of the START service will be evaluated by developing and measuring activity against a key set of performance indicators set out below:

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- Individual goals/outcomes achieved – Indicator of Relative Need (IoRN) outcome measure to be used to capture this
- Numbers of individuals supported within their home environment
- Response time from initial referral to individual assessment within a 48 hour period
- Length of time on team caseload
- Reduction of recurring hospital admission post 28 days from initial assessment
- Individuals will be asked to participate in a questionnaire once discharged from caseload to enable views, opinions and comments to be incorporated in the development of the service

This information will be reported to the START and IJB Senior Management Team on a quarterly basis.

6 References

- Joint Integration Team (2012). *Maximising recovery, promoting independence: An intermediate care framework for Scotland*. Retrieved from <https://www.gov.scot/publications/maximising-recovery-promoting-independence-intermediate-care-framework-scotland/>. Accessed 2nd March 2020.
- NHS Western Isles Health Board (2020). *Public Health statistics (February 2020)*, obtained from NHS Western Isles Health Intelligence Department.
- The Kings Fund (1999). *Analysis of new services in England*. Retrieved from https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/intermediate-care-models-in-practice-barbara-vaughan-judith-lathlean-1-may-1999.PDF. Accessed 2nd March 2020.
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7 Appendices

7.1 Appendix 1: Patient Focus Public Involvement

7.1a: Please show how this policy will address the area of patient focus and how you will deliver against the national programme for Person Centred Health and Care and how this will be monitored.

Person centred assessment which takes into account person's and carer's views.

7.1b: Please outline what steps have been or will be taken to involve the public in the development of this policy.

At the end of service provision the person is asked for their views on service provision utilizing a satisfaction survey and feedback is considered at START business meeting and incorporated in the service development plan

7.1c: Please outline what mechanism is most appropriate to ensure good governance regarding participation that relates to this policy.

The person and carers are key in devising the goals and treatment programme

7.2 Appendix 2: Fairness Assessment

Key steps for conducting a Fairness Assessment

1. Identify the key aims and outcomes of the policy.
2. Gather information and evidence around protected characteristics and identify the gaps.
3. Assess the impact: consider alternatives and mitigate negative impacts.
4. Involve and consult on impact assessment, internally and externally.
5. Make a decision: develop an Action Plan based on evidence.
6. Send to the Strategic Diversity Lead for sign off.
7. The final Fairness Assessed policy will be published on the NHS WI Show website.

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8. Monitor and review the final assessment.

Section 1: About your Policy

Please answer the following questions:

1. Is this a new policy?

Yes ☐ No ☒

If yes, please explain why it is being done and what the effects of it will be.

2. Have you checked if there are any other current guidance on this topic in the Health Board?

Yes ☒ No ☐

If the answer is No, please stop and check now.

3. Please list who is likely to be affected by this project and how they will be affected

Who?	How?
Client/users	
Health and Social care referrers	

4. Please tell us how you are going to involve these people in the project

Section 2: Protected Characteristics

These are about the people or groups of people whose rights are specifically protected under the 2010 Equalities Act.

This page gives you information on each of the nine protected characteristics.

1. Age

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18-30 year olds, 65-80 year olds)

How will these groups be affected?

The service is only delivered to adults

2. Disability

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A person has a disability if s/he has a physical or mental impairment which has a substantial and long term adverse effect on that person's ability to carry out normal day to day activities.

How will this group be affected?

They are included if they meet the criteria of the service

3. Gender Reassignment

The process of transitioning from one gender to another.

How will this group be affected?

They can access the service

4. Marriage and Civil Partnership

Same-sex marriage has now been enshrined in legal statute, in England in March 2014 and in Scotland in December 2014. Both mixed-sex and same-sex couples can now marry in the eyes of the law, while respecting the freedom of religious bodies and celebrants not to perform these ceremonies. Couples in a civil partnership in England can now convert this into marriage in England, although this option is not yet available in Scotland. Civil partnership is not available to mixed-sex couples throughout the UK.

How will this group be affected?

They can access the service if service criteria met

5. Pregnancy and Maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. Under the terms of the 2010 Equality Act, action can now be taken in the civil courts when a person has suffered a disadvantage because of unfair treatment because of pregnancy, breastfeeding or having given birth.

How will this group be affected?

They can access the service if service criteria met

6. Race

Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

How will this group be affected?

They can access the service if service criteria met

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7. Religion and Belief

Religion is the term given to a collection of cultural belief systems based on narratives, traditions and symbols that give meaning to life and instil a moral framework of conduct. Belief includes religious and philosophical beliefs including lack of belief (e.g. atheism). Generally, a belief should affect your life choices for it to be included in the definition.

Does your proposal discriminate or disadvantage any religious or non religious group?

They can access the service if service criteria met

8. Sex (Gender)

A man or a woman (male or female).

Does your proposal discriminate between men and women, if so how and why?

They can access the service if service criteria met

9. Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

How will this group be affected?

They can access the service if service criteria met

10. Negative Findings

If you have found negatives in the above assessments, how do you intend to deal with these and why?

Not applicable

Section 3: Human Rights

It is unlawful for a public authority to act in a way which is incompatible with a European Convention of human rights requirements. There are 15 protected rights which public authorities must ensure that they comply with in their policies, services and practices. Those listed below are the ones which can directly be affected by Healthcare provision.

- The right to life - protects your life, by law. The state is required to investigate suspicious deaths and deaths in custody.

Does your proposal affect this right?

No

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- The prohibition of torture and inhuman treatment - you should never be tortured or treated in an inhuman or degrading way, no matter what the situation.

Does your proposal affect this right?

No

- The right to liberty and freedom - you have the right to be free and the state can only imprison you with very good reason for example, if you are convicted of a crime.

Does your proposal affect this right?

No

- The right to a fair trial and no punishment without law - you are innocent until proven guilty. If accused of a crime, you have the right to hear the evidence against you in a court of law.

Does this proposal affect this right?

No

- Respect for privacy and family life and the right to marry - protects against unnecessary surveillance or intrusion into your life. You have the right to marry and raise a family.

Does this proposal affect this right?

No

- Freedom of thought, religion and belief - you can believe what you like and practice your religion or beliefs, so long as this does not harm others.

Does your proposal affect this right?

No

- No discrimination - everyone's rights are equal. You should not be treated unfairly because for example, of your gender, race, sexuality, religion or age.

Does your proposal affect this right?

No

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Equality Lead's Use

Received for review:

Checked by:

Owner of Fairness Assessment:

Comments and recommendations:

Signed: Date:

By Strategic Diversity Lead

7.3 Appendix 3: Audit Checklist

Audit Criteria	C	N/C	O	Comments
The policy document is present in all locations required and is the current version.				
Staff know where the policy is located and can access it.				
Staff can demonstrate a working knowledge of the policy.				
Add additional criteria as required.				

KEY: **C** Compliance **N/C** Non-compliance **O** Opportunity for improvement

Auditor's Signature: Date Completed:

Auditor's Name:

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