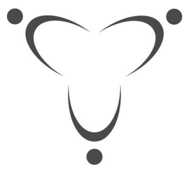

Consultancy Service

College of Occupational Therapists

Review of Children's Occupational Therapy Services in Hertfordshire

Executive report

Patricia Morris

A division of

March 2009

The College of Occupational Therapists
The College of Occupational Therapists (COT), a registered charity is a wholly owned subsidiary of the British Association of Occupational Therapists. It is primarily involved with the setting of professional and educational standards for occupational therapy together with the promotion of research activity, evidence based practice and the continuing professional development of its members. The College represents the profession on a national an international level and has 11 accredited Specialist Sections supporting expert practice in key areas. The British Association of Occupational Therapists is the professional body and trade union for occupational therapy staff in the UK with a strong country based regional and local membership structure.

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The Consultancy Service, a not-for-profit division of the College of Occupational Therapists provides confidential, expert advice on the delivery of multi-disciplinary and occupational therapy services. The service offers a wide range of services including: multi-disciplinary and occupational therapy service reviews, effective recruitment solutions, service integration, disability consultancy, interim management and supervision, and training.

Review of Children's Occupational Therapy Services in Hertfordshire

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EXECUTIVE SUMMARY

1. Hertfordshire Primary Care Trusts and Hertfordshire County Council commissioned this review of Occupational Therapy for Children in Hertfordshire.

2. The purpose of this report is to summarise the information gathered during the review and make recommendations for children's occupational therapy services based on national guidance and local plans and ensuring that the children's occupational therapy service;

   - Meets the needs and expectations of disabled children and their families
   - Has the same access and level of service countywide
   - Is financially affordable for Hertfordshire County Council and Hertfordshire Primary Care Trusts
   - Delivers on the nationally set standards for children's services.

3. Parents views were sought and many professionals contributed to the review, the following recommendations are made:

4. A stepwise approach is recommended

4.1 **Firstly to implement the Service Improvement model,** the Occupational Therapists are already addressing some of the issues highlighted in the review, accelerating the pace of these improvements would be beneficial. Defining the outcomes, appointing a facilitator on a part time basis and freeing up the head occupational therapists/principal officers to work on this will accelerate the pace of change.

4.2 **At the same time consider whether to implement the professional leadership model.** A joint professional lead role will ensure Occupational Therapy has a high profile, particularly in the eyes of senior managers external to the service itself. In doing this confidence amongst staff that professional issues are being addressed will grow. A critical role for the joint professional lead will be to ensure both the council and health responsibilities for providing occupational therapy are considered in a wholly integrated way.

4.3 **Secondly** as Hertfordshire progresses with integration and the Primary Care Trusts splits its commissioning and providing functions there will be opportunities to integrate further the children's occupational therapy into multi-disciplinary teams

   - In providing services based around multi-disciplinary teams the role of occupational therapy provided by Children, Schools and Families should also be considered to ensure the clinical pathways are fully integrated
   - In commissioning a joint specification for community services the occupational therapy service will become more outcome focussed with funding targeted to meet the needs of children with disabilities.

5. Whichever model is implemented all the Occupational Therapy services will benefit from additional funding, specifically to:

   - Provide increased administration support and thus improve the efficiency of the services. This will release capacity for the therapists to work more directly with children
   - Provide increased strategic leadership to raise the profile of Occupational Therapy and ensure high level strategic issues are addressed for the service
   - Provide more increased clinical supervision in the local authority
   - Provide a more timely, efficient and effective service to schools

Profession and service related recommendations:

6. To ensure equity in access to the service across the county, the services need to look at developing a model of working that addresses the issue of more than one occupational therapist working with a child and their family.

7. To improve communication, the Occupational Therapy Services should provide more service information for children and families, to include access routes, waiting times and channels for communication. Ideally this would be one set of information.

8. To ensure effective demand management and to ensure core assessment targets and 18 week targets are met operational activities should be reviewed including:

   - Developing care pathways building on what exists within the occupational therapy service (West Essex) and working towards integration into single needs led specific pathways
   - Using the workload management system as effectively as possible,
   - Reviewing processes and systems including those which involve other departments (housing) to maximise efficiency and reduce duplication
   - Evaluating the new process for the provision of equipment at school and at home
   - Working with hospital colleagues agreeing ways to improve hospital discharge
   - The development of manual handling expertise within the service in order to meet the identified need.
   - Ensuring occupational therapy skill mix and career progression are addressed within the strategic plans
   - Working with the commissioners to develop the business case for commissioning a specified service for children with autistic spectrum disorders

INTRODUCTION

1. Hertfordshire Primary Care Trusts and Hertfordshire County Council commissioned this review of Occupational Therapy for Children in Hertfordshire.

2. The commissioners had already agreed that the project would need two phases, initially the service review to analyse current services and provide recommendations, and a second phase where the work identified in the review is implemented. The College of Occupational Therapists Consultancy Service was commissioned for the first phase of the project and discussion about how the review would be conducted began in June 2008.

3. The purpose of this report is to summarise the information gathered during the review and make recommendations for children's occupational therapy services based on national guidance and local plans.

4. This review provides a unique opportunity for an 'observer' (the advisor) to draw together the findings and make recommendations that enable the service providers to move closer to providing a commissioned children's occupational therapy service that;

   - Meets the needs and expectations of disabled children and their families
   - Has the same access and level of service countywide
   - Is financially affordable for Hertfordshire County Council and Hertfordshire Primary Care Trusts
   - Delivers on the nationally set standards for children's services.

5. The terms of reference (appendix 1) for the review were agreed and included:
   - Present state analysis
   - Focus on specific issues including waiting lists
   - Consider potential for service improvements
   - Provide an option appraisal of possible models

6. The fieldwork visits took place over four days in October and one day in November 2008 and included feedback from parents. Sixty-two professionals contributed by either attending a face-to-face meeting or pre-booked telephone discussion. Twelve mothers attended a workshop and 138 families returned the county council feedback questionnaire 'getting your views – on adapting your home'. (Appendix 2 describes the method used for the review and who took part).

7. Information and views presented in this report are intended to inform the recommendations and subsequently the decision the commissioners of the review make. As such they are presented to give substance to support the proposals and should not be considered as criticisms, nor should the occupational therapists be defensive about their services.

8. The commissioning of this review has acted as a catalyst for improving the way the county occupational therapists and the primary care trust occupational therapists work together and joint commissioning initiatives including the pooled budget for equipment are coming to fruition.

9. In agreement with the commissioners the Occupational Therapists are working on a number of priorities – particularly in relation to education, specifically children with statements and out of county placements.

10. It is too early in the implementation of these initiatives for a full evaluation of the impact for children and their families.

BACKGROUND AND LOCAL CONTEXT
NATIONAL POLICY AND GUIDANCE

1. The government provides both a legislative framework and policy guidance for children's services to be offered by Local Authorities and National Health Service organisations. A duty of partnership on councils and health services support an increasing expectation for integrated and child centred services. The Children's Act (2004) creates the legislative spine for developing more effective and accessible services focussed around the needs of children young people and their families.

2. The frameworks, policies and guidance listed below are the main drivers for delivering needs led services, driving up quality and improving outcomes for children and young people with a disability in Hertfordshire.

   - The National Service Framework for Children Young People and Maternity Services; Disabled Children and Young `people and those with complex health needs Standard 8 (DH 2004)
   - Aiming High for Disabled Children (DES 2007)
   - High Quality Care for All; the operating framework for the NHS in England 2009/10 (DH 2008)
   - Commissioning a World Class Service (DH 2008)
   - Every Child Matters; Next steps (DES 2004)
   - Meeting the Challenge: A Strategy for The Allied Health Professions (DH 2000)
   - Ten Key Roles for AHP's (DH 2003)

3. In particular
   - They stress the importance of choice with services that are personalised, equitable and easily accessed.
   - New commissioning frameworks focus on reducing health inequalities by targeting resources appropriately.
   - There are drivers for a greater integration of services, use of pooled and /or aligned budgets between statutory agencies.
   - There is a requirement for services to evidence best practice in the high quality care they offer.
   - Guidance raises the profile of allied health professionals and explains their full remit and potential extended roles in terms of their contribution to the totality of health care.

4. The Secretary of State for Children has called for a 'root and branch' review of children schools and families services is likely to have an impact for the County occupational therapists.

5. In response to the national policy and guidance NHS East of England has published its strategic plan 'Towards the best together: a clinical vision for our NHS, now and for the next decade'. This states the case for change and highlights:

- The core pathway for children's services shows how the NHS can play its role in delivering better outcomes, however there can be no single pathway for children's services
- The child or young person is central to the planning and delivery of their service including those delivered with partners outside the NHS
- Have common information systems, integrated care and co-located staff to deliver better services for children

Children's Occupational Therapy

6. The role of the occupational therapist working with children and young people is to focus on those aspects of daily life, which present a challenge for the child. The child, family or others involved in the daily life of the child or young person should have identified the activity that they either want or need to do.

7. Daily life tasks addressed in occupational therapy for children may include activities or tasks from three main areas:

   - Self-care/self maintenance such as washing, dressing, grooming, eating and drinking.

   - Play and leisure e.g. how a child plays, their preferred play, range of play and leisure activities, use of community activities, playing with others etc.

   - Productivity. This would be activities such as practical school tasks for example negotiating the environment, carrying out class based routines and responsibilities, handling school equipment and materials and age appropriate domestic tasks – making a snack, tidying a room, packing a bag for school in the morning for example.

8. Service provision models in a community setting may include:

   - Direct therapy – intervention aimed at meeting a young person's individualised needs through specialised therapeutic strategies.

   - Monitoring – an intervention plan is developed by the occupational therapist but is implemented by others. The occupational therapist remains responsible for the outcome of the plan and maintains contact with the staff that delivers the plan in order to monitor the success and make necessary alterations in a timely manner.

   - Consultation – the occupational therapist uses their expertise to enable another person to address issues and outcomes identified by that person. With this form of service provision, the occupational therapist is not directly responsible for the outcome of the individual.

9. The specialist knowledge and skills of children's occupational therapists make them well placed to support the delivery of the inclusion agenda through provision of

advice on specialist equipment, environmental adaptations and strategies to access the curriculum.

Local strategic direction

10. Government policy and guidance relating to children is channelled through local plans. The Local Area Agreement for Hertfordshire aims to bring measurable added value to communities. Alongside this the Hertfordshire Children's Trust Partnership provides the high-level leadership and commitment to deliver the strategy across all agencies within the County. The Children and Young People's Plan 2008/09 focuses on two key areas for improvement:

    - Safeguarding children and young people
    - Narrowing the gap between vulnerable children and all children

11. The County Council and Primary Care Trusts are together shifting their organisation, practice and culture towards integration. Through early intervention using the three main mechanisms for integration; Common Assessment Framework, the Lead Professional role and Team around the Child outcomes for children and young people.

12. The Children's, Schools and Families services are provided at a county level. Services for disabled children are divided into four locality teams and occupational therapy is integral to these teams. Each team is responsible for the full range of statutory social care service to all children in Hertfordshire with significant learning difficulties or disabilities who meet the agreed county definition. The main focus of the occupational therapy service is to provide aids/adaptations for children within the county. The team plan identifies an unacceptable waiting list for clients to access the service. The teams now work to a performance measure for their assessments, seven days for initial and thirty-five days for core assessments by social workers. The target to be completed and signed off for September 2008 is 70% and 98% by March 2009.

13. In addition to the Children Schools and Families teams there is Occupational Therapy input to the Residential and Respite team and the Hertfordshire Equipment Service.

14. Housing services are provided at a district level and the 10 district councils work in slightly different ways having an impact for ways of working for the Occupational Therapists.

15. Health services for children are commissioned and provided by the Hertfordshire Primary Care Trusts. Statutorily there are two primary care trusts; East and North Hertfordshire and West Hertfordshire, these are now managed under one board structure of Hertfordshire Primary Care Trusts. Since June 2008 the occupational therapy services have been managed in three teams within the children's specialist division of the children's services. The Hertfordshire Primary Care Trusts Children's division operational plan identifies a number of high-level target/focus areas including:

- Maintaining a focus on the quality and safety of our services
- Challenging and reviewing services to achieve maximum access and capacity
- Working on agreed programmes of service development based on need and opportunity recognised by the commissioners and the Children's division

16. Children registered with a Hertfordshire GP in Bishops Stortford and Sawbridgeworth who require Occupational Therapy receive this from West Essex Primary Care Trust through a service level agreement with East and North Herts Primary Care Trust.

17. The Hertfordshire Primary Care Trusts are developing their provider services as an arms length body, while it provides opportunities it will undoubtedly mean further organisational change.

18. The organisation structures for the County service and the Health service is shown in Appendix 3.

19. It is against this background of policy, guidance, performance management and organisational structures that the recommendations from this Children's Occupational Therapy Services review were made.

CURRENT SERVICE

1. The tables below give an overview of the services. Data is collected on different software systems, as a consequence information gathered is not directly comparable

Children Schools and Families Occupational Therapy

	West 1	West 2	East 1	East 2
Whole time staff establishment	3.3	2.2	2.65	3.1
OT PA	1.0		0.2	0.2
Caseload October 2008				
Waiting list	9	7	4	7
New referrals	5	6	17*	11*
Active cases	105	88	92	136
Monitoring only	38	27	40	4
Workload weighting	239	152	146	198
Major adaptations	53	36	23	40

Note * average number of new referrals in previous 6 months is 7.5 and 5 respectively.

In addition

- Residential and respite service 0.5wte Occupational Therapist
- Hertfordshire Equipment Service 0.5wte Occupational Therapist

Clinical supervision, professional leadership and advice is provided by a 0.8wte Principal Officer.

2. An open access system of referral operates and the Occupational Therapists are working to the same standard as the social workers for completing core assessments i.e. within 35 days of receipt of the referral. This newly introduced performance standard for the Occupational Therapy service has had a significant impact in reducing waiting times for assessment (reduced from 91 in March 2008 to 28 in October 2008).

3. A workload weighting system is used to analyse the caseload in terms of complexity.

Primary Care Trusts

	East Herts	North Herts	West Herts	West Essex
Staff establishment whole time equivalent (clinical only)	4.0	5.12	8.4	0.8
Caseload				

Waiting time (standard 18 week)	5 months	8 – 10 weeks	Full booking	4 – 8 weeks
Number of referrals for the year	123	141	318	27

4. Clinical supervision and professional leadership is provided by a head occupational therapist in each team, additionally they carry a clinical caseload.

5. Referrals are accepted from medical practitioners, allied health professionals and health visitors. At present there are three referral and criteria systems however work is underway to address this to ensure parity across the county. The teams, although managed professionally work, closely with their colleagues to provide a child centred multi-disciplinary team approach.

6. The West Essex Primary Care Trust team have developed a number of care pathways and treatment is provided based on these pathways.

7. Currently the service for special schools (physical and neurological impairment or severe learning disability) varies significantly between West Herts and East and North Herts. The commissioners have added funding to increase the staff establishment to address this in 2008/09, and recruitment to the additional posts is in progress.

8. Where occupational therapy is cited in part three of a child's statement of educational needs it is the statutory responsibility of Children's Schools and Families service to provide this. In East and North Herts in most instances a private occupational therapist is commissioned to provide this, in West Herts this may be commissioned on a cost per case basis.

FINDINGS AND RECOMMENDATIONS

1. During the fieldwork visits many people generously gave their time and offered information and views. Details of the services represented are shown in appendix two. The main findings are summarised below.

Parent's views

2. Feedback was sought in two ways,
   - The satisfaction questionnaire used by the Children's Schools and Families service was sent to the parents on the Hertfordshire Additional Needs Database. 138 responses were received and the findings analysed by the Customer Focus Team Children Schools and Families.
   - A number of parents were invited to attend a meeting with the consultancy service advisor on 24th November 2008.

3. Despite every effort being made to include views of parents with children of every age pre-school children on the current caseload were under represented.

4. Overall the parents expressed a range of different experiences, the recurring views are summarised here:
   - Parents who returned the questionnaire were generally extremely satisfied or satisfied with the service.
   - Parents were not aware of the different responsibilities of local authorities and health. This is further complicated for them by the provision of occupational therapy in schools, the role of the education advisory service and the specialist wheelchair service.
   - Even when a child had a high level of need their case was closed. As a consequence when the child needed something further the child had to be re-referred where the whole process and waiting begins again.
   - The specialist seating service at Stanmore was frequently cited as being problematic. Parents reported that the service is poor in communications and on occasions wheelchairs do not meet their child's needs.
   - Parents with children whose needs were on the autistic spectrum disorder did not feel they were getting an adequate service. Several expressed the view that they were not aware of the benefits of occupational therapy.
   - Parents described several issues relating to communication including not knowing
     - What to expect,
     - How to access the service
     - How long they had to wait
   - Some parents expressed the view that occupational therapy is a scarce resource and the starting point of the assessment was what was available rather than what their child needed.

- Sensory integration therapy and services for children with needs on the autistic spectrum were identified by parents as being gaps in service.

Commissioning perspective

5. The County Council and Hertfordshire Primary Care Trusts are working in partnership to ensure the best possible services are available for children and their families.

6. The commissioners are seeking clarity about the services provided and expect that access to the service will be the same across the county. The jointly commissioned Hertfordshire Equipment Service with its pooled budget is already demonstrating improvements. There is a very good and close relationship with the service providers.

7. A jointly commissioned service provides the opportunity for a tightly specified service with the possibility of the service being provided, or at least managed by one organisation. In health while the service specification is the same for the three providers of the service there are currently variations in referral criteria and waiting times.

8. Data that supports monitoring and evaluation are not yet in a common format across all services. The policy guidance agenda for integration, in particular the Common Assessment Framework should make it more straightforward to share assessment information.

9. The Primary Care Trust children's commissioners have recently been working with the health teams to look at a number of activities aimed at releasing funds and increasing capacity specifically in relation to:

   - Improving hospital discharge arrangements (mainly for children in hospitals outside of the county)
   - Out of county school placements
   - Provision of Occupational Therapy where it is cited in section 3 of statements of special educational need
   - Provision of Neuro-developmental (Bobath) therapy

Management views

10. Senior managers, specialist providers and the occupational therapists' line managers were asked for their views. These are summarised as:
    - Parents have huge expectations and managing these expectations is a challenge.
    - Waiting lists are long.
    - There is unnecessary duplication between the health and local authority service.

- There is a lack of policy and procedures to guide and inform people referring to the service.
- Hospital discharge create a pressure as frequently there is very short notice and discharges may be complex or require the provision of equipment.
- The transition from childhood to adulthood is cited as being problematic. The county is setting up a dedicated team to address the issues and improve this important aspect for young people and their families. However there is no establishment for occupational therapy within the team.
- There may not be enough children's occupational therapists.

School views

11. Views of Head teachers, the advisory teacher service and the therapists who work in schools highlight a number issues that provide an important steer for the recommendations.

    - Head teachers expressed the view that a service level agreement between the school and the providers would guarantee a minimum level of service and help them to know what to expect.
    - The process of identifying and supplying equipment is often long and drawn out.
    - There are some grey areas regarding whose responsibility it is to provide/fund equipment and whether the equipment is for the school as a whole or for an individual child.
    - When occupational therapy provision is cited in section three of a statement of special educational needs a private occupational therapist is often commissioned to deliver this.
    - Children benefit when occupational therapists work jointly with physiotherapists and speech and language therapists, however the logistics of arranging this often proves to be difficult.

Occupational Therapists views

12. The Occupational Therapists had been reflecting on their service in preparation for the fieldwork visits. The information that follows summarises the issues identified that have an impact on providing a child centred occupational therapy service that:

    - Meets the needs and expectations of disabled children and their families.
    - Has the same access and level of service countywide.
    - Is financially affordable for Hertfordshire County Council and Hertfordshire Primary Care Trusts.
    - Delivers on the nationally set standards for children's services.

Children Schools and Families Occupational therapy

13. Meeting the performance standard of completing core assessments within 35 days is creating pressures, including a longer time for the children to wait for the outcome of the assessment being actioned. There is a high volume of complex cases and the occupational therapists feel they have to justify the needs of the child to other professionals and agencies making it difficult to meet all the needs of the child and their family.

14. The integrated children's system (ICS) for recording and performance management has improved information sharing however it is felt to be tailored for social services. Occupational therapy interventions are recorded on the system as support worker, and assessments are attached as separate documents rather than being an integral part of the system.

15. The four teams have different sizes of caseload with different levels of complexity to manage. Administration support is minimal resulting in the occupational therapists having to do a lot of progress chasing. This may not be the most effective use of their time and consideration should be given to providing more administration support.

16. The service supports secondment of staff for Occupational Therapy training as well as mandatory in service training (both organisational and professional). While this brings benefits there are also pressures when the students are on clinical placement away from Hertfordshire.

17. Staff turnover is high, this presents an issue for children as continuity cannot be maintained. A number of reasons have been cited as contributing to this including a flat management structure providing little opportunity for career progression and the pressures of managing overly large and complex caseloads.

18. A number of gaps in service have been identified:

18.1 Children with disorders on the autistic spectrum disorder. The number of referrals has increased. There is a view that early intervention to manage behaviour can avoid costly adaptations later. It is within the scope of practice of Occupational Therapists to provide this behavioural support, however it is a matter for the commissioners to consider.

18.2 Moving and handling. Expert advice is not readily available for children and their families in their home. In addition there are other carers who have their own unique moving and handling needs. The Occupational Therapists have a basic knowledge, however they are perceived as being the experts.

Primary Care Trusts Occupational Therapy

19. The head occupational therapists report difficulty making headway with improving services for children who have occupational therapy in their statements. The requirement to respond to tribunals and deadlines for contributing to statements of special educational needs adds pressure on the service. A more co-ordinated and countywide approach is required, the commissioners have given the mandate for this to be addressed.

20. There are considerable differences between the teams in the provision of occupational therapy for school age children. The commissioners have provided additional recurrent funding to address in the current financial year.

21. Staff turnover is low in the teams, however the skill mix of the team with the current entry requiring new recruits to have experience of working with children presents an issue when recruiting to new posts. Students are taken on placements during their training.

Common issues for consideration

22. **Specialist or generic service**
Occupational Therapy for disabled children is a highly specialist service and within this there are specialities, for example major adaptations, neuro-developmental therapy (Bobath). Developing expertise in any aspect above a core range of competences relating to normal development and principles of occupational therapy requires a significant commitment to training and development. Providing a generic children's occupational therapy service would mean that some specialist areas would not be covered. As a consequence a completely child centred, outcome based service would not be achievable.

23. **Caseload management**
There are no national guidelines for caseload management, the use of numbers is too simplistic and does not take into account complexity. The College of Occupational Therapists recommends that caseload management activities should be in place. The children's occupational therapists in the county service use workload weighting system and primary care trust occupational therapists use a work plan method. While this is helpful for the therapists in managing their workloads it does not give a true picture to managers outside the service and cannot be compared across the organisations.

24. **Hospital discharges**
Not all hospitals within Hertfordshire have children's occupational therapists. Many children when discharged from acute hospitals have some equipment needs and the responsibility to provide this is placed on the children schools and families team. There is an expectation by the discharging hospital for a rapid response. This places an additional workload pressure on both the county and health Occupational Therapy services.

RECOMMENDATIONS

1. Recommendations have been considered within the national and local context.

2. The review considered whether integration of the occupational therapy service is the most appropriate way forward. To improve service and ensure they are child and family focussed it is appropriate to consider a range of options. Some multi-disciplinary teams are already working well, and the impact of changing management accountability and structures must also be taken into consideration.

Options for Service Models

3. Several models are described. They are considered in the context of enabling the service providers move closer to providing a children's occupational therapy service that;
   - Meets the needs and expectations of disabled children and their families
   - Has the same access and level of service countywide
   - Is financially affordable for Hertfordshire County Council and Hertfordshire Primary Care Trusts
   - Delivers on the nationally set standards for children's services.

4. **Option 1 Continue with the current arrangements**

Reasons for	Reasons against
• Provides the primary care trusts the time to 'bed in' the new management arrangements • Retains the benefits for the Children Schools and Families Occupational Therapists of working closely with social workers	• Profile of occupational therapy would remain the same • The occupational therapists recognise that service improvements are required, maintaining the status quo does not facilitate these improvements. • Staff morale in the Children Schools and Families Service remains low • Does not address the county wide issues • Does not facilitate achieving the government and Hertfordshire Children's Trust Partnership objectives including integration

Retaining the current arrangements is not viable since there is not equal access to the service across the county and the waiting times are unacceptable. This model

does not move the organisations forwards in terms of delivering the vision and strategic intentions

5. **Option 2 Service Improvement model**

5.1 A number of improvements have been identified that will make a significant difference to children and young people with a disability without the need for changing the management structure. To enable this a service improvement facilitator or project manager will be required to ensure the improvements are 'fast tracked'. In addition a small budget and time away from the current workload for the head occupational therapists is required.

5.2 Improvements include:

- Making more information available and easy to access, to include self-assessment and programmes of therapy for implementation at home where children do not meet the criteria for the occupational therapy service (identified by parents as beneficial).
- Ensuring all children across the county have the same access to a needs led service
- Addressing the issues regarding education including provision of therapy in school and timely provision of equipment

Reasons for	Reasons against
• Providing the resource of an improvement facilitator is available these service improvements could be started immediately • Gives the organisations the time to address their own managerial structures in relation the requirement to implement government policy • Reduces the number of major organisational change the Occupational Therapists are likely to encounter in the next period of time	• Continuous improvement may be difficult to maintain, • This may not be perceived as 'radical' enough to secure the anticipated improvement

6. **Option 3 Professional Leadership model**

6.1 The occupational therapy services would benefit from a joint professional leadership role across health and local authority. This could be jointly specified and funded without formal integration occurring. This is not necessarily a full time role and could be recruited to in a number of ways; substantive post, procured through a tendering process, commissioned from another local organisation or the College of Occupational Therapists. In the first instance this could be for a fixed term or

project management basis to ensure the specific issues raised within this review are addressed.

Reasons for	Reasons against
• This could be put in place relatively quickly possibly on an interim basis initially • Supports the occupational therapists through a period of uncertainty • Immediately raises the profile of Occupational Therapy • Does not exclude the multi-disciplinary, multi-agency team model	• The reasons for integrating are not addressed • In itself it does not address the issue of improving outcomes for service users

7. Option 4 Integrating Occupational Therapy Services across Health and Social Care

7.1 The service is integrated with a single management structure for all occupational therapists employed by Hertfordshire Primary Care Trusts and Hertfordshire County Council with a professional head and agreements with every multi-disciplinary team to provide services. By implication the service provided by West Essex would be 'brought back and provided in the county.

Reasons for	Reasons against
• Addresses the professional issues identified by the occupational therapists • Offers improved opportunities for career development • Provides a more flexible approach to managing resources • Provides the strategic planning role and professional leadership	• Seen as a backward step on progress made with multi-disciplinary teams • Does not meet the governments agenda of multi-disciplinary teams focused on the child and their needs • The service provided by West Essex primary care trust does not have a waiting list and provides therapy in innovative ways using care pathways already developed

7.2 Around the country there are examples of successful integration of council and primary care trust services. However the process for integration began some years ago. The government agenda has moved on and it is the opinion of the advisor that the time for integration of occupational therapy into a single service across health and social care has passed. (Based on the discussions during the fieldwork visits and taking into account national policy and local strategic planning).

8. Option 5 Multi-disciplinary teams

8.1 In this model occupational therapists are line managed within multi-disciplinary teams, a professional occupational therapy advisor ensures professional standards are met and at a strategic level occupational therapy establishes a higher profile in planning service development. Child centred care pathways covering all aspects of the child's life identify where occupational therapy plays a role. In this model a more integrated approach can be achieved in line with the government agenda.

Reasons for	Reasons against
• Some of the teams already function like this to some extent • Focus on the child and their needs • Meets the government and children's trust agenda • Enables resolution of some of the difficult issues regarding meeting targets and reducing waiting times • Provides opportunities for professional development (rotations, developing specialist expertise) and career developments	• Resistance from the Occupational therapists • The greatest impact is for the social services staff. It may be perceived as fragmenting the Occupational Therapy Service • May lose the benefits of occupational therapists and social workers working together in the same teams

9. Option 6 Jointly commissioned service

9.1 A jointly commissioned service with tightly focused and prescriptive specification provides the opportunity for a radical change in the way Occupational Therapy is provided for children.

Reasons for	Reasons against
• The specification can address the shortfalls identified in the service review • Integrates the occupational therapy service • Provides the opportunity for a complete overhaul of the management structure • Raises the profile of Children's Occupational Therapy	• Time consuming to draw up the specification and going through the tendering process • Does not contribute to the integration agenda • Integrating the Occupational Therapy Service prior to/at the same time as pursuing the integration agenda may cause un-necessary anxiety and uncertainty for the Occupational Therapists

Summary and points to consider

10. Whichever model is implemented all the Occupational Therapy services will benefit from additional funding, specifically to:

    - Provide increased administration support and thus improve the efficiency of the services. This will release capacity for the therapists to work more directly with children
    - Provide increased strategic leadership to raise the profile of Occupational Therapy and ensure high level strategic issues are addressed for the service
    - Provide more increased clinical supervision in the local authority
    - Provide a more timely, efficient and effective service to schools

11. Aiming High for Disabled Children presents opportunities for occupational therapists in terms of enabling children and young people to be independent, access leisure opportunities and lead lives that are normal as possible. Every effort should be made for the service to become involved in steering groups related to this project and to advocate for the contributions that occupational therapists are uniquely placed to deliver on, for this agenda.

12. At any level of integration (team, service or organisation) a single system of referral, waiting list management, pathways and protocols with a common mission, culture, management, budgets, office accommodation, administration and records will accelerate the change management process. The benchmarks to consider are listed below:

    - Objectives and plans
    - Vision and values
    - Use of resources
    - Use of management information
    - Access by the public
    - Organisation of practice
    - Assessment of needs
    - Case management
    - Decision making with individual users
    - Individual case record

Recommended next steps

13. A stepwise approach is recommended:

13.1 Firstly Implement the Service Improvement model, the Occupational Therapists are already addressing some of the issues highlighted in the review, accelerating the pace of these improvements would be beneficial. Defining the outcomes, appointing a facilitator on a part time basis and freeing up the head occupational therapists/principal officers to work on this will accelerate the pace of change.

13.2 At the same time consider whether to implement the professional leadership model. A joint professional lead role will ensure Occupational Therapy has a high profile, particularly in the eyes of senior managers external to the service itself. In doing this confidence amongst staff that professional issues are being addressed will grow. A critical role for the joint professional lead will be to ensure both the council and health responsibilities for providing occupational therapy are considered in a wholly integrated way.

13.3 Secondly as Hertfordshire progresses with integration and the Primary Care Trusts splits its commissioning and providing functions there will be opportunities to integrate further the children's occupational therapy into multi-disciplinary teams.

- In providing services based around multi-disciplinary teams the role of occupational therapy provided by Children, Schools and Families should also be considered to ensure the clinical pathways are fully integrated.
- In commissioning a joint specification for community services the occupational therapy service will become more outcome focussed with funding targeted to meet the needs of children with disabilities.

Profession and service related recommendations

14. To ensure equity in access to the service across the county, the services need to look at developing a model of working that addresses the issue of more than one occupational therapist working with a child and their family.

15. To improve communication, the Occupational Therapy Services should provide more service information for children and families, to include access routes, waiting times and channels for communication. Ideally this would be one set of information.

16. To ensure effective demand management and to ensure core assessment targets and 18 week targets are met operational activities should be reviewed including:

- Developing care pathways building on what exists within the occupational therapy service (West Essex) and working towards integration into single needs led specific pathways.
- Using the workload management system as effectively as possible.

- Reviewing processes and systems including those which involve other departments (housing) to maximise efficiency and reduce duplication.
- Evaluating new the process for the provision of equipment at school and at home.
- With hospital colleagues agreeing ways to improve hospital discharge.
- The development of manual handling expertise within the service in order to meet the identified need.
- Ensuring occupational therapy skill mix and career progression are addressed within the strategic plans.
- Working with the commissioners to develop the business case for commissioning a specified service for children with autistic spectrum disorders.

Appendix 1

TERMS OF REFERENCE

1. The terms of reference detailed below were agreed between the commissioners and the College of Occupational Therapists Consultancy Service prior to the fieldwork visits and took into account particular issues relating to Hertfordshire Children's Occupational Therapy Service including:

2. Present State Analysis:
    - Current service structure
    - Scope of Service and boundaries of provision
    - Service gaps (commissioning and provision) and duplication
    - Use of resources (including systems, skill mix, workload / caseload management)
    - Role of occupational therapy, core skills and core business
    - Use of Care Pathways
    - Governance Framework (including outcome measures, evidence informed practice, supervision, CPD)

3. Focused on specific issues e.g.:
    - Waiting list / Backlog / Pressure points
    - Issues relating to Children with Special Educational Needs
    - Processes around transition, equipment ordering; equipment funding and facilitation of acute hospital discharge
    - Liaison with independent occupational therapists

4. Considered the potential for service improvement e.g.
    - Potential systems for co-ordinated, integrated working
    - Commissioning services to meet the needs of the population e.g.
    - Prevention; Reducing out of county placements; Special educational needs

5. The review,
    - Provided an independent view on the commissioning and provision of occupational therapy for children in Hertfordshire.

    - Aimed to identify what occupational therapy service is commissioned for children in Hertfordshire, who is commissioned to provide this (PCT, CSF or private provider) and whether the commissioned service met the needs of the local population.

    - Aimed to identify processes by which the occupational therapy services can maximise their current resources in a sustainable manner and provide a high quality and efficient service for referred children.

    - Provided recommendations, that would be required to achieve a cost effective, quality service, underpinned by clinical governance, and long-term.

recommendations to develop service excellence.

- Explored the potential for co-ordinated occupational therapy services across Hertfordshire.

- Identified models by which the occupational therapy service worked most effectively, identifying barriers and exploring options, and providing a strategic view of options available.

6. This will give a vision for future occupational therapy services.

7. The final report of phase one will provide an option appraisal of possible models/systems for improved joint working.

Appendix 2

METHOD

1. Following the meeting on 17th June 2008 with the Review of Occupational Therapy Service reference group the terms of reference were agreed and the work commissioned.

2. The fieldwork visits took place on 9th and 10th 13th and 16th October 2008. A further day was commissioned on 24th November to meet with parents and to meet all together the five head occupational therapists who manage and lead the Occupational Therapy teams.

3. Prior to the visit the advisor was provided with many documents relevant to the review including:

   - County wide social services team plan and the Primary Care Trusts children's divisional operational plan
   - Service specifications
   - SWOT analyses completed by the Occupational Therapy teams, social workers and housing teams
   - Analysis of 138 responses to 'getting your views on adapting your home' the Local Authority satisfaction questionnaire

4. Meetings were arranged for the advisor to have discussions with;
   - Board members
   - Parents
   - Commissioners
   - Paediatricians
   - Occupational Therapy heads of service for:
   - Children Schools and Families, Hertfordshire County Council
   - West Herts PCT
   - East and North Herts PCT
   - West Essex Provider Services
   - Occupational Therapy staff
   - Disability Team Managers
   - Head teachers
   - Service managers with specialist roles including:
     - Physiotherapy and Speech and Language Therapy
     - Short breaks
     - Hertfordshire Equipment Store
     - Wheelchair service
     - Advisory teacher service
     - Children's centres
     - Clinical service managers

5. Finally a meeting was held with parents to listen to their views regarding the occupational therapy service, they came from all parts of the county and their children were all of school age, whose needs ranged across the spectrum of disability.

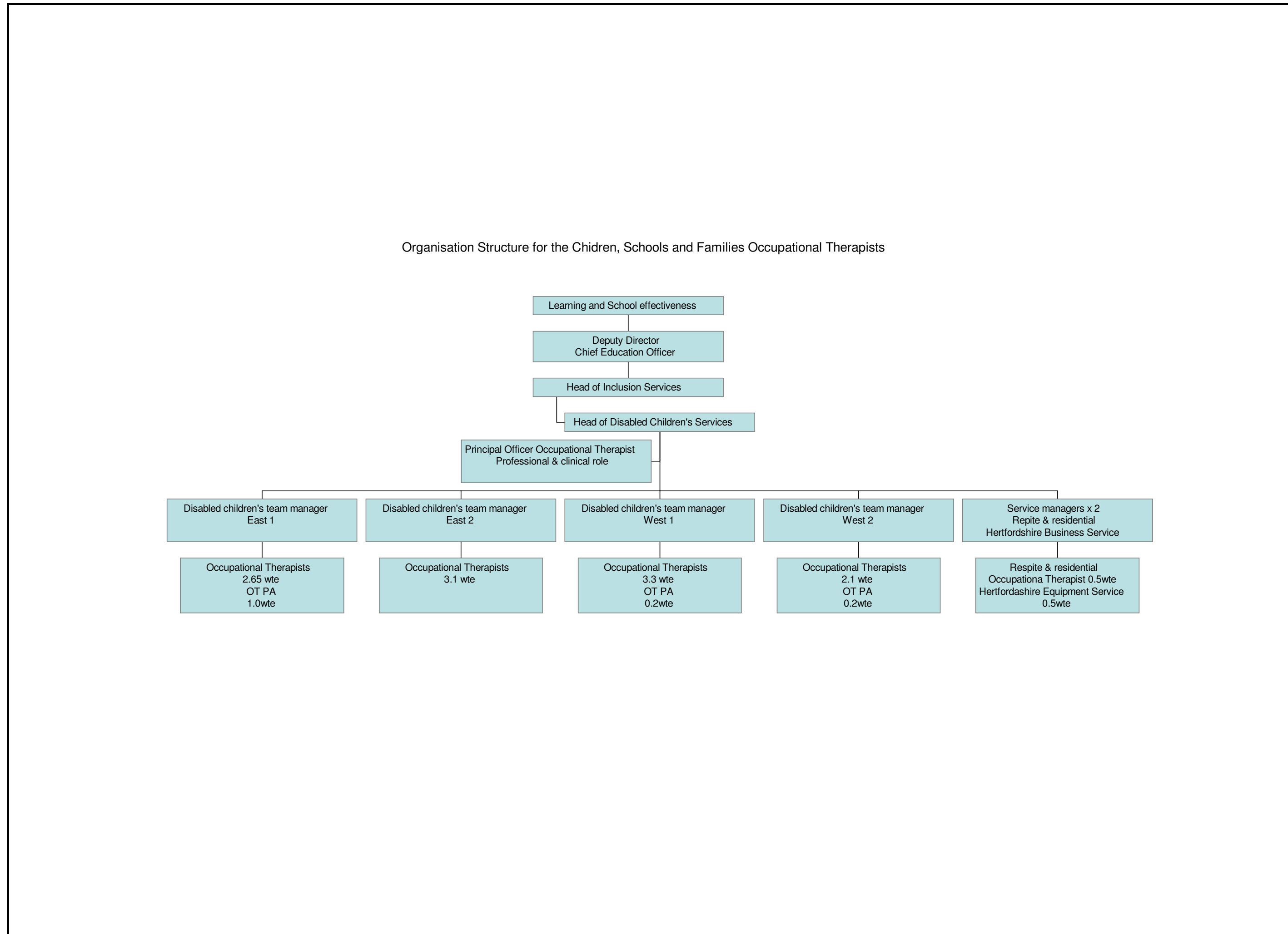
6. As discussions progressed possible service delivery models emerged, retaining an open mind about the most appropriate model, the possibilities were discussed on the last fieldwork day with the head occupational therapists to test out some of the implications.

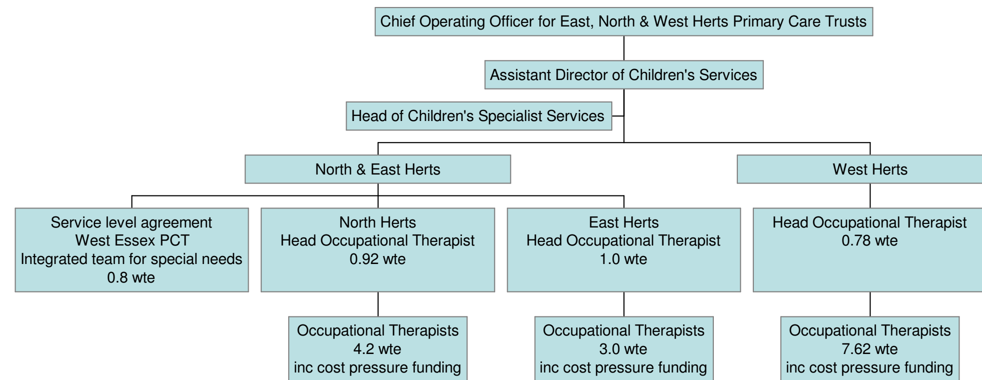
7. Following these discussions and prior to writing the report further desk research was carried out to include the local and national context and explore different models of service delivery.

8. A total of sixty-two professionals and twelve parents contributed to the discussions with 138 parents competing the questionnaire.

Appendix 3

ORGANISATION CHARTS




Organisation Structure for Hertfordshire Primary Care Trusts Children's Occupational Therapy Service
Chief Operating Officer for East, North & West Herts Primary Care Trusts
Assistant Director of Children's Services
Head of Children's Specialist Services
North & East Herts
West Herts
Service level agreement
West Essex PCT
Integrated team for special needs
0.8 wte
North Herts
Head Occupational Therapist
0.92 wte
East Herts
Head Occupational Therapist
1.0 wte
Head Occupational Therapist
0.78 wte
Occupational Therapists
4.2 wte
inc cost pressure funding
Occupational Therapists
3.0 wte
inc cost pressure funding
Occupational Therapists
7.62 wte
inc cost pressure funding

Appendix 4

REFERENCES

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