

ALIGNS

(AHPs Leading InteGration between Social Care and Health)

These slides should be used in conjunction with:

1. **ALIGNS final report & Annex**
2. **ALIGNS Executive Summary**

'Key to integration is OTs in health learning from OTs in social care.'
Kent and Medway

Professor Mary J Lovegrove OBE
June Davis
Allied Health Solutions
November 2025

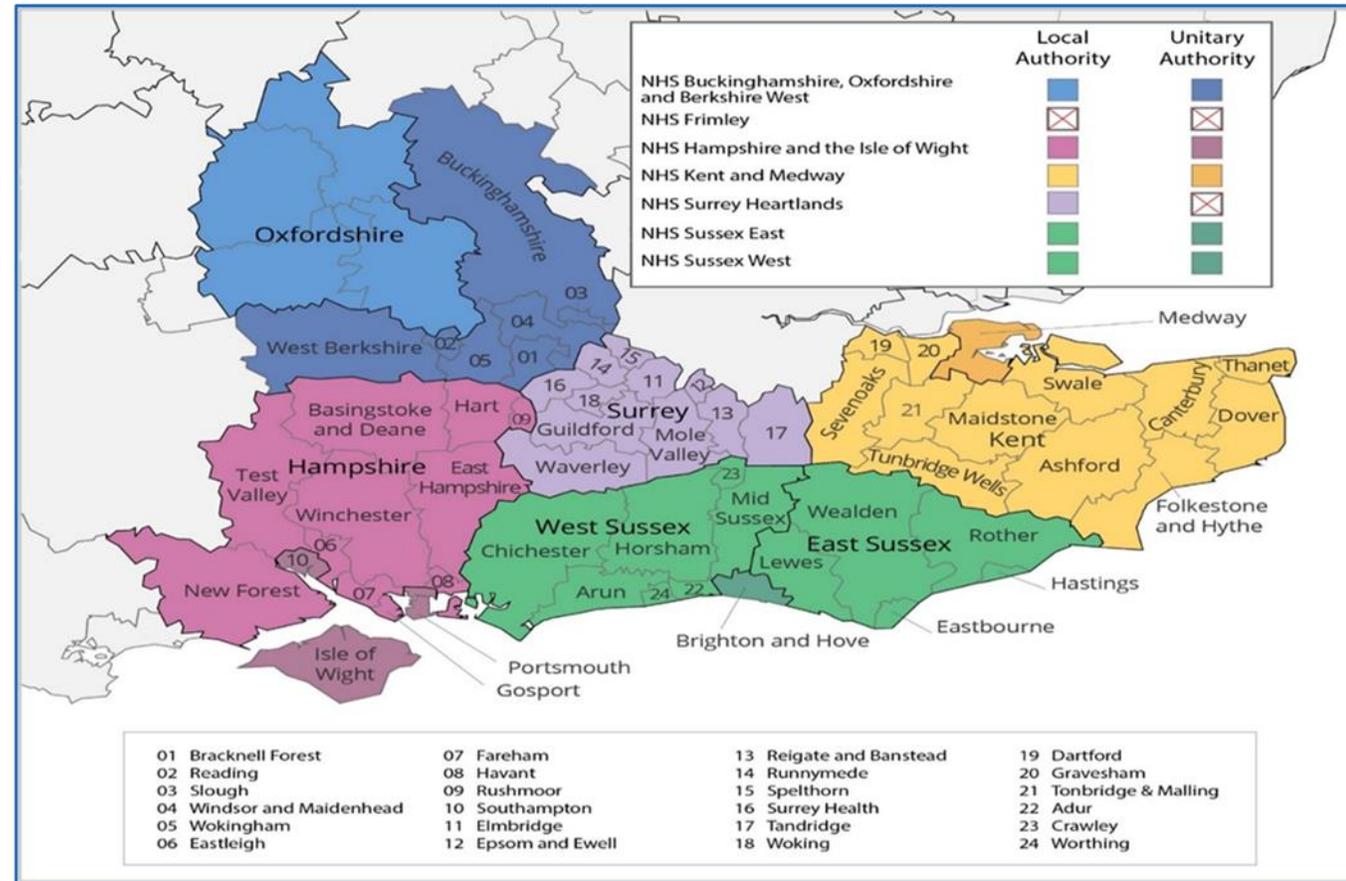
ALIGNS



‘Please support us to **say it once**. Reduce the need for unnecessary repetition.’

Request from those with lived experience and carers.

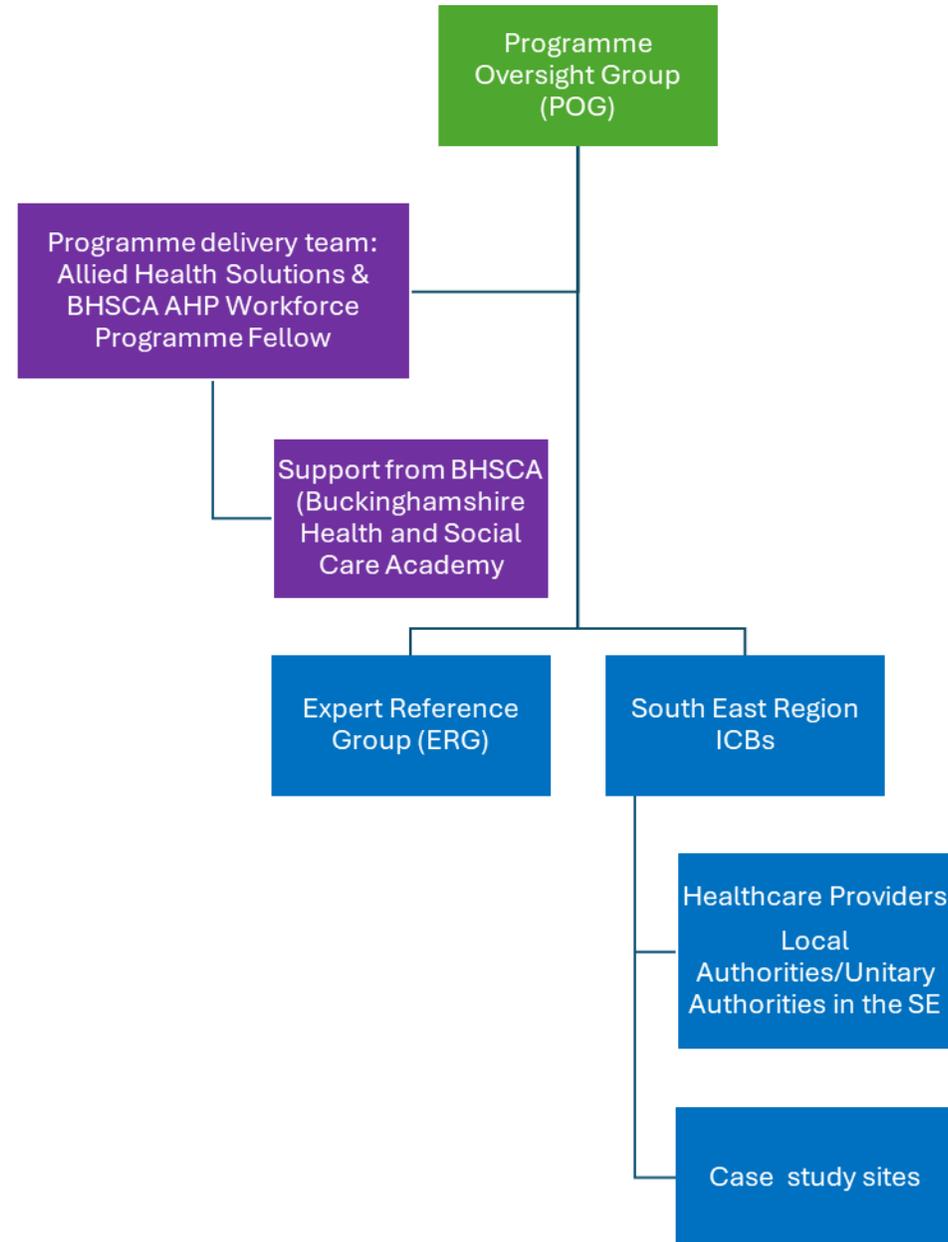
Allied Health Solutions (AHS) in partnership with Buckinghamshire Health and Social Care Academy (BHSCA) delivered this ALIGNS programme, supported by NHS England (NHSE) South East Workforce, Training and Education Directorate.



Project aims, objective & approach

AIMS	OBJECTIVE	APPROACH
<p>This project sought to address two overarching aims:</p> <ol style="list-style-type: none"> 1. To gain an in-depth understanding of the level of maturity of the five dimensions of the AHPs supporting integration framework for each of the six South East regional ICSs. 2. To collect examples of best practice that support integration. 	<p>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.</p> <p>Project focus This work focussed on OTs leading integration across social care and health with a particular emphasis on social care.</p>	<p>Data was collected (March 2024-September 2025) from three different sources:</p> <ol style="list-style-type: none"> 1. In-depth inquiry into how each of the six ICSs in the South East 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. <p>NB: ALIGNS Implementation model on slide 5</p>

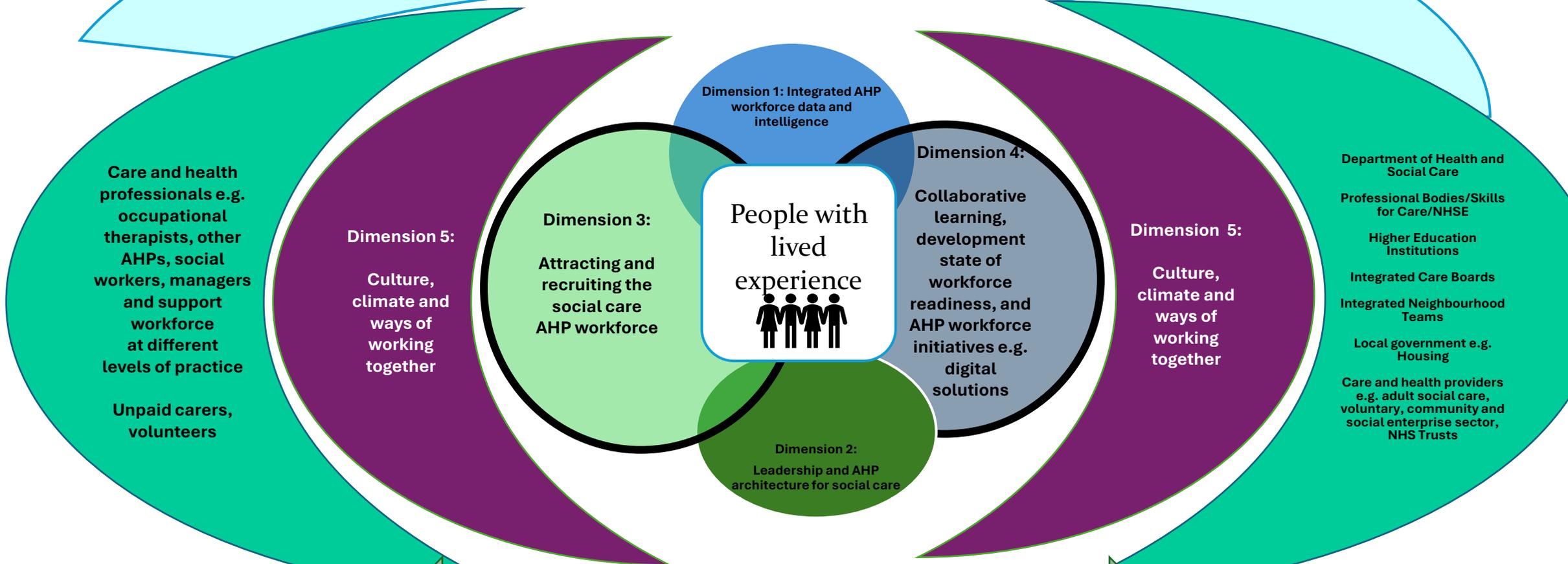
ALIGNS project governance structure



ALIGNS (AHPs Leading InteGration betweenN Social Care and Health) Implementation Model

ALIGNS objective is to support the Allied Health Professionals in the South East to lead on strengthening the integration between Social Care and Health services, with a focus on adult social care, for the benefit of the community they serve.

United approach to preventing and reducing delays
Enabling people to stay physically and mentally well, safe and independent at home for longer
Providing people with the right care and support by the right workforce, who work effectively, across settings,
for the benefit of those who have to access services
Prevention and Care Closer to Home



Pre-Emerging, Emerging, Developing, Maturing

AHPs Leading integration framework

In 2023 NHSE published the AHPs Leading Integration Framework with **5 dimensions** and **3 levels of maturity**.

www.hee.nhs.uk/sites/default/files/AHPs%20Leading%20Integration%202022-2023.pdf .

This framework was the foundation to the approach to the ALIGNS project.

Dimensions



Dimension 1: Integrated AHP workforce data



Dimension 2: Leadership and AHP architecture for social care



Dimension 3: Attracting and recruiting the AHP social care workforce



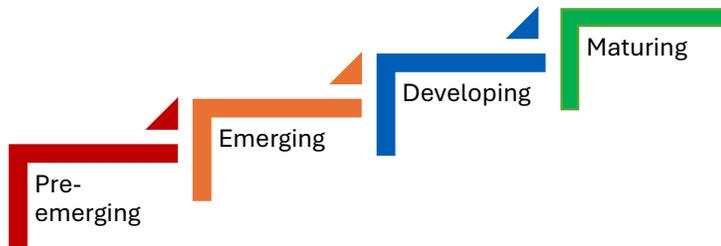
Dimension 4: Collaborative learning, development and workforce initiatives



Dimension 5: Culture, climate and ways of working together

The four levels of integration maturity

- The **3** levels of maturity included in the Framework* are emerging, developing, maturing
- Based on evidence from Nottinghamshire <https://www.wm-adass.org.uk/media/mslnwgik/ahp-project-report-jun-24-final.pdf> ALIGNS added a **4th** level of maturity **Pre-emerging**
- These **4** levels of maturity were used for dimensions 1-5.



www.hee.nhs.uk/sites/default/files/AHPs%20Leading%20Integration%202022-2023.pdf

Pre-emerging

Health and social care AHPs are working separately and areas for developing integrated ways of working are yet to be identified.

Developing

Health and social care AHPs are working mostly in separation, but there are tangible shifts towards integrated working in particular facets of workforce development.

Emerging

Health and social care AHPs are currently working relatively separately but starting to identify areas for developing integrated ways of working.

Maturing

AHPs across health and social care are working seamlessly as 'one workforce' at place-based, system and regional level; working together to navigate workforce challenges and provide cohesive delivery of services.



Findings from dimension 1: Integrated AHP workforce data

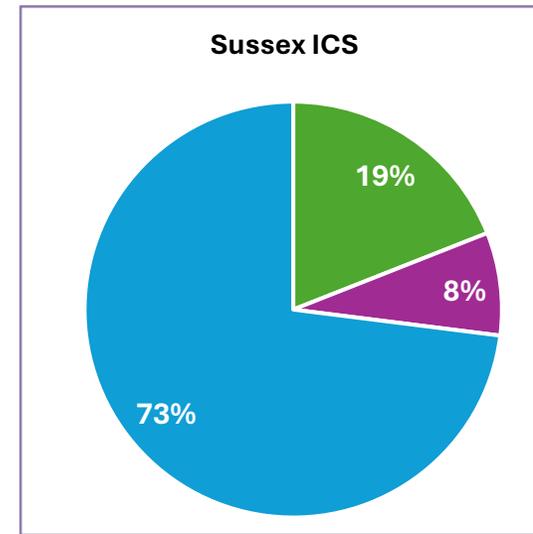
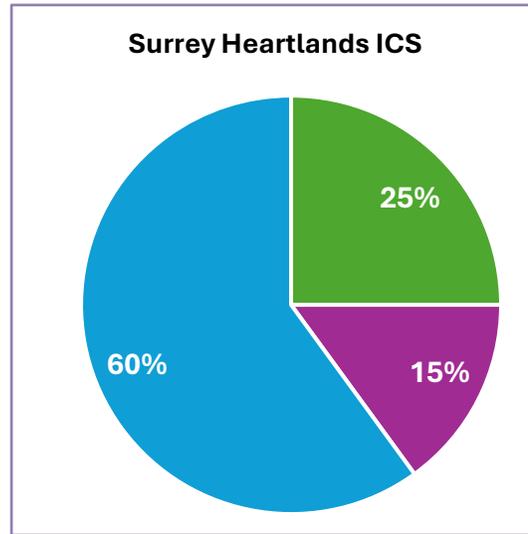
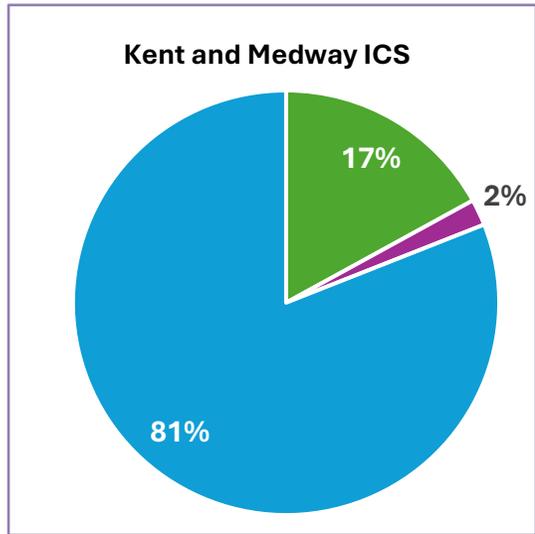
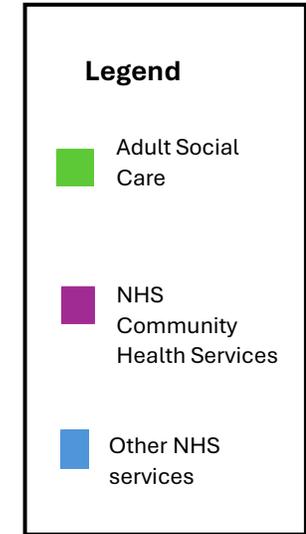
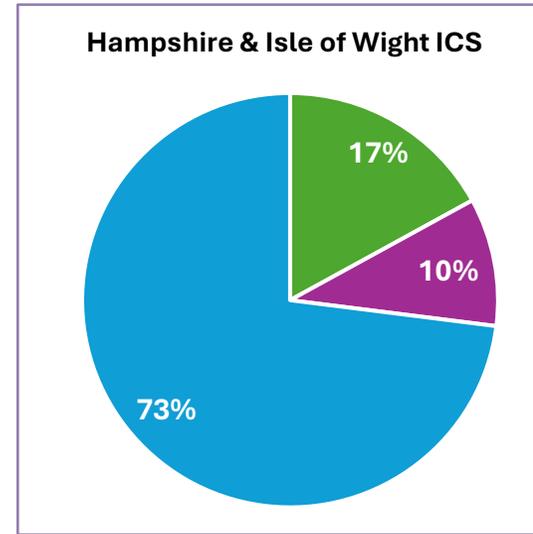
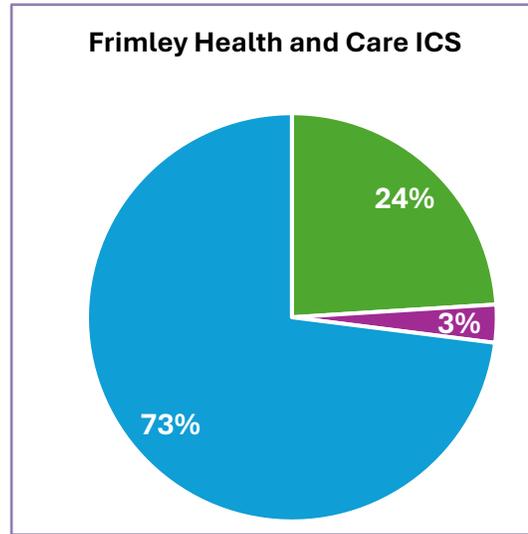
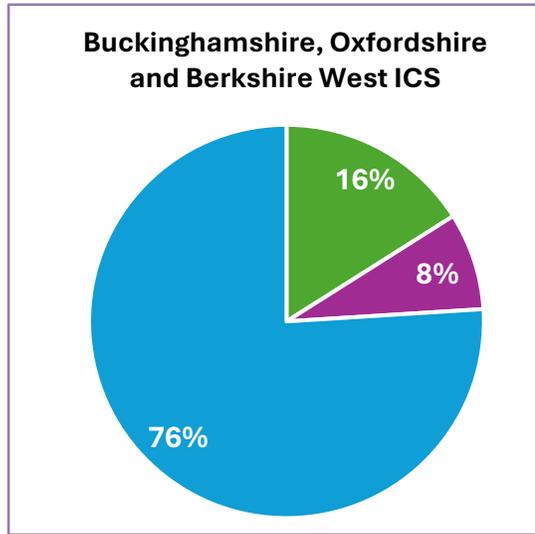
- Population health needs - Significant population health needs by ICS in the South East (slide 9)**
- Distribution of OT workforce - Where the OTs are employed in the South East by ICS – 2025 data (slide 10)**
- AHP workforce data – from social care and health (slides 11&12)**

Significant population health needs by ICS in the South East

Data about population health needs is seldom used to inform occupational therapy services

ICS	Significant population health needs
Buckinghamshire, Oxfordshire, Berkshire West	<ul style="list-style-type: none"> The number of people aged over 65 is expected to increase by 11% over the next 5 years and up to 37% by 2042. The BOB population is suffering with more long-term conditions: more than one in four of the adult population live with more than two long term conditions. People with multiple conditions are more likely to have poorer health.
Frimley Health and Care	One of the key areas of focus is major health conditions, including cancer, stroke, cardiovascular disease, diabetes, and respiratory illness.
Hampshire and the Isle of Wight	<p>More deprived areas see higher levels of heart disease, diabetes, chronic obstructive pulmonary disease and mental health issues. People living in these areas are also more likely to experience not just one, but multiple ongoing health conditions.</p> <p>Outcomes and activity indicate that focusing on cardiovascular disease prevention and proactive care for older people are priorities for the whole health system.</p>
Kent and Medway	<p>The health needs of this population will grow significantly up to 2043, with a higher number and proportion of the population with multiple and complex needs:</p> <ul style="list-style-type: none"> Between 2022 and 2027 frailty (severe) will increase by about 16.3%.
Surrey	Priorities for Surrey are: Vascular (Coronary Heart Disease, Hypertension, Stroke); Dementia; Diabetes; Osteoporosis and Arthritis.
Sussex	<p>The common causes across all our Sussex populations are:</p> <ul style="list-style-type: none"> Respiratory problems Mental health problems Lower backpain and joint problems Cardiovascular disease

Where the OTs are employed in the South East by ICS – 2025 data



This data highlights the **low percentage** of the occupational therapy workforce employed in ICS NHS Community services (range 15%-2%). It also illustrates 25%-16% are employed in social care*.

This does not align with where people with complex needs require occupational therapy support.

*It is important for ICS to check accuracy of their Community data.

AHP workforce data from social care and health

'The AHP workforce data records the numbers but no insight into how the staff are developing as some of the staff are working at the top of their grade.' East Sussex

'Data not always complete, quality needs improvement.' Surrey Heartlands

Level of maturity: **Emerging**

There is concern amongst the Principal Occupational Therapists (POTs) about the accuracy of the Skills for Care (SfC) data, because:

1. AHPs working in Social Care may not work under identifiable AHP role titles.
2. The data doesn't include apprentices
3. The data doesn't specify if the support workers are employed in AHP services.

ALIGNS only identified one POT who inputs directly into the annual SfC data collection.

Workforce data is available through NHSE workforce intelligence portal which includes Local Authority data. However, this information is limited, and POTs do not have a high level of confidence in the accuracy of the data.

Hampshire County Council has mapped their support workforce against the eight domains and competencies of the AHP support workers framework. This mapping was shared across the ICS and used to inform the **Hampshire & Isle of Wight (H&IoW) AHP Support Worker Strategy**.

AHP workforce data from social care and health

Examples of best practice

'The OT lead network developed 'Opportunity Mobility'. OTs who have 'itchy feet' and wish to explore career opportunities are given the chance to experience different services.' H&loW

Level of maturity: **Developing**

Frimley reported holding workshops using NHSE optioneering workforce tool (based on HEE Star <https://www.hee.nhs.uk/our-work/hee-star>) to look at NHS long term workforce plan; current data and different workforce models which would support meeting demand and agree a focus across the system.

Key supply intervention areas were explored:

- Undergraduate supply
- International Recruitment
- Apprenticeships
- Return to Practice
- Retention.

Level of maturity: **Maturing**

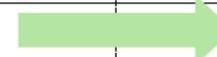
- H&loW undertook an exercise to identify the **OT vacancy and retention profile** across the ICS, this led to an OT roadmap and workforce strategy.

They focused on:

- Career activity
- Early recruitment through university open days
- Band 6 retention
- Exit interviews
- Onboarding themes
- Why OTs feel valued.

Findings from dimension 2: Leadership and AHP architecture for social care

- Principal and Strategic Lead OTs (slide 14)
- OT influence in the services (slide 15)

Organisation	Self-reported level of maturity			
	Pre-emerging	Emerging	Developing	Maturing
Berkshire West				
Buckinghamshire				
Frimley Health				
Hampshire & Isle of Wight				
Kent				
Medway				
Oxfordshire				
Surrey Heartlands				
East Sussex LA				
West Sussex LA				

Leadership and AHP architecture self-reported level of maturity: Dimension 2

The organisations listed either relate to place based-partnerships e.g. Berkshire West; a local authority e.g. East Sussex LA, or an ICS e.g. H&IOW
NB – no data available for Buckinghamshire

Principal and Strategic Lead OTs

'There is a lack of recognition and understanding about the POT role and involvement in LA senior strategic meetings.' (Berkshire West)

- All Principal OTs identify as an AHP Lead within their local authority, but they do not have the same status as the Principal Social Workers.
- The extent to which the POTs/OT council leads are involved in their local ICS AHP Council and AHP Faculty varies and is influenced by the ICS AHP leads.
- Equality, diversity and inclusion are beginning to emerge as a topic for discussion in the Councils and Faculties (Kent & Medway, Frimley).
- All the POTs in the South East are a member of the highly effective national POT network

Suggestions

- Consider setting up an ICS social care and health OT group
- Equality, diversity and inclusion should be business as usual

'The AHP front door team has been a great support in the discharge planning process for hub bed patients. They are approachable, responsive, and work collaboratively, which really helps streamline care. Their involvement often reduces the need for a social worker assessment, enabling more timely and efficient discharges. Overall, their input makes a positive difference and supports better patient flow.' (Oxfordshire)

OT influence in the services

‘Senior leadership is critical for a strategic and sustainable approach to planning and delivering rehabilitation for older people.’ (British Geriatric Society)

‘Why are OTs not both inwardly and outwardly facing?’ Executive Director of Adult Social Services, West Sussex

Examples of how authorities engage in the clinical and care professional leadership principles

Pre-emerging

‘Our Trust invests in doctors and nurses not in therapists.’ (Kent & Medway).

Emerging

*‘Not a priority for social care, It should be included in Social Care Needs Assessments. This is a **gap** in the service.’(East Sussex)*

Developing

‘Head of AHP, AHP Workforce manager and AHP Practice Development lead roles in ICB structure.’ (Frimley)

Maturing

‘We have Principal/ Lead OTs in all four Local Authorities (LAs) who are involved in all AHP strategic decision-making and pathway development through our AHP Council, AHP Faculty and OT Leads network as well as sub-groups like our AHP Support Worker Strategy Implementation Group.’ (H&loW)

	Emerging	Developing	Maturing
East Sussex	POTs utilise these principles, but it is virtually impossible to get the voice of social care heard. Really difficult as two different bodies. Lead AHP roles, in both sectors, are critical key enablers.		
Frimley		We have a Clinical and Care Professional lead (CCPL) at system level - AHP CCPL role.	
H&loW		There was POT representation at recent ICS Clinical and Care Professional Leadership event.	
West Sussex			We have very positive senior leadership training and coaching approach to leadership. The managers/team managers self-assess their needs. There is significant investment designed to improve culture and effectiveness of leadership.

Findings from dimension 3: Attracting and recruiting the AHP social care workforce



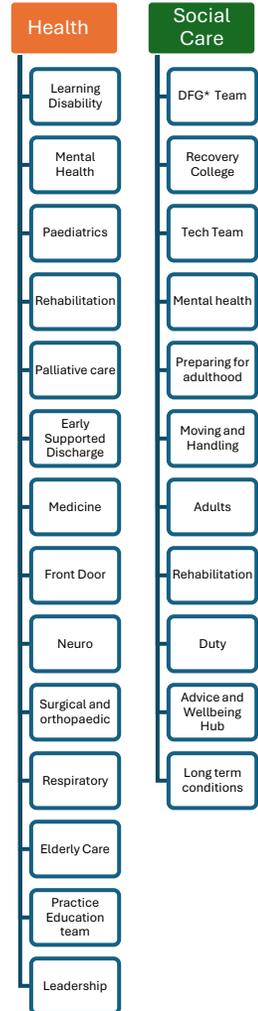
Organisation	Self-reported level of maturity			
	Pre-emerging	Emerging	Developing	Maturing
Berkshire West	→			
Buckinghamshire	→			
Frimley Health	→			
Hampshire & Isle of Wight		→		
Kent	→			
Medway			→	
Oxfordshire	→			
Surrey Heartlands				→
East Sussex LA	→			→
West Sussex LA		→		→

Attracting and recruiting the AHP social care workforce: Dimension 3

The organisations listed either relate to place based-partnerships e.g. Berkshire West; a local authority e.g. East Sussex LA, or an ICS e.g. H&IOW

Occupational therapy student programmes and higher education

Range of occupational therapy apprenticeship placements in Berkshire



‘Because of the diversity of OT roles in health and social care when students graduate, they don't have all the technical skills needed to work in social care and we don't expect them to hit the ground running. This year, both of our apprentices achieved First Class Honours degrees — a remarkable accomplishment that reflects their dedication and the strength of our support’. POT in Reading

Increasing OT student placements

Opportunities to increase OT student placements:

- More adult social care settings
- Better IT access
- Alternative placement models associated with non-traditional OT roles
- Development of a shared/common placement evaluation

Challenges to increasing OT student placements:

- *‘There is a notable impact of OT apprenticeship placements on the direct entry route resulting in fewer direct entry student placements available.’* (Oxfordshire)
- Buckinghamshire, Frimley and Kent and Medway reported an inconsistent uptake of OT student placements in social care.
- Reliance on personal transport to reach some of the placements.
- Uncertainty about eligibility for student tariff.

Apprenticeship programmes

- 354 OT apprentices have trained in the South East since 2018/19.
- Increasingly, organisations are opting for the apprenticeship model, rather than direct entry, to develop the next generation of OTs in social care. Often the decision to have apprentices is made by the service lead rather than strategically directed.
- Expressed concern about the sustainability of the apprenticeship model in Local Authorities, partly because of the small pool of potential applicants and partly because of the demands on the workforce.

Reported benefits of apprenticeship programmes: ‘support workforce retention; strengthen the career progression pathway; with a focus on internal investment the likelihood of long-term retention increases. OT apprentices are more employable as they demonstrate higher level of clinical skills and confidence’. (Berkshire West case study site)

Occupational therapy student programmes and higher education - continued

Promoting OT careers in social care

- Students who have experienced a placement in social care choose this option for their first employment post qualification.
- Further and higher education institutions have a major role in influencing first post destinations.

Level of maturity	Organisation	Activity
Pre-emerging	Wokingham Borough Council	Promotional talks (by OTs and POT) to Further Education (FE) work experience students.
Emerging	Berkshire West Councils (West Berkshire, Reading, Wokingham Borough)	Ad hoc occurrences of work experience for A - Level students (West Berks, Reading and Wokingham Borough Councils). West Berks Council also provide career talks to local secondary schools and FE. This is supported by their talent acquisition team and newly qualified OTs attend career fairs.
Developing	Medway Unitary Authority	Attend FE events to promote OT career opportunities.
Maturing	Hampshire and Isle of Wight	<ul style="list-style-type: none"> ◆ AHP career event aimed at school children ◆ T-Level and A-Level students' event at local FE colleges. Followed up with offers of placements, tester days and work experience. All inclusive of LA AHPs. ◆ System wide engagement in Employability week at HEIs, followed-up with offer of career conversations and shadowing.
	West Sussex	<ul style="list-style-type: none"> ◆ Yearly webinars with Brighton University OT students - <i>The day in a life of an OT in Social Care</i> ◆ Employers meeting – discuss course content ◆ Support students with completing application forms

Staff new to working in social care

The mutual benefit, for staff and services, of rotational posts is recognised but they are difficult operationally:

- No funding to support
- HR considerations
- Workload to arrange and sustain

Preceptorship for OTs in social care

- **No parity with OTs employed in NHSE and social workers employed in social care.**
- OTs employed in NHSE have access **to multiprofessional preceptorship programmes. This is not the case for OTs employed in social care.**
- All newly qualified social workers automatically registered on the fully funded social work **ASYE (Assessed and Supported Year in Employment) programme.**
- Some local authorities focus on developing clinical skills which they contend are not developed during pre-registration programmes.
- **Preceptorship should not retest clinical competence. Instead it should empower the Preceptee to reflect on what they bring to their role and identify support needed to develop their professional confidence.** (HCPC Principle 3)

Preceptorship - continued

HCPC Preceptorship Principle 2

All registrants should have access to a quality Preceptorship programme. It demonstrates the value of individual registrants' health, wellbeing and confidence during times of transition.

In Berkshire West four local authorities are working together to draft a preceptorship programme, aligned to ASYE (social workers' Assessed and Supported Year in Employment), based on the four pillars of practice (professional practice, facilitation of learning, leaders, evidence research and development) described in the second edition of the RCOT's Career Development Framework.

Example of best practice: H&loW's preceptorship charter (effective and inclusive of all AHPs wherever they work)

<p>Infrastructure</p> <p>Work in partnership with Higher Education Institutes (HEI) to introduce preceptorship purpose and objectives during the last year of training.</p> <p>Incorporate expectations and benefits of preceptorship throughout the recruitment process from advert to induction.</p>	<p>Information</p> <p>Create a standard information pack for newly registered AHPs clarifying expectation, purpose, and objectives of preceptorship.</p> <ul style="list-style-type: none"> • Work with individual organisations to identify specific organisational material and identify an effective way this will be shared across the system and with newly registered AHPs.
<p>Programme</p> <p>Work with organisations to ensure that all preceptees commence a programme within two months of their start date</p> <ul style="list-style-type: none"> • Work with Lead AHPs and Preceptor Leads to review context of programmes to ensure multi-disciplinary approach, ideally to be in-person, provide a wide variety of content to ensure relevant and meaningful learnings and reflection. • Provide a 6 to 12-month follow-up to encourage reflection and consolidation of learning. 	<p>Support</p> <p>Produce guidelines on the role of the line manager/supervisor in supporting, and preceptorship learning, and ensure protection of time is prioritised.</p> <ul style="list-style-type: none"> • Develop the AHP Faculty web pages to host AHP preceptorship information, including the outcome from the national AHP preceptorship programme. • Engage with the national programme of training preceptor supervisor with a train the trainer programme and support the transition from preceptee to preceptor. • Consider an annual system wide celebratory event for preceptees.

Career development opportunities for social care OT workforce

- HEI OT programme leads in the SE of England seldom invite OTs in social care to speak to their students.
- Local authorities and the NHS do not recognise each other as similar employers

Post-registration opportunities between social care and health – to learn about the ‘other’ sector’.

Example of best practice: The Kent and Medway ICS Sprint programme for KR 10/Band 6 OT staff

Objectives

- To support recruitment and retention
- To encourage OTs to work across services to increase workforce flow and confidence
- To improved patient outcomes
- To develop the skills needed to work in modern health and social care settings
- To raise awareness for the roles and career pathways within OT
- To deliver a creative and innovative leadership programme
- To provide an opportunity for NHS and social care organisations to form links and build relationships
- To provide an opportunity to influence the way in which OT works across the system

The Sprint



A two-week shadowing experience in Acute, or Community, or Mental Health or Social Care.

‘The Sprint programme was a great opportunity to share experiences across the services.’

Outcome of the programme

50% increase in *strong relationships with a network of Occupational Therapists across different services and organisations.*

AHP support workforce in social care - Berkshire West case study

OT support workforce deployment and development

Favourable circumstances that would enable the AHP support workforce to assist integration:

1. POT leadership, relationships and collaboration across local authorities and OT leads in local NHS provider organisations. An example is the Frimley OT collaborative. The POTs in Reading, Wokingham, and West Berkshire Councils have liaised about developing OT Assistant (OTA) progression pathways.
2. Support and collaboration specific for support workforce development across the system.

Challenges/barriers to the AHP support workforce enabling integration:

1. Wide variation in AHP support workforce education and training, career development opportunities and future workforce pipelines.
2. Capacity and demands of existing workloads impede development of existing OTA workforce.
3. Discrepancy in pay between health and social care (at all levels).
4. Variation in deployment of support workforce role.
5. Differences in language between health/social care e.g. role titles: - Occupational Therapy Assistant, Occupational Therapy Support worker, Social Care Practitioner, present confusion and complexity.

Authority	Number of support workers	Comments about how OT support workforce is deployed and developed
Royal Borough of Windsor and Maidenhead (RBWM) Council	RBWM – 5 x OT Assistants (OTAs) Optalis contracted in for provider services such as intermediate care – 2 x OTAs	<ul style="list-style-type: none"> ◆ All have graded, signed off competencies (like enhanced practice) within their roles. ◆ Promotes support workforce to engage with conferences/CPD etc, even if not pursuing apprenticeship e.g. AHP support worker conferences (Frimley ICS). ◆ Approach to OTA development and improving outcomes: Simpler cases were going to Trusted Assessors at NRS Healthcare, and new OTAs were getting complex cases. This has changed. The Council introduced “blitz days”: 4 visits booked in allowing the integration of OTAs with OTs during visits, allowing OTAs to learn and develop competencies and skills through hands-on experience and collaboration.
West Berkshire Council	3 x OTA 1 x falls co-ordinator and 1 x SCP (Social Care Practitioner)/OTA	<ul style="list-style-type: none"> ◆ OTA roles are less likely (than SCP which are easy to recruit to) to arise and will only do so when the previous person qualifies and moves to a qualified position. ◆ Recruitment is via advertisement/in-reach links with local colleges. ◆ Career talks to local secondary schools and FE, supported by their talent acquisition team and newly qualified OTs attending career fairs, and supporting work experience day (Feb 2025), in some areas this is indicated to be impactful for recruitment of SCPs. ◆ Many of the OT apprenticeship students are from local authorities as the reciprocal model works really well with unregistered workforce in LAs. All OT apprentices recruited internally from the support workforce. Those who have graduated have been retained.
Wokingham Borough Council	3 currently on the OT apprenticeship 1 joining in the summer 1 retiring soon 3 employed as OTAs don't wish to pursue OT apprenticeship.	<ul style="list-style-type: none"> ◆ All start at “grade 5”, and after 1 year in post, demonstrate SCP skills and evidence, portfolio goes to panel and progress to a “grade 6”. ◆ Apprenticeships for unqualified staff have started since. ◆ No progression options other than OT apprenticeship pathway. ◆ Good retention in this workforce. ◆ Enhanced practice: engage in low-level moving and handling due to their experience, with support from qualified OT.

Findings from dimension 4: Collaborative learning, development, state of workforce readiness and AHP workforce initiatives



Organisation	Self-reported level of maturity			
	Pre-emerging	Emerging	Developing	Maturing
Berkshire West		→		
Buckinghamshire			→	
Frimley Health		→		
Hampshire & Isle of Wight			→	
Kent		→		
Medway			→	
Oxfordshire		→		
Surrey Heartlands			→	
East Sussex LA		→		
West Sussex LA			→	

Collaborative learning, development, state of workforce readiness and AHP workforce initiatives self-reported level of maturity: Dimension 4

The organisations listed either relate to place based-partnerships e.g. Berkshire West; a local authority e.g. East Sussex LA, or an ICS e.g. H&IoW

AHP roles and their learning and development needs

The way students are trained is key to integration. Unless students have had placements in the ‘other services’ when they qualify, they are not aware of how those services work.

‘We have staff who work into the transfer of care hub, that is completely integrated.’ Oxfordshire

Authority	Level of maturity	Comments
Berkshire West	Emerging	<p>There is some mutual appreciation of AHP roles across the system, e.g. Berkshire OT conference (for all LA and health OT colleagues) showcasing together good practice and innovation of working together.</p> <p>Challenges:</p> <ul style="list-style-type: none"> • There are six LAs each with a different structure, depending on the locality, which can be difficult to know who provides which service. • Capacity and demand on resources. <p>Enablers:</p> <p>OT professional relationships, connectivity and network.</p>
Buckinghamshire	Developing	The health activities in the Transfer of Care Hub (ToCH) are more mature than in social care. The work of the ToCH helps with the wider understanding of AHP roles. This is evident from the fact that the Home First team, RICC (Rapid Response and Intermediate Care) team and the Health Integration team (HIT) all come together in the ToCH.
	Maturing	Good appreciation of OT roles in social care.
Frimley	Developing	<ul style="list-style-type: none"> • There are programmes of work where teams link together e.g. discharge and flow. • Eight weekly professional collaboration meeting when all health and social care providers attend.
Hampshire & Isle of Wight	Emerging	Developed an OT video: ‘Not what we do why we do it’ to promote and showcase the diversity of OT roles across the system. The library is still being developed and will include LA roles. Myth-busting occupational therapy - YouTube
	Developing	<ul style="list-style-type: none"> • Regular input, at AHP Council, from LA colleagues to understand implications and application of roles within LA. • Some OTs represent adult social care on joint working groups, partnership groups. <p>AHPs can support/ complete: Care Act Assessments, Best Interest Assessments, Deprivation of Liberty Safeguards and some AHPs are approved Mental Health Practitioners.</p>
Medway	Developing	<ul style="list-style-type: none"> • Joint meeting with all OTs across Medway social care and health opportunity to get together. • Continuation of single-handed training is the biggest challenge.

AHP roles and their learning and development needs continued

‘OTs always have to work that much harder to be appreciated.’

Authority	Level of maturity	Level of maturity
Oxfordshire	Pre-Emerging	The way health and social care work is so different, <i>‘it is important to champion adult social care and health rotations’</i> . This should include senior staff.
	Emerging	<i>We often find that when people talk about social care, they talk about social work.</i> <i>We've recently had our CQC inspection and when they sent the original timetable through, it didn't mention occupational therapy.</i>
	Developing	<ul style="list-style-type: none"> • A mutual appreciation of all AHP roles across social care (local authorities) and health (NHS). • There is a constant push for what the OTs do to be appreciated and the importance of actually making clear in the notes the contribution OTs make and when they are signed by an OT. • In the current climate (financial pressures), we have to show that everything we do is so essential and not just desirable. • We are considering recruiting rehabilitation assistants, employed by health, to work in the rehabilitation (social care) pathway. • Work ongoing to integrate more in the Community/Intermediate Care. • We've still got some work to do in terms of the crossover points, integration and seamless delivery, particularly between community and intermediate care. • There is still duplication between community therapy services and social care. • It is important to extend skills and knowledge to improve service efficiency and outcomes; and to understand more about the extent to which tasks/ roles other professionals perform that could be undertaken by different AHPs in social care.

AHP roles and their learning and development needs continued

Levels of maturity about understanding AHP workforce learning and development needs self-reported

Learning and development needs best practice – H&IOW maturing
 AHP faculty OT roadmap and workforce strategy
 Opportunity mobility
 OT contribution mapped to identified service needs
 OTs in social care train and support others

Organisation	Self-reported level of maturity			
	Pre-emerging	Emerging	Developing	Maturing
Berkshire West				
Buckinghamshire				
Frimley Health				
Hampshire & Isle of Wight				
Kent				
Medway				
Oxfordshire				
Surrey Heartlands				
West Sussex LA				

State of AHP workforce readiness for future care

The experienced community-based OTs are frustrated because they are not permitted to carry out a basic observation on a patient when they are out in the community.

In Medway there is a signed agreement between social care and health which promotes support staff to work together.

'To achieve intersectoral collaboration, about workforce and succession planning, requires an electronic passport of competencies, starting with newly qualified practitioners.'
POT East Sussex

AHPs' unique selling points

Emerging: OTs have the knowledge and skills to reduce admission to hospital and calls to the ambulance services. However, they do not always articulate these clearly (Kent).

Developing: OTs are all enabling, person-centred, broad problem-solving that is unique to individuals they are supporting (Berkshire West).

Maturing: OTs are specialists in major adaptation, deprivation of liberty and understanding the importance of occupation (East Sussex).

Extending skills and knowledge of AHPs to improve service efficiency and outcomes.

Pre-emerging: **proactively recruiting rehabilitation assistants**, the premise is that a case could be assessed initially by a clinically registered professional and then the day-to-day intervention could be delegated to an assistant (Oxfordshire).

Developing: Upskilling other AHPs to become Approved Mental Health Practitioners (AMHPs) (Buckinghamshire).

Maturing: OTs are carrying out activities under the Care Act, however, *'OT time needs protecting'* (Berkshire West).

Enhancing the skills of others to improve outcomes

Emerging: Upgrading competencies of OTAs (Occupational Therapy Assistants) (Berkshire West).

Developing: Sharing information about what OTs do; work alongside social work colleagues to utilise a strength-based approach (H&IOW).

Maturing: OTAs trained to be Trusted Assessors (Surrey Heartlands). Multidisciplinary teams supported by OTs to prevent, reduce and delay before determining the need of the service user (West Sussex).

Skills of other professions which can enhance the encounter of those with lived experience

Maturing: POTs and Principal Social Workers **jointly produce easy to read information** (West Sussex).

Joint and equitable access to learning

The extent to which organisations share skills and knowledge varies. To enable joint and equitable access to learning, there should be a funding model developed by the Chief AHP whereby social care and health pay an agreed amount to enable joint and equitable access to learning.

Joint and equitable access and availability of all relevant learning and development opportunities across health and social care at place-based system level.

- **Berkshire West** – no joint and equitable access.
- **West Sussex** – Social care OTs are not excluded from health courses, however, the content and learning outcomes not so relevant.
- **H&IoW** – there is joint and equitable access and availability of all relevant learning and development opportunities across health and social care.

Joint and equitable access and availability of all relevant learning and development opportunities across health and social care at regional system level.

- **West Sussex** – Moving and Handling Principles of Practice shared with colleagues, including health, across the region.
- **H&IoW** – learning offer applies to all employed across the region.

Collaborative practice education and practice-based learning models across local authorities and NHS organisations.

- **West Sussex** – Moving and Handling Principles of Practice shared with colleagues, including health, across the region.
- **H&IoW** – learning offer applies to all employed across the region.

Link between learners' placement and recruitment (Skills for Care).

'We know there are challenges for social care organisations in recruiting occupational therapists. We also know there is a link between where learners (apprentices and students) undertake their pre-registration placements and the settings they then practice in. An increase in placement opportunities is one solution to broadening awareness and experience of the role of occupational therapy within social care.'

Shared knowledge and skills

Enhanced practice

The concept of enhanced practice is not well understood and there is not much interest in developing it strategically.

Health Sciences University and Coventry University offer programmes leading to an award in Enhanced Practice – there is no readily available data about the uptake from AHPs working in social care.

Emerging opportunities:

H&IoW:

- proportionate care across health and social care
- Intermediate care and reablement

Developing opportunities:

H&IoW also reported developing opportunities

1. At a system level, that are shared with local authority colleagues through the AHP Council and Faculty.

Examples include:

- community upskilling programme
- allyship training
- patient and public involvement training

2. AHP Faculty workstreams to develop advanced practice education and leadership pillars.

Advanced practice

There is a paucity of reported advanced and consultant practice in social care across the South East. Only East and West Kent reported that they have a consultant AHP who works across health and social care. This practitioner works in neurology.

*‘Currently there is no appetite for enhanced or advanced practice, although some staff are working at an enhanced level of practice ‘
Berkshire West*

*‘Further consideration should be given to the appropriate governance for the different pillars of practice.’
H&IoW*

Place-based integrated workforce initiatives

Example of best practice: Home First Support Workforce - Kent Community Hospital

The CEO in Kent Community Hospital FT is very proud of the Home First Support Worker (HFSW) development in Kent Community Hospital. This role was jointly developed with Kent County Council and is delivered by the KCHFT and KCC health and social care partnership service. Within two weeks of appointing the first cohort of HFSWs the Trust had employed forty in this role. However, based on the success of this new workforce the Trust has increased the number to seventy. The HFSW is an attractive post that supports integrated care, with better pay than domiciliary care workers and a greater career structure with the potential to progress to an apprenticeship role. They have no difficulty in recruiting to these posts.

Kent Community Hospital Foundation Trust in partnership with Kent County Council

Kent Community Hospital Foundation Trust and Kent County Council jointly developed the new **Home first support worker** role. This new workforce has significantly reduced the number of daily care packages, with a 56% reduction in the frequency of day care required.

Medway (social care and health)

Share double-handed training and are exploring single-handed care.

Royal Borough of Windsor and Maidenhead

Developing a competency framework for OTs and social workers which has an emphasis on integrated practice and prevention.

East Sussex

The local reablement service is jointly funded domiciliary care and therapy provision with a focus on admission avoidance and expedited hospital discharge.

Integrated workforce Initiatives

KENT and Medway

Transfer of Care Hubs funded by Better Care Fund

Transfer of Care Hubs in the county improve joint working across the acute, community health, social care and voluntary and community sectors in relation to discharge planning.

AHP Director of Integration in Kent and Medway

This role is essential to the NHS person-centred care initiative of 'What matters to me'. The successful Director of Integration engaged the service leads and invited them to reflect on what they were doing that resulted in the people who used their services being 'caught in the middle'.

Ideally somebody working in this type of role should have experience of working in several different sectors i.e. social care, health, VCSE (Voluntary, Community and Social Enterprise).

Frimley

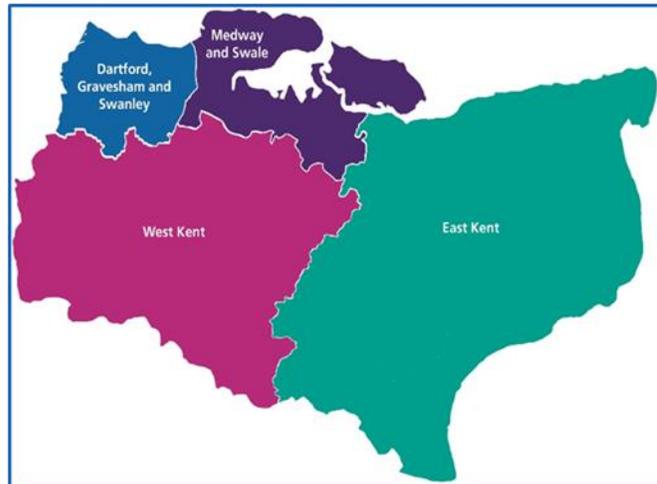
ICS AHP led collaboration

The Frimley ICS AHP team encourage collaboration between social and health care representatives within the system at AHP Board and AHP Workforce Sub-board meetings. There are also programmes of work such as proportionate care, discharge and flow where all representatives are invited to attend and collaborate.

Integrated workforce initiatives at Kent and Medway case study site: Deep dive into approaches to Proportionate Care and Trusted Assessment

The different approaches to Proportionate Care (PC) and Trusted Assessment (TA) across eight organisations in Kent and Medway (two social care and eight health).

The current approach to PC is unsustainable and the TA development is ongoing.



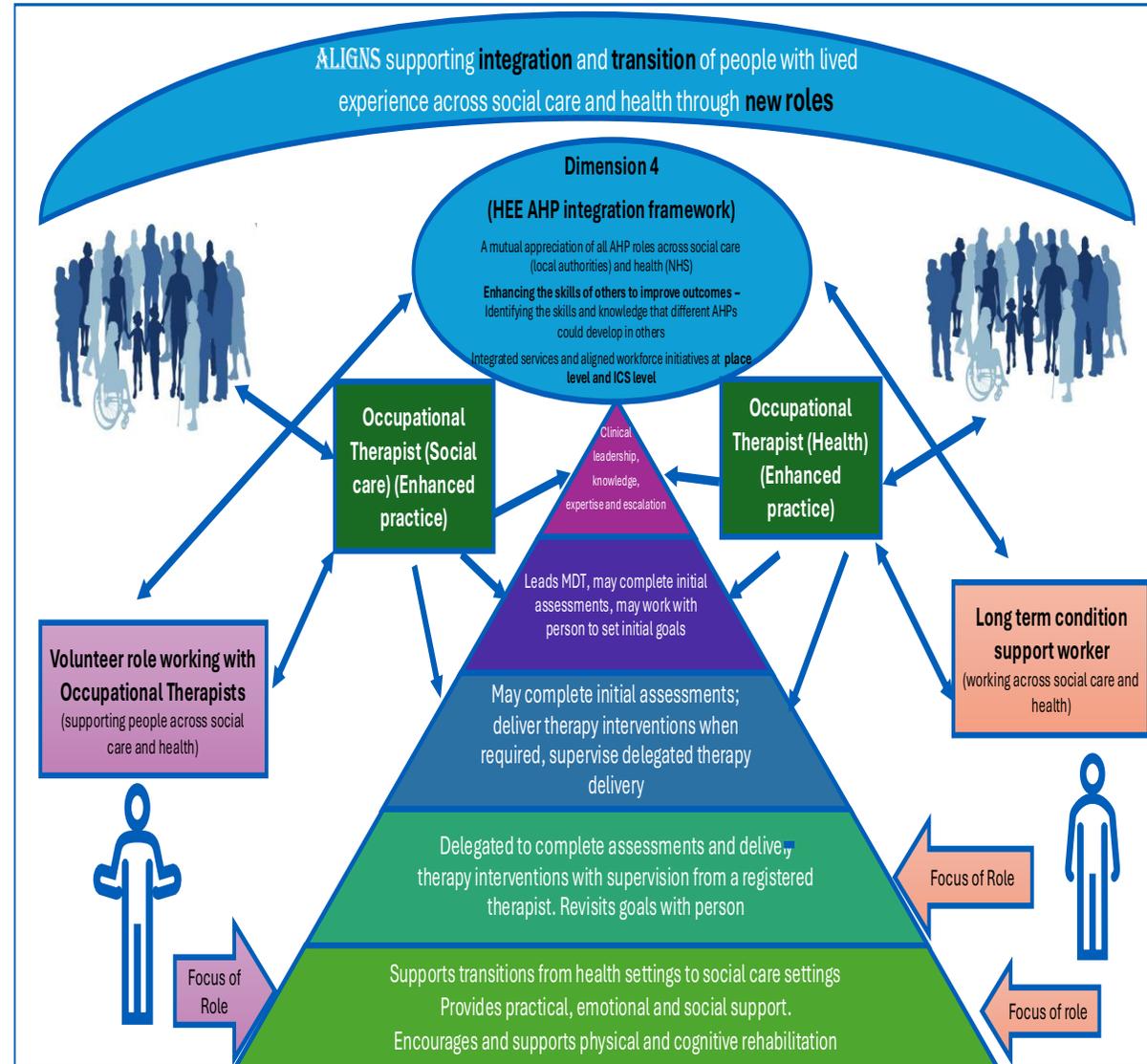
Aspect of workforce initiative	Proportionate Care (PC)	Trusted Assessment (TA)
Approach to governance	3 organisations have a clear strategic approach to PC governance, 1 under development. 2 organisations have a strategic approach as to who should be trained to deliver PC.	5 organisations have a clear approach to TA
Model of delivery	7 organisations reported a similar approach: <i>Maximising the person’s abilities and strengths with their support needs, while ‘minimising risk’.</i>	Model A/All Trusted Assessors (Ta) are trained to assess and prescribe minor equipment and adaptations. Model B/Acute hospital staff send detailed referrals including goal setting, moving and handling plans etc. Model C/ Equipment provision –Ta use the Kent and Medway Care Record.
Background	The responding organisations have taken a very carefully considered approach to delivering PC. For some this has been over a long period of time, and they have refined their approach, for others it is a more recent development.	
Staff who deliver the service	Regulated OTs are the main group who deliver proportionate care.	OTs are the key professional group involved in TA.
Formal training of staff	The two social care providers and three of the health care providers reported that they enable their staff who deliver PC to be formally trained.	The responding organisations offer a variety of formal or informal training for TA.

Integrated workforce initiatives at Kent and Medway case study site: Deep dive into approaches to Proportionate Care and Trusted Assessment continued

Aspect of workforce initiative	Proportionate Care (PC)	Trusted Assessment (TA)
Model of educating and training the staff	The two organisations, who reported using external training providers, use either A1 Training Solutions or a local organisation - OT4Independence.	i.2-day training course provided by NRS Healthcare ii.Competence set developed and signed off internally
Approach to assessing these staff	Annual assessment of competencies.	Internal assessment reviewed annually.
Benefits of delivering the model of care	<ul style="list-style-type: none"> • Benefits for those with lived experience • Potential for improved efficiency • Improved working relationships across the multi- agencies including the private sector • A more proactive effective service 	
Challenges of delivering the model of care	<ul style="list-style-type: none"> • The persons' and carers' reluctance to have perceived reduced quality of care • Reticence of care provider agencies • Maintenance of specialist training with high staff turnover • Staff confidence • Limited funding • Liaison with social work colleagues to facilitate assessment • Time pressures to undertake all the necessary assessment, reviews and implementation 	
Evidence of the effectiveness of the model		Two organisations reported that data is collected to help with decision making; business case development, and problem solving. It also helps to develop a greater understanding of the development of the system/care processes, and to understand the needs and expectations of those with lived experience. It is also a better use of public funds and leads to better outcomes for the people they work with.

Potential for new roles to support integration:

1. enhanced practice (slides 35-37)
2. volunteers (slides 38&39)

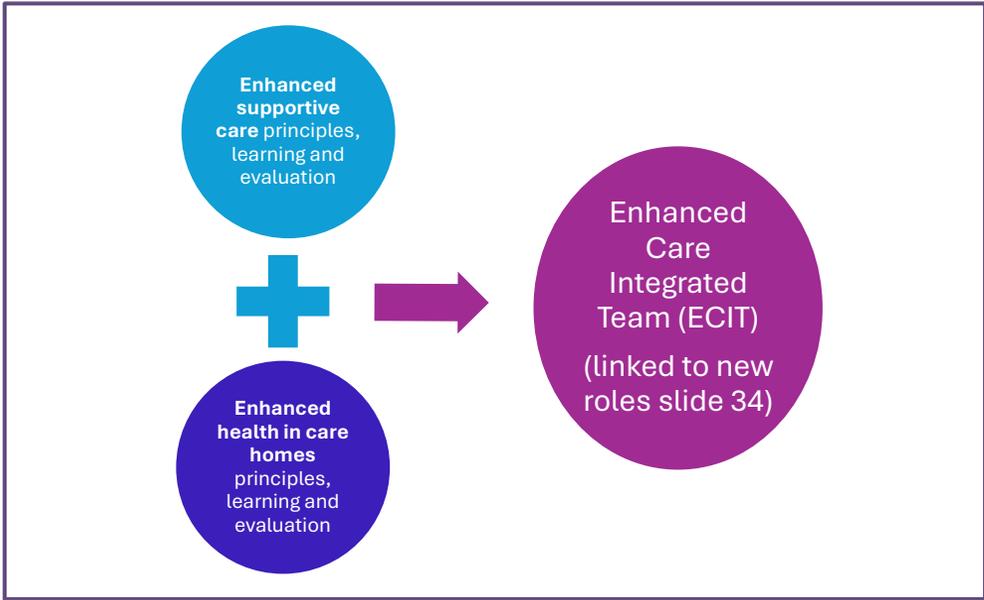


Enhanced level of practice

'A lot of staff (regulated and non-regulated) are working above their recognised level of practice'.
Medway

Buckinghamshire case study site developed a **proof of concept** to understand the potential of **Enhanced Practice as an enabler to AHP integration**.

Enhanced Care Integration Team (Proof of Concept)



Principles for an Enhanced Care Integration Team (ECIT) are drawn from two existing care models:

1. Enhanced Supportive Care (Monnery D, Droney J. Enhanced supportive care. Br J Hosp Med (Lond). 2024 Mar 2;85(3):1-8. doi: 10.12968/hmed.2023.0416. Epub 2024 Mar 27. PMID: 38557099)
2. Enhanced Health in Care Homes <https://www.england.nhs.uk/community-health-services/ehch/>

Enhanced Supportive Care (ESC) principles	Enhanced Health in Care Homes (EHCH) principles
<ul style="list-style-type: none"> • Earlier involvement of supportive care services • Supportive care teams that work together • A more positive approach to supportive care • Cutting edge and evidence-based practice • Technology to improve communication • Best practice in integrated care 	<ul style="list-style-type: none"> • Personalised care: <i>'What matters to me?'</i> • Co-production and collaboration • Quality: Using research, innovation and evidence-based practices to drive and sustain improvements • Strong collaborative leadership: local, regional and national level • Digital technology as a key enabler

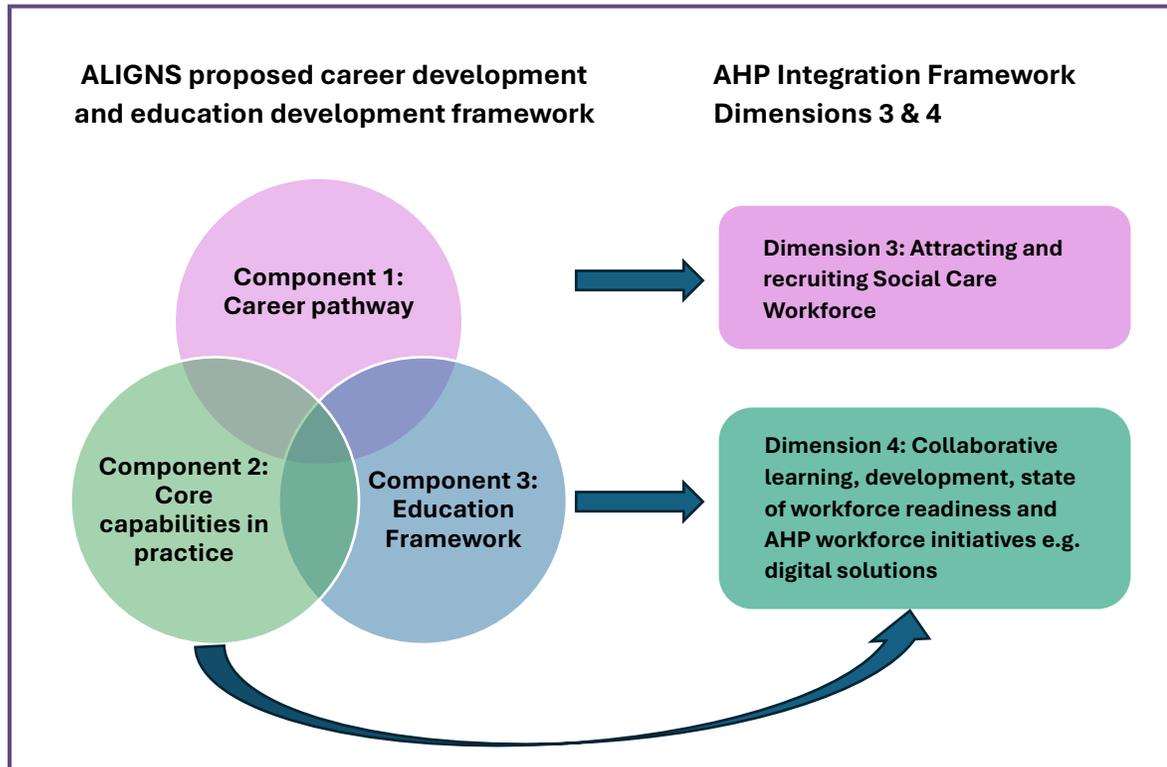
These principles were tested with 3 teams:

1. Rapid Response and Intermediate Care which includes Urgent Community Response
2. Home Independence
3. Home First

Enhanced level of practice continued

ALIGNS career development and education development framework.

Buckinghamshire case study site also explored whether an ALIGNS career development and education development framework (based on ACCEND*) could be designed to support enhanced practice.



Benefits of a proposed ALIGNS career development and education development framework

- Attract Allied Health Professionals into a career in social care and health with a focus on AHP led integration.
- Develop and promote a nationally agreed, multi-level, multiprofessional education framework and career pathway for AHPs aspiring to work at all levels of practice (supportive, assistive, pre-registration, enhanced, advanced, consultant) which supports the delivery of 'One Workforce'.
- Enable employers to deliver high quality services to local populations, support workforce transformation, and promote health and wellbeing of staff.
- Develop, design and provide access to contemporary pre and post-registration education, learning and development opportunities and placements that will underpin the knowledge, skills and competencies required for their role/service, wellbeing and career aspirations.
- Develop AHP workforce capabilities that are fit for the future within integrated social care and health teams that are experiencing increased demand and complexity, rapid change and advancements in how support and care are delivered.

***ACCEND** Aspirant Cancer Career and Education Development programme | NHS England | Workforce, training and education

Enhanced level of practice – the findings

Enhanced Care Integration Team

- There are a number of limitations when considering a proactive ECIT care model e.g. bed pressures and the need to focus on discharges rather than prevention of admissions.
- Some of the evidence used to inform the ECIT proof of concept was less clear when tested in the three teams, including: true co-production and collaboration with those with lived experience.
- a lack of integrated IT systems to be able to see and input into a patients care record.
- teams were either hosted by health or social care and were not fully integrated across social care and health although there was evidence that teams worked closely together to support patients with different needs.
- Team leadership was either AHP or social worker led. In one team the lead for the team had worked as a social worker in the local council for over 10 years before moving to lead the current team hosted by the acute NHS Trust. It was encouraging to hear that the teams were part of ongoing discussions about their involvement in the emerging Integrated Neighbourhood Teams.

ALIGNS Career development and education development Framework

- Different competency documents and different frameworks reported as being used in teams for different staff.
- Levels of practice of staff is a phrase not commonly used particularly in social care as this concept originated in health. The only levels of practice mentioned were supportive, assistive and registered staff. There was also evidence from previous community readiness work, where the meaning of terms such as enhanced practice were reported as not well understood. In a recent national survey about ACCEND 30% of the 2000 respondents advised they could identify their level of practice.
- Enhanced care workers were not included in any of the teams. However, they could be considered as these are new roles that have been piloted recently by Skills for Care.
- There was limited evidence of core capabilities across leadership and collaborative practice; developing evidence-based practice and improving quality; service evaluation and educating and developing themselves and others. There was some evidence of career pathways for staff. However, to ensure equity of provision the pathway should be clearer.

Suggested next steps

1. Co-production and collaboration with those with lived experience should extend beyond the use of feedback surveys. People with lived experience could have a greater role in supporting and advising on the design, development and delivery of the services provided by the teams. Patients are asked, multiple times, for information rather than simply 'saying it once'. This needs to be considered in any future service developments.
2. Use research findings, innovation and evidence-based practices from previous work to drive and sustain improvements across social care and health teams.
3. The access and use of IT systems to both view and input into peoples' health and care records across social care and health is critical for all teams and should be applied more to enhance efficient and productive ways of working.
4. The use of one multiprofessional competence and capability framework, including an education framework and career pathways, across NHS and social care, which includes levels of practice to inform skill mix in teams should be considered. The ACCEND framework and associated programme of work is an example of how the principles from this proof of concept could be used to strengthen AHP led integration across social and health.

A role for volunteers to support OTs with the transfer of care with assistance from social care teams

The Head of the Faculty of Volunteer at Buckinghamshire Health and Social Care Academy worked with the ALIGNNS team to ascertain the extent to which volunteers can 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.

The object of this project was to: create a new volunteer role(s), with agreed responsibilities; evaluate the role(s) and assess sustainability.

ALIGNNS volunteer roles – to enhance the service user experience, and complement and support the work of paid members of staff (particularly AHPs).

The Head of the Faculty of Volunteer at Buckinghamshire Health and Social Care Academy worked with the ALIGNNS team to ascertain the extent to which volunteers can 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.

The objective of this project

To create a new volunteer role(s), with agreed responsibilities; evaluate the role(s) and assess sustainability.

ALIGNNS volunteer role 1 – Rehabilitation support volunteer: Volunteers to help Occupational Therapy and Physiotherapy teams in an in-patient hospital environment for service users needing additional support before transitioning home.

ALIGNNS volunteer role 2 – Wellbeing check-in volunteer: Volunteers to help integrated teams supporting service users transferring from acute hospital to community/home settings.

ALIGNNS volunteer role 3 – Rehabilitation at home volunteer: Volunteers to help physiotherapy and occupational therapy teams by supporting service users to complete prescribed rehabilitation activities once transferred from acute to community settings.

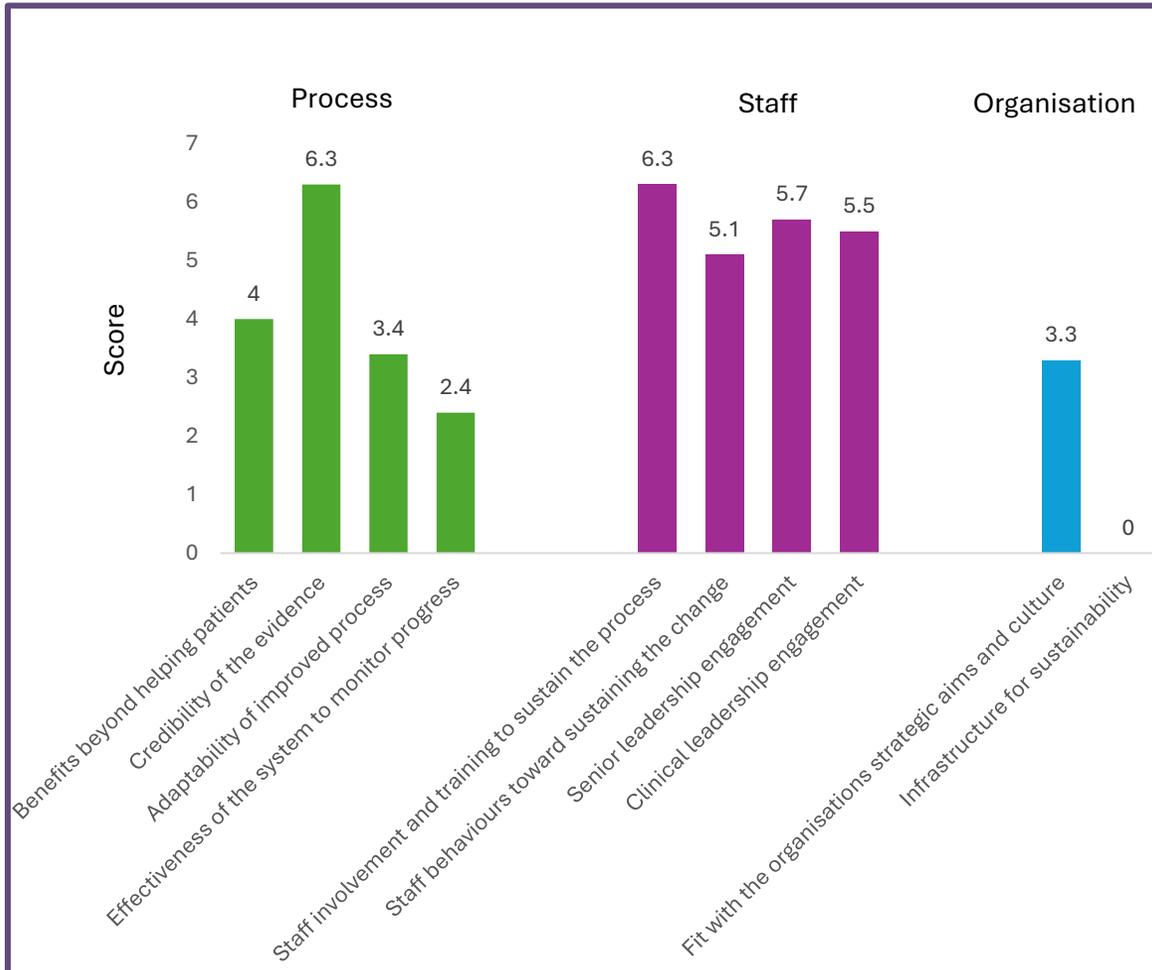
For access to the full end of project report see [ALIGNNS+volunteer+activity+-+project+report+v4+August+2025+\(final\).pdf](#)

To develop these roles the following should be in place:

- Existing partnerships with representation from social care, AHPs, and the voluntary sector.
- Robust organisational policies and procedures for involving volunteers.
- Capacity and capability to engage in co-production with people with lived experience.
- Existing relationships and engagement with adult social care teams.

Sustainability of ALIGNS volunteer roles

Assessed using the NHS sustainability model <https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/NHS-Sustainability-Model-2010.pdf>

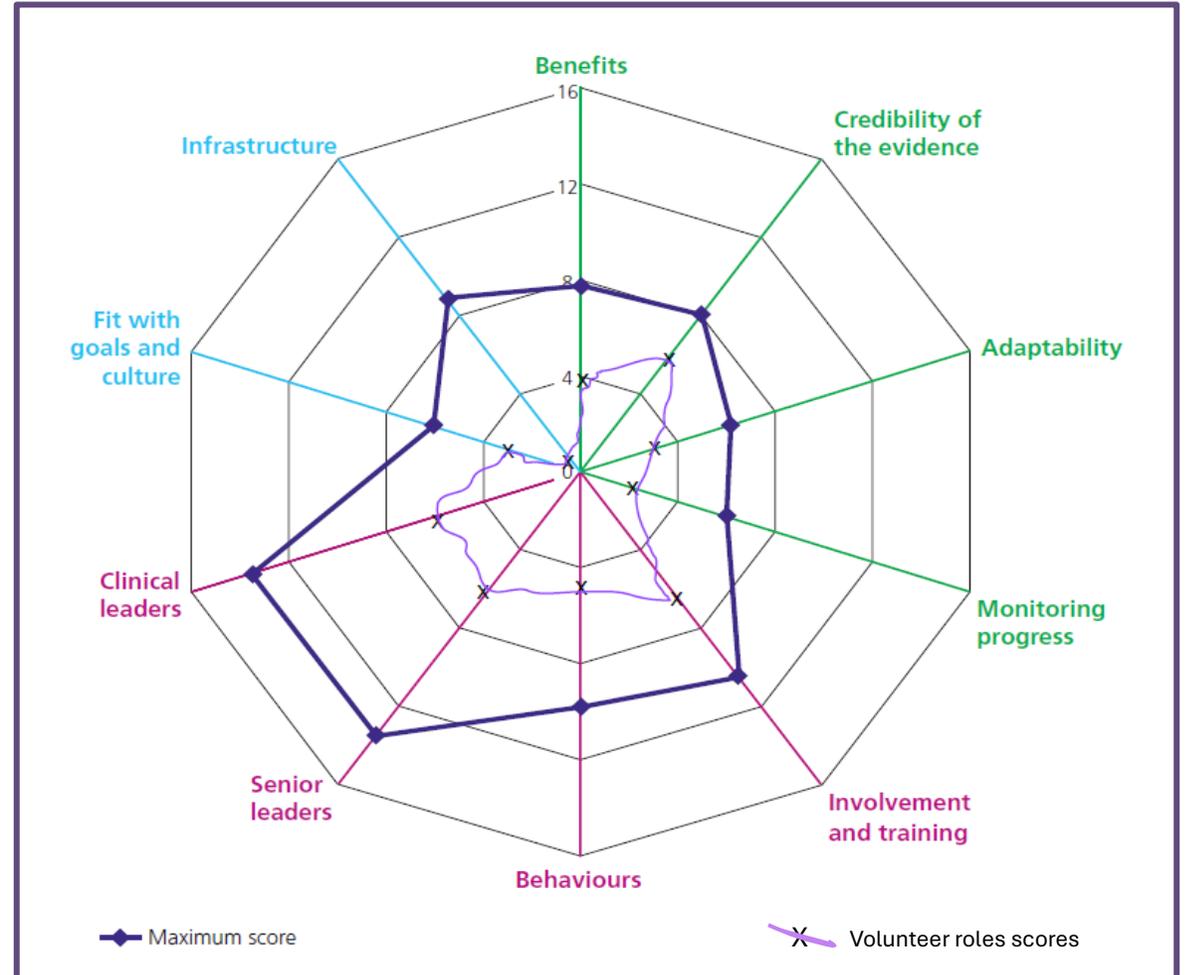


ALIGNS volunteer workstream scores for the three facets of the Sustainability Model
a) Process b) Staff c) Organisation

Total aggregated maximum score in the model is 52.4

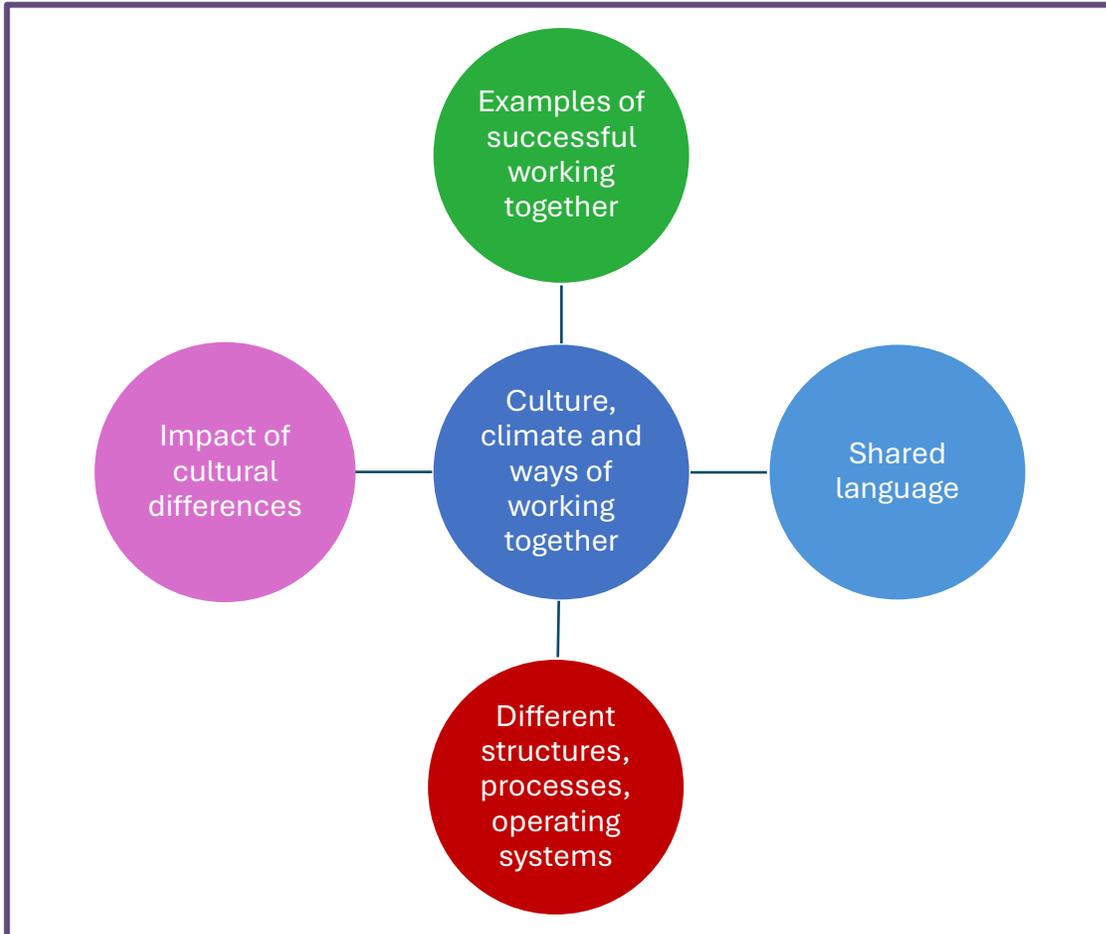
Volunteer score is 42.

NB For sustainability this initiative would need to fit with organisational goals and have appropriate infrastructure in place.



Portal diagram of ALIGNS volunteer workstream scores compared to maximum scores for each criterion of the model

Findings from dimension 5: Culture, climate and ways of working together



Organisation	Self-reported level of maturity			
	Pre-emerging	Emerging	Developing	Maturing
Berkshire West	[Dark Green Arrow from Pre-emerging to Maturing]			
Buckinghamshire	[Light Green Arrow from Developing to Maturing]			
Frimley Health	[Pink Arrow from Emerging to Developing]			
Hampshire & Isle of Wight	[Purple Arrow from Emerging to Developing]			
Kent	[Dark Blue Arrow from Pre-emerging to Maturing]			
Medway	[Light Blue Arrow from Emerging to Developing]			
Oxfordshire	[Light Green Arrow from Developing to Maturing]			
Surrey Heartlands	[Red Arrow from Emerging to Developing]			
East Sussex LA	[Red Arrow from Emerging to Maturing]			
West Sussex LA	[Orange Arrow from Emerging to Maturing]			

Culture, climate and ways of working together self-reported level of maturity: Dimension 5

The organisations listed either relate to place based-partnerships e.g. Berkshire West; a local authority e.g. East Sussex LA, or an ICS e.g. H&IoW

Shared language

Language differences between social care and health self-reported level of maturity

‘Language shapes the way we think about and behave in health and social care.’ TLAP (Think Local Act Personal)

Oxfordshire The Home First team co-produced a patient discharge leaflet with the acute, voluntary sector, and end users in different ward settings. The leaflets were carefully reviewed across the system. Shared systems support encourages the use of same language.

Pan-Sussex rehabilitation and reablement group uses shared language. The terms: person centred, needs-led strength-based are being used more and more.

Authority	Level of maturity	Comments
Berkshire West	Pre-emerging	There is no shared language, this complicates what each other does and impedes progression of work. Example: NHS employment Bands/ social care grades of workforce.
Kent County Council and Medway Unitary Authority	Emerging	The TLAP language hub is very helpful. The staff who work in health are very influenced by the medical model e.g. there is a big difference in the language used for single handed/proportionate care. Different language does not mean different ways of working. Patient stories are key whatever the language differences. The different employment terms e.g. KR10/Band 6 does not help the people with lived experience/patients.
Oxfordshire	Emerging	The junior staff in social care and those working in health find it particularly difficult.
	Developing	Staff in social care understand the language used in health more readily than their counterparts in health understand terms used in social care. Staff who have worked in health previously and are employed in social care find it much easier.
Hampshire & Isle of Wight	Developing	Both health and social care AHPs recognise that there are separate languages and are trying to bridge the gap.
Buckinghamshire	Maturing	Complete acceptance of differences, understand across health and social care AHPs what is meant e.g. patient/service user etc. It is not a barrier for staff but can be a problem for the residents.
East Sussex	Maturing	Differences are acknowledged and staff seek clarification. This was important to the CQC who sought assurance about legal literacy and language e.g. people we work with.
West Sussex	Maturing	This is one of the first things we discuss when setting up a new project.

How different teams interconnect

‘Those who work in mental health services have a greater understanding. This is because the links between the teams are stronger. This reduces duplication, there is a clear understanding of the roles and who to refer to. The enabler to strengthen the understanding is good interpersonal relationship between the teams.’ (Berkshire West)

Organisation	Self-reported level of maturity			
	Pre-emerging	Emerging	Developing	Maturing
Berkshire West				
Buckinghamshire Council				
Buckinghamshire Healthcare Trust				
Frimley Health				
Hampshire & Isle of Wight				
Kent County Council				
East & West Kent (health)				
Medway				
Oxfordshire				
East Sussex LA				
West Sussex LA				

Level of understanding of different processes, structures and implications

The statutory guidance from the DHSC (updated 2024) about hospital discharge and community support*, sets out how health and care systems should support the safe and timely discharge of people who no longer need to stay in hospital.

This guidance, which requires both the NHS and social care to **jointly develop** new ways of working on the discharge of patients from hospital, should **lead** to new ways of working. However, the current position is that the level of maturity for organisations in the South East is still **emerging** or **developing/maturing**.

*<https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance>

The implications of different structures

'We only want to say it once' a plea from those with lived experience and their carers.

The social care model and medical model result in different structures for those who deliver, and those who use the services. The lack of visibility, access to each other's data systems and lack of joint data often lead to those with lived experience repeating information and/or staff duplicating assessments.

Effect on productivity

IT systems (social care and health) do not interact which results in different patient information recording requirements.

Impact of rigid approach to care

1. Significant impact on service users' care
2. Unmet and escalating needs
3. Pressure and additional financial burden on both social care and health systems.

Colleagues in H&loW suggest that *'more visibility of information across the system would help. 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'*.

Cultural differences between social care and health

In 2025 the Care Quality Commission (CQC) updated its guidelines about culturally appropriate/culturally competent care and considered three CQC regulations: person-centred care, dignity and respect, and the need for consent.

- **Buckinghamshire Health and Social Academy** is central to recognising the implications of cultural differences through Academy Conference and Opportunity Bucks. Incorrect referrals have a risk of missing something more pertinent.
- The **Oxfordshire health sector** has signed up to be a Marmot place including health inequality/ cultural diversity .
- **H&loW** observed that *'beliefs and values of each system can be different, each system can feel it is the others' responsibility'*.

Examples of successful cooperation between social care and health

- Recent work on the risk assessment, led by Sussex Community Foundation Trust, working with Brighton and Hove City Council, and West Sussex County Council.
- A rehabilitation and reablement community of practice pan Sussex has been established which links with the major services review and supports the 10-year plan (West Sussex).
- There is a dedicated multi-organisation forum which is held every week for 20 mins. At this forum complex patients/service users are discussed. This is attended by a manager from social care, health and ICB commissioners so they can agree on the equipment and special resources needed before submitting a request for the funding (East and West Kent).

AHPs understanding of their impact on culture across social care and health

- Not a concept that is widely considered.
- *'OT team culture is very tight with a good handle on learning and development and the impact they have'* (Buckinghamshire Council).
- The Home First Team understands their impact across the sectors (Oxfordshire).

Cultural audits are routinely undertaken

Very few cultural audits undertaken. 3 authorities reported a **mature approach**:

- Berkshire West collects data about travellers and the Roma community.
- Buckinghamshire Council recently undertook a culture and diversity audit.
- CQC inspection highlighted health inequalities (Oxford CC).

AHPs recognise the implications of different cultures

- **Emerging maturity**: H&loW, West Sussex
- **Developing maturity**: Berkshire West, East and West Kent health
- **Maturing maturity**: Buckinghamshire, Oxfordshire

Implications of different goals and values

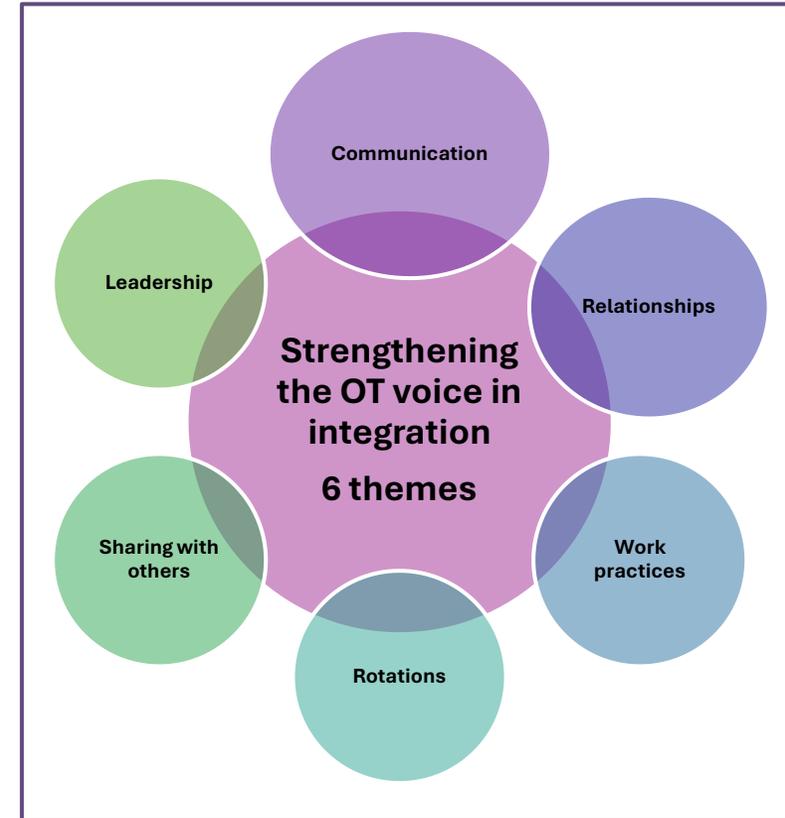
H& loW reported that *'acute health settings are often focussed on discharge and admission prevention whereas social care is focussed on people managing independently, in the least restrictive setting, with the lowest care requirements. A focus on a strength-based approach and outcomes for the individual will bring different goals for those who deliver and use the service together'*. (**Emerging maturity**)

Strengthening the voice of Occupational Therapists in integration – the workshops

Repeatedly OTs observed that they felt under recognised.

The Frailty Clinical Lead for NHS Kent and Medway ICB remarked that although senior medical staff recognise that **OTs are very important in enabling integration for the benefit of those who are frail. Nevertheless, exactly what they do is less clear.**

A total of 80 participants attended one of the two identical workshops



Proposed activities to strengthen the OT voice in integration

The workshops

Aim

The aim of the workshops was to identify activities, practical steps and outputs that can lead to strengthening the voice of OTs in integration across the South East.

Objectives

The objectives of the workshops was for attendees to:

- Share their knowledge and expertise about their, and their wider stakeholders', perceptions of the roles of OTs in integration.
- Outline resources that have been developed to describe the roles of OTs in integration.
- Identify tangible assets that could be created to support strengthening the OT voice in integration.
- Work towards an output(s) that results in clear information, for non-OT professionals, about OTs' role in integration.

Outputs

Integration is about **Collaboration, Working Together, Seamless Pathways.**

What can be done to strengthen integration	Headline messages from breakout groups
Communicate effectively with colleagues in the other sector(s)/teams.	Integration isn't being discussed in acute settings.
Build relationships with colleagues in the other sector(s)/teams.	Integration is only discussed by senior AHPs.
Review work practices to strengthen integration.	OTs need to be more confident about having conversations that strengthen their role in integration.
Facilitate student and staff rotations.	OTs are experts in activity analysis across the whole lifespan.
Share information with those in different sector(s)/teams.	A key voice in integration is the patients' voice/voice of those with lived experience.
Demonstrate effective leadership.	OTs are dual trained they have that 'superpower'.
	OTs understand the different models of care and are a good bridge between the sectors.

ALIGNS Recommendations

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

ALIGNS Recommendations continued

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, together 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.

ALIGNS

Final recommendation,
next steps and outputs

ALIGNS final recommendation

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 ALIGNS Slide Deck there are three other ALIGNS resources:

1. [ALIGNS Executive Summary](#)
2. [Detailed ALIGNS project report](#)
3. [ALIGNS Annex of supplementary information](#)