

## HEALTH AND SPORT COMMITTEE

### THE FUTURE DELIVERY OF SOCIAL CARE IN SCOTLAND SUBMISSION FROM THE ROYAL COLLEGE OF OCCUPATIONAL THERAPISTS

The Royal College of Occupational Therapists (RCOT) is the professional body for occupational therapists and represents over 33,000 occupational therapists, support workers and students from across the United Kingdom. Occupational therapists have a unique skillset offering support to people with physical and mental illnesses, long term conditions, and / or those experiencing the effects of aging.

The Royal College welcomes the Committee's inquiry and believe that the future delivery of social care in Scotland must include a move to person centred care which is focused on what is important to the individual, with a shift to a focus on earlier intervention and rehabilitation / re-ablement to help people live as independently as possible for as long as possible.

#### **1. How should the public be involved in planning their own and their community's social care services?**

For a growing number of people the need for social care is essential, not just desirable. Everyday activities that most people take for granted can become challenging at best or impossible at worst.<sup>1</sup> It is, therefore, vital that the public are involved in the planning of social care services.

Occupational therapists focus on making the things that matter to people possible again. By focusing on the person's ability to participate in daily life, occupational therapists can:

- identify the right support to address people's needs
- teach strategies and adapt the home to keep people as independent and safe as possible; and
- address the barriers to people staying connected within their local community.<sup>2</sup>

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.<sup>3</sup> Making people central to decisions on their 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.<sup>4</sup> RCOT support a move away from a 'medical model' of care to a model which promotes and supports person focused care. The costs and benefits of services should also be more transparent to enable the public to make informed decisions on their support.

By involving people in their own support choices and sharing information more widely it could enable people to plan ahead such as "Housing Solutions Conversations" to encourage people to think much earlier about their future housing needs.<sup>5</sup>

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<sup>1</sup> Royal College of Occupational Therapists (2018) *Relieving the pressure on social care: the value of occupational therapy*. <https://www.rcot.co.uk/file/4068/download?token=RNJL4Lt6>

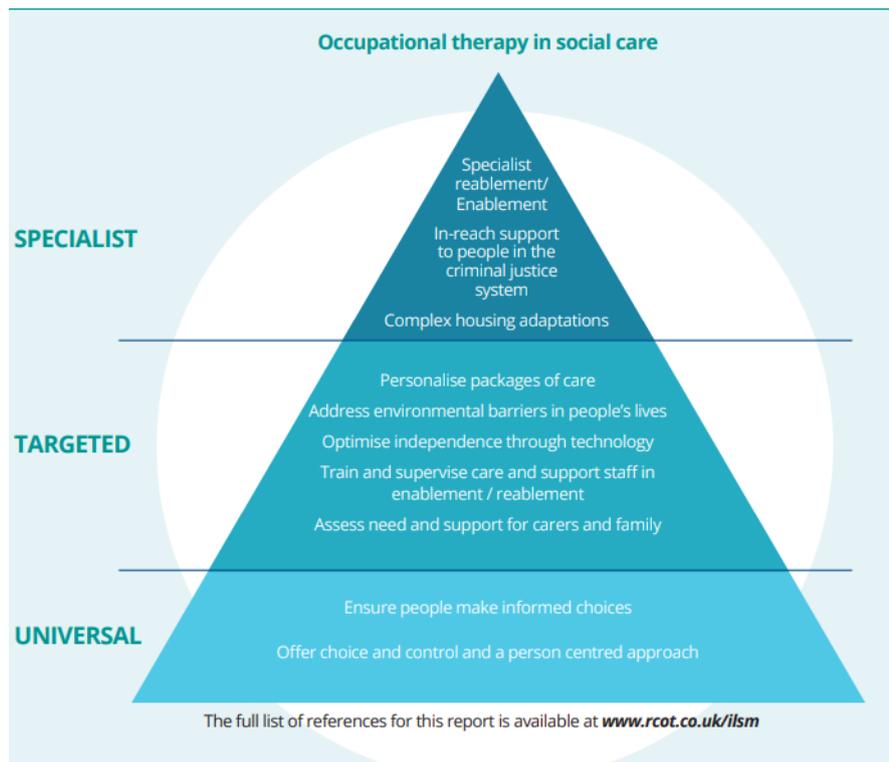
<sup>2</sup> Royal College of Occupational Therapists (2018) *Relieving the pressure on social care: the value of occupational therapy*. <https://www.rcot.co.uk/file/4068/download?token=RNJL4Lt6>

<sup>3</sup> The Royal College of Occupational Therapists (2018) *Making personalised care a reality: The role of occupational therapy*. <https://www.rcot.co.uk/promoting-occupational-therapy/occupational-therapy-improving-lives-saving-money>

<sup>4</sup> NHS England (2018) House of care: a framework for long term condition care. [www.england.nhs.uk/ourwork/clinical-policy/ltc/house-of-care](http://www.england.nhs.uk/ourwork/clinical-policy/ltc/house-of-care)

<sup>5</sup> <https://ihub.scot/improvement-programmes/place-home-and-housing/housing-solutions-change-programme/>

When considering the future delivery of social care services, the Royal College recommends using a universal, targeted and specialist approach to care.



The health and social care sector must work more closely with communities and community resources, such as libraries, to deliver a minimum universal offering. We need to build stronger communities to make health, housing and social care staff more accessible rather than only available in times of crisis. Very often people seek social care for reasons like loneliness or fear of falling which can lead to poor health and wellbeing and dependency if not addressed. Creating access points to occupational therapy expertise, such as offering advice and training to carers, staff and volunteers; working with communities to develop the role of existing resources; and widening intergenerational engagement would contribute to reducing or delaying the need for social and residential care.

## 2. How should integration authorities commission and procure social care to ensure it is person-centred?

RCOT believe that an important first step in achieving this would be a programme that raises awareness and explains to the wider social care, health and third sector staff group what service users are entitled to and where services are available. Self-Directed Support and personalisation should assist with this but there is more work to be done in this area.

There is a need to shift from long waits to a request-for-assistance approach, such as the model used in The Ready to Act Children's work<sup>6</sup>. By signposting those with less needs in a timely fashion, health professionals can consider needs when they first seek support rather than a potentially long wait before first assessment.

Currently there is significant disconnect between the person centred aspiration of Integrated Joint Boards (IJBs) and social care delivery. For example, when procuring services, organisations should be able to demonstrate values and behaviours that are person centred and have this assessed regularly. The role of occupational therapy in service commissioning, delivery and training staff would support a person centred

<sup>6</sup> Ready to Act: Interim report on implementation and recommendations (2018). <https://www.gov.scot/publications/ready-act-action-interim-report-implementation-5-ambitions-allied-health-children-young-people-community-ascotland-recommendations-2020/>

approach as well as supporting more occupational therapists into inspectorate and commissioning roles. An example of this is the co-produced falls service “Stepping Forwards Together”<sup>7</sup> in Grampian whereby an occupational therapist worked with service users and third sector partners to develop and deliver a falls programme. This involved working with voluntary “falls ambassadors” to visit communities and support behaviour change through self management.

Each integration authority should also align the needs of the specific local population identified in the locality plan to the commissioning of services to ensure the right support is available in the right place at the right time. Glasgow City Integrated Joint Board details this as “Locality Plans show how the Strategic Plan is being implemented locally and are updated each year to reflect feedback from stakeholders; ensuring services reflect local priorities, needs and community issues.”<sup>8</sup>

In the Royal College’s report, *Relieving the pressure on social care*, we advocate for a personalised approach to care. This includes:

- **Personalised packages of care** - Reducing the number of carers going into a person’s home (where appropriate) to assist with personal tasks makes it easier for care agencies to improve consistency in care. Single-handed care supports a person’s wellbeing by ensuring greater privacy, and fostering more personal one-to-one relationships with fewer carers.
- **Ensure people can make informed decisions** - It is important that anyone requiring information and advice regardless of funding eligibility has access to information on local services. The Kings Fund’s report *People in control of their own health and care*<sup>9</sup>, provides evidence that increasing people’s choice increases providers’ focus on quality of care.

### 3. Looking ahead, what are the essential elements in an ideal model of social care (e.g. workforce, technology, housing etc.)?

The future of social care should be based around a clear framework of delivery that enables identification of associated knowledge skills and behaviours and considers environment both social and built. To adequately support people, we must consider how they live within their home but also their access and ability to integrate and be part of with their wider communities.

Elements of an ideal model of social care would include suitable housing, investment in training, technology enabled care, capacity building in communities, funding for community rehabilitation, and a shift away from crisis intervention to a person centred model of care which can intervene much earlier.

#### Housing

Millions of UK homes are unsuitable for people with a disability or reduced mobility, with many posing a risk to the safety of their occupants. Just 7% of homes meet basic accessibility standards.<sup>10</sup> A decent and accessible home could mean the difference between continuing to wash and dress unaided and needing costly care.<sup>11</sup>

Occupational therapists are best placed to understand what adaptations are required based on the complexity of a person’s situation using the Person Environment Occupation (PEO) model. Using this model occupational therapists play a crucial role in prevention and improving health and wellbeing by enabling people to stay in their homes for longer. Access to straightforward adaptations can be accelerated by occupational therapists working with their Partnership colleagues locally to implement ‘Adaptations without Delay.’<sup>12</sup> This report by the Royal College, provided a new decision-making framework which considers how workforce and operational factors can support new integrated ways of working.

<sup>7</sup> <http://www.govint.org/good-practice/case-studies/stepping-forward-together/>

<sup>8</sup> <https://glasgowcity.hscp.scot/strategic-and-locality-plans>

<sup>9</sup> Kings Fund (2014) People in control of their own health and care. The state of involvement.

<https://www.kingsfund.org.uk/publications/people-control-their-own-health-and-care>

<sup>10</sup> Royal College of Occupational Therapists (2018) *Relieving the pressure on social care: the value of occupational therapy*.

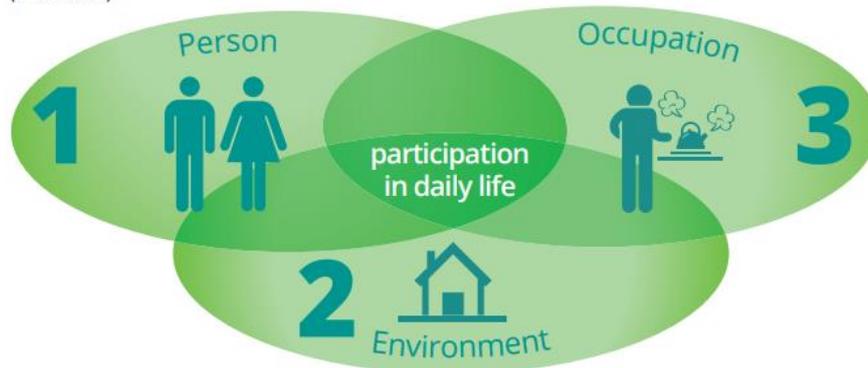
<https://www.rcot.co.uk/file/4068/download?token=RNJL4Lt6>

<sup>11</sup> Centre for Ageing Better (2019) State of Ageing in 2019. <https://www.ageing-better.org.uk/state-of-ageing>

<sup>12</sup> Royal College of Occupational Therapists (2019) Adaptations with delay. <https://www.rcot.co.uk/adaptations-without-delay>

## Occupational therapy approach

(PEO model)



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We also must not forget the surrounding community environment and how that may support health through occupation – community access, employment, education, physical activity or transport - when building new housing. Occupational Therapists have the knowledge and skills to work with housing associations, local authorities and housing developers to improve the levels of inclusive design in all new build and to incorporate specialised housing integrated within new housing developments. There are many examples of where this is already happening, particularly in the social housing sector but more needs to be done. There needs to be strategic changes to support this approach impacting the private sector - an area of work which should be further developed.

### Training

Occupational Therapists are helping develop courses which upskills and invests in support workers, such as the SCQF (Level 6) HNC in Promoting Reablement at Dumfries in Galloway College. This aim of this course is to enable support workers to help people remain independent for as long as possible in their own homes.<sup>14</sup>

Inter-professional training for all Allied Health Professionals (AHPs), nurses, social workers and medics, on the culture, behaviours and attitude of team members would strengthen integrated working practices and align models of care which currently sit separately as the medical or social care models. This would include adapting the multi-disciplinary approach to a more trans-disciplinary approach to care whereby all teams have a shared core set of skills. This would mean all of the team have skills and competencies to issue basic equipment rather than need to wait for a specific professional for the least complicated equipment.

### Technology

Using electronic assistance devices can make a major difference to supporting people in their daily lives and to stay at home. This can be a mix of off the shelf technologies (such as digital personal assistants) or more complex medical devices.

Technology options such as Attend Anywhere/Skype can help with remote access to rehabilitation and staff should be empowered to use these, with fast reliable broadband across the country being essential to this. As experts in personalised support, occupational therapists are key to promoting this approach to care both in assessing needs and through upskilling other staff to be more aware of what is available and how it can be used. The uptake of technology is essential – indeed the Health and Social Care Integrated Work force Plan attributes a 1% reduction in staffing needs as a result of effectively using new technologies.<sup>15</sup>

In 2019 East Lothian Health and Social Care Partnership's Community Occupational Therapy Service carried out a project that considered the use of technology to improve service delivery. This project

<sup>13</sup> Royal College of Occupational Therapists (2018) *Relieving the pressure on social care: the value of occupational therapy*.  
<https://www.rcot.co.uk/file/4068/download?token=RNJL4Lt6>

<sup>14</sup> <https://www.dumgal.ac.uk/dumgalportal/index.php?coursepostback=true&coursesearch=true&simplifiedescription=SPRA&keyword=reablement&moa=&aoi=&scqf=&location=&site=dumgal.area>

<sup>15</sup> <https://www.gov.scot/publications/national-health-social-care-integrated-workforce-plan/>

provided occupational therapy staff with laptops / tablets to assist with their daily tasks. Data for the final evaluation report is still being analysed but there are several initial positive outcomes from the project:

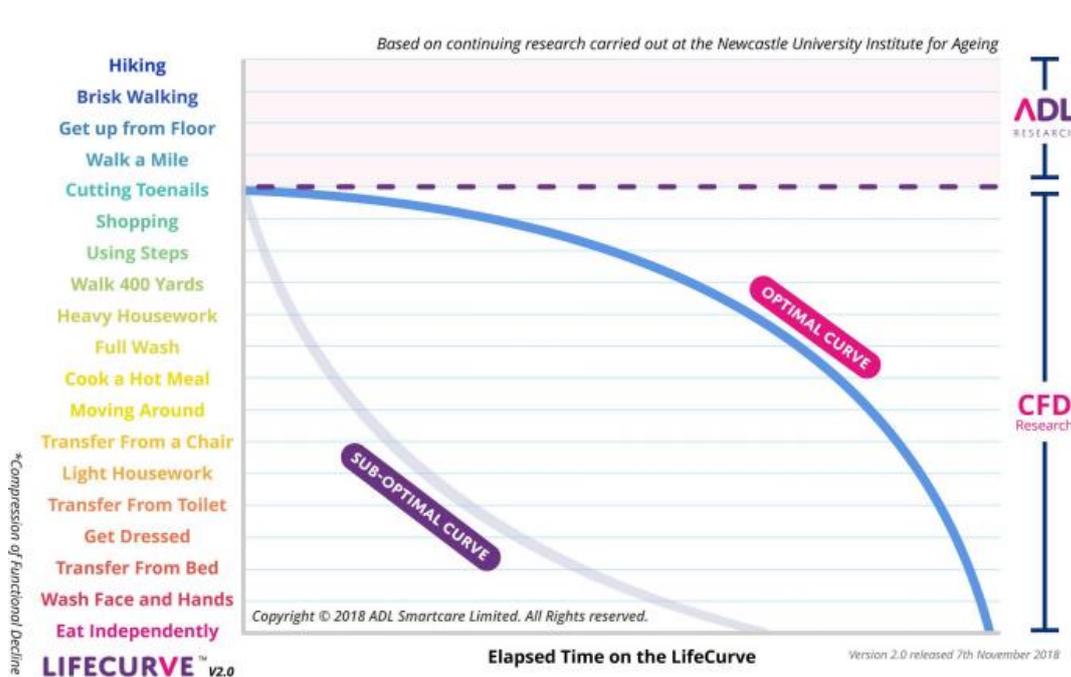
- Reduction in waiting times for an occupational therapy assessment from 38 weeks to 8 weeks (February 2020).
- Time taken to complete an occupational therapy assessment report has reduced from 1.5 hours to 45 minutes (February 2020).
- Increased ability to work remotely and therefore more efficiently.

### Community rehabilitation

Funding community projects that work at a prevention level, which invests in early intervention and moves away from a more reactive crisis management approach is crucial. This is shown to deliver better outcomes for individuals and to be more cost effective.

There is a need to promote and support a sense of community and to tackle stigmatisation of marginalised groups, to ensure connection and wellbeing for people with mental and physical health needs or with both needs. A positive risk enabling approach rather than risk prevention when considering interventions (e.g. support/care provision).

Furthermore, using tools such as the LifeCurve™, increases understanding on how individuals are aging regardless of actual age; and when used to support early intervention it demonstrates that people can change the course of their ageing journey as well as offering better cost effective outcomes for people.<sup>16</sup>



#### 4. What needs to happen to ensure the equitable provision of social care across the country?

RCOT has outlined the following that should be considered to ensure equitable provision:

- It is important that the need for adequately resourced rehabilitation is considered as part of the essential elements to social care in Scotland. Currently, these resources vary across the country. This needs to be addressed and carefully considered in remote and rural areas as well as urban locations.

<sup>16</sup> Gore at al (2018) *Following the Lifecurve Model to inform practice (New Horizons in the Compression of Functional decline)*  
<https://academic.oup.com/ageing/article/47/6/764/5079486>

<sup>17</sup> <https://adlsmartcare.com/>

- Integration of services in Scotland has presented opportunities for occupational therapists to review how services are delivered to reduce “patient handovers.” For example, in Glasgow City, previous systems meant that service users would see different occupational therapists in separate teams for specific parts of their care journey (e.g. a different occupational therapist for each need such as rehabilitation, stair lift provision and for basic anxiety management). Service redesign, which is competencies based, would now mean that in many areas all of these tasks would be covered by the one occupational therapist who is able to use all the skills that they gained through undergraduate training.
- Investing in broadband that is sufficient to support video conferencing to provide remote support for staff or patients, to deliver rehabilitation across the country and to support access to more training held centrally.
- There should be a review of leadership structures within integration authorities to ensure those with the best skills can influence change. Transformational change must be driven by a different skill mix group, than the traditional doctor and nurse model, and occupational therapists have a key part to play in this as they work in health, social care and the third sector.
- There needs to be a shift from crisis response to early intervention. Occupational Therapy has already contributed to training and development of care staff to help identify a change in needs quickly and to support a wider group of people have the skills to address low level needs following a universal model of care, without the need to escalate to another team member. This should be further strengthened at a locality level, making responses to referral quicker and less bureaucratic and to focus on “what matters to you”.