

Review and Reform of the Provision of Occupational Therapy Services in Glasgow City Health and Social Care Partnership (HSCP)

Purpose

This report outlines the findings and recommendations from the first phase of the Review and Reform of Glasgow Health and Social Partnership's Occupational Therapy (OT) services. Occupational Therapy Services are provided by both 'qualified' Occupational Therapists and 'unqualified' Occupational Therapy Support Workers and Social Care Workers.

Background

Occupational Therapy is the single professional group providing services and support to service users across both Health and Social Care, working with and across all Care Groups, age ranges and conditions. The College of Occupational Therapy defines Occupational Therapy as taking:

'a whole-person approach to both mental and physical health and wellbeing, enabling individuals to achieve their full potential. Occupational Therapy provides practical support to enable people to facilitate recovery and overcome any barriers that prevent them from doing the activities (occupations) that matter to them. This helps to increase people's independence and satisfaction in all aspects of life.

"Occupation" refers to practical and purposeful activities that allow people to live independently and have a sense of identity. This could be essential day-to-day tasks such as self-care, work or leisure.'

Following its establishment, the integrated Glasgow Health and Social Care Senior Management Team (SMT) agreed that a review of Occupational Therapy should be undertaken as an early priority under the new integrated arrangements for the following reasons:

- i. The 2015 Joint Inspection of Older People's Services in Glasgow made a recommendation requiring improvements in access to Occupational Therapy assessments in the community.
- ii. As a profession and service operating across Health and Social Care, Occupational Therapy is a logical place to explore the potential for the synergies and efficiencies arising from integration.
- iii. Occupational Therapy is ideally placed to support delivery of the HSCP's stated strategic plan priorities, including:
 - *That the people of Glasgow will get the health and social care services they need at the right time, the right place and from the right person.*

- *To improve outcomes and reduce inequalities by providing easily accessible, relevant, effective and efficient services in local communities where possible and with a focus on anticipatory care, prevention and early intervention.*
- *Services should be person centred and enabling, should be evidence based and acknowledge risk.*
- *Support should enable independent living for longer; i.e. assist people to continue to live healthy, meaningful lives as active members of their community for as long as possible.*

The Review Phase (Phase 1) began in November 2015 and has been led by the Occupational Therapy Review Steering Group comprising management, OT Professional Leads and Staff Side / Trade Union Representatives. The Steering Group has been chaired by the Head of Older People's Services, with project support from the Change and Development Manager (South).

The review Terms of Reference and Steering Group Membership are noted in Appendix 1

Report Structure

This report is the product of the first phase of the OT review process. It has been structured to:

- I. Describe the current Occupational Therapy model in Glasgow.
- II. Describe the review process and methodology.
- III. Identify key areas for improvement, along with the supporting evidence.
- IV. Make corresponding recommendations for the future development of the OT model across all care groups and service areas, based on a vision for the future of OT in Glasgow.
- V. Propose an implementation process and timescale for Phase 2, the reform Phase, of the review, beginning with those services that support Older People and Adults with Physical Disability. Specifically, the intention is to test and operationalise the revised model in these core OT service areas by 1 April 2017.

Current Occupational Therapy Model

Appendix 2 provides further detail of the current OT staffing resource across Glasgow HSCP, gathered from the profile information. Some of the key facts and figures are as follows:

- I. 151 wte Qualified Occupational Therapy Staff across the HSCP
- II. 35.81 wte Occupational Therapy Support Staff

Glasgow City HSCP Care Groups (wte)

- I. Older People and Adults with Physical Disability (Including OPMH) 81.78
- II. Adult Services 46.90

NHS Greater Glasgow and Clyde / Regional Services (wte)

- I. Specialist Children's Services 33.43
- II. Forensic Mental Health and Learning Disability 22.20

Occupational Therapy provision is currently organised very differently across the HSCP, integration provides us with the opportunity to look at how this key and valued group of staff is utilised to support the HSCP on the delivery of its aims in the strategic plan.

Health	Social Work
Members of multi-disciplinary teams	Members of uni-professional occupational therapy teams
Provides services to a specific client/ age group/ service	Provides services to all care groups/ ages
Mainly sector-based teams within city wide services	Sector-based teams
Referrals are made to a MDT team each having different referral process's and criteria	Single point of referral for Occupational Therapy Services via Social Care Direct
Managed through a general management structure	Managed by occupational therapy team leads, reporting to service managers
Separate professional leadership arrangements by 'service/ care group'	Professional leadership and support via team leads

Health	Social Work
OTs carry out a range of MDT team tasks and OT interventions	OTs carry our primarily OT interventions and OT team tasks
Patient information recorded on a variety of electronic/ paper systems	Patient information recorded on CareFirst
Different models and grades of staffing within each team	All teams comprise a Team Leader, Occupational Therapists and Social Care Workers
Challenge to gather performance information on OT referrals, caseloads, waiting times	Easy to gather referrals, caseloads and waiting times

Review Process and Methodology

The review process has followed the methodology of Advancing Quality Alliance (AQuA) 'Leading Complex Change' programme. Sponsored by NHS Education for Scotland (NES), this is an internationally developed programme focused on the need to:

- I. See complex change in terms of structure, process and people.
- II. Ensure that engagement and communication is at the forefront of the change programme.
- III. Empower the 'people' involved in and impacted by the change.
- IV. To have an 'active implementation plan' that you adjust as you implement your change.

The Glasgow City HSCP OT Review was selected as one of 4 projects across Scotland that met the programme criteria of leading transformational change in an integrated system. Accordingly, a number of Steering Group members participated in the national programme and their learning across a range of practical and theoretical methods was used to inform the OT Review process.

In applying this methodology to the OT Review the Steering Group deliberately chose to move away from the traditional model of consultation and lengthy development of a plan, instead focusing on the application of 'tests of change' to engage and empower services users and staff in 'actively implementing' and developing new service models.

Further details of the AQuA methodology is presented at Appendix 3.

In developing our new OT model, we have sought to learn from the experience of other HSCPs, through a benchmarking exercise supported by Alison Docherty in her capacity as a JIT Improvement Adviser, details presented at Appendix 4.

The experience from other Partnerships confirmed that change in only one area such as *structures, process or people* do not achieve a sustained transformational change in the way services are delivered. Instead it requires a co-ordinated and coherent change in all of these areas. Therefore, in this review we have sought to apply the following principles:

Structures – we will realign staff in a systematic way, using demographic and service data to ensure that skills and resources are placed where they will best meet the needs of service users.

Process – working with partners we will review our processes to remove unnecessary duplication and achieve a more consistent level of service delivery that supports the needs of the service user.

People – we will develop a new, consistent and strengthened identity for Occupational Therapists (OT), Occupational Therapy Support Workers (OTSW) and Social Care Workers (Occupational Therapy)(SCW(OT)) in Glasgow City HSCP. This will include a core role for all OT's, OTSW's SCW's (OT) in the HSCP, regardless of the care group / service within which they sit.

It follows that this will mean changes to the roles of our current OT workforce, with an opportunity to develop new skills and take on wider roles.

The Steering Group is committed to pro-actively engaging with OTs, OTSW , SCW(OT) and Managers in developing the core roles and the definition of specialist skills, and will work with our OT Professional Leads to support this.

A key feature of this approach is a strong focus on *Engagement and Communication*. During the first phase of this work we have met with a range of OT staff and management teams to raise awareness of the review and to draw on their experiences to identify areas of improvement, challenge and inefficiency.

We are already seeing the benefits of this inclusive approach. The Steering Group organised a very successful, well attended development event in late April 2016 focused on Older People and Adults with Physical Disability, as a result of which staff have begun to make stronger links within their localities, sharing knowledge expertise and building relationships. A report of the event is included as Appendix 5.

A communication plan has been developed to ensure that services users and carers, OT staff, wider teams, services and managers are kept updated on the progress of the review, including the results of the tests of change referenced below.

Empowerment of staff to lead and make change is also a key feature of the approach to this review. The Steering Group is persuaded by the evidence that for any change to be transformational and sustainable it must be supported by those impacted by the change. However, this does not mean that change can be in conflict with the aims and direction of the organisation or the needs of services users. Rather, the aim here has been to ensure that the changes emerging from the review process align with the HSCP strategic plan priorities outlined at the beginning of this report.

Active Implementation Plan and Tests of Change has been adopted as part of this process as a response to the tendency of organisations to wait until they have the perfect plan before embarking on change. Instead this methodology focuses on the need for active implementation, a high level plan which sets out key pieces of work and timescales, but is able to flex and adapt to changes and new opportunities as they arise. The intention as we enter the reform phase is that we begin to carry out 'tests of change' that will require us to adapt our plan to take account of new opportunities, better ways of doing things or new tests of change. These will inform the plan but not detract from the focus on the end goal and timescales.

In addition to the application of the AQuA methodology, the review process also included consideration of:

- I. The profile of the current service – including staff numbers, role content, caseload and throughput.
- II. Case studies to identify how OT services are experienced by service users, to highlight areas of good practice and areas of change.
- III. Identification of policy drivers to inform the review and model.
- IV. Population information and projections.

Key Areas for Improvement

Applying the review methodology highlighted a number of key areas for improvement in the current Occupational Therapy model.

1. Service User Pathways and Process

Service Access

The review highlighted there are currently multiple and complex service access pathways for Occupational Therapy within Glasgow HSCP. Generally, referrals for HSCP Health OT intervention are made to the relevant Service / MDT team and Social Work OT services are accessed by direct referral via Social Care Direct. Data gathered during both the OT profile and staff engagement events highlighted that the current referral pathways and service access eligibility can result in service users potentially being assessed by a number of Occupational Therapy Staff who deliver different elements of the service. In addition, this can result in a disjointed approach to screening referrals, unnecessary handovers between Occupational Therapy staff and duplication of effort.

'I sometimes feel there should be a turnstile instead of a front door, there are so many people in and out'

The staff engagement strongly highlighted the benefits of a Care Group based Multi-Disciplinary approach to achieve better service user outcomes, as well as the need to identify opportunities for improved communication across Care Groups. In addition, it was identified that there was a need for greater coherence of a core OT role across care groups to reduce the need to cross refer between services following clear identification of core skills, staff training and development.

Information Technology/Performance Information

A significant challenge identified by front line staff and managers was the lack of shared information systems which makes it difficult to share referral information, service user chronology and current health and social care interventions. While the review found that there is well developed IT generated performance reports for Social Work OT the same is not yet in place for Health Teams making it difficult for the Steering Group to draw comparisons and conclusions regarding relative workload, workflow and service performance for HSCP OT services delivery

OT Allocation Assessment and Delays

Information gathered via the service profile exercise identified significant workload pressures within Social Work Occupational Therapy services with delays in allocation for assessment. Workload pressures were also described by Health OT Staff, who reported fluctuating and variable difficulties in achieving the national service delivery target and challenges associated with balancing an OT and MDT role.

2. Financial Framework, Equipment and Adaptation Eligibility

The importance of appropriate and timely provision of equipment and adaptations in assisting to address the balance of care is well evidenced.

The following national evidence base supports the proposed spend to save case:

“A Social Return on Investment study of adaptations and very sheltered housing in Scotland was carried out by Bield, Hanover and Trust Housing Associations which demonstrated significant positive financial benefit on investment in the provision of adaptations and Very Sheltered Housing-

For an average cost of £2800 each adaptation leads to:

- *£7500 saving through reduced need for homecare.*
- *£1100 saving through reduced hospitalisation*
- *£1700 saving for reduced social care provision”*

“It is estimated that one year’s delay in providing adaptation to an older person cost up to £4000 in extra homecare (care and repair England 2012)”

“Postponing entry into residential care by just one year through adaptation saves £28,000 per person (Laing and Buisson 2008)”

“A fall at home that leads to a hip fracture costs the state £28,665, 4.5 times the cost of a major adaptation. (Heywood et al 2007)”

Information gathered during the review highlighted gaps in the funding available to meet level of demand for equipment and adaptation provision following OT assessment both within Health and Social Work, across localities and Housing Sectors.

Equipment

With regards to Equipment Expenditure by Occupational Therapy based services, the year-end position for Glasgow HSCP 2015/16 was £2,281,598.92 (Social work £1,686,764 (all OT) and Health £594,834.51 (includes all Rehabilitation Service

spend). The equipment expenditure included a £902, 500 overspend against available Social Work and Health spend.

In response to budget pressures in 2014 Social Work introduced a policy of non-provision of equipment which can be easily accessed and purchased privately while Health and Cordia staff continue to provide all items of equipment required at assessment. This disparity of approach was identified as potentially resulting in duplication of referrals, and is confusing for service users.

We have also noted that the role of other professionals, particularly in the provision of aids and equipment requires to be revisited, to ensure that all professions realise the full scope of their role in this area including the wider MDT role as outlined within the Equipu Protocol.

Data provided from the Equipu IT system offers comprehensive management information on all aspects of service usage including, the savings from recycled equipment, expenditure on core standard stock and non-stock specialist equipment, and differences in the assessment and ordering practice across different service settings. This data can therefore be utilised to understand the current differences in practice and provision, to identify if there are opportunities to standardise practice (and realise any potential efficiencies) as part of the implementation of the Core role.

Direct access

The review also highlighted the need to fully explore direct access models of service delivery for self-assessment for equipment and adaptations including a full implementation of direct provision protocol for handrail provision in partnership with Acute, Cordia and Housing Providers.

Adaptation Eligibility is covered below.

3. Partnership working with the Housing Sector

The HSCP Strategic Plan recognises the significant contribution that Housing and the Housing Sector can make to the health and wellbeing of the people of Glasgow.

One of the actions of the Interim Housing Contribution Statement is to:

‘Develop a co-ordinated person centred approach to the provision of aids and adaptations across tenures’

The current funding arrangements for adaptations within Glasgow city are complex as provision responsibility can lie with the Health and Social Care Partnership, Glasgow City Council Development and Regeneration Services or Registered Social Landlords depending on the adaptation type and the service users housing arrangements. In addition the available funding to meet identified need varies

across lead agencies which has led to levels of inconsistent service users' access to adaptations.

While the OT service profile highlighted a consistent role for social work and health OT staff in identifying the need for adaptations, the role of directly arranging has been passed to social work OT staff. The review group identified this duplication of efforts requires further review to determine opportunities streamlining adaptation process, taking full account of staff development and budget management requirements

The review has identified the need to have an HSCP and broader partnership joint approach and strategic overview to ensure effective use of available budgets, parity of service delivery across localities and best value outcomes.

4. Workforce, Management, Professional Leadership and Governance

Historically across both Health and Social Work a variety of formulas have been used over time to identify the appropriate skill mix and staffing numbers for Occupational Therapy, often linked to service change. However, in the main Occupational Therapy staffing levels, and skill mix, have changed and developed 'opportunistically', when vacancies occur or additional funding becomes available. The Profile information demonstrates that within the same service staffing levels and skill mix are often different across Localities.

This review provides an opportunity to create a single workforce plan, identifying the future workforce shape, address these inequities, and achieve greater consistency across the Health and Social Care Partnership

We currently have different models of Management, Professional Leadership and Governance across the Partnership. All Occupational Therapists require to be registered with the Health and Care Professions Council

In Health, OT's sit within a multi-disciplinary team construct, and in many cases are line managed by a manager from a non-OT background. Managers are advised and supported by Professional Lead OTs, who provide professional supervision to the OTs and support practice development and strategic direction of the profession. The Professional Leadership structure is co-ordinated across all Partnerships in GG&C and has a formal link to the OT Professional Lead in Acute and other AHP Leads.

Social Work OTs and Social Care Workers work in uni-professional teams, line managed by Occupational Therapy Team Leads who also provide professional development and practice support.

5. Performance Standards and Indicators

Occupational Therapy performance is currently measured in different ways across the Organisation, and the different IT systems in place provide a wide range of reports, with some services currently moving to new systems, and for the first time will be in a position to easily provide performance data.

Performance is currently measured through waiting lists, waiting times; numbers of referrals received and processed caseload sizes etc. However, none of this is measured consistently or against the same standards, across the HSCP.

The lack of a single Performance Framework can make it challenging to evidence the impact of Occupational Therapy on preventing admission and supporting service users to lead independent lives at home for longer.

Review Phase 1 - Recommendations

In addressing these areas for improvement we will seek to deliver our proposed vision for the future model of Occupational Therapy in Glasgow HSCP:

An integrated model for Occupational Therapy Service delivery, in the context of wider partnership working, which is effective, responsive and promotes key outcomes for service users and carers, including:

- *Independence*
- *Prevention of ill health and promotion of wellbeing*
- *Risk enablement*
- *Participation in local communities and valued life roles*
- *Living at home or a homely setting for as long as possible*

Based on the above vision, evidence gathered and identified areas for improvement, 7 recommendations are made following the review process.

1. Future Occupational Therapy Model

It is recommended that the future model for the Occupational Therapy in Glasgow City HSCP should be integrated, moving from the construct of 'health' and 'Social Work' Occupational Therapists and creating a new and consistent identity of 'HSCP Occupational Therapist', and 'HSCP Occupational Therapy Support Worker'

OTs and support staff will be members of multi-disciplinary teams (MDTs) for each care group- whose roles are characterised by the following:

- I. A clearly defined core OT role for all OTs within Glasgow City HSCP which focuses on assessment, prevention, early intervention and enablement.
- II. A clearly defined and consistent role for Occupational Therapy Support Staff.

- III. Identification of 'specialist' OT skills and knowledge, both current and future.
- IV. Embedding all OT staff within multi-disciplinary team constructs, engaging at the appropriate point in the service user pathway. It is important to emphasise that where relevant this will require a review and reform of current multi-disciplinary and social work arrangements to develop a new integrated arrangement taking account of management and professional governance arrangements, OT and wider MDT roles and process.
- V. Clarity on the role of OTs within the MDT construct to ensure an appropriate balance between 'team tasks' and 'occupational therapy interventions', which ensures the optimum application of OT capacity and skills.
- VI. Service delivery priorities are aligned to Glasgow HSCP and national priorities e.g. Supported Living/Accommodation Based Strategy, Telecare & Telehealth Strategy, Dementia Strategy, and Anticipatory Care.

Key objectives to be taken forward at in the first phase of reform include:

- I. Development of the core OT role for qualified OT staff.
- II. Development of a core role for OT Support Workers, and Social Care Workers.
- III. Definition of specialist Occupational Therapy skills and knowledge.
- IV. Definition of the balance of MDT and OT tasks for OT.
- V. Definition of the revised Operational Management, Professional Leadership and Governance arrangements required to deliver the revised model.
- VI. Definition of business support requirements to support the new model.

2. Service User Pathways and Processes

It is recommended that service user pathways and processes be revised to eliminate unnecessary referrals and handovers between OT staff and teams.

Specifically, we will seek to improve the service user experience of our pathways and processes by:

- I. Application of the core role(s) to minimise handoffs between OTs.
- II. Developing integrated screening processes to ensure that service users are allocated to the appropriate OT first time.
- III. Revisiting our eligibility criteria to ensure that they are consistent across all our care groups and teams.
- IV. Review of the wider non-OT roles in relation to the provision of equipment and minor adaptations to ensure other professions/staff in the pathways can provide an effective responsive service without unnecessary referral to OT colleagues.
- V. Reducing hand-over between care group OTs due to historical role expectations rather than when specialist knowledge is required.
- VI. Developing effective communication arrangements between OTs across the HSCP and with OTs from partner agencies; e.g. Cordia, Acute, Housing.

3. Financial Framework, Equipment and Adaptation Eligibility

Whilst there is no savings target attached to this review at this stage, we recognise that there are opportunities for efficiencies in how we deliver the service, and recommend that any efficiencies realised through the proposed changes to the OT model be re-directed into the OT service.

It is further proposed that additional investment be identified to support implementation of this review's recommendations. This is in line with the HSCP strategy for shifting the balance of care and anticipates potential growth in the costs of equipment and adaptations as the OT system operates more efficiently as a consequence of this review. In response to the HSCP equipment 15/16 overspend and additional £840K has been identified for this financial year. However the development of a financial plan, agreed HSCP eligibility criteria for equipment and adaptations, consistent application and budget management arrangements will be key to ensure effective service delivery and expenditure controls.

4. Partnership working with the Housing Sector

It is recommended that a joint Housing and Adaptations Strategy for the city be developed in partnership between the HSCP and the housing sector.

Specifically, that joint strategy would define:

- I. The role and contribution of the HSCP in supporting aids and adaptations.
- II. The role of HSCP OTs in supporting assessment and provision of aids and adaptations as part of a co-ordinated person-centred approach.
- III. Provision across tenants of private landlords, tenants of registered social landlords and private home owners.
- IV. Different funding streams, including Scottish Government funded 3rd Sector initiatives, to support tenants and home owners to remain at home.

It will be important to align this work with national workstreams, specifically the Adapting for Change test sites which will offer some direction on examples of streamlined pathways, financial arrangements, and integrated models of service provision.

The Steering Group will explore opportunities to engage with Housing providers to agree the most appropriate approach to take this work forward.

5. Future Occupational Therapy Workforce, Management, Professional Leadership and Governance

We recommended that a workforce plan be developed to identify the future OT workforce profile, alignment and skills across Glasgow City HSCP in line with the new model described above.

Specifically, it is proposed that a 'whole organisational systems' approach to OT staffing be adopted in answering the following strategic questions:

- I. What is the profile of the current workforce, how is this likely to change and over what time period?
- II. Taking into account projected demographic and demand changes are our OT workforce in the right place to meet the future needs of the population?
- III. Do we have the right balance between qualified occupational therapists and support staff?

In delivering this recommendation at we will undertake a Learning Needs Analysis of the current OT workforce to identify current skills and knowledge in relation to the agreed core and specialist roles of Occupational Therapists. This will support delivery of an HSCP OT workforce plan that will:

- I. Define the shape of the future workforce, including the balance between support worker and qualified staff.
- II. Define the alignment of the future workforce and identify where resource will be realigned to achieve this.
- III. Inform a workforce learning and development plan to embed the core role(s) and ensure that we have in place a succession plan for the appropriate specialist skills required.

It is recommended that consideration be given to the creation of fixed term Practice Development Occupational Therapy post, to facilitate the development of the Learning Needs Analysis, and subsequent development programme.

As we carry out the review we recognise the need to take cognisance of the developing integrated management arrangements and structure, present management arrangements for Occupational Therapy staff may be revised as part of these processes and may present opportunities for efficiencies, as part of this.

It is recommended that a single, coherent model of OT Professional Leadership and governance be developed to reflect the new OT model.

This will address current differences in professional leadership and governance arrangements.

6. Performance Standards and Indicators (Performance Framework)

It is recommended that a single, consistent and coherent performance framework be put in place for Occupational Therapy services across the HSCP.

It is proposed that the performance framework take the form of a balanced scorecard containing measures reflecting:

Service User Experience

- I. Service user satisfaction
- II. Service user outcomes
- III. Waiting times for services

Workforce Measures and Experience

- I. Balance of OT intervention to team tasks
- II. Workforce satisfaction measures; e.g. sickness absence rates, turnover etc.
- III. Number of staff with Personal Development Plans
- IV. Professional supervision
- V. Referrals to Health Care Professions Council (HCPC)

Organisational Performance Measures

- I. Achievement of Service Users Outcomes
- II. Referral numbers
- III. Waiting lists
- IV. Waiting times
- V. Impact of OT activity on prevention of admission, and sustaining people in the community
- VI. OT assessment throughput by OT practitioner, team, care group and locality
- VII. Implementation of the workforce plan
- VIII. Adherence to the financial framework

7. Phased and Prioritised Approach to Reform

It is recommended that implementation of the new OT model proceed on a phased basis across the different care group areas, beginning with Older People and Adults with Physical Disability, which will include staff in the following services:

- Social Work OTs
- Rehabilitation Services
- Older People's Mental Health Services

and their core partners:

- Cordia Reablement Services
- Acute Hospital Services

and the interface with:

- HSCP Learning Disability Service
- HSCP Community Mental Health Team
- Specialist Children's Services
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The rationale for this proposed phasing arises from the relatively high volumes of demand in these areas and the projected increased need in these populations over the coming years.

In keeping with our change methodology the Steering Group will carry out a number of 'tests of change' which will apply the new model in these care groups and will support:

- Quality assurance of the model
- A practical test of the model
- Engagement and empowerment of staff
- Identification of further opportunities for improvement

In line with our methodology we recognise that changes, in one area will impact on other services and staff, therefore we will ensure that as implementation proceeds, progress, changes, lessons learned and impacts are shared widely.

Further details on the proposed approach are outlined in Appendix 6.

Reform Phase 2 - Implementation

Following agreement of the Phase 1 Review report by the Steering Group and HSCP SMT, it will be taken for consideration to the Glasgow City HSCP Staff Partnership Forum, and the HSCP Integrated Joint Board.

Thereafter a Review Implementation Group will be established to undertake the implementation phase of the review.

The proposed membership of this group includes representation from the following:

- Head of Older People and Primary Care
- Older People and Primary Care Services Manager
- Rehabilitation Services Manager
- Professional Lead Occupational Therapists
- Staff Partnership / Trade Unions
- OT and Service Team Leaders
- Front Line Occupational Therapy Staff
- Allison Docherty, Joint Improvement Team
- Change and Development Manager South Sector
- Clinical Effectiveness / Practice Development Support
- Human Resource / Organisational Development Support

- I. An active implementation plan will be developed based around the agreed tests of change.
- II. A high level project plan will be developed with tasks, leads and timescales for each of the identified work strands.
- III. The Communication and Engagement Strategy will be refreshed and further communications about the review will be shared with staff and partners.

The Implementation Group will report on its progress to the OT Review Steering Group, which in turn will report to the HSCP SMT.