The Royal College of Occupational Therapists (RCOT) is pleased to play an active role in the consultation being undertaken by Plaid Cymru and would like to thank the party for the opportunity of participating in the discussion on the future of social care in Wales.

RCOT members have had an opportunity to discuss the proposals in the consultation document and provide some feedback.

**The value systems underlying social care**

There is no doubt that people themselves are experts in what is important to them, their experience of illness and their familial and social circumstances. Care and support planning that embeds a shared approach to decision making recognises that people bring different, and equally important, knowledge and expertise to the process. Making people central to decisions on care provides the opportunity to think differently and “shift– away from the ‘medical model’ of illness… towards a model of care which takes into account the expertise and resources of the people with long-term conditions and their communities”

Services, therefore, need to find new structures and ways of working that fully utilise professional skills whilst supporting people to take greater responsibility and roles in meeting their own health and social care needs. To this end, the Royal College of Occupational Therapists (RCOT) recognises that the occupational therapy workforce needs to move from being predominantly in secondary care to focus on preventative and public health delivery.

In order to deliver outcomes for citizens and to ensure health and social care services remain sustainable in the light of continued financial pressure and increasingly complex demands, public services need to be:

• Preventative

• Located and focused in the community

• Integrated

• Equitable

• Cost effective.

It is well documented that occupations offer us choice and control, and support feelings of self-worth and identity. Too often the most vulnerable members of our society are provided with social care packages based on what is organisationally expedient for the provider rather than an understanding of the recipient’s real needs. Occupational therapists identify what each person needs and wants to be able to do and helps them find ways of doing it. They see the whole person and by doing so return the autonomy, choice and control.

**Service example**

“The Gwent Enhanced Reablement Project is funded via the Intermediate Care Fund (ICF). The team includes a qualified occupational therapist, supported by ‘enablers’, who deliver interventions that focus on what matters to people, with the flexibility to support people in the social, emotional and leisure aspects of their life.

**Mary’s story**

*‘I was already having the homecare team to help me manage things, but then I had bilateral foot drop and had to go into hospital. I was sent to the rehabilitation unit at Mardy Park when it became clear that I would need to use a wheelchair. This was terrifying; I didn’t know how I was ever going to manage at home, alone, in a wheelchair and in an upstairs flat. I was desperate. Hayley, the occupational therapist, from the Enhanced Reablement Project, helped me to consider the things that were important to me and what I wanted to be able to do and we talked about what sort of a new home I wanted. She sent Jenny, a senior enabler, to work with me. Hayley looked for some suitable options for a new flat and when I decided which was the best property they helped me with the move. Hayley and Jenny stayed in touch after I went home. They were worried about me as I wasn’t eating and I didn’t know anyone in the area. Hayley suggested that Jenny could help me settle in by coming shopping with me and visiting the local community. She encouraged me to cook and to buy a powered wheelchair so I could get out and about. They also noticed that I was having trouble with my eyes and Jenny helped me make an appointment. I needed a cataract operation and having that has made a huge difference. I now do lots of things; my life is busy and full and with their help I have now got a passport to go on holiday with my family. They have changed my perspective on life to a ‘can do’ attitude.”*

**Technology**

RCOT believes that occupational therapists are ideally placed to use technology to enable daily activities, support self-management and promote preventative health and care delivery. The most important aspects for any technology is that it is useful and useable. An occupational therapist’s skill lies in ensuring that technology that supports people is the right fit for them, their health conditions, daily activities and their social and physical environment. As specialists in self-management approaches, occupational therapists are equipped to use TEC solutions improve people’s independence, quality of life and make financial savings.

**Service example**

Cardiff Council Occupational Therapy Care and Support Reviews 2015-2016

Between April 2015 and March 2016 the occupational therapy team reviewed a total of 227 packages of care and direct payment arrangements. Service sustainability is vital for citizens and so where improvements produce cost savings by ‘right-sizing’ the packages to best effect, the occupational therapists can also help to ensure wider, more sustainable access for all citizens. Occupational therapists assessed peoples’ functional needs, provided and demonstrated equipment, and addressed moving and handling issues.

Best practice in manual handling is in-line with the All Wales Passport scheme and therapists draw upon their in-depth knowledge of equipment and adaptations. They work closely with care agencies and deliver training and workshops to educate care agencies on more complex equipment, such as standing hoists.

**Cost savings**

* 227 care packages assessed during 2015-2016:
* Prevented 26 increases of care as requested by care agencies saving £120,514
* Reduced 42 care packages which saved the council £274,765
* **Total savings: £395,279**

**Examples of savings that also deliver improved outcomes**

• Mr Jenkins – review of his care focused on the moving and handling aspect of care. It was possible to reduce all of his care from double-handed to single-handed care, reducing the weekly care delivery by 28 hours. This saved £23,296 per year.

• The care agency wanted to increase Mr Edwards package to two carers on every visit. With occupational therapy input, a review of the equipment and implementation of a moving and handling plan and advice, the package of care was able to remain as single-handed care. This saved 19.25 hours of additional care per week giving a saving of £16,016 per year.

**Role of the non-statutory sectors**

As people age, they spend more time in their home, but accessing the community and being involved in social activities remain vital for wellbeing and health. Occupational therapists should be deployed to work with older people to enable them to be part of their community, to access resources, assets and group activities to promote health and wellbeing, e.g. the Lifestyle Matters programme. Social prescribing offers an excellent opportunity to continue to ensure people can participate in occupations that matter to them. That sense of belonging and contribution is essential to good health and wellbeing. The profession can offer advice to community groups on adapting their approach in order to be accessible for people with multiple needs. The Regional Partnership Boards and Clusters need to consider how to make best use of this expertise. Occupational therapists are able to act as a catalyst in establishing a ‘promoting independence’ ethos to help a person achieve their wellbeing outcome

**Service example :**

Healthy Prestatyn/Rhuddlan Iach Primary Care Multidisciplinary Team Service, Betsi Cadwaladr University Health Board

Healthy Prestatyn/Rhuddlan Iach is a new model for primary care that started in April 2016 and is a pioneering approach for Wales. This innovative NHS service is made up of five key teams. Four teams, each with an occupational therapist, cover different geographical areas and the fifth team sees people who are unable to leave the home. Other team members include GPs, nurse practitioners and pharmacists. This arrangement means that people are seen by the professional most relevant to their needs and GPs can devote their time to those who need to see a doctor.

Their philosophy and approach focuses on being person-centred, accessible, medical only when needed and responsive to feedback from patients. Their services offer lifestyle and social interventions instead of tablets and medical interventions where these better meet people’s needs. To improve accessibility they use email and a same-day service.31

The Occupational Therapy Service in Healthy Prestatyn/Rhuddlan Iach aims to promote good health and wellbeing through occupational goal-orientated interventions, enabling self-management. In addition to interventions for individuals, the four occupational therapists focus on seven work streams comprising:

• Diabetes – self-management through meaningful occupation.

• Employment – monthly satellite group for those wanting to return to work.

• Chronic obstructive pulmonary disease – self-management through meaningful occupation.

• Back Skills course for lower back pain – enabling people to remain as active as possible.

• Balance and strengthening class – for over 65s to aid activities of daily living.

• Coffee pod – weekly community group helping those who have been bereaved to re-engage with everyday occupations.

• Skills for Better Living Group – a self-management course for those with anxiety and depression.

In the first nine months, the Occupational Therapy Service received 338 referrals.

• 29% of which only needed a ‘light touch’ approach of one or two sessions.

• 45% needed a brief intervention of 2 to 6 sessions. The majority of interventions consisted of managing common mental health problems, such as anxiety, through home and community activities, using social prescribing where relevant.

**Outcomes**

Occupational therapy standardised measures are used at the beginning and end of the intervention. These show a significant improvement in people’s skills and satisfaction in being able to resume their everyday life. In addition, on a standardised depression rating scale for use in primary care, post-intervention scores show a marked decrease in the symptoms of depression

**Dementia and other age-related conditions**

The Royal College of Occupational Therapists (2016) report on “ Reducing the pressure on hospital” highlights several services:

1. The Bridgeway Specialist Home Care Service in Bridgend - an occupational therapy-led, time-limited reablement home-care domiciliary assessment service for older people with dementia.

2. The Mental Health Liaison team in Cwm Taf UHB - aiming to improve quality, safety and patient experience through, value based mental health (MH) treatment and care for people with dementia who are admitted to general hospital beds.

3. The award-winning virtual ward created by Powys Teaching Health Board allowing elderly and frail people to be cared for in their own homes. The service has been developed over the last two years at three community hospitals in South Powys: Ystradgynlais, Brecon and Bronllys

4. The Cwm Taf Intermediate Care and Rehabilitation and Older People Mental Health Team Memory Pilot during 2012 reduced people’s time in hospital and they were more independent at home as a result of the service.

For further details <http://cotimprovinglives.com/campaign-reports/>

Under ’Cwm Taf Cares’, a 3 year integrated medium-term plan (2015-2018), the Mental Health Liaison team aims to ensure hospital patients in general beds are afforded the same level of access to early diagnosis and early treatment as those within mental health hospital beds. The role of the Mental Health Liaison team is vital in addressing the needs of the high percentage of individuals in district general hospital beds presenting with co-morbidity of physical health issues, aging related issues and mental health conditions – most significantly with diagnosed, or as yet undiagnosed, dementias. The Welsh Government anticipated that occupational therapy would be a core element of such provision as there is robust evidence that extended length of stay in in-patient settings can exacerbate an individual’s memory or cognitive impairment, resulting in poorer outcomes and leading to significant issues around transition from a ward setting to home.

RCOT has welcomed the Dementia Action Plan for Wales 2018. The profession highlighted in the consultation on this action plan that we supported a pathway approach but felt there was a lack of focus on prevention and early intervention. The RCOT called for an Allied Health Profession Consultant role to drive service development for people with dementia and their families and this was one of the recommendations taken forward by Welsh Government

**Effective working with health**

We need the whole health and care system to work together even more seamlessly. We have a golden opportunity via the Social Services and Wellbeing (Wales) Act 2014 and the new Primary Care Plan for Wales for that to happen. Health, social care and 3rd sector are inextricably linked, and occupational therapists can seamlessly work across the whole sector. Regional Partnership Boards set up following the Social Services and Wellbeing (Wales) Act 2014 have been tasked with driving integration forward but progress continues to be slow. The Welsh Government’s plan ‘A Healthy Wales – our Plan for Health and Social Care’ continues the drive with transformation funding encouraging development. It remains to be seen how long it will take to achieve truly integrated services across the sectors, involving more than just health and social care.

**Service example ARCH: A Regional Collaboration for Health**

ARCH is a unique collaboration between the three partners of Abertawe Bro Morgannwg (ABMU) University Health Board, Hywel Dda University Health Board and Swansea University. It spans six local authorities.

Under the collaborative, older peoples services have been integrated to change the culture and attitudes towards frailty. Using a prevention approach, occupational therapists are embedded throughout the services. They are part of Information, Assistance and Advice (IAA) services to ensure that people can access accurate, practical advice to help them maintain and enhance their occupational engagement. The IAA services provide a single point of access for all community and primary occupational therapy located in multi-professional and multi-agency prevention and care and support teams. This includes short-term assessment and rapid response, reablement and longer term care and support into the community resource teams. Reablement approaches prevent significant numbers of people from having to accept long-term care packages.

All the work is focused under the Frailty Programme Board. Specific guidance for complex discharge planning and the Transfer of Care Advice and Liaison Team is based on frailty levels rather than complexity of need. This ensures the transfer of accurate information between hospital and community services. ‘Staywell Plans’ are used in primary care to help people maintain their health and wellbeing and to ensure the most effective action is taken in a crisis. In 2016, the service used the Intermediate Care Fund money to employ support workers, who were supervised by the occupational therapists to support frailty services and maximise every individual’s wellbeing outcomes.

**Future structure** In order to deliver outcomes for citizens and to ensure health and social care services remain sustainable in the light of continued financial pressure and increasingly complex demands, public services need to find new structures and ways of working that fully utilise professional skills whilst supporting people to take greater responsibility and roles in meeting their own health and social care needs. To this end, the RCOT recognises that the occupational therapy workforce needs to move from being predominantly in secondary care to focus on preventative and public health delivery.

**Concluding remarks**

The profession has welcomed the opportunity to take part in this very important consultation being undertaken by Plaid Cymru and looks forward to continuing to be engaged in the debate. If you have any questions, please do not hesitate to contact us and we would also value a meeting to discuss our thoughts with you further.

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