I am the Integrated Therapy Lead for an Adult Social Care inpatient rehabilitation unit in East Sussex. Here we provide rehabilitation to adults with varying needs and conditions to enable them to be more independent and return home safely. I am a physiotherapist by background and I currently manage a wonderful team of Occupational Therapists, Physiotherapists and Therapy Assistants over 3 different services. I ensure we maintain a high standard of service whilst remaining safe and effective. I am working on creating a more integrated way of working between Social Care and Health so that we promote a whole systems approach to rehabilitation that is accessible and innovative.



The day starts by checking emails to make sure nothing urgent needs my attention. I then check in with the therapy team to make sure all is well and accounted for and that they have no concerns regarding casework or responsibilities for the day or generally.

Each week I attend an MDT for each service. The idea of this is to understand what a client’s rehabilitation and discharge plan is to ensure we are working together to get the client home safely without any unnecessary delays. Here we can discuss any problems or issues.

I have a supervision session with one of the occupational therapists/physio it’s important I listen to their concerns, give them feedback, and help them identify and create learning and development opportunities.

Throughout the day, I am review potential referrals to see whether we can meet their needs for rehabilitation or whether they would benefit from another service. I might call the referrer, the ward, or the therapy discharge co-ordinator to find out more information if needed.

At this time, I try to work on some projects to make the service run more efficiently and be relevant and appropriate for our client population. Today it is looking at our assessment paperwork. I will consult with the therapy team for their feedback and ideas.

One of my team members has a concern regarding managing a client who is continuously declining intervention. We discuss this case and I coach the member to identify a plan of action and I support where needed.

I arrange meetings with the ESHT Physio Team Lead for IMC and with JCR reablement to discuss how our services can work better together and highlight any future project ideas.

Most of my work is non-clinical but I like to try and see some clients where possible. Today I am completing an initial assessment of a new client. I ask about their social history and find out about them as a person. I look at their current function and muscle strength. I identify their problems and create SMART goals with the client. We then discuss their rehab plan and estimated length of stay. I complete the relevant documentation and feedback to the MDT.

Due to managing a multidisciplinary team, I make time for regular CPD and supervision with my line manager to ensure I am providing them with the best experiences and opportunities.

**08.00.40**

**10.00.40**

**11.00.40**

**12.00.40**

**13.00.40**

**15.00.40**

**14.00.40**

**16.00.40**