

Rehabilitation and Reablement Operating Model

START

END

INTO the model

BCF Scheme 2

Pathway to prevent hospital admission

BCF Scheme 3

Pathway to support hospital discharge

BCF Scheme 1

Pathway to increase independence in community

Single, simplified referral route into the model

Screen against eligibility, determine most appropriate Lead Professional

DURING the Integrated Rehab and Reablement Community model



Continuum of Care

Reablement Only

Rehab and Reablement Rapid Recovery

Rehab and Reablement Slow Recovery Pathway

Lead Professional



Social Worker, OT, Physio, Care Assessor, Specialist OT, Specialist Physio, Dietician, Psychiatrist, Rehab Assistant, Care Assessor

Flexibility to involve others within the team as required, with the Lead Professional coordinating the care and support required and supervising any reablement support

High Level Process



Support / therapy interventions provided by:

- Therapists
- Rehab Assistants
- Reablement Support Workers
- Volunteers

OUT of the model

Self manage with no support

Self manage with equipment

Hand over to 3rd Sector for ongoing support from volunteers

Hand over to GP for ongoing support

BCF Scheme 1

Hand over to family/carer for ongoing support

Hand over to Physios in MSK for ongoing support

Hand over to ASC for ongoing support

Hand over Community Nurse for ongoing support



I feel ready/stable to begin my recovery. I know who is supporting me, what I can expect, and what is expected of me.

I know what my goals are

I know what needs to be done to achieve my goals

I'm receiving the support and encouragement I need to achieve my goals

I've achieved my goals and know what the next steps are

I know what needs to be done and where to go for support

I feel more empowered and more independent

Client/Patient Perspective