

EVENT REPORT

Delivering integrated approaches to improving Occupational Therapy services

24th January, 2017. Perth

1. Event purpose

Place, Home, & Housing colleagues facilitated and jointly hosted an event with AiLIP in order to bring together key strategic key strategic, project, and operational lead representatives from areas across Scotland where work to review/integrate OT services has been commenced. The aim was to take stock of what has been developed/implemented to date, and to capture and share practice and learning from the different sites. It was an opportunity to see how this work fits within the wider Integration agenda, and particularly how the occupational therapy contribution is articulated within that context. It also explored work developed to date and supported by the Place, Home & Housing programme, to identify core occupational therapy roles, and the planned arrangements/service frameworks within which these will sit, in order to deliver effective occupational therapy within an integrated health and social care service.

The **objectives of the workshop** were:

- To be able to understand the work across different areas in Scotland – in terms of what models and principles have been developed/identified;
- To examine how this work has been developed within the context of the broader strategic framework of integrated locality services, and what other work requires to be undertaken to support this;
- To examine and address challenges to implementing OT service models which can be applied 'upstream', providing a clear emphasis on a personal outcomes approach, focusing on prevention, early intervention and anticipatory care.
- To examine and consider how we can work together to identify the core skill sets, interventions, and competencies required to deliver an effective outcomes focussed occupational therapy contribution to health and social care.

2. Setting the scene

The scene was set with Susan Kelso (*AHP Lead Early Intervention, Scottish Government*) providing an overview of the Active & Independent Living Improvement Programme (AiLIP) and work around the LifeCurve survey. This was followed by a presentation from Stephen Fitzpatrick, (*Strategic head of Older People, Glasgow HSCP*) outlining the approach by senior strategic management in Glasgow to leading the review of Occupational therapy services, and the vision around the strategic drivers for this work. This session was concluded with input from Alison Docherty and Jill Pritchard (*ihub, Place, Home & Housing Team*) explaining the work they have supported to date, and setting the wider context in terms of other Health, Housing, and Social Care drivers.

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3. Progress /Examples from across Scotland

The second session of the morning provided a 10 min presentation from each of the areas to describe what they have done to date/key learning/challenges, and how they have approached the OT Review/Integration work.

4. Workshops

After lunch the main activity was focused around the Workshops which provided more in-depth consideration of the key themes and opportunities driving this agenda.

Appendix 1 provides a detailed summary of the outputs from each of the Workshop sessions and this contains very useful information for partnerships either already engaged in, or planning to review their Occupational Therapy services. Some of the key themes are listed below:

- ❖ **Strategic rationale for best use of OT resource**
 - Ensuring alignment & visibility within wider H & SC integration agenda, robust governance & strategic vision
 - Linking OT interventions & outcomes to Partnerships Strategic Plans
 - Use of data to evidence OT outcomes & performance (this could be supported by other national work e.g. ALLIP, and linkages to professional bodies e.g. COT)

- ❖ **Core role for occupational Therapists**
 - Ongoing work to develop & refine Core skills, definitions, & models (utilising examples already developed e.g. Place, Home & Housing templates)
 - Engaging with other disciplines/ role of others
 - Emphasis on early intervention and prevention

- ❖ **Workforce Development...supporting the integrated role....**
 - Training plans/learning skills analysis
 - Job swaps/mentoring/joint meetings etc
 - Professional supervision

5. Summary

Evaluation of the event indicated that the participants greatly appreciated the opportunity to come together to reflect upon this critical work. Consideration of the national context, and sharing the experiences of each other were highly valued. Participants advised that they felt this would help 'energise' their work in this area, and it would be important to build on this initial session, to have a national event to which a broader range of stakeholders could be invited including front line staff, other professions/management, and the professional bodies.

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Workshop 1 Output

How is the review/integration of Occupational therapy services being strategically linked in to the development of the wider integration pathways? What needs to be done to support this...?

General comments

- There were general comments about getting the pace of the work right – not too slow/not too fast - so that it links with wider developments.

Strategic vision

- In one area it was highlighted that the OT work is “foraging its own path” and “seen as testing integration”. The advantages are that OT services could have the opportunity to be informing what happens next but also concerns that new structures/models will be imposed that may change some of the good work already started if this isn’t embedded in a wider strategic vision;
- Where partners have this, it was highlighted that it is important to keep revisiting in order to emphasis the wider context for the work, to help the OT’s make sense of what is happening and why;
- All areas agreed that important to articulate a strategic vision for communication with all stakeholders.
- One area advised that they has done a lot of work on strategy, and now leads are keen to start “doing change”
- Strategy needs to highlight that the roles of others also need to change to support most effective use of OT resource e.g. Physio’s and nurses (and other professions/agency staff) taking on extended roles in terms of provision of other types of equipment and minor adaptations where appropriate
- One Partnership talked about using specific health (long-term) conditions as the focus for best use of OT resources....other felt they had work to do to consider how best to target the resources in the pathways, so that any changes were not just structurally based (sticking OT’s together doing the same functions as they currently do) but about using OT resources most effectively in a new, improved way.

Governance

- It was acknowledged that in many areas it is difficult to get ‘non-OT’ managers involved as partly it was felt that wider service managers still are unsure themselves about how other aspects of the service need to develop;

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- Some links to IJB's better than others and recognised that most areas had work to do to ensure they improved governance and 'executive sponsorship' linkages and are able to describe how OT will fit into the bigger picture;
- One Partnership talked about trying to get 'the hook' to get others interested and the wider discussion highlighted the need to raise the profile of OT and its contribution to the overall service objectives.
- It was felt that Glasgow was a good example particularly in terms of wider involvement from key and senior 'non-OT/AHP' managers and this could be used as an example to develop arrangements in other areas.

Data

- All areas advised that there have been difficulties with recoding data in a way that is useful in evidencing inputs/outputs and outcomes from OT interventions
- East Ayrshire explained that they have used the 'FASE' system which is better at logging key information and allowing them to look at prevalence of need.
- The group discussed ISD support and FV confirmed that there is information in the Partnerships but we need to make sense of that.....would be good to have assistance with that.
- It was noted that data needs to be used to create a baseline in terms of current service provision and to measure any changes in practice that may occur e.g. East Ayrshire talked about the experiences of their staff who have exchanged 'NHS/SW' roles and found that they are not just 'swapping jobs' but actually doing less provision of equipment and adaptations, and more focus on rehab and enablement across the board. The groups agreed that this type of information becomes critical in shaping the strategy going forward particularly in reference to prevention and anticipatory care approaches.

Evidencing Outcomes

- It was felt that it would good to have COT involved to "reconnect with the Core OT role" across agency settings and move away from the focus in recent years on 'specialisms'.
- It was agreed that Alilp work should help with producing Outcome information but this needs to be kept simple.
- P&K advised that they have started performance work and would be happy to share
- West dun advised that they are using a standardised OT tool within the shared assessment which is helping evidence outcomes in a consistent way across the HSCP OT's.

Workshop 2 Output

What is being done, and what needs to be done, to ensure new models of occupational therapy service provision focus resources around interventions with maximum impact including personal outcomes, prevention, early intervention and anticipatory care?

General comments

- Personal outcomes, early intervention, prevention and anticipatory care are core aspects of occupational therapy but they need to be expanded – practitioners are not always and routinely able to work in this way due to resource and budget demands - which can lead to a position of meeting immediate service demands which tend to be short term and service led.
- Where Occupational Therapists are already working from this perspective they need to evidence this.
- A clear shared understanding of what anticipatory care is (broader than Anticipatory Care Plans) is required.
- Central and strategic support including from elected members is required to enable occupational therapists to make changes in practice to broaden and spread this approach – for example to manage the probable effect on waiting lists.

Personal Outcomes

- There has been considerable investment in personal outcomes training in some areas -which has been aligned to self-management (e.g. Good Conversations from Thistle Foundation) – although feedback was that this is more often in social work than NHS (too many clinical pressures identified as a barrier to undertake this 3 day training);
- Training around Reablement, rehabilitation and Making Every Moment Count has supported a personal outcomes approach.
- Adopting and embedding a personal outcomes approach is variable across the country – this is a significant culture change which requires strategic buy-in and more opportunities for relevant training backed up by in-house arrangements to support peer supervision for reflective practice, service user feedback, and case study discussion.

Prevention/Early Intervention

- Social work OT practitioners felt that they lack confidence in their rehabilitation skills. Seconding opportunities have been successfully used as a way to address a more Reablement/rehabilitation approach to practice. (East Ayrshire 'job-swap' offers excellent examples)
- Questions around where this work sits – e.g. who would do this (capacity and resource implications) – some examples of physiotherapy monies being transferred to

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the Third Sector and in Forth Valley the personal foot care service provided via the Third Sector is currently taking part in a test of change around early intervention and personal outcomes. Acknowledgments that the nature of Third Sector funding can impact on sustainability and long term planning.

- Recognition that it does not need to be occupational therapists who undertake preventative/anticipatory care- but that their role is in supporting and enabling others to do this – so to ensure interventions earlier on the Lifecurve before public sector services are involved.
- Explore good practice models for the health and social care model e.g. example developed by Aberdeen – where opportunities at Level 0 could be better explored with GPs and Pharmacies.
- Some areas (Perth and Kinross) have implemented an adaptation panel which has been a helpful way of clearing the waiting list as well as other ways to address waiting times – e.g. use of the ADL Smartcare system (for supported self-assessment).

Anticipatory Care

- There was no shared sense of what this meant – no shared definition – for example it is broader than Anticipatory Care Plans – but what does it mean for AHPs?
- In addition, there could be a sense of conflict within Councils who operate eligibility criteria – which mitigates against AHPs taking a proactive approach around anticipatory care and prevention.
- More needs to be made of universal services within the community – and to develop a “GIRFEC” approach for adults. Part of this could be to develop links and relationships with Public Health – something that AHPs don’t do well at the moment.
- More opportunities could be explored via community engagement to take the anticipatory care/prevention message to the broader community and universal services – for example building on the Falls work. Discussion could focus on what would make a difference to manage Long Term Conditions better, the difference between ACPs and anticipatory care etc.
- Anticipatory Care Plans need to be more accessible by a wider group of practitioners.

Challenges

- For practitioners in social work – the broader community care work – such as care management, adult support and protection and equipment and adaptations – undertaken by occupational therapists is considerable and practitioners highlighted the need to consider how this type of work would be dealt with in the system if occupational therapists were to refocus on their core skills. This issue highlights the need for a strategic approach to the best use of OT resource so that the collective OT

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resource with the HSCP is targeted to address priorities including upstream working, and the role of others within the MDT's is clarified in terms of sharing tasks/functions.

- Central support identified as necessary to be able to move away from care management and to refocus on core occupational therapy input; similarly it was felt that support/engagement would be required with local elected members as it was felt that waiting times in Local Authorities may increase in the short term (e.g. 18months) while new models of practice were embedded. (Summary feedback discussion acknowledged that this assumes a continuation of the wider model. Evidence from some of the early work suggest this may not be the case)
- Group felt that there were no occupational therapists working early on the Lifecurve due to time and waiting list pressures. In addition -support to foster an outcomes culture where practitioners can think creatively is required– the dual impact of eligibility criteria and “doing more with less” together with ongoing high caseload numbers mitigates against creativity –and can produce a “tunnel vision” within both practitioners and their managers – with an ever pressing demand to reduce/manage the waiting list. The need to review eligibility criteria and standardise these across service settings would be critical to supporting an early intervention approach.

Issues where help and support would be useful

National:

- Support to help embed new ways of working and possible impact on current ways of working – both at a national strategic level, and with local elected members.
- Support to develop fora to share practice and new developments to build confidence of practitioners and to gather evidence of how interventions achieve personal outcomes

Locally:

- Support to evidence the impact of occupational therapy interventions around early intervention, personal outcomes etc.

Both: gathering and sharing evidence nationally of how current interventions achieve personal outcomes and work at the early intervention/prevention and anticipatory care stage – which would support further development as well as highlighting where this is not happening and serve as an impetus for service change.

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Workshop 3 Output

**What are the core skill sets, interventions and competencies that will deliver effective integrated Occupational Therapy Services?
What training, governance etc , do we need to put in place?**

General comments

- All 3 groups felt that it was really important to go through the process of identifying/agreeing core skill sets, interventions and competencies **locally**. This is key in terms of staff engagement, managing change, winning hearts and minds etc
- It might be useful if there was a national approach to this/ some guidance from COT at some point BUT each area needs to engage their own staff locally to work on this together as part of the above and in terms of establishing relationships and trust etc.
- Important to recognise the need for support in terms of the management of change – for all involved

Comment re the Process

- Useful to adopt a bottom up approach focussing on case studies and pathways, focussing on the person. Also useful to have external facilitation at these sessions e.g. examples from Place, Home, & Housing input
- Identify all the intervention together then categorise common activities and more specialised
- Very important to identify tasks that others (non-OT) could do
- Ideally look at pathways across multi- disciplinary partners, once OTs have carried out the process
- Focus on reducing duplication

Core skill sets , interventions and competencies

- Identify the skill sets which are required for each intervention
- Focus on the positive similarities across OTs – holistic Assessment, Person Centred Outcomes, Occupational Centred Practice
- Core skills, interventions & competencies need to be part of a working document
- Start with particular client/care groups e.g. Core and specialist skills may start with Adults and Older people but then, children, Mental Health, Learning Disability
- Then need to look wider across ‘neighbourhood’ ‘integrated’ teams – review core and specialist skill sets more widely
- People liked the Aberdeenshire Intervention triangle as useful tool

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Training

- Once core skills and interventions agreed it's important to carry out a 'Learning Skills Analysis'
- Particular, most common needs were identified as being training on Equipment, adaptations, and Reablement, and rehab.

All of these below were said to have worked well in the experience of colleagues:

- Mentoring
- Joint training across agencies and disciplines
- Half day training events linked to competencies and skill sets for identified interventions
- Presenting case studies to multi agency/discipline groups followed by discussion
- More informal lunch time meetings, take a piece of equipment along and explain/discuss use.
- Joint OT Forum – presenting case studies and discussion
- Joint visits
- Job Shadowing and Seconding OTs across partnership agencies (e.g. East Ayrshire example....a lot of interest in these approaches)
- Co-location, face to face and 'osmosis' valuable
- Cross sector supervision/ peer groups (good for Governance too)
- Joint working groups to look at Policies and Procedures (good for Governance too)

Governance

- Strategic Management is very important
- This work needs to be all set within an agreed Joint Performance Framework and governed within the overall partnership structure
- Clear lines of accountability with professional OT supervision as well as line management
- If you can pin your core skills and interventions and outcomes to the Partnerships Strategic Plans this is useful
- Ensure that you have done the above work on the OT 'offering' together so that you can approach the Partnerships with one voice! And having already dealt with as much potential duplication as possible
- Language is important – need to establish a shared language across agencies
- Care needs to be taken in terms of core and specialist roles and who is taking on what as this can led to issues about job descriptions and pay scales
- May need to deal with Terms and Conditions at some point – need to keep Union colleagues involved
- West Dunbartonshire have addressed pay scales

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- Need clear policy and guidance for approaches to self-assessment and trusted assessor , with on-going competency based approaches to the latter
- Engage with Clinical Effectiveness agenda
- A route to Strategic Managers so that they allow the space for staff to do all of this work initially and acknowledge that waiting lists might go up temporarily
- Important to have Professional OT Leads in place at the right level – they can ‘watch the OTs backs!’
- Documentation and IT systems – if you can share these this is very positive for training, governance, process and ongoing joint working.
- In the meantime having a joint approach to incoming referrals is useful

Issues where help and support would be useful

- Concern about fulfilling existing roles within organisations e.g.– how does care management , Adult Protection duties fit in with new joined up shared roles
- Could COT have a further role? – they already have guidance on core skills – could this address some of the above
- Nationally – maybe at some point having examples of core and specialist skill sets, interventions and competencies shared (hosted on a website/knowledge exchange site) and / or synthesising these into one or two for guidance? (e.g. planned iHub Place, Home & Housing website info)