

## **EAST AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP**

**INTEGRATION JOINT BOARD - 28 SEPTEMBER 2016**

### **OCCUPATIONAL THERAPY INTEGRATION UPDATE PAPER**

#### **Report from Director of Health and Social Care Partnership**

#### **PURPOSE**

1. To provide the Integration Joint Board with an update regarding the integration of the professional function of occupational therapy in East Ayrshire.
2. To seek approval of the progress made to date, and support for the direction of travel proposed.

#### **BACKGROUND**

3. Occupational therapy is a health and social care profession, regulated in the United Kingdom by the Health and Care Professions Council.
4. Occupational therapy aims to enable people to participate in the activities which they want to, need to, or are expected to do; from daily tasks such as getting dressed or making a meal, to engaging in hobbies, leisure activities or work. Participation in meaningful activity increases people's wellbeing, and satisfaction in all aspects of life.
5. Occupational therapists are skilled in holistic assessment, in understanding the whole person, in activity analysis and rehabilitation. Working across mental health and physical health, hospital and community, occupational therapists are well placed to support self management, reablement, and to promote wellbeing and independence. As such, they have a significant contribution to make to the partnership's strategic ambitions; embracing a person centred approach with a focus on self-management, greater choice and control and increased independence.
6. A previous report was approved by the IJB on 18 June 2015 which outlined recommendations for The Future Leadership and Management Arrangements for Allied Health Professions (AHPs) across Ayrshire and Arran. This report builds on this approach and focuses on proposals for professional leadership and governance arrangements for Occupational therapy within East Ayrshire. Progress around such arrangements is now in advanced stages in East Ayrshire, providing opportunity for discussion in the North and South Ayrshire Partnerships prior to final approval by the South as Lead Partnership for AHPs.

#### **OCCUPATIONAL THERAPY IN EAST AYRSHIRE**

7. In East Ayrshire, occupational therapists historically exist in three main groups; those managed through NHS Ayrshire and Arran, those managed in East Ayrshire Community Health and Care (including those in the Intermediate Care and Enablement Service) as part of the Health and Social Care Partnership, and those managed as part of East Ayrshire Council Housing services.

8. While each group of the same profession possess the same key skills and values, they have specific, varied roles to undertake, and consequently different systems for the delivery of occupational therapy.
9. Occupational Therapy in NHS Ayrshire & Arran is delivered through locality based occupational therapy management teams, led pan-Ayrshire through the South Ayrshire Health and Social Care Partnership. Occupational therapists sit as key members of multi-disciplinary teams, with professional and clinical governance provided and assured through a variety of methods and processes; via AHP and Occupational Therapy clinical governance groups, professional and clinical supervision, practice development groups and records audits.
10. The East Ayrshire Health and Social Care Partnership Occupational Therapy teams in Community Health and Care, and Housing Services, are managed as part of locality based teams.
11. There is opportunity to build upon positive local progress regarding the integration of health and social care occupational therapy in East Ayrshire; to integrate arrangements for professional leadership and governance for occupational therapy in the East Ayrshire Partnership. An integrated, coordinated approach to the professional leadership of occupational therapy will support easier access to occupational therapy, a consistent, shared approach to assessment and interventions, improved experience and outcomes for people who use occupational therapy in East Ayrshire. In addition, robust, integrated professional governance arrangements reduce potential risk for individual practitioners, the public, and therefore, the health and social care partnership and support a workforce which is empowered and developing.

### **THE INTEGRATION OF HEALTH AND SOCIAL CARE OCCUPATIONAL THERAPY IN EAST AYRSHIRE**

12. The Allied Health Professions National Delivery Plan (Scottish Government 2015) provided local opportunity to explore the integration of health and social care occupational therapy in East Ayrshire.
13. Engagement with service users and their carers was supported by the Scottish Health Council, which highlighted what people valued from occupational therapy in East Ayrshire, and which parts of the experience could be improved upon.

Feedback evidenced that people valued:

- A friendly and professional approach,
- Being given information and choice,
- Quick and easy access to the right person,
- A coordinated approach.

They disliked:

- Waiting,
- Duplicate assessments,
- Having to provide the same information repeatedly,
- Having multiple therapists involved in their care – unless this was well coordinated and for obvious benefit.

14. Several methodologies, including Releasing Time to Care and Appreciative Leadership, were used to support the occupational therapy teams in East Ayrshire to work together to lead and test change. A strong element of engagement was fostered throughout the integration work, with the occupational therapy teams being given the opportunity to shape future models of service delivery.

### **THE CURRENT POSITION**

15. The NHS Occupational therapy teams in East Ayrshire are managed by an Occupational Therapy Service Manager with the support of three Occupational Therapy Service (team) Leads. A headcount of 51 people.
16. A headcount of 19 occupational therapists work in East Ayrshire Community Health and Care with the support of various Support Assistants who undertake a range of support activities, including provision of occupational therapy.
17. Two Occupational Therapists work in Housing Services providing occupational therapy support to the people of East Ayrshire.
18. Allocations meetings which brought together health and social care occupational therapists in the south of the partnership, to jointly manage demand for occupational therapy in that area have proved useful in building relationships, fostering a joint approach, making best use of the expertise available, and in meeting demand. It is recommended that this approach spreads across the partnership area.
19. Joint training and development, joint working, and peer support have reduced health occupational therapy to social care occupational therapy referrals. Health occupational therapists are now supported, where appropriate, to progress interventions (adaptations) which would traditionally have required onward referral, and a wait for repeat assessment and input from social care occupational therapists.
20. Despite positive progress, demand continues to outstrip capacity with around 200 people waiting for social care occupational therapy assessment in East Ayrshire. The experience, therefore, of occupational therapy continues to be poorer than desirable with significant clinician and management time spent associated with individual and elected member enquiries into waiting times and the outcomes of individual assessments.

21. There continues to be a high volume of self referrals to social care occupational therapy. There is opportunity to address these in a different way, building upon a successful model used elsewhere in East Ayrshire in occupational therapy, providing quicker access to advice, signposting and information via a clinic model; promoting a re-abling, self management approach with adaptations as a last rather than first line of intervention.

### **Cross Cutting Best Value Service Review**

22. The recommendations of the Cross Cutting Best Value Service Review of Adaptations - presented to EAC Governance and Scrutiny Committee in December 2015 and an update provided to IJB on 18 August 2016 and currently being progressed through the Health and Social Care Partnership - provides further positive opportunity for occupational therapy. The key contribution of occupational therapy in the adaptations process is in supporting people to identify desired outcomes, consider options and recommend solutions. Thereafter, these processes are predominantly administrative, and do not require the specialist skills of occupational therapy. Freeing up Occupational Therapists from the parts of the process which do not require their expertise will release capacity and allow greater focus on rehab and enablement approaches.

### **FUTURE VISION FOR OCCUPATIONAL THERAPY IN EAST AYRSHIRE**

23. The concept for integrated health and social care occupational therapy in East Ayrshire is centred round individual's outcomes, making best use of the skills and expertise available, and reflective of local need.
24. Health and social care occupational therapists, aligned to the emerging localities, will be supported to come together on a regular basis to jointly manage demand for occupational therapy in that local area. Using the varied expertise available, cases will be allocated to whoever is best placed to take them on.
25. The physical removal of occupational therapists from the multidisciplinary teams in which they are currently based is not required in achieving this. There are already several successful local models of hosted team working in East Ayrshire.
26. The focus of the future model will maximise the contribution of occupational therapy to the partnership's strategic ambitions, with a greater focus on reablement, rehabilitation, and self management.
27. People of East Ayrshire who self refer for occupational therapy will be invited to attend local clinics for advice, signposting, information, and further interventions as required.
28. A steering group has been established to guide and lead this work, and to maintain momentum of progress. This group currently meets monthly and includes representation from Team and Service Managers, occupational therapists, Human Resources, Organisational Development, Trade Union and Planning and Performance.

## **PROFESSIONAL LEADERSHIP AND GOVERNANCE**

- 29.** It is proposed that professional governance arrangements for all health and social care occupational therapy staff in the East Ayrshire Health and Social Care Partnership integrate. In line with the Scottish Government's Health and Care Governance Framework, this will ensure that the opportunities, processes and scrutiny of all occupational therapy in East Ayrshire are robust, consistent, and equitable with the other Allied Health Professions locally.
- 30.** In addition, to ensure professional voice and advice to the emerging locality plans, to ensure a sufficient level of professional leadership to constructively challenge; to lead practice change where necessary, and to ensure occupational therapy strives to meet the needs of the people in the localities the occupational therapy leadership team in East Ayrshire will integrate and align to the emerging localities, with consistent professional leadership for all health and social care occupational therapy staff working in each community.
- 31.** This strong and consistent professional leadership is dependent upon the successful recruitment of an occupational therapist to the vacant Team Manager post in the North locality of the East Ayrshire Health and Social Care partnership, being progressed at present. This Team Manager will be line managed in the Health and Social Care Partnership, and be professionally accountable to the Occupational Therapy Service Manager. Thereafter, the integration of professional leadership and governance should be relatively uncomplicated and easily achieved through reconfiguration of the NHS Occupational Therapy Service Leads, and the Health and Social Care Partnership Team Manager (occupational therapist) to include responsibility for the professional leadership and governance of all health and social care occupational therapists, based around localities. Appendix 1 illustrates the proposed arrangements for professional leadership and governance for occupational therapy in East Ayrshire.
- 32.** Additionally, there is both a need, and an opportunity to explore and clarify governance arrangements for Health and Social Care Partnership support staff to ensure that local processes for the delegation of occupational therapy tasks are consistent with the requirements of the Health and Care Professions Council, and guidance from the College of Occupational Therapists.
- 33.** There are no plans at present, to explore or change the line management arrangements of any of the occupational therapy teams in the East Ayrshire Health and Social Care Partnership. By remodelling professional governance and leadership, however, the proposed model supports the occupational therapy role within locality based, integrated multi disciplinary teams, in line with local strategy. Further it provides assurance as to the governance of occupational therapy in the partnership area, and provides strong professional leadership aligned to the emerging localities, to drive practice change in line with national and local strategic ambition.

## **POLICY/ LEGAL IMPLICATIONS**

- 34.** Work to date, and proposed next steps align tightly with national and local strategy; the health and care governance agenda, local progress around the acute hospital and front door initiatives, the emerging recommendations for the 'Models of Care' work, the previously referenced adaptations review.
- 35.** Recent guidance has also been provided following national engagement events regarding the role of occupational therapists in social services in Scotland. The themes which emerged from this national conversation are consistent with local discussion; the need for professional leadership, the need to maximise use of the occupational therapy skill set, and contribution through rehabilitation, reablement and self management.
- 36.** The Health and Care Professions Council, and College of Occupational Therapists are explicit in terms of their expectations around professional supervision, delegation and standards of practice and conduct. Work to date, and the proposed model are consistent with, and uphold these expectations.

## **FINANCIAL IMPLICATIONS**

- 37.** Previous proposals have identified the need for short term investment in occupational therapy to address the current waiting list for social care occupational therapy assessment. Discussions are ongoing to clarify the approach required to address the current waiting list while commencing the new approach to meeting demand for occupational therapy. Any such additional cost associated with short term increase of occupational therapy resource would be met from monies already identified to support the implementation of the recommendations of the previously referenced Cross Cutting Best Value Service Review of Adaptations

## **COMMUNITY PLANNING IMPLICATIONS**

- 38.** There are no direct implications arising from the report, the proposals will contribute to the Community Planning Wellbeing Delivery Action Plan which seeks to improve outcomes for our residents and workforce.

## **RISK IMPLICATIONS**

- 39.** Work to date, and proposed next steps offer opportunity to reduce any current risks posed by the current informal or inconsistent governance arrangements for occupational therapy in the East Ayrshire partnership area, and the risks associated with excessive waiting times.

## **RECOMMENDATIONS**

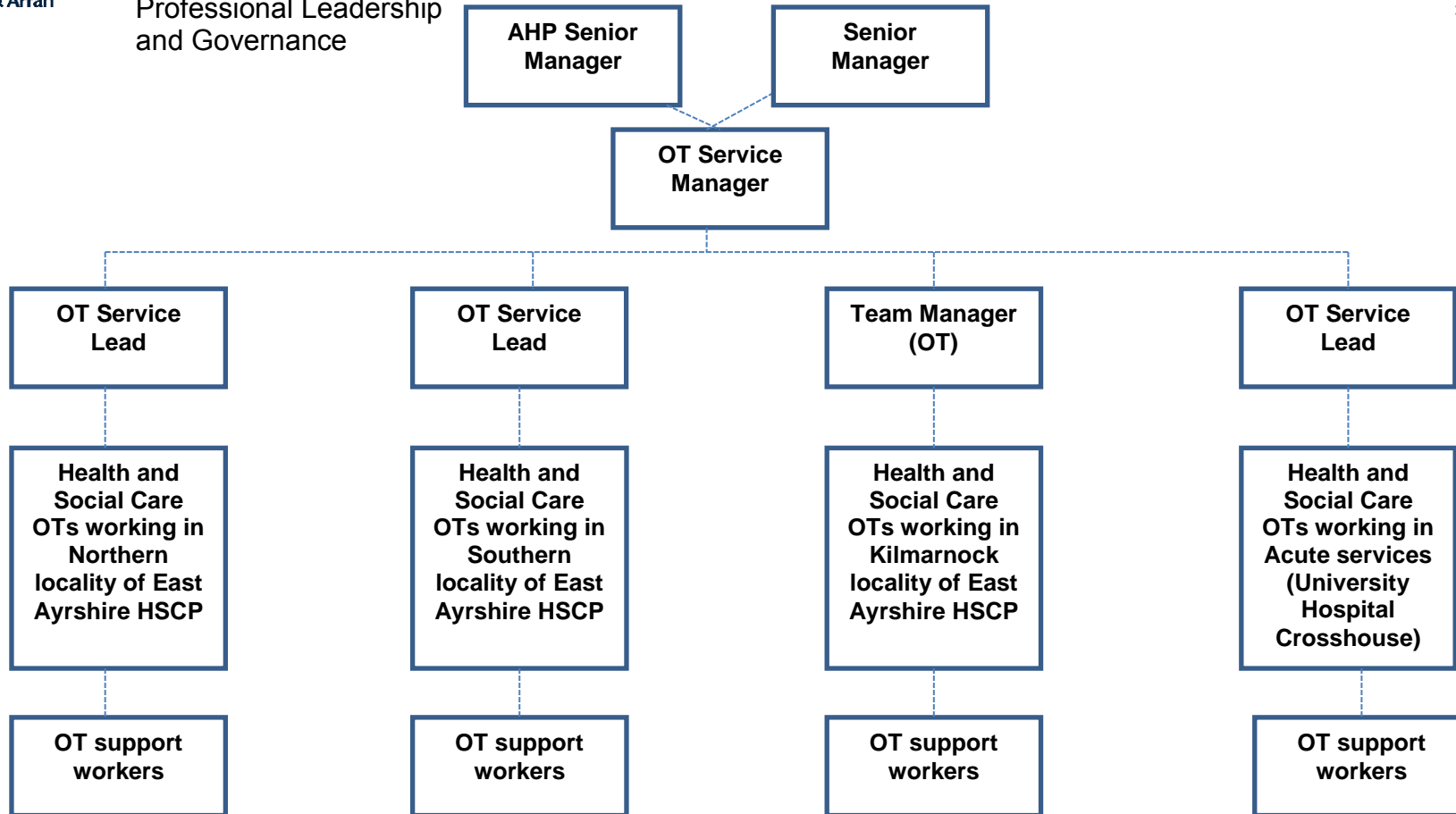
**40.** The Integrated Joint Board are asked to:

- i. Note the local progress made regarding the integration of health and social care occupational therapy in East Ayrshire.
- ii. Approve the integration of professional leadership and governance arrangements for occupational therapy within the East Ayrshire Health and Social Care Partnership area.
- iii. Endorse plans to test out and spread locality based allocations meetings, and self-referral clinics to better manage demand for occupational therapy
- iv. Support short term investment required to address the current waiting list for social care occupational therapy assessment and
- v. Otherwise note the content of this update paper.

**Eddie Fraser**  
**Director of Health and Social Care Partnership**  
**15 September 2016**

**FURTHER INFORMATION IS AVAILABLE FROM  
MARIANNE HAYWARD, AHP SENIOR MANAGER**

Professional Leadership  
and Governance



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Professional leadership and governance

NB : Line Management Arrangements for all occupational therapy staff will remain as per current arrangements