

ACTIVE & INDEPENDENT LIVING IMPROVEMENT PROGRAMME

AHPs: Driving Quality and Transforming Care Across Scotland

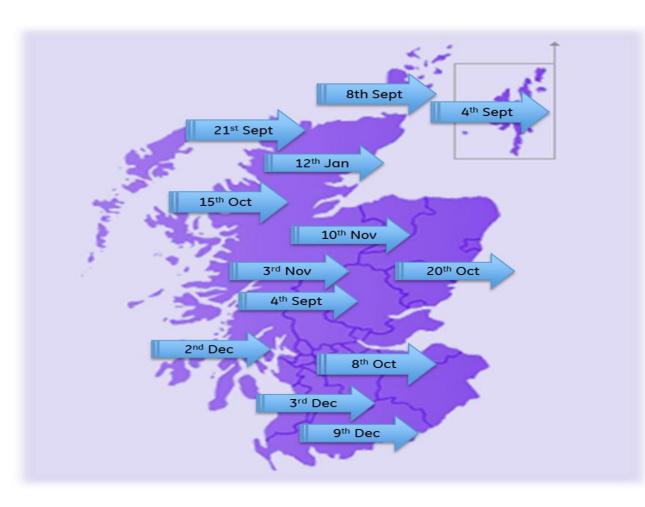


Dr Sarah L Mitchell

Programme Director Active and Independent Living Improvement Programme - AILIP



Engagement Events



- 14 events from September
- 2015 to January 2016
- >1000 stakeholders
- Participated.
- Delegates comprising of;
- Service Users and Carer Groups
- Third Sector
- Education
- Health
- Social Care
- Fire Service
- Police
- Ambulance
- Housing



VISION

"Allied Health Professionals will work in partnership with the people of Scotland to enable them to live healthy, active and independent lives by supporting personal outcomes for health and wellbeing"

What matters to YOU as an individual to keep you healthy, active and independent?

Thinking of what AHPs could do in Health and Social Care in the future what should we focus on to make services the best they can be?

Thinking of what AHPs could do in Health and Social Care in the future what should we

AMBITIONS

- AHPs promoting Health & Well Being and early intervention
- AHP Services are easily accessible
- All stakeholders are aware of AHP Services
- AHPs working in Partnership
- AHPs delivering excellence through research and innovation
- AHP Workforce equipped to contribute to future health and social care requirements of population

AILIP Logic Model Version 7 August 2016

AILIP Logic Model Version 7 August 2016								
Scoping		Inputs Outputs			Outcomes			
Situation	Ambitions	Priorities 2016-2018	Resources	Activities	Engagement	Short -Term December 2017	Medium-Term December 2019	Long-Term 2020 and beyond
Introduction of Health & Well-Being Outcomes Increased Focus on	Health & Well-being	Well Being Children & Young People STARTING WELL	TEAM CHPO & Team Programme Director	 Health & Well Being (Physical & Psychological) Promote Health and Well Being Promote early interventions into AHP services for both physical and mental health problems Produce evidence based self management information in a range of formats Promote brief interventions to address both physical and mental 	Stakeholders Public H&SCP	The transformational learning around access will be spread to all AHP Services	Population will have direct access to an AHP where appropriate	AHPs will work in partnership with the people of Scotland to
Personal Outcomes Lack of Awareness of the AHP contribution to H&SC Long waits to access many CYP & Adult AHP Services High number of	Access	Vocational Rehabilitation LIVING WELL Musculoskeletal Programme LIVING WELL	(1 X WTE) IA (3 x WTE) National Leads (? X WTE)	health problems Access Utilise technology to support access and care allocation Ensure visible routes for people to access AHP services Simplify processes for inter AHP referrals across services Ensure timely access into services to promote early intervention. Provide flexible services to meet demands Awareness	Knowledge General Management Practice teams *Capture and report learning Community Health Teams	Resources agreed and developed to support self management, early intervention for H&WB	Population will have access to once for Scotland evidence based resources to support self management, early intervention for H&WB	enable them to live healthy, active, and independent lives, by supporting personal outcomes for Health and Well Being.
population with disabilities not in employment Ageing Population living with complex needs utilising more resources	Awareness	Falls & Frailty AGEING WELL Anticipatory Care	Partners/ Suppliers ADSG H&SC Partnerships	 Increase awareness across H&SC Partnerships and other partners of AHP contribution to the National Outcomes Partnership Working Contribute to multiagency pathways Collaborate to enhance quality of care Develop and implement new integrated models of care and support 	and outputs from AILIP and other National Programmes -Report impact through AILIP Measurement -Report impact -Report -Report impact -Report impact -Report -Report -	The benefits of technology to drive self management, early intervention and H&WB will be	Population will benefit from technologies to support self management, early intervention	The ethos of Active and Independent Living will underpin all
Underutilisation of technology to drive innovative practice Increased Demand on Health & Social Care Services Integration of Health &	Partnership Working Research &	AGEING WELL <u>Dementia</u> LIVING WELL & AGEING WELL	Public 3 rd Sector ISD Centre of Excellence for	 Work with Partners to spread Innovation through technology to transform AHP delivery Ensure R&D will underpin any service development where appropriate Develop partnerships between academic institutes and AHP 	Framework Programmes Communicate National Policy Managed Knowledge Universities / Colleges (HEIs) AHP Federation	spread Spread of multi- agency partnership working will be accelerated to support self management,	for H&WB Population will benefit from multi-agency pathways to support their self management, early intervention	community development. Appropriately skilled and developed workforce is
Social Care Increasing Challenges on GP and Primary Care Services Health & Social Care Workforce Challenges	Innovation Workforce & Practice Transformation	E-Health including Operational Measures / Workforce Tool	Rehabilitation Research SAS NES HIS NHS 24	 services Workforce & Practice Transformation Ensure optimum number of AHPs working in the right settings to maximise impact Support staff development to ensure competent, skilled and knowledgeable workforce Support AHP workforce to undertake the cultural transformational change that will be required to drive the AHP contribution to support the H&SC agenda 	International Partners Community Planners Improvement Bodies	early intervention for H&WB. Testing of workforce tool and development of staff to undertake transformational	for H&WB. Workforce tool influencing requirements and staff leading transformational change	contributing to the health and care needs of Scotland in a cost efficient and person centred way.
Assumptions Please refer to Individual Work streams for additional assumptions AILIP will have the will and capacity to engage with local AILIP improvement activity AILIP will have the will and capacity to engage with local AILIP improvement activity AILIP will have the will and capacity to engage with local AILIP improvement activity AILIP will have the will and capacity to engage with local AILIP improvement activity AILIP will have the and transferable to other H&SCP AILIP will reach all relevant officers in H&SCP across Scotland AILIP will have the capacity to put learning into practice. Scottish Government no longer identifies AHP contribution to H&WB as a priority								
Monitoring and evaluation Please refer to Individual Work streams for additional MeasuresAvailable Work Days, Team Budget VarianceEngagement Project Progress, Risk & Issues, Budget VarianceProject Progress, Risk & Issues, PartnersDiagnostic Support, testing Support, Writing-upProject sthat Demostrate improvements and efficienciesLearning Events, Learning Resources, Local SupportEngagement Spread, Social Media Reach, Website Usage, Inbound Info Req.Short Term OutcomeMedium Term OutcomeLong Term Outcome								

Online Access and Stratification/Allocation of care

- Low back, hip, knee, F&A
- Orthotic Review Appt management
- Stakeholder Events
- Consultation Documents
- Algorithm Building
- Resources planning
- Expert panel review
- Testing back, F&A
- Web to health Board electronic referral (Sci gateway + Chi patient Identifier)



Assessment - Back

Your Progress

0.96

Where are you feeling pain or numbness?

Please select the image which best shows the location of where you're feeling the most pain, then scroll down to continue.



A - Lower and upper or middle back B - Lower back C - Lower back spreading to one buttock



D - Lower back spreading to both buttocks

ding to E - Lower back spreading to the back of the thigh (one or both) F - Lower back spreading to the front of the thigh (one or both)



Self Efficacy

Persistent Pain Acute Pain Lifestyle & Fitness Fit for Work Orthotics Active Living Blog Q SEARCH LATEST BLOG POSTS Assessment - Self Efficacy Spinal scans and s-rays Please rate how confident you are that you can do the following things at present, despite the pain. To indicate your answer select one of the numbers on the scale under each item, where 0 equals not at all confident and 5 equals completely confident. Remember, this questionnaire is not asking whether of not you have been doing these things, but rather how confident you are that you can do them at present, despite the pain. 1 - I can enjoy things, despite the pain. 0 - Not at all confident 2 - I can do most of the household chores (eg. tidying-up etc), despite the pain. 0 - Not at all confident 3 - I can socialise with my friends or family as often as I used to do, despite the pain. 0 - Not at all confident 4 - I can cope with my pain in most situations. 0 - Not at all confident 5 - I can do some form of work (including housework), despite the pain. 0 - Not at all confident 6 - I can still do many of the things I enjoy doing, such as leisure activity, despite pain. 0 - Not at all confident 7 - I can cope with my pain without medication. 0 - Not at all confident 8 - I can still accomplish most of my goals in life, despite the pain. 0 - Not at all confident 9 - I can live a normal lifestyle, despite the pain. 0 - Not at all confident 10 - I can gradually become more active, despite the pain. 0 - Not at all confident

Submit



Self Management Advice

Thank you for taking the assessment. You will be pleased to know that, based on your answers, there is no need for you to be referred to a health protextional or placed on a watting list. The best course of action for you is to follow the simple advice and eventses presented below. We will continue to keep in touch with you to ensure this course of action is best for you. eeling Hip Pist oute Pla O I A

Supported Self Care

MSK Solutions Tool-standardised patient information leaflets MSK App MSK Zone -NHS Inform -<u>www.nhsinform.co.uk/msk/</u>







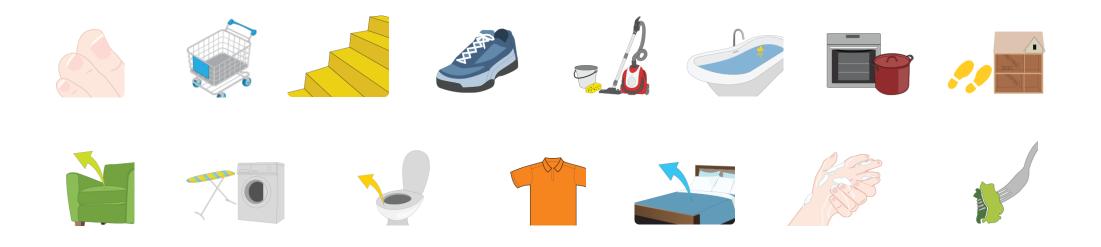


Living better for longer Understanding how & when to intervene to maximise independence in older age





(Instrumental) Activities of Daily Living – ADL/IADL



 Kingston A, Collerton J, Davies K, Bond J, Robinson L, Jagger C. Losing the ability in activities of daily living in the oldest old: A hierarchic disability scale from the Newcastle 85+ study. PLoS ONE. 2012; 7(2).
 Barberger-Gateau P, Rainville C, Letenneur L, Dartigues JF. A hierarchical model of domains of disablement in the elderly: a longitudinal approach. Disability & Rehabilitation. 2000; 22(7): 308-17.
 Dunlop DD, Hughes SL, Manheim LM. Disability in Activities of Daily Living: Patterns of Change and a Hierarchy of Disability. Am J Public Health. 1997; 87(3): 378-83.



20 years of research: Jagger, Kingston et al 4. Ferrucci L, Guralnik J, Cecchi F, Marchionni N, Salani B, Kasper JD, et al. Constant Hierarchic Patterns of Physical Functioning Across Seven Populations in Five Countries. The Gerontologist. 1998; 38(3): 286-94.

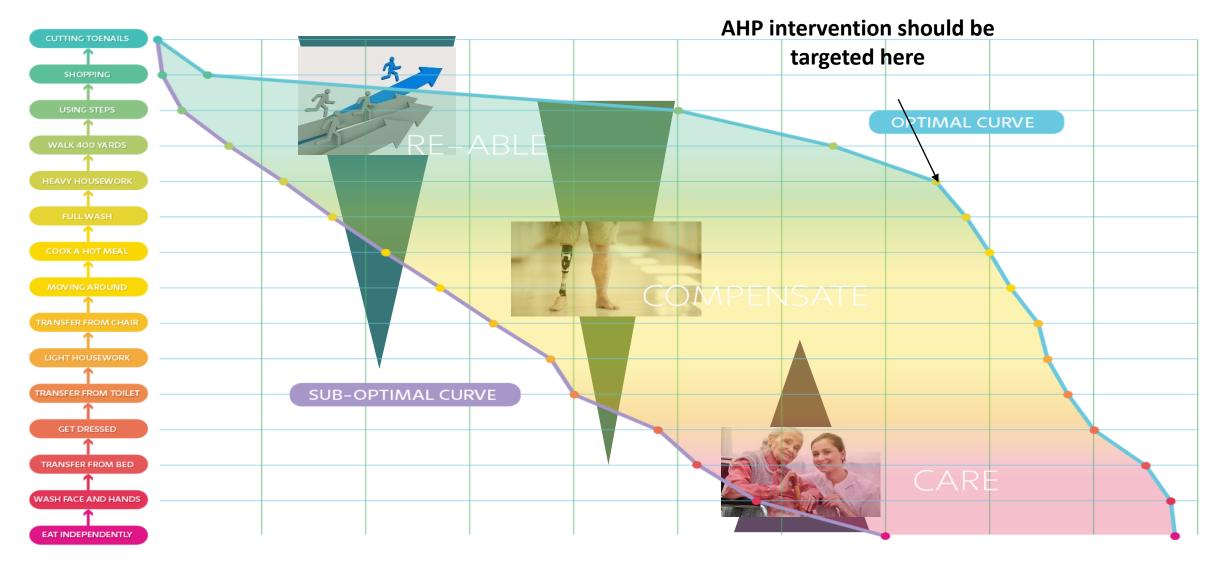
5. Jagger C, Arthur AJ, Spiers NA, Clarke M. Patterns of onset of disability in activities of daily living with age. Journal of the American Geriatrics Society. 2001; 49(4): 404-9.



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The conceptual approach





Time Elapsed after joining Curve

