CÙRAM IS SLÀINTE NAN EILEAN SIAR

WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

SHORT TERM ASSESSMENT & REABLEMENT TEAM (START)

POLICY & PROTOCOL 2025-2027

CONTENTS

1. Introduction

This policy and protocol provide 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 have 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 the service is 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.

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…between different sectors…and between different states" (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 (Godfrey *et al*., 2005).

The Short-Term Assessment and Reablement Team is one element of Intermediate Care.

3. Policy Objective

The aim of the START Reablement service 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.
- 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 with consent families/carers, 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.

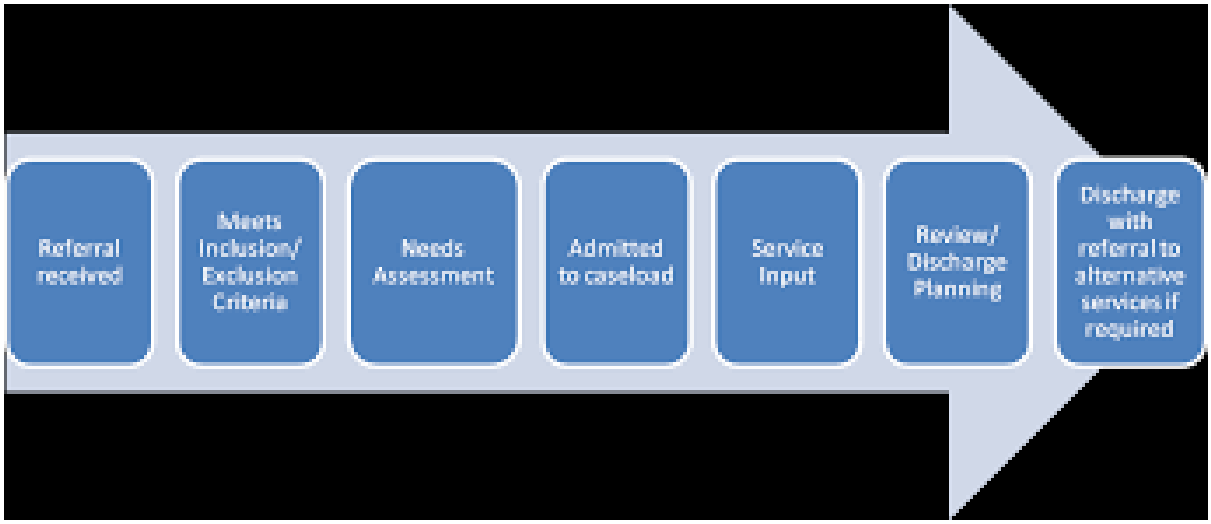
The START team will work in the Stornoway and Broadbay area in people's own homes or within care settings and provide 7 days a week service.

The ambition is to expand the service to other geographical areas.

3.2 START Structure

The service is within the governance arrangements for the Integration Joint Board. As a regulated social care service, the Care at Home and Reablement Management structure provides the managerial and professional governance arrangements. The managerial and professional governance for allied health professionals engaged in the START service are managed through the service management arrangements for Occupational Therapy and Physiotherapy.

3.3 START Service Pathway



There will be a single point of access where referrals will be triaged by the team daily.

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 from the Respite Unit, 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 a planned 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.

A robust process for discharge from this START service will be followed. Crucially, 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.

If 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 Work 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.

A designated member of the START team 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 weekly goal setting meetings 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.
- Able to actively take part in their rehabilitation and have the potential to regain or improve their level of independence.
- Age 18 or over.
- Can 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 them regaining previous level of function and care support or lead to a reduction of a care package.

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 discharge plan has not yet been finalised has not been agreed.
- People needing acute care but who refuse hospital admission.
- Display severe behavioural 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

START Assessor will communicate the outcome of the assessment and agree with the person/referrer when the service will commence. Should there be no capacity to initiate the service the request will be placed on a waiting list. NB: The person would be reviewed regularly. It is not a common occurrence to have anyone waiting.

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-centred approach and will collaborate with the person and their family/carers in identifying outcomes and goals. Initial intense interventions 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 daily y 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.

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.

4 Accountability and Responsibilities

The Chief Officer – Integrated Joint Board (IJB) has overall responsibility for the START service. The Chief Officer of the IJB 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 organisational polices 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 Comhairle Nan Eilean Siar (CnES). Everyone 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 including 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:

- 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 Integrated Joint Board Senior Management Team on a quarterly basis.

6. References

Godfrey *et al*., (2005). *An evaluation of Intermediate Care for older people*. Retrieved from: https://www.researchgate.net/profile/Mary-Godfrey-3/publication/269108618_Evaluation_of_Intermediate_Care_as_a_System_of_Care/links/548188550cf263ee1adfc61e/Evaluation-of-Intermediate-Care-as-a-System-of-Care.pdf
Accessed 3rd May, 2024.

Joint Improvement 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 3rd May, 2024.

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-centered assessment which considers the 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 utilising 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. In addition to the comments of 7.1b and noting any service improvement actions from patient feedback are dealt with through the START management team. The service regulator (Care Inspectorate) also reviews participation and policy for the service.

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 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.

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 [x]

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	Changes to settings – all settings viable
Health and Social care referrers	

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

Share policy for the views and feedback.

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 and is a regulated services on this basis. If the criterion for the service is met the individual will be supported through the assessment process to be supported with a care plan to achieve goals set in line with their aspirations and in keeping with the clinical assessment.

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? On the basis that the service criteria is met, the assessment process and the goal setting undertaken will be person centered and focused on enabling individuals to maximise independent living skills reflecting their abilities and wishes

The process of transitioning from one gender to another.

On the basis that the criterion for START is met, the assessment process will consider the individual's gender status and work with the individual to ensure their START services is planned holistically considering any other medical treatments or interventions unrelated to START but related to the person's health and wellbeing.

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?

Individuals can access the service if service criteria met. Personal relationship status will not impact on the service provision

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?

Individuals can access the service if service criteria met, and their wishes and their pregnancy and maternity status will be included in the assessment process to ensure the care plan is person centred and clinically appropriate.

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?

Individuals can access the service if the service criteria are met and the individual's wishes regarding these protected characteristics will be included in the assessment process and the associated care plan.

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?
No. Individuals can access the service based on the service criteria. Any religious related beliefs or preferences will be included in the assessment and reflected in the care plan.

8. Sex (Gender)

A man or a woman (male or female).

Does your proposal discriminate between men and women, if so how and why?
No, individuals can access the service based on the service criteria, this is not gender based.

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?
No, individuals can access the service based on the service criteria this does not include matters pertaining to sexual attraction.

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.

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.

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.

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.

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.

your religion or beliefs, so long as this does not harm others.

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

Equality Lead's Use

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.	Yes			
Staff know where the policy is located and can access it.	Yes			

Received for review: 14th May 2024

Checked by: T K Shadakshari, Strategic Diversity Lead

Owner of Fairness Assessment: Sonja Smit

Comments and recommendations: checked the fairness assessment and found it satisfactory

Signed:  ***Date:*** 14th May 2024

By Strategic Diversity Lead