

Co-ordinate, integrated and fit for purpose

ACCESS			
Recommendation	Lead responsibility	Working with	Timescale: by end of
1.1 NHS Boards, particularly CHPs, working in partnership with local authorities, should enhance access to services, information and sources of support for individuals requiring uni-professional and multi-professional rehabilitation, including developing a single point of access to services.	NHS Boards Local authorities	Rehabilitation co-ordinators SEHD SEED	2008
1.2 Access to NHS and local authority rehabilitation advice and services should be explored for individuals living in community-based care settings, such as care homes.	NHS Boards Local authorities	Rehabilitation co-ordinators Independent sector	2009
1.3 NHS Boards and local authorities should work to ensure Single Shared Assessment is available and identifies all individuals with potential rehabilitation needs.	NHS Boards Local authorities	Rehabilitation co-ordinators	2008
1.4 NHS 24's functions as a resource for rehabilitation advice and triage should be explored, as should opportunities for 'interfaced services'.	SEHD SEED NHS 24	NHS Boards Local authorities	2008
1.5 Health and social care providers should address transitions of care for older people and those with long-term conditions, particularly in relation to discharge from hospital or specialist rehabilitation services.	NHS Boards Local authorities	Rehabilitation co-ordinators	2008
1.6 NHS Boards and local authorities should consider the introduction of direct access to rehabilitation services provided by individual AHP and social work professionals as part of an integrated care pathway.	NHS Boards Local authorities	Rehabilitation co-ordinators	2008
1.7 NHS Boards and local authorities should maximise developments in eHealth, Telehealth and new technologies to ensure equitable access and service provision, especially for those in remote and rural areas.	NHS Boards Local authorities	Rehabilitation co-ordinators	2008

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Recommendation	Lead responsibility	Working with	Timescale: by end of
1.8 NHS Boards and local authorities should work in partnership to facilitate the development of suitable local transport for rehabilitation purposes.	SEHD NHS Boards Local authorities	Rehabilitation co-ordinators	2008
1.9 NHS Boards and local authorities should build on existing innovations and developments to enhance opportunities for the population to keep fit and active. They should recognise the health gain and social engagement benefits of using mainstream leisure facilities for health promotion and rehabilitation and the impact this may have in avoiding future health and social care challenges.	NHS Boards NHS Health Scotland Local authorities	Rehabilitation co-ordinators	2007
1.10 Scottish Executive and the Department for Work and Pensions should work to establish the role of vocational rehabilitation and rehabilitation co-ordinators in local employability partnerships, seeking to expand existing models and develop new models of vocational rehabilitation and condition management programmes.	NHS Boards SEETTLD Local authorities	Voluntary sector Jobcentre Plus Healthy Working Lives Rehabilitation co-ordinators	2009
1.11 The Scottish Executive Health Department should develop guidance on the establishment of models of early intervention for individuals with long-term conditions which result in absence from work, building on existing achievements through the successful 'Pathways to Work' pilots.	SEHD	Local authorities Voluntary sector Jobcentre Plus, Healthy Working Lives Rehabilitation co-ordinators	2008
1.12 NHS Boards should ensure that older people, whether being supported in the community or presenting to the acute hospital, have appropriate access to a Comprehensive Geriatric Assessment (CGA) (see Table 4.1, page 30).	NHS Boards	Rehabilitation co-ordinators	2008

LOCAL SERVICE PROVISION

Recommendation	Lead responsibility	Working with	Timescale: by end of

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<p>2.1 NHS Boards, particularly CHPs, and local authorities should use community planning processes to identify how rehabilitation and integrated care services can be developed to meet the needs of the growing proportion of older people in the population, people with long-term conditions and those with specialist rehabilitation needs.</p>	<p>NHS Boards Local authorities</p>	<p>Rehabilitation co-ordinators</p>	<p>2008</p>
<p>2.2 NHS Boards, particularly CHPs, and local authorities should identify how anticipatory care and rehabilitation services can be focused on 'at-risk' individuals to provide early interventions, prevent unnecessary admissions to hospital or care facilities and facilitate smooth transitions from hospital or specialist services.D</p>	<p>NHS Boards Local authorities</p>	<p>Rehabilitation co-ordinators</p>	<p>2008</p>
<p>2.3 NHS Boards, particularly CHPs, and local authorities should work in partnership to identify the provision of rehabilitation and self-management/enablement services in non-traditional local settings such as community centres and leisure services accommodation.</p>	<p>NHS Boards Local authorities</p>	<p>Rehabilitation co-ordinators</p>	<p>2008</p>
<p>2.4 NHS Boards, local authorities and voluntary services should ensure rehabilitation teams are co-located where possible to enhance accessibility and facilitate multi-agency team working and ensure effective joint learning, communication and skill mix. Agreed assessment and intervention pathways should be developed according to the needs of the local population.</p>	<p>NHS Boards Local authorities</p>	<p>Rehabilitation co-ordinators</p>	<p>2009</p>

<p>ENABLEMENT AND SELF-MANAGED CARE</p>			
<p>Recommendation</p>	<p>Lead responsibility</p>	<p>Working with</p>	<p>Timescale: by end of</p>
<p>3.1 The Scottish Executive Health Department and the Scottish Executive Education Department should work with NHSScotland, local authorities and the Long Term Conditions Alliance Scotland to support the development of models of self-managed care using the CHP Long-Term Conditions (LTC) Toolkit as a vehicle for local implementation.</p>	<p>SEHD SEED</p>	<p>NHS Boards Local authorities Rehabilitation co-ordinators LTCAS</p>	<p>2008</p>

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3.2 NHS Boards and local authorities need to explore how communication and information sharing can be improved to enhance individuals' and carers' rehabilitation journey within legislative constraints such as the Data Protection Act, Human Rights Act and the Common Law of Confidentiality. This should include the use of shared assessment and, where possible, electronic information sharing.	NHS Boards Local authorities	Rehabilitation co-ordinators	2008
3.3 All staff working with people with long-term conditions and rehabilitation needs should strive to enhance and support their capacity and that of their carers to self manage to the best of their ability, with appropriate access to appropriate professional interventions when required.	All relevant staff	Rehabilitation co-ordinators	2008
3.4 People with long-term conditions and rehabilitation needs should have access to psychological expertise to ensure that individuals receive appropriate assessment and intervention to overcome emotional, cognitive or behavioural barriers to their participation in rehabilitation and to maximise their progress.	All relevant staff	Rehabilitation co-ordinators	2009
3.5 NHS Boards and local authorities should work in partnership with the voluntary sector to build on existing achievements in physical activity, smoking cessation, alcohol misuse and healthy eating target groups.	NHS Boards Local authorities	Voluntary sector Rehabilitation co-ordinators	2008
3.6 NHS Boards and local authorities should build on existing good partnership, working with the voluntary sector to develop accessible information for users and carers on self-management support and rehabilitation services available in local areas	NHS Boards Local authorities	Voluntary sector Rehabilitation co-ordinators	2008
3.7 NHS Boards and local authorities must engage effectively with individuals and carers to ensure seamless transitions from child to adult rehabilitation services and also from adult to older people's services.	NHS Boards Local authorities	Rehabilitation co-ordinators	2008

COMPREHENSIVE AND EVIDENCE-BASED SERVICES

Recommendation	Lead responsibility	Working with	Timescale: by end of

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<p>4.1 NHS Boards, particularly CHPs, and local authorities need to apply a whole-systems approach to the provision of rehabilitation services, linking together early intervention/rapid response services with community rehabilitation teams, specialist rehabilitation and nurse/therapist-led units, community hospitals and integrated care to provide seamless transitions of care.</p>	<p>NHS Boards Local authorities</p>	<p>Rehabilitation co-ordinators</p>	<p>2009</p>
<p>4.2 Rehabilitation and integrated care services should evaluate the impact of service provision from individuals' and carers' perspectives and make better use of information gathered using standardised assessment tools to enhance the evidence base.</p>	<p>Rehabilitation co-ordinators</p>	<p>Individuals and carers</p>	<p>2008</p>
<p>4.3 Scottish Executive Health Department and the Scottish Executive Education Department, in partnership with NHS Education for Scotland, NHS Quality Improvement Scotland, the Scottish Social Services Council, the Scottish Institute for Social Work Excellence and the Social Work Inspection Agency, will work with the Improvement Programme to ensure education and quality improvement programme support to underpin the rehabilitation framework.</p>	<p>SEHD NHSQIS NES SWIA SSCC SISWE</p>	<p>Rehabilitation co-ordinators</p>	<p>2009</p>
<p>4.4 Scottish Executive Health Department and the Scottish Executive Education Department should work with the research community in Scotland to explore how best to develop further research in the field of rehabilitation.</p>	<p>SEHD SEED</p>	<p>Research community in Scotland</p>	<p>2008</p>

<p>SUSTAINABLE MULTI-PROFESSIONAL TEAMS</p>			
<p>Recommendation</p>	<p>Lead responsibility</p>	<p>Working with</p>	<p>Timescale: by end of</p>
<p>5.1 Health and social care practitioners involved in the development and delivery of rehabilitation need to work with colleagues to:</p> <ul style="list-style-type: none"> a. clarify roles and core competencies; b. work flexibly to meet the needs of individuals and carers; c. share skills with team members to enhance team efficiency; d. develop capable and confident support staff to work across boundaries and release capacity of professionals; 	<p>Health and social care practitioners</p>	<p>Rehabilitation co-ordinators NES</p>	<p>2008</p>

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e. maximise the contributions of individuals and carers, lay workers and informal support networks.			
5.2 NES, in partnership with NHS Boards, local authorities and higher education/further education institutions, needs to support the development of undergraduate and postgraduate education and training for health and social care practitioners and for support workers to underpin effective multi-professional team working and facilitate self management/enablement approaches within health and social care.E	NES	NHS Boards Local authorities Higher education institutions	2008

CAPACITY			
Recommendation	Lead responsibility	Working with	Timescale: by end of
6.1 NHS Boards and local authorities should build upon existing achievements through Joint Future and Joint Funding to explore flexible use of staff and resources. They should also look to enhance outcomes for patients and their carers through redesign of services underpinned by the patient pathway, promoting best practice in integrated services across health and social care.	NHS Boards Local authorities	Rehabilitation co-ordinators	2008
6.2 AHPs with rehabilitation expertise should work in partnership with medical, nursing and social work colleagues and individuals, families and carers to expand on new ways of team working, including therapist/nurse and social worker leadership and case manager/ co-ordinator roles where this will enhance outcomes.	Rehabilitation co-ordinators	NHS Boards Local authorities	2008
6.3 Rehabilitation teams should consider how they could improve continuity of care, eliminate duplication of work and enhance individuals' and carers experience of transitions through, for example, in-reach/outreach rehabilitation across community hospitals and early intervention/ discharge teams.	Rehabilitation co-ordinators	Rehabilitation teams	2008