

AHP Active and Independent Living Programme – AHPs leading on wellbeing

Wednesday 1st November 2017

**Occupational Therapy – learning and leading for
health and social care integration event**

Susan Kelso AHP Lead Early Intervention Scottish
Government

AHPs working differently across health and social care

Better care

- Working with - not 'doing to'
- People involved in and responsible for their health/wellbeing
- Freedom, dignity, choice and control

Better Health

- Anticipation, prevention self management not 'fixing'
- Mental AND physical health
- Cross sector working

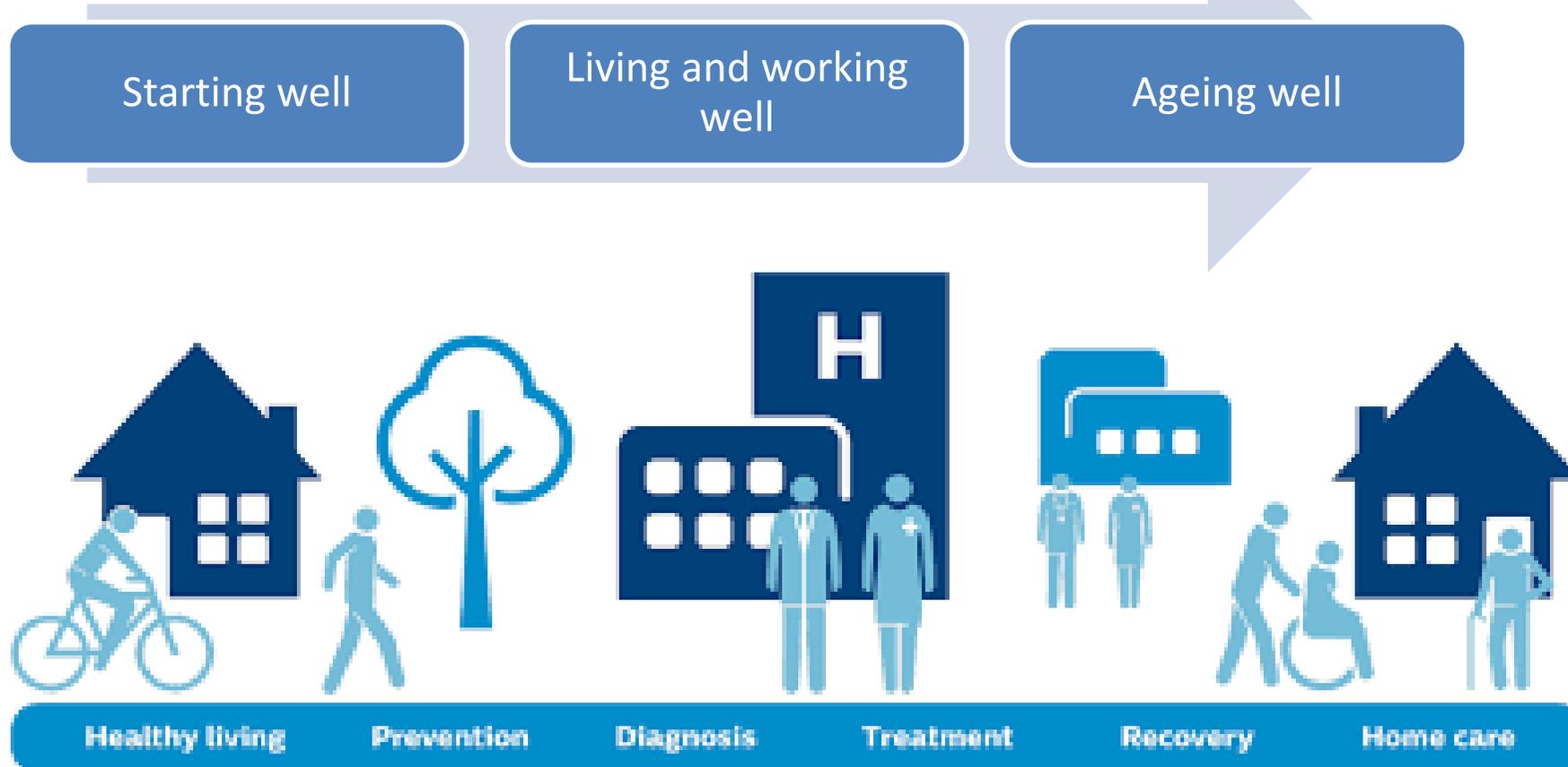
Better value

- Integrated approaches
- More in the community
- Changes for diagnostic and elective services
- New models of care

NB: Self management is crucial as is social care and support for people with disabilities

Wellbeing approaches across the life-course

Move and improve/Eat well/Make Every communication count



What matters to people? Identifying strengths, seeking resilience, shared decision making, collaborative working

Asset based Personal Outcomes approach



What does this mean for local
boards/partnerships?

Health and wellbeing

- Encourage **awareness** of resources available in communities in which AHPs work
- Use AHPs' specialist skills and knowledge in **promoting health and wellbeing more widely**



Awareness

- Support AHPs to **understand the community** in which they work (available resources/facilities)
- Help AHPs develop the necessary **influencing and advocacy skills** to promote AHP contributions
- Increase AHP and their service awareness eg how they can be **accessed across communities, professions and sectors:** including GPs for distribution of information and how to access AHP services
- Ensure **AHPs are embedded in local plans.**

Access

- Introduce **clear points of access** to AHP services
- Introduce the **request-for-assistance model** to appropriate services
- **Review hours of business** in identified clinics
- Review and streamline **processes for intra-professional, inter-professional and cross-agency referrals.**

Partnership

- Support AHPs to develop **better understanding of each other's roles**
- Work with partners on **improvement projects and programmes**
- Develop partnerships with **community organisations on preventative strategies** to address health inequalities
- Adopt personal-outcomes approaches to boost partnership-working with service users
- Put **multi-agency pathways** in place

Research and Innovation

- **Create capacity and infrastructure** for staff to access research evidence and develop improvement skills
- **Employ practice education workforce** across health and social care to support learning and development
- Scope opportunities to **support clinical-academic careers.**

Workforce

- Develop **advanced practice and support worker roles** that use nationally agreed definitions, based on service needs and configuration
- Scope opportunities for **role development across partner organisations**
- Work with local health and social care partnerships to ensure **AHPs are working effectively** across health and social care.

AILP Ambitions: Overview of Local Actions

- Better awareness and understanding across AHP professions, of Community resources
- Build awareness of AHP contribution, AHP information and single points of access
- Partnership working for multi agency pathways around prevention, improvement work, extending hours of practice, role development, routes into support (egR4A) and cross professional/agency referral routes
- Build AHP advocacy/influencing skills, better use of skills for health and wellbeing promotion, ensure AHPs embedded in local plans
- Build workforce – better clinical/research roles, ensure practice education roles, create capacity for research, improvement



Royal College of Occupational Therapists

- **The cost of undervaluing occupational therapy (organisational boundaries are artificial):**
 - Embraces and can help to achieve new vision of care
 - Trained to work across boundaries, physical and mental health and health and social care
 - Supports adoption of a person centred ethos
 - Can embed self-management principles across health and social care.
- **Recommendations for change:**
 - Engage directly with GPs
 - Take on leadership roles around training, coaching and expertise to ensure all carers and staff take a person-centred, enabling approach
 - Be innovative in their approach and extend the range of their practice eg giving advice, developing resources and working with communities.
 - Contribute to developments that support self-assessment of standard equipment and minor adaptations for people with less complex needs

AILP and Workstream updates

- MSK – web based tool development
- Dementia – Connecting People, Connecting Services AHP Document
- CYP – Request for Assistance roll out
- Falls – SAS Partnership Project
- Vocational Rehab – developing single ‘gateway’
- AHP Activity Dashboard - Phase 3
- Anticipatory care – work with Podiatry
- Good Conversations learning event 7th December
- Lifecurve – data analysis; Campaigns – Balance Challenge, Walk 400 Yards – Jan 2018
- Alignment with other programmes eg. TEC Programme, iHUB Home and Place, SDS and review of Adult Social Care

AILP National Lifecurve Survey May 2017



ACTIVE & INDEPENDENT
LIVING PROGRAMME

Run half a mile

Hike several miles

Walk on a slippery surface

Walk a brisk mile

Run to catch a bus

Carry and climb stairs

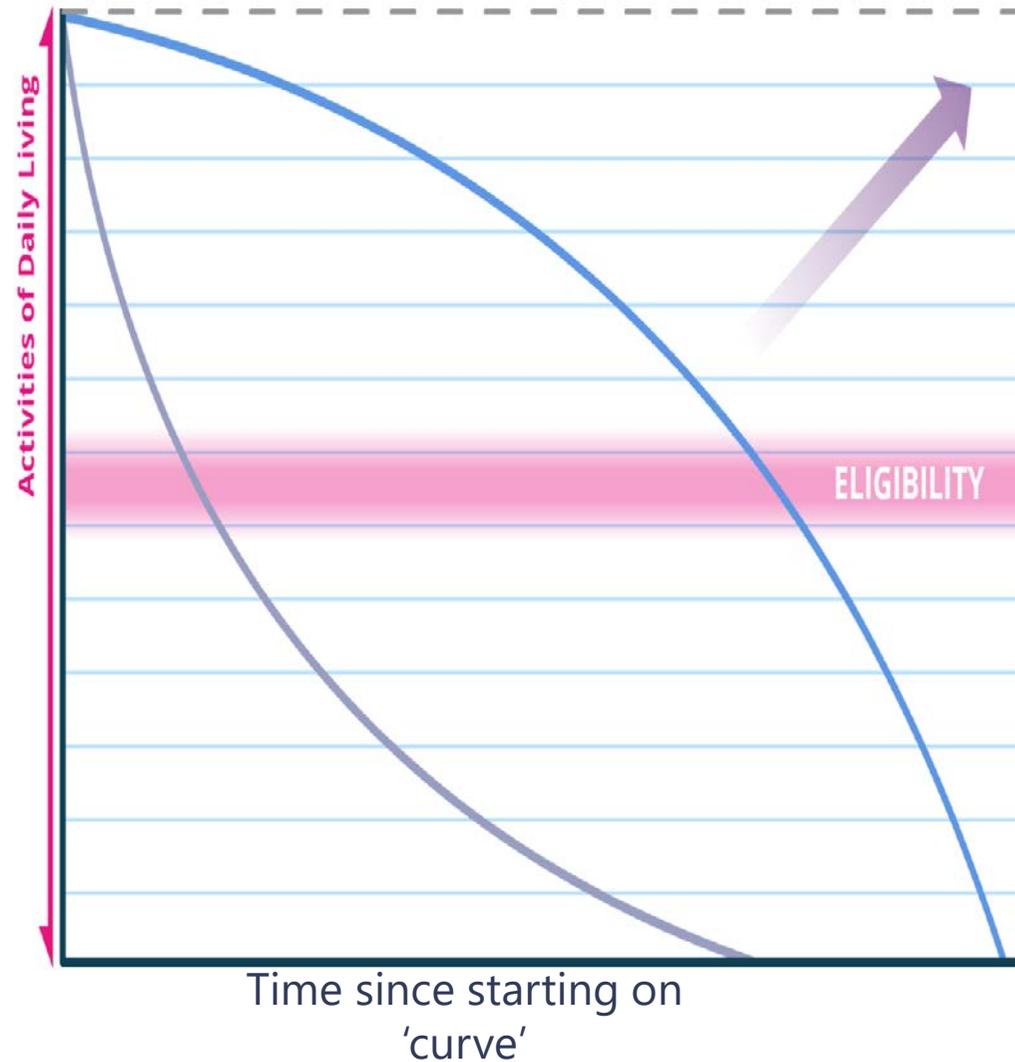
3 flights inside

1 flight outside

Get up from the floor

Walk several blocks

Get up from low couch



Cognitive

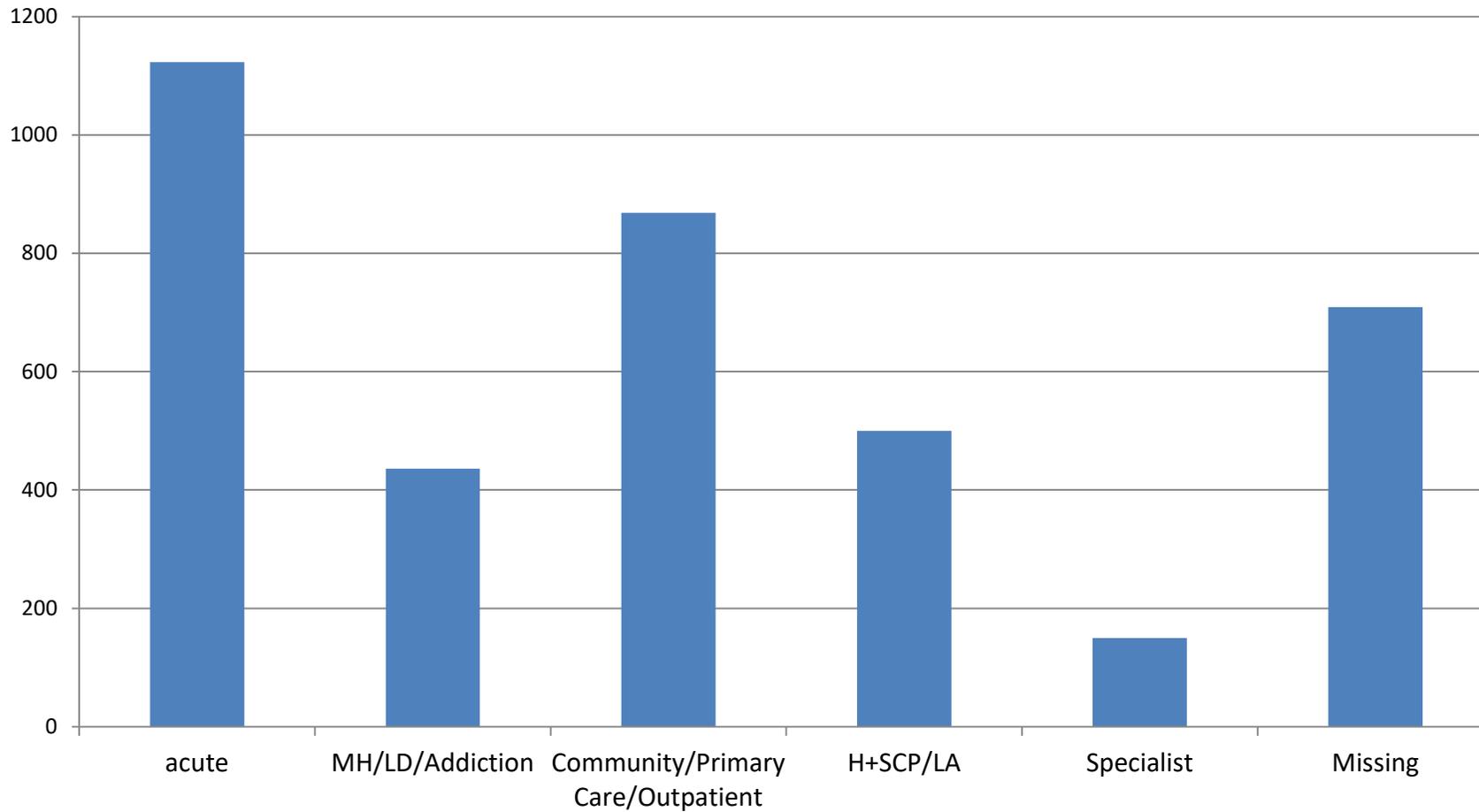
Risk

Health

Connections

Care

Occupational Therapists in which services?





AHP Lifecurve National “Snapshot”

Occupational Therapy 4485

Responses by Area

board	n
Ayrshire & arran	126
Borders	304
Dumfries & Galloway	335
Fife	1593
Forth valley	468
Golden jubilee national hospital	14
Grampian	1896
Greater Glasgow and Clyde	2876
Highland	728
Lanarkshire	1558
Lothian	1419
Missing	1945
NWTC	126
Orkney	24
Shetland	43
Tayside	1315
Western Isles	95

All Survey ADL Markers

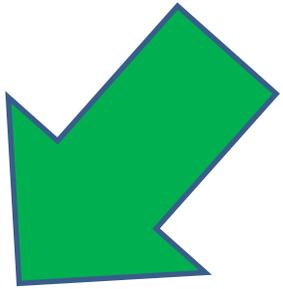
n=	14995	
0 no problems	3815	25.4
1 cutting toenails	8082	53.9
2 shopping	7705	51.4
3 using steps	7133	47.6
4 walk 400 yards	7526	50.2
5 heavy housework	9399	62.7
6 full wash	5461	36.4
7 cook a hot meal	4973	33.2
8 moving around	4399	29.3
9 transfer from a chair	2346	15.6
10 light housework	4631	30.9
11 transfer from toilet	3679	24.5
12 get dressed	3195	21.3
13 transfer from bed	2954	19.7
14 wash face and hands	652	4.3
15 eat independently	729	4.9

Total Sample: Age by ADL Lifecurve Marker

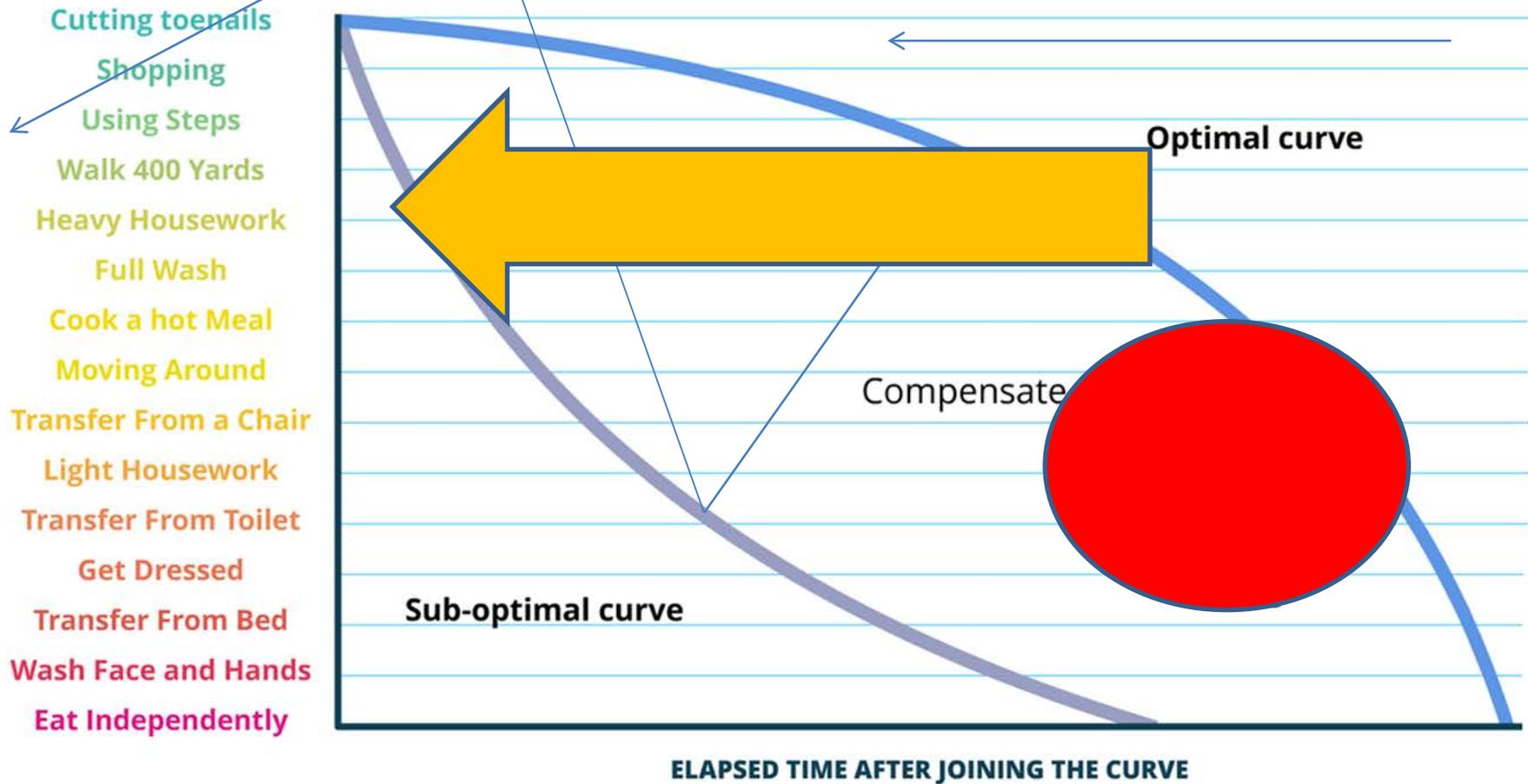
	10	20	30	40	50	60	70	80	90	100	110	%
0	105	90	142	168	179	231	255	207	150	103	16	24.3
1	15	6	16	20	9	21	29	39	28	14	0	2.9
2	5	5	5	6	5	5	9	8	9	2	2	0.9
3	6	3	9	6	7	9	10	11	9	4	1	1.1
4	8	3	7	16	15	15	21	30	17	7	1	2.1
5	55	59	66	80	76	82	98	136	126	79	16	12.9
6	15	14	21	16	14	26	34	38	31	15	2	3.3
7	16	17	23	16	13	29	36	40	37	20	3	3.7
8	13	5	22	13	21	23	21	30	40	17	2	3.1
9	2	7	3	7	8	10	11	10	12	1	1	1.1
10	34	28	39	42	43	52	57	79	109	54	3	8.0
11	27	23	43	39	41	45	59	82	84	44	5	7.3
12	41	34	27	42	57	60	66	64	67	45	13	7.6
13	79	47	81	59	90	154	138	171	172	88	18	16.2
14	6	7	12	8	12	9	21	22	24	10	4	2.0
15	23	20	35	20	33	44	51	46	39	31	3	5.1
	6.6	5.4	8.1	8.2	9.2	12.0	13.5	14.9	14.1	7.9	1.3	

National Lifecurve Survey

3 lines of enquiry



*Based on continuing research carried out at the Newcastle University Institute for Ageing



Thank you for listening

Contact details:

Susan Kelso

AHP Lead Early Intervention, Scottish Government

Mob: 0-794 308 3735

E: susan.kelso@nhs.net

T: @susankelsoAHP

[Allied Health Professions Co-creating Wellbeing with the people of Scotland](#)

For more information on AILP programmes visit:

<http://www.knowledge.scot.nhs.uk/ahpcommunity.aspx>