Integrating Occupational Therapy In Perth and Kinross: The Story So Far

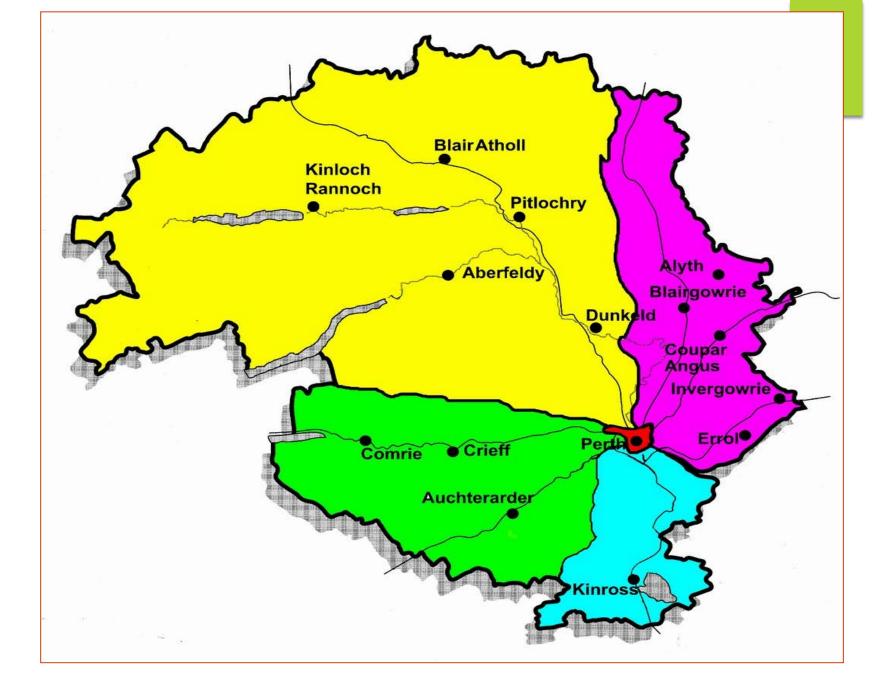
## A little History

- 2000 joint health & social agreement for access to ADL equipment, essential for discharge items only
- Growth of Community Rehab Teams, further ADL equipment incrementally added including minor adaptations.
- Introduction of Reablement service for all of Perth & Kinross 2011
- 2012 first whole service event bringing together council and health OT's to further develop what a whole integrated service might look like



- > 2013 external consultants commissioned to undertake a review
- Project Initiation Document (PID) written July 2014

Nov 2014 Appointment of an Implementation Integration Manager for Occupational Therapy and a Project Manager.(18 months)



## Baseline Activity & Scoping

Process mapping with teams and practitioners across all areas in health & council services.

Undertook visits to other areas and consulted within Tayside

Carried out extensive baseline activity analysis

## Joint Service Workstreams

- Five in total, plus a senior project team.
- Membership made up of equal numbers of health and council staff
- A. Operational & professional model
- B. Workforce development
- C. Information Technology
- D. Performance Management
- E. Communications & Engagement

### **Operational & Professional Model**

- The service will be a single integrated service
- The service will have a single point of access for all referrals
- The service will have a single prioritisation and screening criteria
- The service will be locality or sub locality based

## Operational & Professional Model

The service will have a single core documentation set

- ▶ The service will operate a person centred seamless pathway
- Where appropriate practice will cover behavioural and environmental change

## Operational & Professional Model

- The service will co-locate integrated teams within localities and sublocalities where practically possible
- > An agreed common theory model to underpin practice
- To harmonise managerial and leadership structures as much as practically possible

## Workforce development

- Develop a Workforce Development Strategy for OT workforce in order to facilitate roll-out of General Occupational Therapist role supported by specialist OTs
- Identify OT skills gap as a result of integration (individual learning needs analysis) and team skills mapping
- Deliver combined and additional training / CPD for staff to fill gaps in knowledge and/or practice.

## Workforce development

- Explore a revised person and core skills specification for newly integrated General Occupational Therapist role
- Development of a single core documentation set Recent review of documentation for both services Different clinical record keeping processes Information Technology!!

## Information Technology

Develop Information Technology system(s) that facilitates effective information sharing and eliminates duplication of effort

- Agree preferred option for Integrated Service to be able to record and access client information
  - Two systems feeding one central 'viewer'
  - Ahead of the curve
  - Work around

## Performance Management

Develop Business Intelligence and Performance monitoring systems

Develop framework and system for gathering baseline data

Develop new performance framework and performance feedback collection tools and pilot same

## **Communications & Engagement**

Develop a communications and engagement strategy for internal and external stakeholders

- Commission a Review of Options for integrating Occupational Therapy Services that engages with current staff and explores successful integration projects elsewhere
- Develop phased communications plan that engages a)Staff, b)Service Users and c)Wider Public

## The journey has further to travel

#### Progress so far

- North Locality Co-located
- South Locality Co-located
- Perth City imminent
- Integrated Senior Ops Team
- Single Prioritisation/Screening tool

#### Issues

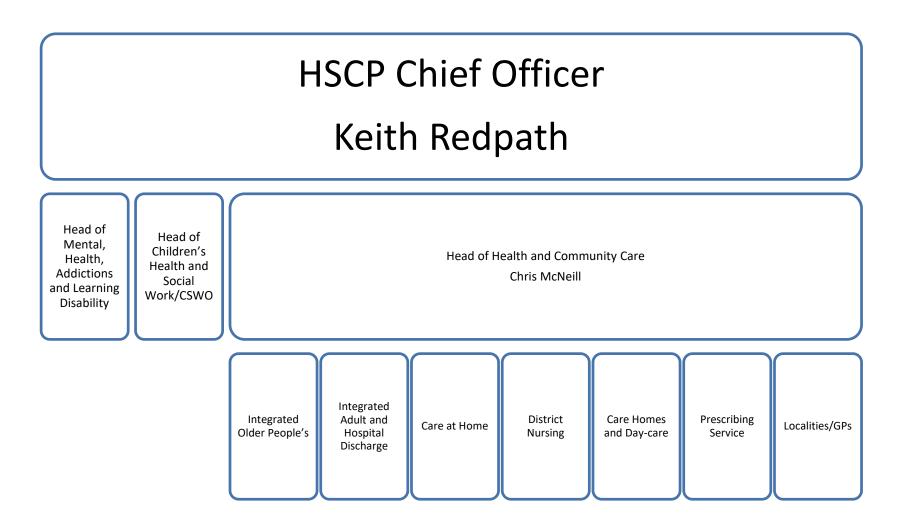
- Information Technology
- Human Resources/Terms and Conditions
- Strategic Plan/Wider Health and Social Care Integration.

## References

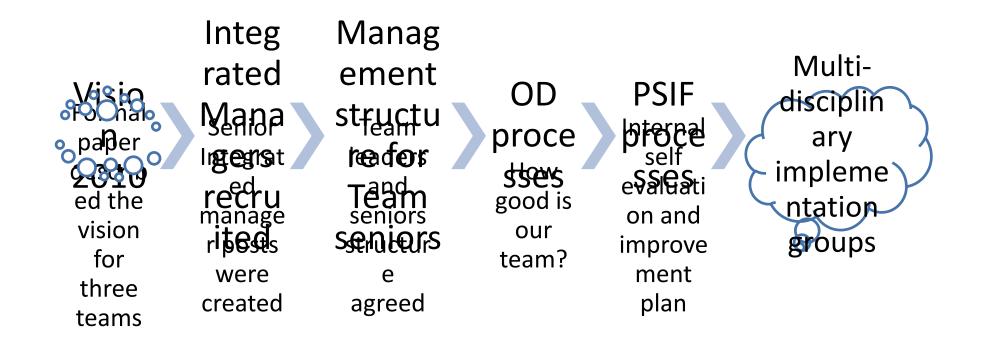
- Integrated Occupational Therapy Services South Ayrshire <u>www.jitscotland.org.uk/?attachment\_id=1636</u>
- Using theory to underpin an integrated occupational therapy service through the Canadian Model of Occupational Performance. British Journal of Occupational Therapy, 71(2), 532–539 (Boniface G, Fedden T, Hurst H, Mason M, Phelps C, Reagon C, Waygood S, 2008)
- Using Occupational Therapy Theory in Practice 21 Feb 2012 by Gail Boniface (Editor), Alison Seymour (Editor)
- COT, 2002. 'From Interface to Integration: A strategy for modernising occupational therapy services in local health and social care communities'.
- Changing lives, changing practice Occupational therapy in social work, enabling independent living in Scotland. Dr Jill Riley 2010

## FALKIRK

Hazel Kelly Team Lead Occupational Therapist, Community Older Peoples Team



### Planning for integrated multi-disciplinary teams



#### West Dunbartonshire Health & Social Care Partnership Early agreed based staff ated Joint Joint Reco Team pline rding induc NHS/ decis proc speci tool tion WDC ion esses fic Caref budg maki progr and guid irst ets amm ng guid ance e ance

- OT integration meeting with all qualified staff across 3 teams
- Reviewed tasks undertaken in traditional SWOT and community health OT roles
- Removed tasks already completed by both
- •Explored why tasks on SWOT list not completed by health staff and vice versa
- •Agreed areas of OT practice to review in 2016

- Progression through OT forum 2 working groups mix of health and SW OT staff in each
- •Showers and kitchens initial areas
- •Procedures for Integrated Occupational Therapy Services
- Practice Guide for Integrated Occupational Therapy Services
- •Ongoing progression at OT forum

- Supervision
- Identification of training needs (equitable access)
- Documentation
- •MARG
- •Health and wellbeing wider team
- •Competencies
- •Blurring of roles (across team)

## Benefits

- Person centred
- •Brought down barriers
- Improved knowledge and skills
- •Direct access to professional support
- Reduced duplication
- •Improved access to training formal/informal
- •Managing risk on an individual basis
- Staff retention

## Learning/challenges

- •Involve staff at earliest opportunity
- •Resistance to change real and perceived
- •Hugely labour intensive for management in terms of effort and commitment
- •Allow staff time own pace
- •Revisit vision often and present in different formats
- •Allow opportunities to voice and acknowledge what is not working.
- •Support from OD

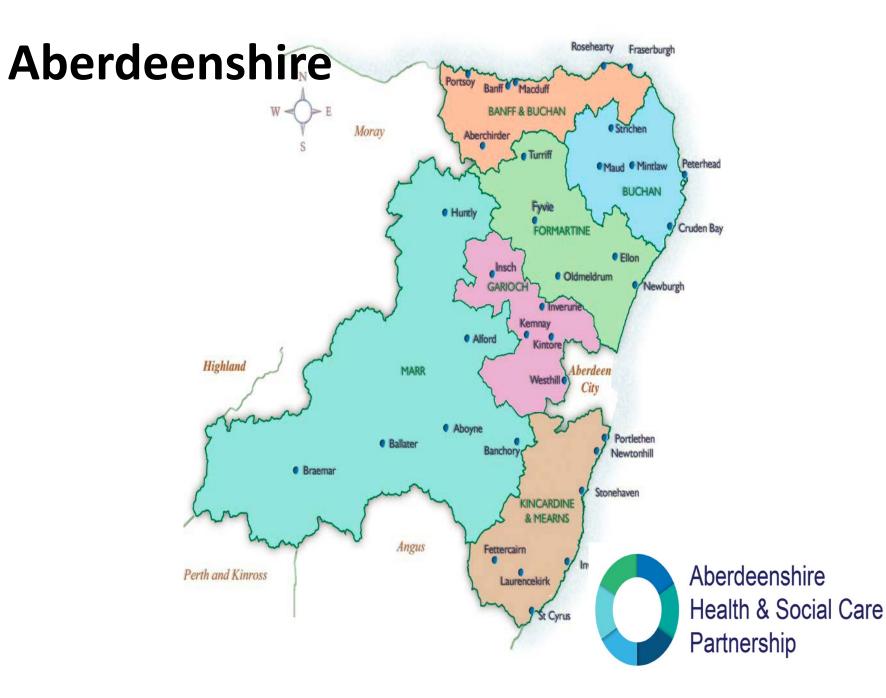
## Argyll & Bute



Aberdeenshire Health & Social Care Partnership

## Integrated Approaches to Occupational Therapy Services

Shona Strachan, Kerry Adam, Rhona Gardiner, Shona Campbell



# Integration – Aberdeenshire Health & Social Care Partnership

- Transitional Leadership Group established
- September 2013 Body Corporate Model approved
- January 2014 Chief Officer Appointed
- April 2015 Draft Integration Scheme submitted
- April 2016 Responsibility passed to the Partnership in April 2016



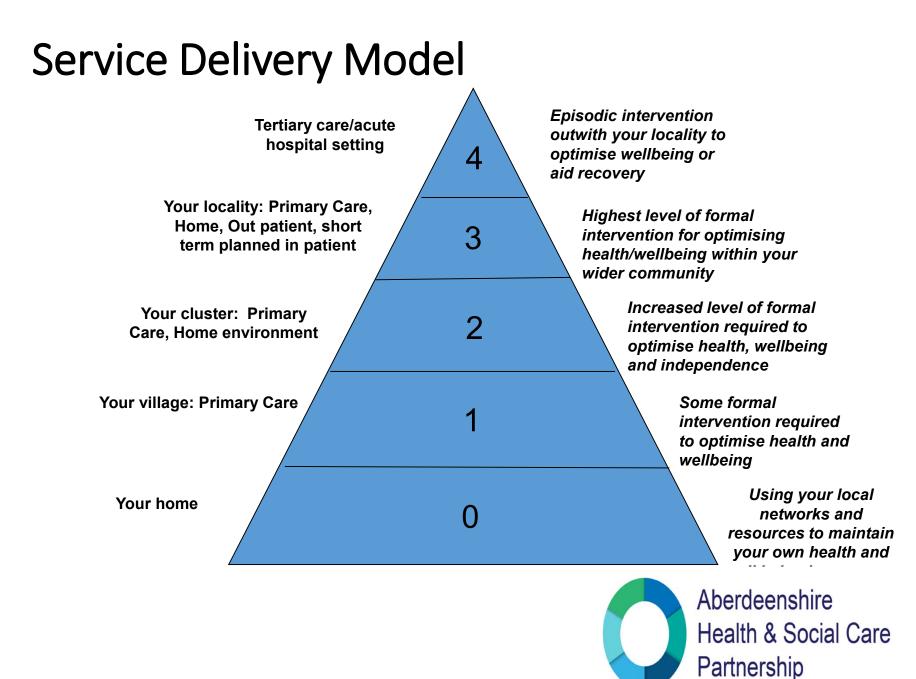
Aberdeenshire Health & Social Care Partnership

## Vision, Philosophy & Values

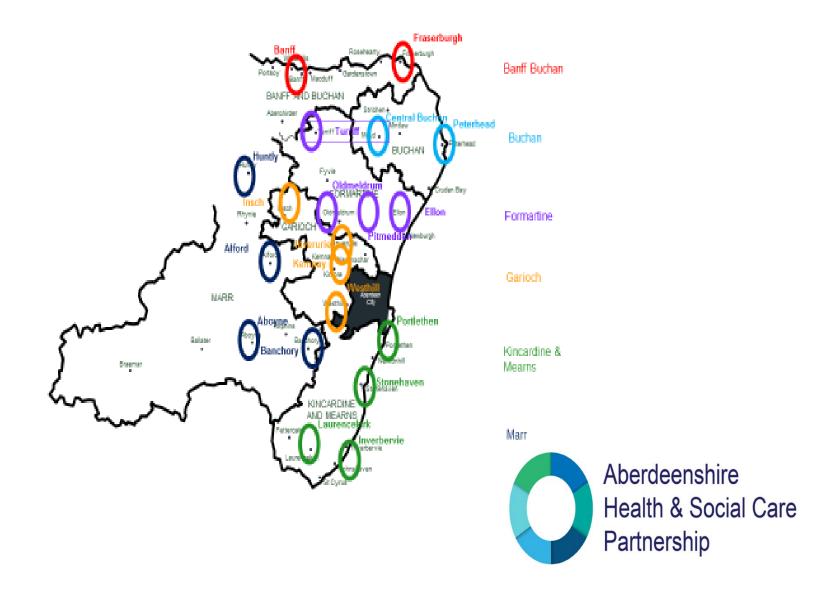
"Building on a person's abilities, we will deliver high quality person- centred care to enhance their independence and wellbeing in their own communities"



Aberdeenshire Health & Social Care



#### Aberdeenshire H & SC Partnership - 20 Teams



## Core and Extended Team Model



## **Occupational Therapy Services**

### **Aberdeenshire Community Health Partnership**

- AHP Lead
- Uni- Professional Occupational Therapy Lead
- 6 NHS locality teams Team Co-ordinators

### **Aberdeenshire Council**

- Social Work Manager for Rehabilitation & Enablement
- 2 Occupational Therapy Team Managers
- 3 Area Occupational Therapy Teams (North, Central, South)



Aberdeenshire Health & Social Care Partnership

## Process

- October 2014 Initial workshop
- January 2015 Locality team meetings established
- March 2015 Current services mapped/core and specialised interventions agreed
- May 2015 Integrated Core Team Occupational Therapy Role document produced
- October 2015 Existing knowledge & skills mapped against role
- January 2016 Joint training plan



Aberdeenshire Health & Social Care Partnership

## Integrated Core Team Occupational Therapy Role

- Role and Core Skills
- Interventions Level 0-4
- Specialised interventions
- Services currently out-with scope of integration



### Successes

- Steering Group
- Management Team meetings
- Locality Team meetings
- Allocation meetings
- Training plan
- Lunchtime training sessions
- Moving and Handling pathway review
- AHP Leadership Development Programme
- Linked to Health & Social Care Teams
- Shared fieldwork education placements
- Rehabilitation & Enablement



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# Challenges

- Managing change
- Communication
- IT Systems/Facilities
- Time demands
- Operational/Professional Management



## Operational Management Structure

- Chief Officer
- Partnership Managers North, South, Central
- Strategy and Business Services Manager
- Location Managers 12
- Mental Health & Learning Disabilities Manager 3
- Community Justice & Substance Misuse Manager
- Program Manager
- Business Services Manager
- Health & Wellbeing (Public Health) Lead
- Commissioning & Contracts Manager



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### **Professional Leadership Structure**

- Clinical Lead
- Lead Nurse
- AHP Professional Lead
- Lead Social Worker



### Next steps?

- Promote occupational therapy within the Health & Social Care Team
- Participate in development of Health & Social Care Teams
- Continue to review and develop shared occupational therapy pathways
- Review



# GLASGOW





# Occupational Therapy Integration in East Ayrshire

Lindsay Kerr Lisa Reid Natalie Blackwell Shelley Watson Janey Smith

### What have we done to date?

- Releasing Time to Care
- A joint vision for occupational therapy
- Specific work streams :
  - Engagement Scottish Health Council
  - Learning and development
  - Access
- Cross agency secondments
- Integrated professional leadership and governance structure

### What do we intend to do next?

- Implementing integrated professional leadership and governance structure
- locality based working joint approach to meeting demand for occupational therapy and how this fits with wider multi disciplinary teams

# Key learning/ benefits?

- Communication
- Relationships
- Time together
- Time to think, and reflect, and innovate
- Being brave to try something new
- The importance of vision
- Perseverance, and flexibility
- Being focussed on the person's perspective
- The need for high level strategic support

# Challenges

- Competing agendas
- Spheres of influence
- Continued high demand for services
- Individual ' readiness for change'
- Time
- Different timescales for pace of change
- Information sharing and IT systems !