Allied Health Solutions

Enterprise Innovation Partnership

The ALIGNS programme

(AHPs Leading InteGration betweeN Social Care and Health)

Executive Summary

Buckinghamshire Health & Social Care Academy

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Background

The ALIGNS (**A**HPs **L**eading **I**nte**g**ratio**n** Between **S**ocial Care and Health) project commenced in January 2024, following the publication of the AHPs Supporting Integration Framework, part of the wider AHPs Leading Integration agenda.

The Department of Health and Social Care policy paper: Health and Social Care integration: joining up care for people, places and population was published in 2022. It includes a key message: **Joined up Care is better for people and better for staff.**

At the beginning of the project it was decided the focus would be on older people's services delivered by occupational therapists, the largest AHP professional group employed in social care, and the emphasis would be on social care.

Aims and objective of ALIGNS

This project sought to address two overarching aims:

1. To gain an in-depth understanding of the level of maturity of the five dimensions (figure 1) of the AHPs supporting integration framework for each of the six South East regional Integrated Care Systems (ICS) (Buckinghamshire, Oxfordshire, Berkshire West (BOB), Frimley, Hampshire & Isle of Wight, Kent and Medway, Surrey Heartlands, Sussex).
2. To collect examples of best practice that support integration.

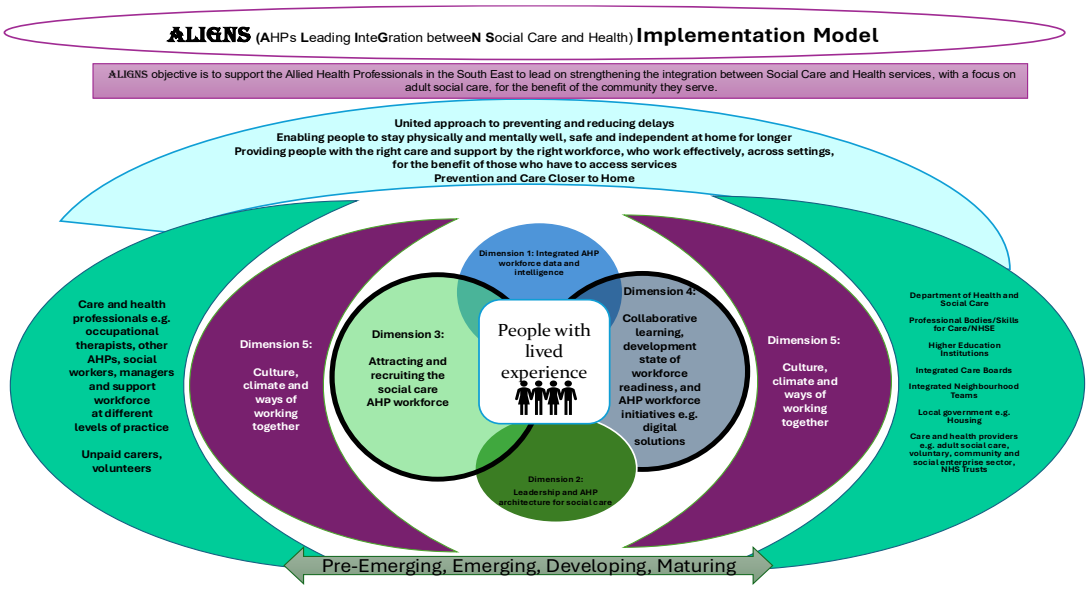
The objective was to support the Allied Health Professionals (AHPs) in the South East of England to lead on strengthening the integration between social care and health services, for the benefit of the community they serve.

Approach

The approach to collecting the data was pragmatic and based on the premise that the findings would add to the existing knowledge base. Data was collected (March 2024- September 2025) from three different sources:

1) In-depth inquiry into how each of the ICSs are performing against the AHP integration framework dimensions.
2) Three case study sites to gather more detailed information about activities that involved integration, and explore potential opportunities for further integration.
3) Two online **Strengthening the voice of Occupational Therapists** in integration workshops.

Figure 1: ALIGNS Implementation model



Main limitations to the data

It is important to take care not to conclude that all the findings that apply to one ICS, such as Hampshire & Isle of Wight (H&IoW), apply equally to the other South East England Integrated Care Systems. The quantity and quality of data provided varied across the region.

Much of the qualitative data about the dimensions was provided by groups and individuals, and not collected objectively. It is possible that such data may be skewed to present either the best or worst impression.

AHP integration framework dimensions and levels of maturity

In the AHP integration framework four dimensions with three levels of maturity are listed with a fifth overarching theme. This framework was modified for use in ALIGNS to include five dimensions and four levels of maturity as shown in figure 2.

Key messages

This regional project has reminded all stakeholders that it is their responsibility to seek ways to strengthen integration between social care and health. It has also enabled them to highlight what they already do, and what they could and should do better to improve integration.

ALIGNS further demonstrates that the solutions to improving integration are multifactorial and are mostly achievable, so long as there is an agreed commitment, by social care **and** health, to do so.

ALIGNS has consistently captured evidence of how important occupational therapists are to strengthening integration, as long as all stakeholders fully understand the potential this workforce has to achieving this goal. Many of the opportunities afforded to social workers, under the Care Act, are not available to occupational therapists e.g. funding support for newly registered staff.

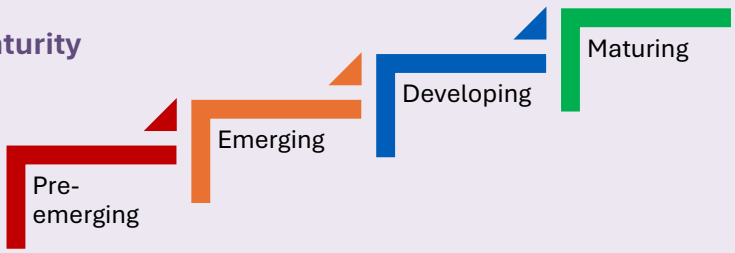
ALIGNS has highlighted where there is more to be done to achieve integration and address the wish of those with lived experience to be **asked only once** to provide information.

Figure 2: Approach to ALIGNS

Dimensions

1. Integrated AHP workforce data
2. Leadership and Architecture for social care
3. Attracting and recruiting the AHP social care workforce
4. Collaborative learning, development and workforce initiatives
5. Culture, climate and ways of working together

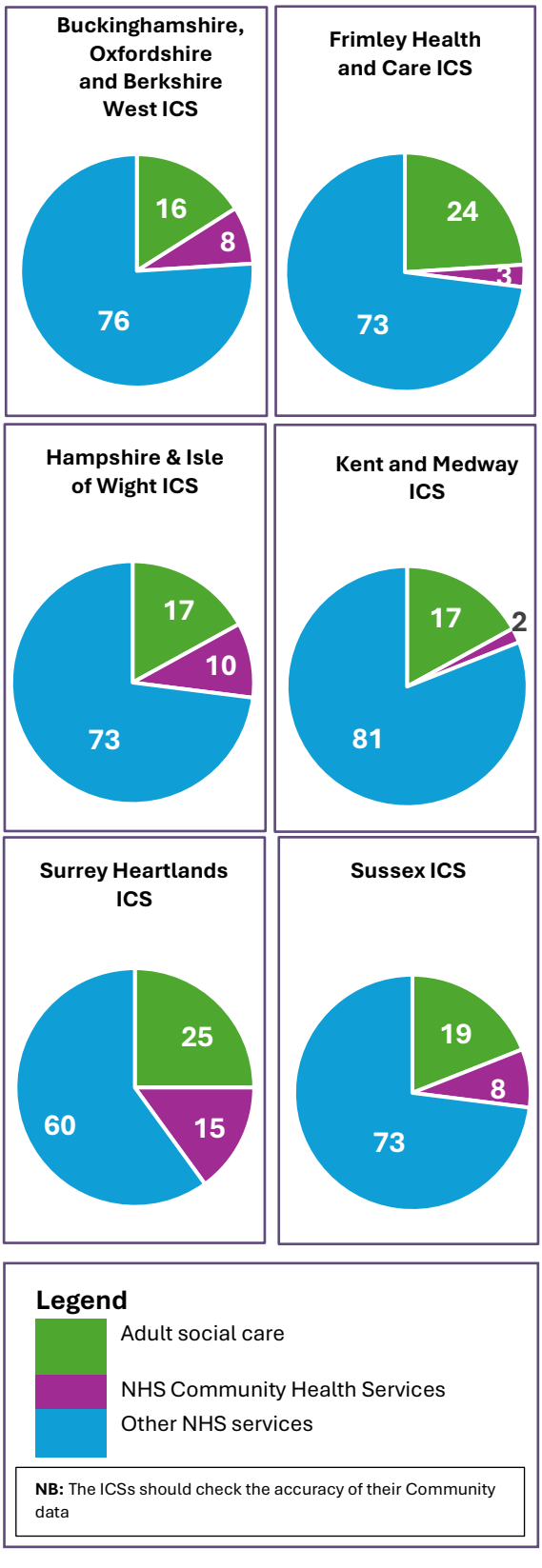
Levels of maturity



Key findings

Dimension 1: AHP workforce data

The data in these pie charts illustrates the percentage of registered OTs



employed in different sectors. It highlights the low percentage employed in community health services (2-15%), the gateway to social care. **Where OTs are employed, i.e., in acute hospital settings, is not aligned to where people with complex needs require their support.** NHS and Skills for Care (SfC) report data differently and there is no evidence, from ALIGNS, that the Principal Occupational Therapists (POTs) input directly into the SfC data.

Population health data was also included in dimension 1. However, very little information was provided. H&IoW reported a **developing level of maturity** as population health is discussed at the AHP Council and Faculty, and the data informs workforce projections and education and training needs.

Dimension 2: Leadership and Architecture

The overall reported level of maturity, for dimension 2 (figure 3), shows that there are relatively few activities that are mature. H&IoW noted all four Principal/ Lead OTs are involved in all AHP strategic decision-making .

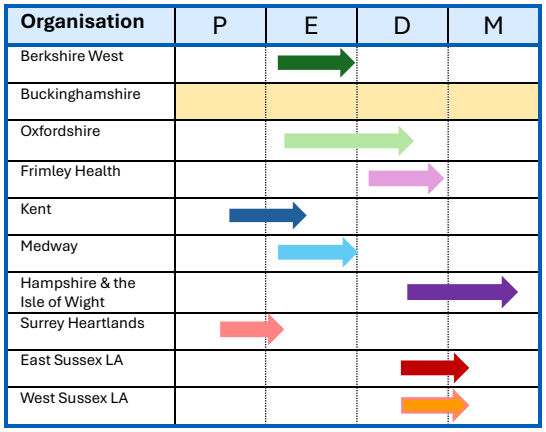


Figure 3: Self-reported level of maturity for dimension 2

There is a reported lack of recognition and understanding about the POT role and involvement in local authority (LA)

strategic meetings. This is not the same for the Principal Social Workers (PSW) who routinely attend these meetings.

LAs do not prioritise AHP senior leadership for rehabilitation services, as this is not required under the Care Act.

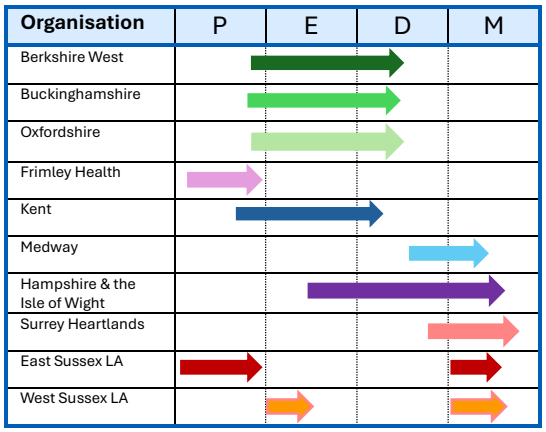
Examples of best practice

Sussex OTs have an OT leadership community of practice for all staff working in occupational therapy to discuss services provided.

In Oxfordshire strategic leadership has led to the development of the Front Door Team.

Dimension 3: Attracting and recruiting AHP social care workforce

The self-reported level of maturity about recruiting the AHP social care workforce (figure 4) evidences the need for a greater focus on raising the profile of a career for AHPs in social care, and supporting the practitioners.



Figures 4: Self-reported level of maturity for dimension 3

A significant factor in recruiting AHPs into this service is the exposure to social care during their pre-registration programme.

Although there are proactive approaches to increasing the number of direct entry student placements (H&IoW), it is not always possible for social care to accommodate the placement requests. Also some universities do not take up all the offers of local authority placements (Berkshire West).

There are two particular challenges to increasing the number of student placements in social care:

I. the structure of the pre-registration programmes, with long clinical placements, limits flexibility to accommodate social care placements for all direct entry students;
II. access to some placements relies on students having a driving licence, and either having their own car, or access to a pool car.

The apprenticeship pre-registration programmes are emerging as the preferred model of developing the next generation of OTs. This is because *'OTs on the apprenticeship pathway are more employable than their counterparts on the direct entry programmes - they demonstrate higher levels of clinical skills and confidence'.*

ALIGNS did not find any data that the decision, to change to the apprenticeship model in social care, had been strategic. This is important because it requires a sustained pipeline within the service. There is also recognition that apprenticeship models impact clinical capacity, with no funded backfill. Any risk to pre-registration provision, of the move away from direct entry programmes, should also be taken into consideration.

Example of best practice

The OT leads in Berkshire have increased the range of OT placement types for apprentices, increasing the potential for greater reciprocal placement arrangements between health and social care. They report that apprenticeships support workforce retention and strengthen the career progression.

Despite the national focus on preceptorship as an aid to recruitment and retention much of the preceptorship activity for OTs, in social care, is still developing. Often the focus is on developing clinical skills rather than pastoral support. Newly qualified social workers are supported through the first year by the Assessed and Supported Year in Employment programme. This programme is highly valued and results in social workers remaining in the profession and continuing to develop and progress throughout their social work career. OTs in social care are not afforded the same opportunity.

LAs provide very little preceptor specific training or engage legacy mentors to take on this role.

Unless students have had placements in the 'other' services when they qualify, they are not aware of how those services work. Providing opportunities for OTs working in health to learn about social care services and vice versa is central to integration. Despite the difficulty in arranging formal rotations between the two sectors, because of the different employment models, there are examples in the South East where organisations proactively seek opportunities to bring OTs from social care and OTs from health together to learn about the dissimilar approaches.

Example of best practice

The Kent and Medway Band 6 Sprint programme included a two week shadowing experience in another sector.

Dimension 4: Collaborative learning, development and workforce initiatives

The reported overall level of maturity, for this dimension, is the highest (figure 5). All organisations reported that many activities listed under dimension 4 of the integration framework are developing and some are maturing.

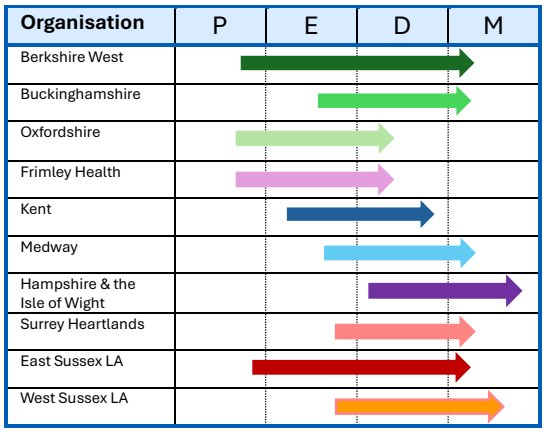


Figure 5: Self-reported level of maturity for dimension 4

Nonetheless, the participants highlighted areas for improvement and suggested activities that would further integration.

It is evident from the data that more needs to be done to support OTs in health to learn about the operational drivers for social care e.g. finance policies. Similarly OTs working in social care would benefit from learning about the current drivers for health e.g. rehabilitation and reablement.

Frequently those who contributed to ALIGNS mentioned the value of the Transfer of Care Hubs (ToCHs) as a vehicle for integration. This structure brings different teams together and provides an opportunity to learn about the wider AHP roles.

Example of best practice

Kent and Medway champions Transfer of Care Hubs, it is one of the strategic priorities for the ICS. The Better Care Funds have been used to support the ToCHs.

Uniquely OTs are trained in mental health and physical health. According to Berkshire West, OTs are '*all enabling, person-centred and have broad problem-solving skills'*. A competence set that reduces hospital attendance and the number of calls to the ambulance service. However, these skills are not always recognised, resulting in frustrated experienced community based OTs who are not allowed to carry out basic observations.

If an OT career pathway in social care is developed, and their time is protected, OTs are well placed to take on additional skills that would result in improved efficiency.

OTs in social care, working closely with their social work colleagues can enhance social workers' understanding of those with lived experienced.

Example of best practice

In West Sussex the POT works with the PSW to jointly produce easy to read information – one concise professional summary – for those with lived experience.

The availability of equitable funding, for learning and development, between social care and health in the South East, ranges from developing - where opportunities exist across the ICS (H&IoW), to no access to any equitable learning and development opportunities (Berkshire West). Even if a robust learning and development programme is in place across the system it is not always clear what is appropriate for OTs working in social care.

Reported workforce initiatives at ICS level included Home First Support Workers and an AHP Director of integration.

Examples of best practice in Kent and Medway

Home First Support Worker

Kent Community Hospital in partnership with Kent County Council has developed a very successful Home First Support Worker role which has resulted in a **fifty-six per cent reduction in people requiring four packages of care a day.**

AHP Director of integration

This role has been very successful and supported integration in Kent and Medway. The CEO of Kent Community Hospitals suggests this is a '*role for the future and central to place-based care'.*

Dimension 5: Culture, climate and ways of working together

It is widely recognised across the South East of England that there are healthcare language differences used by staff employed in social care and those employed in health.

Under dimension 5 the respondents reported a range of activities that are emerging or developing with a few that are maturing, as illustrated in figure 6.

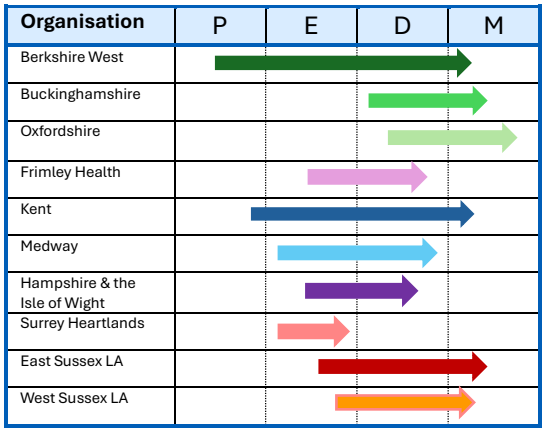


Figure 6: Self-reported level of maturity for dimension 5

Most notably *'The enabler to strengthen the understanding between the teams (social care and health) is good interpersonal relationships.'*

It is accepted the different structures can be very confusing both for those who use the service **and** those who deliver the service (East and West Kent & Oxfordshire). This is exacerbated by IT systems that do not interact, which results in the need to duplicate information and sometimes repeat service user assessment.

'Having IT systems that talk to each other to provide relevant information would prevent duplication and better working together. More networking and understanding of roles/how we could work together is needed' (H&IoW).

Examples of best practice

The Buckinghamshire Health and Social Academy is central to developing the recognition of different cultures.

The Oxfordshire health sector has signed up to be a Marmot place including health inequality/cultural diversity.

Case study site activity

The three case study sites facilitated in-depth enquiry into locally determined priority areas:

1. **Berkshire West** studied apprenticeships (Dimension 3).
2. **Kent and Medway** studied the differing approaches to Proportionate Care and Trusted Assessment, and sponsored strengthening the voice of OTs.
3. **Buckinghamshire** 1) explored the potential for new roles: volunteers to support occupational therapists, therapy support workers and the people who are transferred from the acute setting into community settings with assistance from social care teams; and 2) tested a proof of concept to establish Enhanced Care Integration Teams.

Kent and Medway case study site

Eight provider organisations based in Kent and Medway contributed to a deep dive into **proportionate care** (PC). Seven of them provide a similar PC service, although only two have a strategic approach as to who should be trained to deliver the service.

PC results in clear efficiency benefits and improved working relations across the system, including the private sector. Nonetheless, there are a number of challenges:

- those with lived experience and their carer's perceived reduction in care;
- ensuring all staff are fully trained and confident in delivering this model of care.

The same organisations reviewed the different approaches to **trusted assessment** (TA). Four organisations described three different models of TA but only two collected evidence about the effectiveness of this approach.

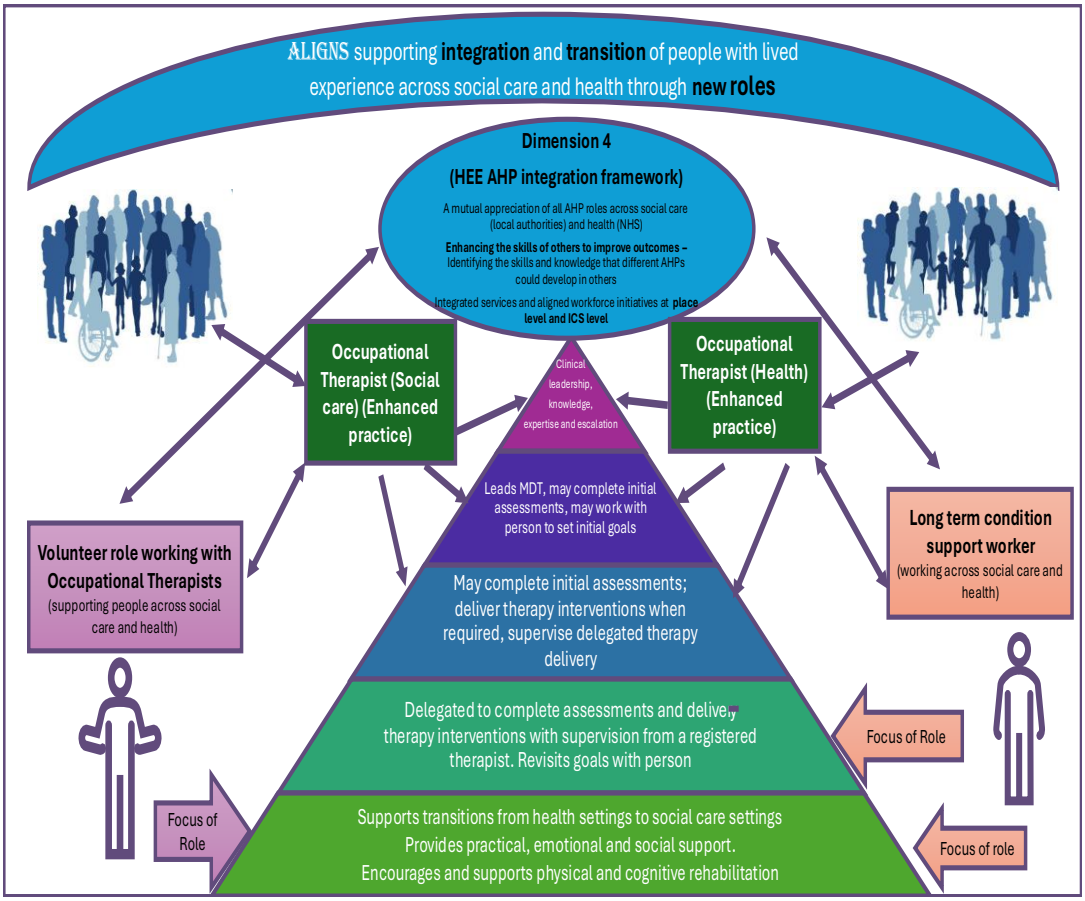
Occupational therapists are the main professional group who deliver PC and TA. Lead OTs are encouraged to work together to learn from best practice and agree an approach to standardisation in their ICS and across the region.

Buckinghamshire

Under dimension 4 the potential for new roles (figure 7) was explored:

I. volunteers to support transition of care.
II. recognition of the concept of enhanced level of care through the creation of an Enhanced Care Integration Team.

Figure 7: Potential new roles/responsibilities



Three new volunteer role descriptors were developed, and the sustainability of this new concept was tested. It was concluded that there is potential for volunteers to support transition of care, provided the organisations have the infrastructure, to support these roles and the effectiveness is monitored.

The members of the case study site deliberated over whether those working at a level of enhanced practice could enable greater integration. The proof of concept of an Enhanced Care Integration team and the development of an ALIGNS career development and education development framework were tested with colleagues in Buckinghamshire.

The next step is to develop further this concept, with service users and professionals to co-produce an agreed approach, establish how staff can work together to enhance care, and education and training required to support this approach.

Lead OTs are encouraged to take a more proactive approach to new ways of delivering services that would result in greater integration.

Strengthening the voice of occupational therapists in integration

Across the region the lack of recognition about the contribution that OTs already make, and have the potential to make, to deliver more effective care for those transferred from health to social care has been reported.

This major concern led to workshops about **Strengthening the voice of Occupational Therapists in integration.**

The workshop participants suggested six activities that would strengthen the voice of OTs in integration (figure 8).

Figure 8: Proposed activities to strengthen the OT voice in integration

Recommendations from ALIGNS

The following eight recommendations are drawn from the data collected during ALIGNS. The order of the recommendations does not indicate any relative significance.

Service users' request to say it once

Recommendation 1

Social care and health teams should review how often they require the service users to repeat information and proactively seek to reduce this burden, so the service users, their family members and carers only have to ***'say it once'.***

Occupational therapy employment and deployment - a key risk to integration

Recommendation 2

The ICS AHP leads in partnership with the Principal Occupational Therapists should review the model of occupational therapist employment, and deployment, and seek to refocus the services to facilitate integration.

Equal opportunities for occupational therapists

Recommendation 3

Principal Occupational Therapists should be afforded the same opportunities as Principal Social Workers e.g. representation on regional committees and funding support for staff development, such as occupational therapists preceptorship programmes.

Attracting occupational therapists into social care

Recommendation 4

NHSE South East Workforce Education and Training team are encouraged to establish an occupational therapy placement forum that includes all higher education occupational therapy course providers in the South East, and education leads for the health and social care partners. This forum should facilitate a fair and equitable placement allocation system that influences the pre-registration programme structure.

New ways of working and new roles

Recommendation 5

Social care and health teams, who support the same population, should review their models of care to ensure standardisation, optimisation and reciprocal recognition of the services.

Recommendation 6

Leaders of services (social care and health) should work together to reconsider how they enhance the potential for utilising support workers.

Recommendation 7

Social care leaders with their partners in health should explore the development of Enhanced Integrated Care Teams. They should identify which staff, including support workers, are working at an enhanced level within their scope of practice, and delivering an enhanced level of care. The team leaders should ensure these staff are given the opportunity to achieve enhanced level of practice, supported by the development of a national ALIGNS career, education and capability framework for staff across social care and health.

Strengthening the occupational therapy voice in integration

Recommendation 8

The Principal Occupational Therapists and senior OT managers across social care and health, in the South East, should establish an Occupational Therapy Community of Practice. The focus should be to: a) strengthen the OT voice; b) develop an even greater understanding of the different approaches to care; c) learn from each other, and d) agree a model to support integration.

Next steps

It is important that the ALIGNS conversations and activities continue regionally and locally, and organisations should consider how they address the recommendations.

ALIGNS outputs

In addition to this Executive Summary there are three other ALIGNS resources:

1. Detailed ALIGNS project report
2. ALIGNS Annex of supplementary information
3. ALIGNS slide deck

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