

Occupational Therapy Care Packages in Mental Health:

Preparing for Payment by Results

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Produced by

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Introduction

From April 2010, The Department of Health is implementing a system of Payment by Results (PBR) for mental health within services of working aged adults and older people across all mental health Trusts in England (Department of Health 2010a). The mental health PBR system uses a standard assessment based on Health of the Nation Outcome Scale (HoNOS) known as the mental health clustering tool (Department of Health 2010b). to cluster service users' needs into 20 care groups. For each of these clusters, Trusts will be developing an indicative care package that includes elements such as medical, nursing, and psychological interventions as well as occupational therapy. The packages present high-level guidance on the goals, interventions and so forth.

In July 2009, the College of Occupational Therapists' representative on the national mental health PbR expert reference group, Dr. Mary Morley and Mike Garnham, then Professional Lead Occupational Therapist, South West Yorkshire NHS Foundation Trust initiated several work projects to support occupational therapy engagement in this agenda. The most important of these has been a three phase research study to develop more detailed OT indicative care packages with the support of the Department of Health. This document presents the outputs of the research that are available for use across occupational therapy services in England. This has been a truly collaborative effort and the efforts of all those involved is deeply appreciated.

The research study

The first phase was a collaborative study with Dr. Gary Kielhofner, Dr. Renee Taylor and the University of Illinois at Chicago in Autumn of 2009. Retrospective data from South West London Mental Health Trust and South West Yorkshire Foundation NHS Trust was used to develop occupational profiles. These informed the design of a survey that was conducted in Spring 2010 across six Trusts in the second phase of the study. This identified goals for intervention for each of the clusters.

The findings of both studies were used to draft indicative OT care packages. These were refined through an action research process conducted with occupational therapists in eight Trusts over the summer of 2010. This was led by Prof. Forsyth of Queen Margaret University, Edinburgh. The study has informed the development of evidenced-based occupational therapy care packages for each of the 20 care clusters.

The document can be used as a detailed clinical tool to assist practitioners. It will also provide a starting point for occupational therapy leads to engage in discussions with local managers and commissioners.

Using the OT indicative care packages

The OT indicative care packages describe specific occupational therapy assessment and interventions. They do not include the generic roles that occupational therapists may provide within mental health services such as those relating to care coordination, Mental Capacity Act, or recovery-oriented approaches. It is assumed that this generic work will be outlined within the relevant local, overarching care packages. Similarly risk assessment and management interventions have not been recorded in detail but it is implicit that local procedures relating to these will apply. Generic interventions such as CBT and relaxation are excluded. The packages also only give a high level view of some of the physical health interventions that the occupational therapists may be providing and these are largely included only in 'Cognitive Impairment' clusters. Other physical health assessments and interventions that may be used across the packages will need to be captured in local care package systems.

These packages are intended as a template setting out potential occupational therapy assessment, intervention and outcomes for service users in each of care clusters. There is no differentiation between service users in inpatient, community and day settings. The OT care packages can be adapted by local services to develop their own versions drawing on local priorities, caseloads and pathways. Although they are relatively detailed, they cannot reflect any one work setting and local occupational therapists may identify other goals and interventions relative to the client group.

It is important to stress that the OT care packages are not intended to be used in a prescriptive way; every service user will have their own occupational needs that may not fit the package as described. Occupational therapists should always retain a client centred approach, working flexibly to meet occupational needs and taking account of fluctuating mental state, changing circumstances, cultural needs and consider how to evaluate client's satisfaction.

This document mainly refers to the occupational therapist, but in practice some aspects will be delegated to occupational therapy and/or other support workers, students or administrative staff. Again, local services need to differentiate who is actually responsible at each stage of the occupational therapy process. The term **service user** is used throughout for consistency, to mean 'an individual in receipt of the occupational therapy service'. Terms such as: patient, client, or resident could be substituted according to local protocols.

The format of the OT indicative care packages

The occupational therapy indicative care packages are presented in tabular form. There is an A3 sheet for each cluster with the following columns:

- Assessment of self-care productivity and leisure activities
- Challenges (for service users') engaging in self-care productivity and leisure activities
- Outcome of therapeutic encounter
- Intervention
- Skill/ level
- Contact
- Resources
- Added value

Occupational therapy services should identify relevant standardised assessments, preferably that can be used as outcome measures.

The occupational challenges described in each cluster will give a benchmark of the likely barriers that may limit the service user's participation in activities relating to self care, productivity and leisure. The areas that are minor challenges may offer strengths or facilitate engagement in activity.

The overall outcome for any occupational therapy intervention is re-engagement in self care, productivity and leisure activities in order to promote health, wellbeing and independence, facilitate discharge, or transfer to the least restrictive environment possible. The outcomes set out in the care package link broadly to the challenges set out in the previous column.

The intervention list is not exhaustive but provides an indication of probable interventions based on the occupational challenges. The actual OT care package delivered will be informed by local demand, caseloads as well as clinical caseloads. For all clusters, there should be a goal setting, intervention and review stage. Every package also includes discharge planning and an expectation that outcome will be recorded and audited.

Each intervention column has a suggested list of outcome measures. These are Model of Human Occupation (MOHO) tools (Kielhofner, 2008) and have been included as these were most the frequently mentioned in the action research data. Local trusts should identify outcome measures appropriate to their context.

The section on staffing skill and level uses Skills for Health levels. The levels are broadly defined to reflect variation in local skill mix due to caseload configuration, staffing levels, and service design.

The contact times given are a benchmark only. The contact time includes contact with carers as well as service users. It is recognised that the timeframes may vary considerably depending on clinical factors as well as levels of resource. The contact time excludes pre-engagement work, for example brief informal contact when a patient is first admitted.

The contact time excludes preparation time for the activity, travel time to and from appointments, supervision, training, team meetings. These will be impacted by local policies, geography and staffing levels. These will need to be considered locally and factored into productivity targets and costings.

The package relates to clinical work and the input from some OTs to service development work e.g. developing collaborative project with third sector. Audit will need to be captured elsewhere.

The resources column summarises the resources needed to implement the occupational therapy care package. This will need to be adapted locally.

The added value described in the package sets out anticipated benefits to the health and social care economy and to service users and carers. In practice the added value would be related to specific clinical outcomes for each patient/carer.

In summary

These indicative care packages for occupational therapy have been developed through a robust research process and offer a useful starting point for occupational therapy services as they implement the Mental Health payment by Results system. They also provide a framework for occupational therapists to look at outcome evaluation. This will be increasingly important as those commissioning services seek to ensure services are clinically and cost effective.

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References

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UNDERSTANDING THE INTERVENTIONS

	Intervention	Definition
1.	Building self efficacy to engage in activity	<ul style="list-style-type: none"> • Developing positive self efficacy by challenging and changing service user's belief in themselves. • Graded interventions aiming to develop the persons motivation to engage in self-care, leisure and productivity • Increase awareness and capacity to engage in activities • Increase ability to choose and do activities that are consistent with their capacity • Adapting activities to match current abilities and thus support engagement
2.	Exploring future activity options	<ul style="list-style-type: none"> • Assisting service users to build personal aspirations through Identifying strengths, transferable skills from past activities. • Enabling patient to establish sense of purpose/direction • Facilitating the setting and achievement of activity related goals.
3.	Building enjoyment when engaged in activity	<ul style="list-style-type: none"> • Increase experiences of enjoyment and satisfaction through meaningful activity • Facilitate engagement in meaningful activities which incorporate previous interests
4.	Re motivation process	<p>A recognised intervention package that involves <i>two or more of</i>:</p> <ul style="list-style-type: none"> • Building self efficacy to engage in activity, • Exploring future activity options, • Building enjoyment when engaged in activity <p>...in a graded pattern of intervention leading to making spontaneous choices to engage in self care, productivity (work) and leisure.</p>
5.	Rapport building and graded engagement	Build rapport/trust, explore effective ways of communicating.
6.	Education regarding management of symptoms within activity	<ul style="list-style-type: none"> • Increasing understanding of mental health problems and their impact on daily activities • Developing positive coping skills • Condition management • Managing emotions
7.	(Re) establishing productive / valued daily routines	<ul style="list-style-type: none"> • Achieving a balanced pattern of meaningful activities • Structuring self care, leisure and/or work activities • Adapt routines to improve orientation and independence • Enabling a patient to re-establish a meaningful routine which provides structure to their self care, leisure and productivity activities. Includes graded exposure work. • Advice about diet, exercise, sleeps hygiene to support healthy lifestyle.

	Intervention	Definition
8.	(Re) Establishing productive / valued roles	Developing a greater sense of personal responsibility Redeveloping roles within their self care, leisure and work activities and social environment.
9.	Lifestyle adjustment	An intervention that is focused on developing/establishing daily routines, roles and responsibilities in a graded pattern of intervention leading to a structured daily routine of self care, productivity (work) and leisure which support the delivery of life roles.
10.	Developing/maintaining capacity to assure adequate stability, movement and energy to participate in daily activities	Enhance motor skills/mobility transfers to increase safety at home and decrease falls risk
11.	Developing/maintaining organisation & problem solving within activity	<ul style="list-style-type: none"> • Using structured activities to develop organisation, planning, sequencing skills • Develop ability to sustain engagement using verbal prompts and cueing strategies
12.	Engaging in meaningful activities that maximise sensory opportunities to allow more engagement in a broader range of environments	Activities to stimulate and engage all the senses: smell, movement, touch, vision, hearing and taste. Includes: Multi-Sensory Therapies (group & individual), Snoozelen
13.	Developing/maintaining communication & interaction skills within activity	<ul style="list-style-type: none"> • Individual or group work activities to enhance and develop interpersonal and social skills e.g. assertiveness training, awareness of verbal and non-verbal communication and interview preparation. • Specific attention to communication and interaction skills to enhance choice and self-expression to carry out daily activities.
14.	Developing supportive social relationships and networks	<ul style="list-style-type: none"> • Increase engagement in social roles • Maintenance and development of roles and social functioning following age related changes / loss • Decrease social isolation and develop positive social links • Supporting community engagement, accessing culturally appropriate social activities / support groups.
15.	Environmental modification to support engagement in activity (including social and physical environment)	<ul style="list-style-type: none"> • Adjust the physical environment and/or create the optimum social environment to enable the person to engage in self care, leisure or work activity • Adapt tasks, physical and social environment to promote independence and safety • Environmental adaptations to promote safety – rearranging furniture, install equipment re bathing, transfers, etc, replacing gas fire, • Referral to appropriate services, for example: Social Services occupational therapy teams, Community Equipment stores, Wheelchair Services

	Intervention	Definition
16.	Assistive Technology	<ul style="list-style-type: none"> • Selection of appropriate equipment, assistive technology, environmental design & adaptation, for example : manual handling and personal care equipment, passive falls alarms, automatic pill dispensers, wheelchairs, specialist seating, pressure relief, use of colour, décor and lighting and pictorial cues to enhance client orientation and safety. • Telecare - Assistive technology/risk preventive measure. Passive alarms, including bed monitor, gas sensor, falls alarm, flood detector) to decrease vulnerability / manage risk of falls and disorientation at night. • Compensatory strategies
17.	Supporting transitions in new physical and social environments	<ul style="list-style-type: none"> • Establishing a sense of purpose/direction and satisfaction in functioning in new and unfamiliar physical and social environments either through inpatient admission or on discharge from hospital. This may include: • Advising service users on achieving a balanced pattern of meaningful activities • Facilitating the setting and modifying the environment. • Advising and providing training to mental health professionals, carers, education and training agencies, in supporting the activity–related needs of the service user.
18.	Carer education and support	<ul style="list-style-type: none"> • Liaison with carer development workers for individual work and co-facilitating group sessions • Carer education and support inc. family and home carers re: maximising independence and safety at home, prompt with tasks, and facilitate understanding to promote engagement, reduce distress and aggression, and maximise independence in personal ADLs, impact of illness a on functional abilities, al participation and communication, positive risk taking, how to set up environment and rationale for strategies • Life story book – for carers/family to use to engage with service user • Education for carers regarding management of symptoms in activity, includes: promoting clients' independence, safety and well-being, versus doing for / creating dependency; educate re: practical strategies to reduce behaviour that challenges
19.	Consultation, liaison and advice	<ul style="list-style-type: none"> • Advice to MDT (CPN and Social Worker) providing occupational therapy perspective on issue re: possible return home – abilities, risk and management, engagement in activities. • Supervision of interventions of care delivered by other providers and agencies e.g. home care • Link with MAPPA, probation, bail hostel • Working with housing services, wider MDT and other care providers • Liaison with acute and primary care practitioners

	Intervention	Definition
20.	Developing/maintaining independent living skills	<ul style="list-style-type: none"> • Building an individual's ability in managing the demands of independent living including taking care of themselves, completion of morning dressing/showering activities, taking care of their living space (ward, home or assisted living), preparing healthy meals and hot drinks, shopping, laundry etc. • Providing opportunities to practice and maintain self-care, leisure and productive skills prioritised by the service user, in environments that best serve the service users needs.
21.	Liaison to enable independent living	<ul style="list-style-type: none"> • Enable take up of direct payments • Rehabilitation / pre-discharge programmes • Referral, liaison, advice / consultation with statutory and voluntary sector, for example: Housing Associations, homecare, day care, specialist dementia services, Age Concern, Community Transport schemes • Liaison with community transport schemes, blue badge referrals • Reports / recommendations for future alternative accommodation, health & social care needs • Enable client to settle into alternative accommodation • Life history profiles
22.	Supporting engagement in leisure and exercise	<p>Supporting the service users in developing or maintaining a satisfying personal or social identity.</p> <p>Exploring meaningful activity and identifying community resources available to meet these needs. May include:</p> <ul style="list-style-type: none"> • Exercise, music & movement groups • Swimming, gardening • Using adaptive equipment • Referral and introduction to local community clubs, befriending services and leisure resources • Consultancy to other staff regarding community resources and opportunities for activity engagement • Promote engagement in meaningful activities
23.	Vocational Enablement	<p>Identifying skills and appropriate intervention level. Facilitate: training, education, career choices, work preparation/ hardening or retention, build aspirations, provide advice e.g. benefits, housing, work culture. (COT 2007)</p> <p>Assisting service user to enhance or develop work habits e.g. punctuality, accuracy, attendance and appearance.</p> <p>Facilitating return from long term unemployment</p>
24.	Vocational guidance, signposting and advice	<ul style="list-style-type: none"> • Referral to or joint working with other resources/providers e.g. Jobcentre plus, Expert patient programmes, local education providers, occupational health, human resources, Job Centre, voluntary organisations • Providing consultation/liaison/advice to employer, other support providers or service user in relation to disclosure, reasonable adjustment; mental health awareness / education. • Including adjustments required under DDA. May include adaptive equipment, accessibility, colleague support, graded return to work and flexi hours.