

CASE STUDY: AHPs working differently.
Community Occupational Therapy Service
Salford City Council / Salford Royal Foundation Trust

Summary: Occupational Therapists and Community Assessment Officers (CAO) as part of their role in the Contact Team spend regular time rotating into the Social Services Contact Centre on a monthly basis. The team are employing an innovative approach to integration looking at creating links between all of the community services in Salford (all now under the umbrella of Salford Royal Foundation Trust including social services) to look where they can link up and reduce duplication.

- ▶ The team also have two bids in place:
 - BID 1: To provide equipment into care homes to make them fit for purpose, following the initial delivery of equipment the care homes will maintain. This was prompted by more referrals coming in from care homes and not having a contract to provide an equipment service to them.
 - BID 2: Changing the way that SRFT delivers Moving & Handling training; setting up a train the trainer system. Aiming to ensure that patients get the correct equipment and appropriate support from one or two carers - driven by the need to decrease carer input.
- ▶ Developed a Safety huddle with intermediate care team to identify the right point for rehab and equipment. They've taken 6 patients out of care homes and set them up in their own home to date.

Key themes:

- ▶ Innovation

Which AHPs are involved?

- ▶ Occupational Therapists

What setting does the service operate in?

Community

Does the service work with Older People? Not specifically.

How did you identify the changes that needed to take place?

Community Occupational Therapy referrals were increasing and it was agreed to provide an Occupational Therapist and Community Assessment Officer from the Community Team to support the contact assessment process. Also recently announced that all Social Services staff will be TUPeD across to Salford Royal Foundation Trust and the Contact Team will be merged with the Single Entry Point.

How did you go about making the change?

Spent time shadowing each other to understand roles.

How was the change funded? Bid for new funds.

Who was involved in the consultation and process of change?

Everyone working in the service from Social Services and Community OT.

Were changes needed to the existing skill mix?

No but there were some changes to align between health and Social Services.

Were any new roles developed? No

What have been the benefits? Referrals for Community OT assessment have been reduced by 30%. These referrals have dealt with by issuing small equipment and providing advice over the phone (deliveries are ordered and the delivery drivers are trained to fit).

What has been the response to change?

Positive. Waiting times have decreased due to 30% of referrals being screened out. Increased knowledge in team from rotating in and out of the team.

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