



Item No: 21

Meeting Date: Wednesday, 21st September 2016

Glasgow City Integration Joint Board

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REVIEW AND REFORM OF OCCUPATIONAL THERAPY SERVICES

Purpose of Report:	To advise the Integration Joint Board of the completion of phase 1 of the review of the Health and Social Care Partnership's occupational therapy service; and, seek permission to progress to phase 2, the reform stage of the process.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none">• Note the findings of the review phase (phase 1).• Approve the recommendations outlined in Section 5.2 that will underpin the reform phase (phase 2).• Note that further reports will be submitted in relation to the progress of phase 2.
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Implications for IJB:

Financial:	There are no specific savings targets associated with this Review and Reform it is recognised that there is scope for efficiencies in delivering Occupational Therapy Services in a more integrated way.
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Personnel:	Staff Partnership and Trade Union engagement has been established and will be progressed to address any impact upon staff. The recommendations include a proposal to create core 'Health and Social Care Partnership OT' and 'Health and Social Care Partnership OT Support Worker' roles.
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Legal:	None.
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Economic Impact:	None.	
Sustainability:	None.	
Sustainable Procurement and Article 19:	None.	
Equalities:	Service changes as a result of the Reform will be subject to Equality Impact Assessment and appropriate action plans put in place as necessary.	
Risk Implications:		
Implications for Glasgow City Council:	The review will result in progress towards a single, integrated occupational therapy service across Council and NHS employed staff.	
Implications for NHS Greater Glasgow & Clyde:	As above.	
Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
4. Glasgow City Council and NHS Greater Glasgow & Clyde		✓

1. Background

- 1.1 This report outlines the findings and recommendations from the first phase of the Review and Reform of Glasgow City Health and Social Partnership's Occupational Therapy (OT) services. Occupational Therapy Services are provided by both 'qualified' Occupational Therapists and 'unqualified' Occupational Therapy Support Workers and Social Care Workers.
- 1.2 Occupational Therapy is the single professional group providing services and support to service users across both Health and Social Care, working with and across all Care Groups, age ranges and conditions. The College of Occupational Therapy defines Occupational Therapy as taking:
'a whole-person approach to both mental and physical health and wellbeing, enabling individuals to achieve their full potential. Occupational Therapy provides practical support to enable people to facilitate recovery and overcome any barriers that prevent them from doing the activities (occupations) that

matter to them. This helps to increase people's independence and satisfaction in all aspects of life.

"Occupation" refers to practical and purposeful activities that allow people to live independently and have a sense of identity. This could be essential day-to-day tasks such as self-care, work or leisure.'

1.3 The Integration Joint Board in March approved as part of the Strategic Plan Implementation Actions for 2016/17 that a review and reform of occupational therapy in the city should be progressed.

1.4 The reasons for this activity are:

- i. The 2015 Joint Inspection of Older People's Services in Glasgow made a recommendation requiring improvements in access to Occupational Therapy assessments in the community.
- ii. As a profession and service operating across Health and Social Care, Occupational Therapy is a logical place to explore the potential for the synergies and efficiencies arising from integration.
- iii. Occupational Therapy is ideally placed to support delivery of the HSCP's stated strategic plan priorities.

1.5 The Review Phase (Phase 1) has been led by the Occupational Therapy Review Steering Group comprising management, OT Professional Leads and Staff Side / Trade Union Representatives. The review Terms of Reference and Steering Group Membership are available at the following link:

<http://library.chps.org.uk/mediaAssets/CHP%20Glasgow/Appendix%201%20-%20Terms%20of%20Reference%20and%20Steering%20Group%20Membershi p.pdf>

2. Current Occupational Therapy Model

2.1 Occupational Therapy provision is currently organised very differently across the Health and Social Care Partnership. Integration provides us with the opportunity to look at how this key and valued group of staff is utilised to support the Integration Joint Board on the delivery of its aims in the strategic plan.

Health	Social Work
Members of multi-disciplinary teams	Members of uni-professional occupational therapy teams
Provides services to a specific client/ age group/ service	Provides services to all care groups/ ages
Mainly sector-based teams within city wide services	Sector-based teams

Health	Social Work
Referrals are made to a MDT team each having different referral process's and criteria	Single point of referral for Occupational Therapy Services via Social Care Direct
Managed through a general management structure	Managed by occupational therapy team leads, reporting to service managers
Separate professional leadership arrangements by 'service/ care group'	Professional leadership and support via team leads
OTs carry out a range of MDT team tasks and OT interventions	OTs carry our primarily OT interventions and OT team tasks
Patient information recorded on a variety of electronic/ paper systems	Patient information recorded on CareFirst
Different models and grades of staffing within each team	All teams comprise a Team Leader, Occupational Therapists and Social Care Workers
Challenge to gather performance information on OT referrals, caseloads, waiting times	Easy to gather referrals, caseloads and waiting times

3. Review Process and Methodology

3.1 The review process has followed the methodology of Advancing Quality Alliance (AQuA) 'Leading Complex Change' programme. Sponsored by NHS Education for Scotland (NES), this is an internationally developed programme focused on the need to:

- i. See complex change in terms of structure, process and people.
- ii. Ensure that engagement and communication is at the forefront of the change programme.
- iii. Empower the 'people' involved in and impacted by the change.
- iv. To have an 'active implementation plan' that you adjust as you implement your change.

3.2 A key feature of this approach is a strong focus on *Engagement and Communication*. During the first phase of this work we have met with a range of OT staff and management teams to raise awareness of the review and to draw on their experiences to identify areas of improvement, challenge and inefficiency.

3.3 In addition to the application of the AQuA methodology, the review process also included consideration of:

- i. The profile of the current service – including staff numbers, role content, caseload and throughput.
- ii. Case studies to identify how OT services are experienced by service users, to highlight areas of good practice and areas of change.
- iii. Identification of policy drivers to inform the review and model.

iv. Population information and projections.

4. Key Areas for Improvement and Recommendations

4.1 Service User Pathways and Process

4.1.1 Service Access

4.1.2 The review highlighted there are currently multiple and complex service access pathways for Occupational Therapy within Glasgow City Health and Social Care Partnership. Current referral pathways and service access eligibility can result in service users potentially being assessed by a number of Occupational Therapy Staff who deliver different elements of the service. In addition, this can result in a disjointed approach to screening referrals, unnecessary handovers between Occupational Therapy staff and duplication of effort.

4.1.3 Information Technology/Performance Information

4.1.4 A significant challenge identified by front line staff and managers was the lack of shared information systems which makes it difficult to share referral information, service user chronology and current health and social care interventions. While the review found that there is well developed IT generated performance reports for Social Work OT the same is not yet in place for Health Teams

4.1.5 OT Allocation Assessment and Delays

4.1.6 Information gathered via the service profile exercise identified significant workload pressures within Social Work Occupational Therapy services with delays in allocation for assessment. Workload pressures were also described by Health OT Staff, who reported fluctuating and variable difficulties in achieving the national service delivery target and challenges associated with balancing an OT and MDT role.

4.2 Financial Framework, Equipment and Adaptation Eligibility

4.2.1 The importance of appropriate and timely provision of equipment and adaptations in assisting to address the balance of care is well evidenced.

4.2.2 The following national evidence base supports the proposed spend to save case:

“A Social Return on Investment study of adaptations and very sheltered housing in Scotland was carried out by Bield, Hanover and Trust Housing Associations which demonstrated significant positive financial benefit on investment in the provision of adaptations and Very Sheltered Housing- For an average cost of £2800 each adaptation leads to:

- £7500 saving through reduced need for homecare.
- £1100 saving through reduced hospitalisation
- £1700 saving for reduced social care provision”

“It is estimated that one year’s delay in providing adaptation to an older person cost up to £4000 in extra homecare (care and repair England 2012)”

“Postponing entry into residential care by just one year through adaptation saves £28,000 per person (Laing and Buisson 2008)”

“A fall at home that leads to a hip fracture costs the state £28,665, 4.5 times the cost of a major adaptation. (Heywood et al 2007)”

4.2.3 Information gathered during the review highlighted gaps in the funding available to meet level of demand for equipment and adaption provision following OT assessment both within Health and Social Work, across localities and Housing Sectors.

4.2.4 In response to budget pressures in 2014 Social Work introduced a policy of non- provision of equipment which can be easily accessed and purchased privately while Health and Cordia staff continue to provide all items of equipment required at assessment. This disparity of approach was identified as potentially resulting in duplication of referrals and is confusing for service users.

4.2.5 Direct access – the review also highlighted the need to fully explore direct access models of service delivery for self-assessment for equipment and adaptations including a full implementation of direct provision protocol for handrail provision in partnership with Acute, Cordia and Housing Providers.

4.3 Partnership working with the Housing Sector

4.3.1 The current funding arrangements for adaptations within Glasgow city are complex as provision responsibility can lie with the Health and Social Care Partnership, Glasgow City Council Development and Regeneration Services or Registered Social Landlords depending on the adaptation type and the service users housing arrangements. In addition the available funding to meet identified need varies across lead agencies which has led to levels of inconsistent service users’ access to adaptations.

4.3.2 While the OT service profile highlighted a consistent role for social work and health OT staff in identifying the need for adaptations, the role of directly arranging has been passed to social work OT staff. The review group identified this duplication of efforts requires further review to determine opportunities streamlining adaptation process, taking full account of staff development and budget management requirements.

4.3.3 The review has identified the need to have a Health and Social Care Partnership and broader partnership joint approach and strategic overview to

ensure effective use of available budgets, parity of service delivery across localities and best value outcomes.

4.4 Workforce, Management, Professional Leadership and Governance

4.4.1 Across both Health and Social Work a variety of formulas have been used to identify the appropriate skill mix and staffing numbers for Occupational Therapy.

4.4.2 There are different models of management, professional leadership and governance across the Partnership. All Occupational Therapists require to be registered with the Health and Care Professions Council.

4.5 Performance Standards and Indicators

4.5.1 Occupational Therapy performance is currently measured in different ways across the Partnership. The lack of a single Performance Framework can make it challenging to evidence the impact of Occupational Therapy on preventing admission and supporting service users to lead independent lives at home for longer.

5. Reform: Phase 2 - Recommendations

5.1 In addressing the above areas for improvement we propose to deliver an integrated model for Occupational Therapy Service delivery, in the context of wider partnership working, which is effective, responsive and promotes key outcomes for service users and carers.

5.2 Recommendation 1 – Future Occupational Therapy Model

5.2.1 Occupational Therapy in Glasgow City HSCP should be integrated, moving from the construct of 'Health' and 'Social Work' Occupational Therapists to a new and consistent identity of 'HSCP Occupational Therapist' and 'HSCP Occupational Therapy Support Worker'.

5.2.2 OTs and support staff will be members of multi-disciplinary teams (MDTs) for each care group whose roles will be characterised by the following:

- i. A clearly defined core OT role for all OTs within Glasgow City Health and Social Care Partnership which focuses on assessment, prevention, early intervention and enablement.
- ii. A clearly defined and consistent role for Occupational Therapy Support Staff.
- iii. Identification of 'specialist' OT skills and knowledge, both current and future.
- iv. Embedding all OT staff within multi-disciplinary team constructs, engaging at the appropriate point in the service user pathway. It is important to emphasise that where relevant this will require a review and reform of

- current multi-disciplinary and social work arrangements to develop a new integrated arrangement taking account of management and professional governance arrangements, OT and wider MDT roles and process.
- v. Clarity on the role of OTs within the MDT construct to ensure an appropriate balance between ‘team tasks’ and ‘occupational therapy interventions’, which ensures the optimum application of OT capacity and skills.
- vi. Service delivery priorities are aligned to Glasgow Health and Social Care Partnership and national priorities e.g. Supported Living/Accommodation Based Strategy, Telecare and Telehealth Strategy, Dementia Strategy and Anticipatory Care.

5.2.3 Key objectives to be taken forward at in the first phase of reform include:

- i. Development of the core OT role for qualified OT staff
- ii. Development of a core role for OT Support Workers, and Social Care Workers.
- iii. Definition of specialist Occupational Therapy skills and knowledge.
- iv. Definition of the balance of MDT and OT tasks for OT.
- v. Definition of the revised operational management, professional leadership and governance arrangements required to deliver the revised model.
Definition of business support requirements to support the new model.

5.3 Service User Pathways and Processes

5.3.1 Service user pathways and processes to be revised to eliminate unnecessary referrals and handovers between OT staff and teams. Specifically, we will seek to improve the service user experience of our pathways and processes by:

- i. Application of the core role(s) to minimise handoffs between OTs.
- ii. Developing integrated screening processes to ensure that service users are allocated to the appropriate OT first time.
- iii. Revisiting our eligibility criteria to ensure that they are consistent across all our care groups and teams.
- iv. Review of the wider non-OT roles in relation to the provision of equipment and minor adaptations to ensure other professions/staff can provide an effective responsive service without unnecessary referral to OT colleagues.
- v. Reducing hand-over between care group OTs due to historical role expectations rather than when specialist knowledge is required.
- vi. Developing effective communication arrangements between OTs across the Partnership and with OTs from partner agencies; e.g. Cordia, Acute, Housing.

5.4 Financial Framework, Equipment and Adaptation Eligibility

5.4.1 Whilst there is no savings target attached to this review at this stage, there are opportunities for efficiencies in how the service is delivered. It is recommended

that any efficiencies realised through the proposed changes to the OT model be re-directed into the OT service. This is in line with the HSCP strategy for shifting the balance of care and anticipates potential growth in the costs of equipment and adaptations as the OT system operates more efficiently as a consequence of this review.

- 5.4.2 In response to the Health and Social Care Partnership equipment 15/16 overspend an additional £840,000 has been identified for this financial year. However the development of a financial plan, agreed Partnership eligibility criteria for equipment and adaptations, consistent application and budget management arrangements will be key to ensure effective service delivery and expenditure controls

5.5 Partnership working with the Housing Sector

- 5.5.1 A joint Housing and Adaptations Strategy for the city should be developed between the Health and Social Care Partnership and the housing sector. Specifically, that joint strategy would define:
- i. The role and contribution of the Partnership in supporting aids and adaptations.
 - ii. The role of Partnership OTs in supporting assessment and provision of aids and adaptations as part of a co-ordinated person-centred approach.
 - iii. Provision across tenants of private landlords, tenants of registered social landlords and private home owners.
 - iv. Different funding streams, including Scottish Government funded 3rd Sector initiatives, to support tenants and home owners to remain at home.

5.6 Future Occupational Therapy Workforce, Management, Professional Leadership and Governance

- 5.6.1 A workforce plan should be developed to identify the future OT workforce profile, alignment and skills across Glasgow City Health and Social Care Partnership in line with the new model described above.
- 5.6.2 This will:
- i. Define the shape of the future workforce, including the balance between support worker and qualified staff.
 - ii. Define the alignment of the future workforce and identify where resource will be realigned to achieve this.
 - iii. Inform a workforce learning and development plan to embed the core role(s) and ensure that we have in place a succession plan for the appropriate specialist skills required.
- 5.6.3 A single, coherent model of OT Professional Leadership and governance should be developed to reflect the new OT model.

5.7 Performance Standards and Indicators (Performance Framework)

5.7.1 A single, consistent and coherent performance framework should be put in place for Occupational Therapy services across the Partnership. This should take the form of a balanced scorecard containing measures reflecting:

- Service User Experience
- Workforce Measures and Experience
- Organisational Performance Measures

5.8 Phased and Prioritised Approach to Reform

5.8.1 Implementation of the new OT model proceed on a phased basis across the different care group areas, beginning with Older People and Adults with Physical Disability.

5.8.2 The rationale for this proposed phasing arises from the relatively high volumes of demand in these areas and the projected increased need in these populations over the coming years.

6. Recommendations

6.1 The Integration Joint Board is asked to:

- Note the findings of the review phase (phase 1).
- Approve the recommendations outlined in Section 5.2 that will underpin the reform phase (phase 2).
- Note that further reports will be submitted in relation to the progress of phase 2.

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	210916-21-a
2	Date direction issued by Integration Joint Board	21 September 2016
3	Date from which direction takes effect	21 September 2016
4	Direction to:	Glasgow City Council and NHS Great Glasgow and Clyde
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Older People's Services / Occupational Therapy
7	Full text of direction	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to develop and deliver Occupational Therapy services as outlined in this report
8	Budget allocated by Integration Joint Board to carry out direction	As directed by the Chief Officer: Finance and Resources
9	Performance monitoring arrangements	Via the agreed performance management and financial monitoring frameworks of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
10	Date direction will be reviewed	April 2017