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**SCOTTISH LABOUR  
NATIONAL CARE SERVICE CONSULTATION AUGUST 2020  
SUBMISSION FROM THE ROYAL COLLEGE OF OCCUPATIONAL THERAPISTS**

The Royal College of Occupational Therapists (RCOT) is the professional body for occupational therapists. Occupational therapists work in the NHS, Local Authority social care services, housing, schools, prisons, care homes, voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapy improves health and wellbeing through participation in occupation. The philosophy of occupational therapy is founded on the concept that occupation is essential to human existence and good health and wellbeing. Occupation includes all the things that people do or participate in. For example, caring for themselves and others, working, learning, playing and interacting with others. Being deprived of or having limited access to occupation can affect physical and psychological health.

The Royal College welcomes Scottish Labour's call for views on the development of a National Care Service. This response will outline how the occupational therapy profession and other allied health professionals can support an enhanced social care provision. Our key recommendations for a new Care Service are:

- 1. Ensure parity between health and social care**
- 2. Adequately resourced rehabilitation should be considered an essential element of social care in Scotland.**
- 3. Remote, rural, and urban areas should have parity of access to services and the differing needs of these diverse populations taken in to account.**
- 4. There a need to provide a more standardised approach to housing policy.**
- 5. Additional funding and workforce capacity is required to develop a sustainable multidisciplinary service to support individuals to continue living as independently as possible.**



## 1. Puts People Before Profit

For a growing number of people the need for social care is essential, not just desirable. Through the effects of ageing or changing circumstances, everyday activities that many people take for granted can quickly become challenging at best and impossible at worst.<sup>1</sup> It is vital that the public are involved in the planning of social care services and the essential contribution of these services is promoted, understood, and valued.

The Royal College supports a move away from a fundamentally medical model of care to one which promotes person-centred care. The costs and benefits of services should be more transparent to enable the public to make informed decisions about their support.

As one of the allied health professions, occupational therapists focus on making the things that matter to people possible again. By supporting a person's ability to participate in daily life, occupational therapists put people before profit whilst providing cost effective support by:

- identifying the right support to address people's needs, at the right time
- teaching strategies and identifying home adaptations to keep people as independent as possible
- addressing barriers which prevent to people staying connected within their local community.<sup>2</sup>

Involving people in their own support choices and sharing information more widely allows people to potentially plan ahead. Initiatives such as "Housing Solutions Conversations" encourages people to think much earlier about their future housing needs.<sup>3</sup>

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>4</sup>. By signposting those with less needs in a timely fashion, health professionals are able to consider needs when they first seek support rather than a potentially long wait before first assessment. A shift to earlier intervention is key, as long waits for services lead to deconditioning and reduced function, whilst negatively impacting on mental health and wellbeing.

We must advocate anticipatory care planning and "realistic medicine"<sup>5</sup> to:

- help people make the decisions which are right for them

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

<sup>4</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/>

<sup>5</sup> <https://www.realisticmedicine.scot/>



- inform a person of what's available to maintain function/maintain independence and
- support them at home to support appropriate decision making.

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.
- **Ensuring 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>6</sup>, provides evidence that increasing people's choice increases providers' focus on quality of care.

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 much earlier more enabling, person centred, model of care.

## 2. Provide National Direction and Consistency

Whilst locality working and the implementation of the Christie Commission Report<sup>7</sup> supports the uniqueness of Scotland's diverse communities, there are general aspirations and approaches which would direct and align a national approach. Parity between health and social care is essential – with more people being supported to remain out of acute health settings, to self-manage and to remain in their communities the significance of social care and the importance of this to whole system working must be acknowledged in terms of recognition, esteem and funding. 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>8</sup> Making

<sup>6</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>7</sup> Christie Commission Report on the future delivery of public services (2011)  
<https://www.gov.scot/publications/commission-future-delivery-public-services/>

<sup>8</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>



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”<sup>9</sup> The word care implies being unable and done to. An “active lives” model tackles this with an *every moment counts* and how do we get people meaningfully involved attitude. A national shift to an asset based approach - *do with* rather than *do to* would enable or reable people to live rather than exist with long term illness and disability.

A programme that raises awareness and explains to the wider social care, health and third sector offer is crucial to help modernise user, population and wider staff group expectations. There is also a need to promote the importance of prehabilitation, rehabilitation and reablement to facilitate optimum level of personal function and to decrease need for services, where possible, for those who need services as some point in their life whether they are in their own own home or in a care home. Self-Directed Support and personalisation should assist with this but there is more work to be done in this area.

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 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>10</sup> in Grampian, where occupational therapists worked with service users and third sector partners to deliver a safe falls programme. This involved working with voluntary “falls ambassadors” to visit communities and support behaviour change through self-management.

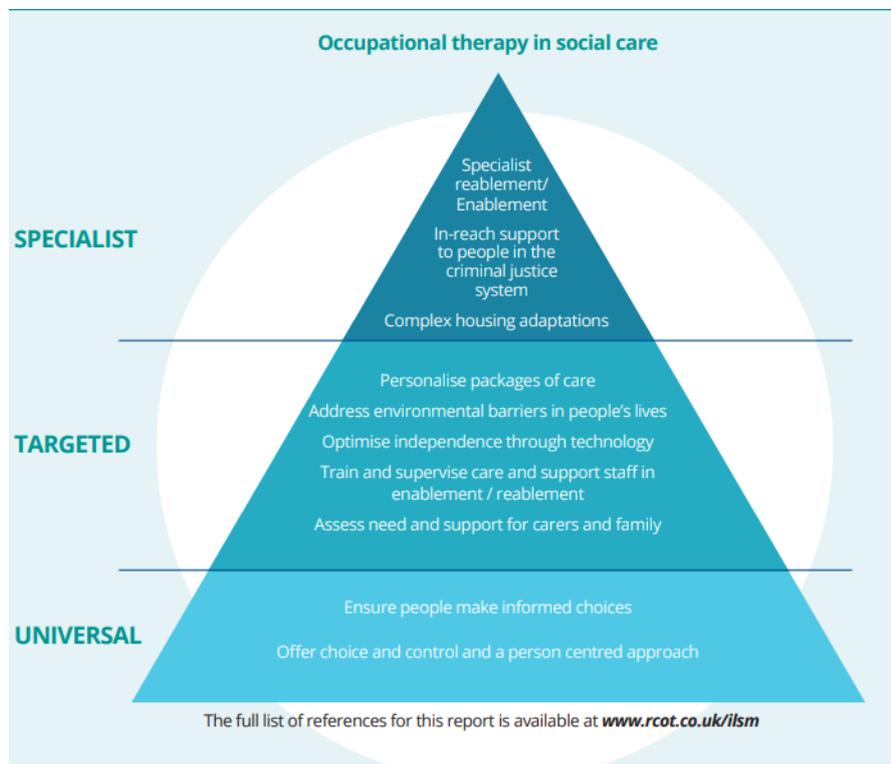
However, across Scotland there is the challenge of differing priorities, different referral criteria and different provision. Realistic local conversations are required to manage expectations. The relationship between the person requiring support and those providing it is important. There should be clear guidance on how and when the NHS is accessed when specialist help is required but going forwards we should continue to work to make it easier for the social care sector to engage and access timely support at a targeted and universal level.

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

<sup>9</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>10</sup> <http://www.govint.org/good-practice/case-studies/stepping-forward-together/>



There is also a need to provide a more standardised approach to housing policy, which the Royal College has welcomed in its response to the Scottish Government consultation on a new Housing to 2040 strategy.<sup>11</sup> 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>12</sup> A decent and accessible home could mean the difference between continuing to wash and dress unaided and needing costly care.<sup>13</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>14</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>11</sup> Royal College of Occupational Therapists (2020) Consultation Response: Housing to 2040.

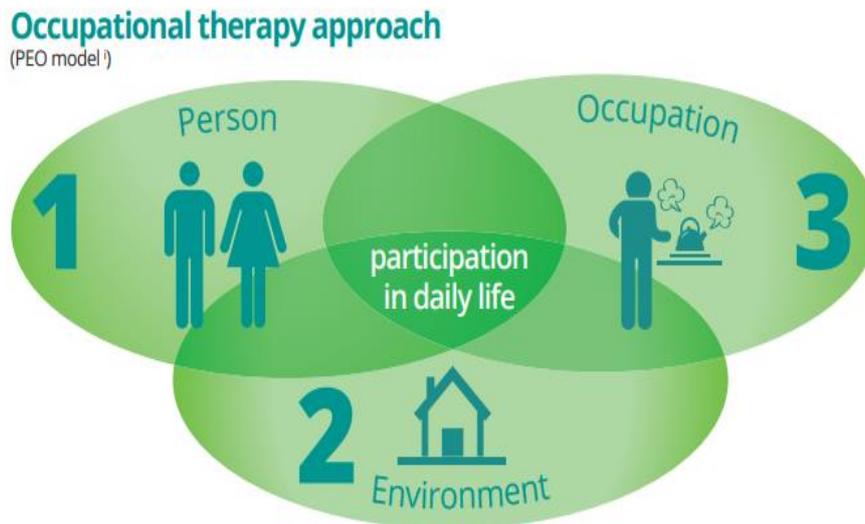
<https://www.rcot.co.uk/practice-resources/policy-legislation/consultations/closed/scotland>

<sup>12</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>13</sup> Centre for Ageing Better (2019) State of Ageing in 2019. <https://www.ageing-better.org.uk/state-of-ageing>

<sup>14</sup> Royal College of Occupational Therapists (2019) Adaptations with delay. <https://www.rcot.co.uk/adaptations-without-delay>



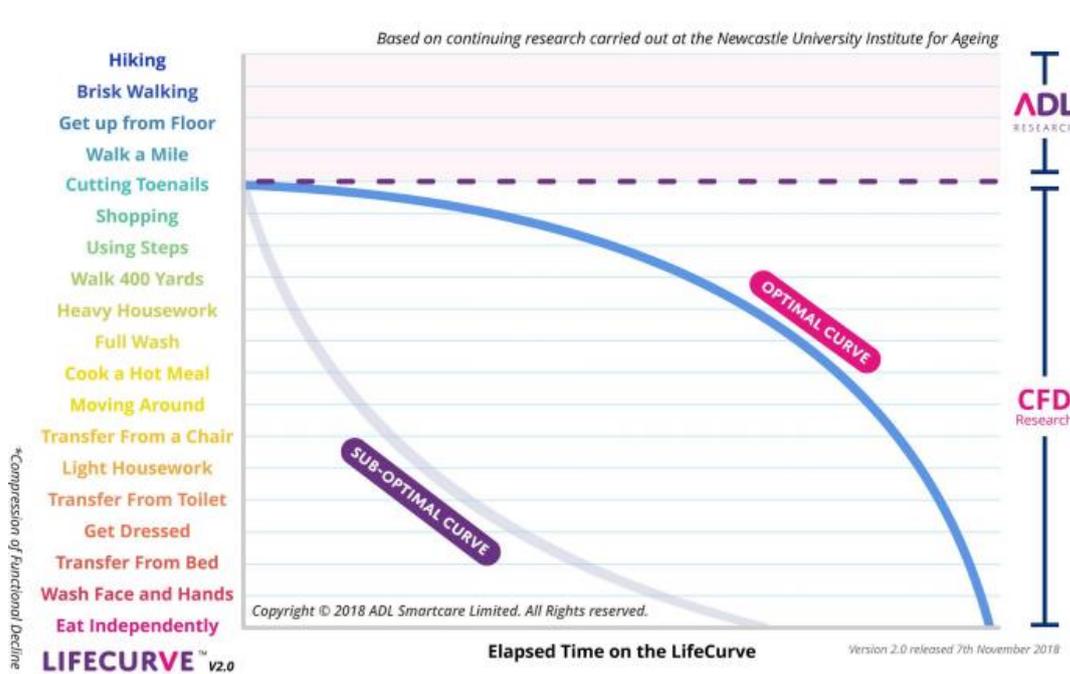
We also must not forget the surrounding community environment and how that may support health through occupation – community access, employment, education, physical activity or transport - when building new housing. Occupational therapists have the knowledge and skills to work with housing associations, 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. 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) is a strong way forwards.

Furthermore, using tools such as the Lifecurve<sup>15</sup> 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>

<sup>15</sup> <https://www.adlsmartcare.com/Home/LifeCurve>

<sup>16</sup> Gore et 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>



17

### 3. Supports Local Delivery with Public Control and Accountability

To support local innovation, there should be a review of leadership structures within integration authorities to ensure those with the best skills have the opportunity to influence change. Transforming care differs from transferring care, which is why this must be driven by a different skill-mix group, wider than the traditional doctor and nurse model. Occupational therapists, and other allied health professions have a key part to play in this, as they work in health, social care and the third sector.

The Royal College believe it is important that adequately resourced rehabilitation is considered an essential element to social care in Scotland. Currently, these resources vary across the country. Particularly, service provision needs to be considered and reviewed in remote and rural areas, ensuring ease of access is equal to urban communities. Additionally, the needs and priorities of each population group should be supported by intelligence-driven locality plans. Measurement must include outcomes and follow a “what matters to you” model which is not just driven by quantitative data gathering.

For example, the integration of services in Scotland has presented opportunities for occupational therapists to review how services can reduce “patient handovers.” In Glasgow City, previous systems meant service users would see a different health professional or occupational therapist as they moved through each part of their care journey. This could include a different health professional for rehabilitation; stair lift provision; and anxiety management (to highlight a few).

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



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Through a competency-based service redesign, patients can cover much more, or all, of their rehabilitation journey with support and leadership from one occupational therapist. This profession is an existing resource, with the required skills being taught during undergraduate occupational therapy training.

This new approach has enhanced team working between other health and social care colleagues and promotes the shared aspiration of supporting people to remain in their own homes for as long as possible.

The Royal College also believes the following must be considered when planning innovative, transparent local services:

- Sharing of patient information between health professions and services can improve outcomes and improve service efficiency. For example, providing A&E AHP staff with access to the community rehab, community mental health, and council home care systems, will allow the team to review all the information and identify risks. This will prevent duplication; improve communication and encourage cross-team discussion with acute colleagues to identify issues and areas for development.
- Investing in broadband, video conferencing equipment, and remote consultation services can transform service provision across the country. However, we must also understand there is a need for a blended approach as technology will not always suit individuals needs and use remote service delivery could add extra pressure on unpaid carers.
- There needs to be a shift from crisis response to early intervention. Occupational therapists have already proven their ability to provide a level of universal care to a wider group of people, through contributions to training and development of care staff. 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”.
- Fostering links and effective working relationships with the care home sector is vital, as these services are often an important part of a local community. Intergenerational working with care homes can support this, such as through the Duke of Edinburgh Award Scheme.

#### **4. Offers Good Work**

Acute care services support people and save lives though a medical model of care. It is, however, social care which enables people to continue living their lives in their own home or homely setting once they are discharged from acute services. A parity of respect and funding for acute and social care is urgently required. To support a care workforce which is valued and adequately supported, we must:



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- Across all levels of educational programmes, ensure health and care staff are taught about rehabilitation, goal setting and the importance of asking “what matters to you” as the basis of any intervention.
  - Rehabilitation and reablement skills should be included as an essential skill within the current minimum educational standard for social care workers (SVQ /SSSC). For example, in Dumfries and Galloway, occupational therapists and other AHPs have developed an SQA qualification in promoting reablement.
  - Encourage the next generation to consider a career in Health and Social Care. S5-6 pupils in Dumfries and Galloway, pupils undertook discreet modules within the NPS as part of ‘developing the young workforce’ training. The local authority also uses a partnership approach with local colleges to support workshops and qualifications for health and social care staff.

Regional examples of best practice include:

- In Dumfries and Galloway, all support staff in reablement undertake the double credit (NHS Band3 / LA Band5) to help ensure there is underpinning knowledge and skills. This allows delegation of therapeutic activities within the home to maximise opportunities for independent living, safety and participation.
- In NHS Highland, competency development and mentoring for reablement workers is in place to optimise skills in health and social care teams
- In Fife, the approach of learning disability services is always about individual, and about activities important to the individual – beyond just ‘proving activity’. The training helps those providing support to understand the benefit of purposeful activity at all levels. Training and support can help teams focus, feel motivated, and confident in their skills. The challenge often is that teams fall back into old habits when things such as staffing are difficult, so ongoing consultancy, mentoring and support can be crucial.

## **Contacts**

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