

Adapting for Change

Practice Series



Overview

Aberdeen

Demonstration Site

Aberdeen's person-centred **service redesign** has linked housing, hospital care and community occupational therapist services, leading to improved **hospital discharge**, a more accessible **housing options advice & housing allocations** policy, increased use of **technology enabled care**, and **better design** outcomes

The Project's core aim has been to promote independence at home through appropriate adaptations, by developing a more streamlined adaptations service across Aberdeen City that meets the needs of service users and their carers more effectively.

The redesign of the service has been strongly shaped by feedback from customers and by the strong partnership. Technology enabled solutions have been developed alongside traditional adaptation provision, with greater attention to design in the home environment.

The Project has had a particular focus on avoiding the need for admission to hospital or reducing the risk of delays in discharge. A video clip of their successful approach has been prepared.

The demonstration site work started in October 2015 and ran until March 2017.

Highlights

Service Redesign

- Priorities for change and improvement have been identified from customer feedback:
 - 1 Simplified contact points
 - 2 More consistency across tenures
 - 3 Greater efficiency and faster timescales
- Developing shared pathways across all agencies has improved efficiencies, delivered better outcomes for service users, and helped to reduce delays in hospital discharges

Reducing Housing Related Hospital Discharges

- The housing contribution to delays has been clearly identified and recognised by all partners
- Specialist housing advice is now routinely included in discharge hub meetings at the city hospitals
- Reductions in the number of people delayed in hospital where housing is a factor

Housing Options and Allocations

- Specialist housing advice is now routinely included in discharge hub meetings, with direct links established between professionals in each sector
- Revisions have been made to the Council's housing allocation policy to avoid the need for admission to hospital or reduce the length of stays

Promoting Technology Enabled Care

- Awareness of and referrals to Technology Enabled Care (TEC) solutions has increased
- Demonstrator wards have been developed at both city hospitals
- A significant increase in uptake of TEC has been evidenced
- Evidence of beneficial outcomes from TEC provision has been gathered

Better Design Outcomes

- Better adaptation designs have improved the home environment

About Aberdeen

Aberdeen's objectives were to:

- Promote a service user focused delivery model, which involves more efficient joint working between different partners
- Review current local practice for the delivery of adaptations across all tenure types
- Provide a delivery model that is simple to navigate and allows opportunities for partners to empower service users and their carers with informed choice and control, reflecting key principles from current legislation
- Provide a delivery model that promotes early intervention as well as preventative and enablement approaches, which ultimately seeks to promote independence through the utilisation of appropriate adaptations.
- Improve focus on early planning through better communication and input to new builds in the area.

During the project period, the number of bed days occupied by delayed discharge patients in Aberdeen became a high priority for the Aberdeen Health and Social Care Partnership and partners. The combined expertise and interests of the Project Group provided a ready-made conduit for further work. A sub-group was formed to gather information about delayed discharges that were specifically due to housing issues, adaptations and equipment needs and to suggest areas for improvement. This audit has helped shape the review and redesign of pathways for people using adaptations services.

Aberdeen is the only local authority in Scotland to have transferred their Community Occupational Therapists (OT) service to a Local Authority Trading Company, Bon Accord Care. This presents some challenges in terms of connection to strategic decision making that have been overcome through sustained commitment and close partnership working. For this project, it may also have provided greater flexibility to explore community based OT services outwith a traditional local authority structure.

Governance and partnerships

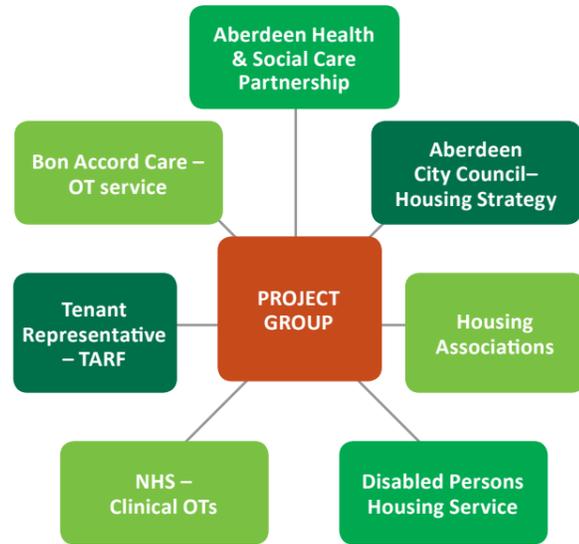
The Aberdeen Project Group was formed in direct response to becoming an Adapting for Change demonstration site. Led jointly by a senior community occupational therapist and the housing strategy manager, the Group includes a wide range of partners, with both strategic and practitioner expertise. Service user input is provided by a representative from the Aberdeen Tenant and Resident Forum (TARF).

The partners are:

- Aberdeen Health & Social Care Partnership
- Aberdeen City Council
- Bon Accord Care – Occupational Therapy service
- Disabled Persons Housing Service (DPHS)
- Aberdeen City Tenants and Residents Federation (TARF)
- Housing Associations
 - Castlehill
 - Grampian
 - Sanctuary (Tenants First)
- NHS Grampian
 - Woodend Hospital
 - Aberdeen Royal Infirmary

The diverse membership of the Project Group was pulled together by the Planning and Development Manager of the Aberdeen Health and Social Care Partnership. This post holder had been seconded from a substantive Housing Strategy position with previous experience in social work commissioning for hospital re-provisioning programmes. This facilitated excellent cross-agency links.

The very broad Group has over 30 occasional members on the circulation list. Individuals have stepped in and out depending on projects and workloads, with a steady core attendance as shown in the diagram:



The practical knowledge and problem solving expertise of front line staff has been combined with the more senior staff from housing associations and the health and social care partnership who have sufficient managerial authority to advocate for the Group and progress decisions at strategic levels. The existing reporting structures of the member organisations are used as required.

From March 2017, the Adapting for Change work is to be absorbed into the health and social care integration work stream, as a subgroup of the Strategic Planning Group (SPG). The SPG will be able to monitor outcomes against targets for local authority and private sector adaptations, although the housing associations will continue to have separate reporting requirements.

The provision of Technology Enabled Care (TEC) is a key feature of Aberdeen’s integrated approach to providing person centred solutions and additional funding has enabled significant expansion of the TEC service.

Progress on the TEC project outcomes is reported to the AfC project group and the wide range of partners involved has proven to be invaluable in improving the take up and development of the service. TEC services have also supported the Project Group’s to deliver its commitment to widening the provision of housing solutions to people with dementia, mental health issues and other cognitive impairments.

Highlights include the appointment of two Occupational Therapists as specialist TEC assessors, the development of a **TEC screening tool** and raising awareness of TEC solutions across health, social care and housing partners.

A poster has been produced and displayed widely, particularly throughout both acute hospitals in Aberdeen City.



Key contacts

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Useful Documents and Links

- Adaptations Service User Report (November 2015)
- Delayed Discharge Project Evaluation Report (2015)
- Telecare in Aberdeen Poster & Storyboard (November 2015)
- Telecare Screening Tool
- Aberdeen City Council: Communities, Housing and Infrastructure Committee; Extreme Need for Medical Housing (May 2016)
- Kinbank Productions Video: Hospital Delayed Discharges; The Aberdeen Experience (August 2016)
- Housing Options Fact Sheet (2016)
- Ideal Pathway for Major Adaptations

The following Advice Notes are available:

- Person Centred Service Redesign
- Housing-Related Hospital Discharges
- Housing Options and Housing Allocations
- Promoting Technology Enabled Care
- Individual Case Examples

All Adapting for Change Practice Notes are available from **The Improvement Hub** and **Scotland’s Housing Network**

The Improvement Hub (ihub) is part of Healthcare Improvement Scotland



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