Living, not Existing:
Putting prevention at the heart of care for older people in Scotland
To view the Royal College of Occupational Therapists film
*Value of Occupational Therapy*
visit: www.rcotimprovinglives.com
We are increasingly being told that social care in Scotland is facing a crisis, with recent figures showing that each week up to 12,000 hours of social care is going unmet.\(^1\)

What we hear about less often is the unpalatable truth that this pressure has created a ‘high volume, low margin’ approach to caring that has a dehumanising and isolating effect on the oldest and most vulnerable members of our society, despite the very best efforts of those involved in the provision of social care.

Similarly, many commentators are quick to call for ‘something to be done’ but are less forthcoming about what that something should look like.

Building on the College’s previous report *Reducing the pressure on hospitals (2016)*,\(^2\) in this report we focus on the contribution that occupational therapists can and do make in order to give older people back their dignity and help NHS and social care services to work better together and be more efficient.

The recommendations in this report present an opportunity to take a step back, to reframe how we approach assessing and providing for people’s needs in older age. At the heart of our recommendations is evidence that doing the *right* thing for individuals can actually reduce their need for expensive care long-term.

Too often, councils tell people what social care service they will get, based on what it is most efficient to provide, instead of asking what they really need. This gap between the service people get and the services they really want leads to costs arising elsewhere; for example, a costly hospital admission as a result of a fall by a gentleman who wanted to get up at 8am when the council could only arrange a carer visit at 10am.

Occupational therapists are trained to work with the whole person. Our profession’s approach is rooted in working with individuals to establish what activities matter to them and to set goals to help them maintain or regain their ability to do them.

This may mean a period of intense support or home adaptation in the short term. But once goals are met, the need diminishes and support can be safely reduced or even withdrawn. The older person retains their right to self-determination, independence and self-esteem while the taxpayer gets a saving in the long term.

We also set out a vision for how occupational therapists can proactively intervene within primary care. They should be commissioned to work with older people as they *begin* to become frail. Helping in small ways early on, can prevent or delay the need for more intensive support following a crisis. This type of service requires up front funding from the Integrated Joint Boards but has the potential to provide savings in the longer term.
For too long, we have collectively wrung our hands and exclaimed that something has to be done to ‘fix’ the social care system. Clearly some big-ticket items need to be fixed, including long-term funding arrangements, but within this report we are seeking to provide some concrete solutions. What we set out are evidence-based, positive recommendations to make things better for the people who need our care.

At present, the contribution made by occupational therapy isn't widely understood. The time has come for that to change. Because of their unique set of skills, occupational therapists are perfectly placed to address what is needed right now. Leaders across the health and social care sector owe it to both the people entrusted to their care, and the taxpayers who fund that care, to take notice of this report’s findings and act upon them.

In return, we commit as an organisation to doing whatever it takes to help.

Julia Scott
Chief Executive Officer
Royal College of Occupational Therapists
Executive summary

The case for change
The refocus in healthcare delivery from acute, reactive care to an integrated, health improvement approach is key to the Scottish Government’s 2020 Vision. This report concentrates on the contribution that occupational therapists can make to achieve this, using three service examples collected over a 12-month period.

Primary care is facing unprecedented demand, with GP practices responsible for supporting a high volume of people living with multiple health and social care problems. The Scottish Government’s shift in focus from acute to primary care will potentially further increase GPs’ workloads. The 3-year programme to improve recruitment and retention of GPs, to allow them to delegate some services to other healthcare professionals, will take a number of years to have any significant impact on freeing up their time.

The Primary Care Transformation Fund is designed to support services to offer a wider choice of options for people using care and support to improve their health and wellbeing. The Royal College of Occupational Therapists (RCOT) welcomes the Scottish Government’s commitment to the Active and Independent Living Fund with its three AHP Regional Improvement Advisers. As experts in occupation, occupational therapists are part of the solution to ensuring best use of GPs’ time and skills, together with supporting the quality of life and wellbeing of the local population. As older people are recognised as the main users of health and social care, this report focuses on the value of occupational therapy in enabling them to live well within their communities, both urban and rural.

Why occupational therapy?
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, in doing so, return the autonomy, choice and control.

Occupational therapy is unique in seeking to understand how people have already adapted successfully to change and how they are managing the consequences of frailty and ill health. That might mean helping someone to be able to make a cup of tea for themselves, when they want one. For other people, getting out of the house to a café to see friends will help them to reconnect with their social support network and prevents feelings of depression.

Many older people talk of simply existing, not truly living. This is a sad indictment of how we treat the oldest and most vulnerable members of our society.

Finding ways to enable older people to continue to participate in daily life through problem solving, learning or relearning skills and making adaptations not only improves peoples’ lives but also makes more effective use of public money. When people’s needs are not met they come to rely on other services. Too much social care reverts to long-term support, reducing older peoples’ autonomy over how they live their lives day-to-day. This has a dehumanising and disabling effect, which leads to dependence and strips older people of their vitality and self-esteem.

Recent policy in health and social care recognises the importance of access to information and advice when needed in order to support people ‘to maintain their health and wellbeing, manage ill-health and have the confidence to participate fully in shared decision-making’.

The Active and Independent Living Improvement Programme (AILIP) is designed to support services to deliver on improving the wellbeing of the older population and preventing acute or crisis episodes in key areas such as falls and dementia. We must, therefore, refocus on creating services that help older people to do as much as they can for themselves, for as long as they can; seeing a person’s overall wellbeing rather than simply a set of support needs. Short-term, intensive reablement can result in a better quality of life and outcomes for older people, and reduce costs for providers.
The Royal College of Occupational Therapists (RCOT) is calling for all Integration Joint Boards to appoint an AHP Director to action and be responsible for reporting on outcomes in three key areas.

Occupational therapists have a role in:

1. **Prevention or delaying the need for care and support**
   - The RCOT recommends that more occupational therapists are based within primary care to prevent or delay the need for care and support.
   - **For action by:** NHS Boards, local authorities, GPs, providers of primary care services.

2. **Helping older people to remain in their communities**
   - The RCOT recommends that occupational therapists are deployed to develop person and community-centred approaches to ensure older people live independently for as long as possible in their communities.
   - **For action by:** Local authorities, community and health service providers.

3. **Ensuring equality of access to occupational therapy**
   - The RCOT recommends that partnership agreements are formally developed across local housing, health and social care sectors to ensure all older people irrespective of social, economic or housing circumstance, have access to occupational therapy.
   - **For action by:** Local authorities, community and health service providers, care home and housing providers.
The RCOT recommends that more occupational therapists are based within primary care to prevent or delay the need for care and support.

For action by:
NHS Boards, local authorities, GPs, providers of primary care services.

Rationale
The GP workforce is under immense pressure. The number of people aged 75 years of age and over will rise by 60% between 2004 and 2031, with two-thirds of people aged over 65 years having a long-term condition. The ageing population and increased prevalence of long-term conditions have a significant impact on health and social care.

The Royal College of General Practitioners Scotland has called for ‘enhancement of multi-professional practice teams’ to address health inequalities. It is important to encourage access to a wider primary care team and to support people to use services appropriately through better signposting and also by making it easy for people to seek advice beyond the GP service.

The inclusion of occupational therapists within integrated teams will allow them to address health and social care needs within people’s homes. A ‘clear fit’ has been identified between the holistic, health promoting nature of occupational therapy and primary care.

Occupational therapists are also ideally placed to take on roles in care coordination for people identified as frail or living with more than one long-term condition.

The design of services must include structures and processes to enable occupational therapists to work closely with GPs and primary care colleagues. This means:
- Occupational therapists based within GP clusters
- Primary care teams having direct access to occupational therapy
- Ensuring that the disciplinary skills mix of integrated teams reflects the actual needs of the local population.

By utilising their specialist skills and approaches, occupational therapists can make cost savings for services whilst improving wellbeing outcomes for people.

Prevention or delaying the need for care and support
Service example 1. Aberdeen City Health and Social Care Partnership

has a series of community initiatives to prevent and reduce the risk of falls:

• **The Brimmond Project** – the project involved an occupational therapist based in a GP practice, screening people at risk of falls and advising on prevention measures or referring on appropriately.

• **Carers Exercise and Information Group** – a strength and balance group set up for carers and cared-for people to attend. The Timed Up and Go (TUAG) test measures general mobility; a TUAG taking 15 seconds or over is indicative of increased falls risk. On average, participants’ scores improved by 1.42 seconds and by 4.39 seconds for the Sit to Stand test.

• **Booklets** – on self-assessment (encouraging people to identify their own falls risks) and self-management – *Conquer your fear of falling* booklet.

• **Locality based falls clinics**. To evaluate the service, patients were randomly selected and interviewed by non-falls clinical staff. Each patient was sent a transcript of the interview and was asked to verify that it was a true representation of their experience. 100% found the clinic useful and over 80% felt valued, respected and listened to. Carer feedback prompted leaflets to be displayed in a more accessible way and a wider range of information was made available. Some patients were having difficulty getting to the clinic, this was resolved by working with Aberdeen Council of Voluntary Organisations (ACVO), to offer free transport for patients who were unable to travel safely use public transport.

Eileen and John’s story

*Eileen and John joined the local Carers Exercise and Information Group. ‘From the first moment when we were with the occupational therapist, it was obvious that this would not be a “top-down command” type of course. The initial discussion with the occupational therapist and with the support worker accompanying her was about what our aims and our hopes for the course of exercises were.’*

‘This readiness to listen and respond made it so much easier to actually make suggestions and give opinions. Their obvious knowledge of the physiology of what we were doing never became the means to close down questions or suggestions. This has made a considerable difference to the quality of our life because we are now more mobile; we have started going out to more things with confidence; to lunch, to concerts, for walks. A second important change is that we have become aware of and enjoy regular exercise, whereas previously we did little and felt generally sluggish and tired, we now feel not only more sprightly (at 86 and 81!) but more alive.’
The RCOT recommends that occupational therapists are deployed to develop person and community-centred approaches to ensure older people live independently for as long as possible in their communities.

For action by: Local authorities, community and health service providers.

Rationale

Older people want to remain in their own homes. This choice is embedded within the National Health and Wellbeing Outcomes – ‘People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community’.13

The RCOT recognises the vital contribution that equipment and adaptations can make to achieve this outcome. Yet, by only focusing on the provision of equipment, occupational therapists are not addressing the wider occupations that maintain or improve people’s quality of life. Although as people age they spend more time in their home,14 accessing the community and being involved in social activities are essential for wellbeing and health.15

With national outcomes in place, occupational therapists should be deployed to work with older people to tap into community resources and structures to support them to make choices about how they live their lives. The profession can offer advice to community providers on adapting their approach in order to be accessible for people with multiple needs. The design and structuring of occupational therapy should reflect the best use of this expertise. Occupational therapists are able to act as a catalyst in establishing a ‘promoting independence’ ethos16 to help a person achieve personalised outcomes.

In addition, occupational therapists have a pivotal role in providing advice and training for the older person and their support (i.e. family, carers and reablement workers). This should address how to undertake daily living activities, teaching techniques and advising on assistive technology, equipment and adaptations. This has the overall aim of enabling a person to retain independence, minimise care costs and remain safe in their home. This also helps to reduce the levels of stress experienced by carers.17 18

To deliver on this recommendation, the design of services should enable occupational therapists to take a community-wide approach. This would mean that occupational therapists:

- Take on leadership roles to provide expertise and mentoring to community services
- Train paid carers and community workers to encourage a personalised and enabling approach to care and support
- Work within communities to improve accessibility to existing resources and services for older people with complex needs
- Advise on the provision of equipment and adaptations to improve older peoples’ independence beyond the home
- Contribute to developments that support self-assessment of standard equipment and minor adaptations for people with less complex needs.

By utilising these specialist skills and approaches, occupational therapists can make cost savings for services while at the same time, improving wellbeing outcomes for people and reduce unnecessary care packages, such as, for example, the need for two carers for one task (i.e. double-handed care).19
Service example 2. Bon Accord Care, Aberdeen

The occupational therapists work alongside homecare managers, team leaders and support workers to embed a prevention-focused approach to encourage people’s active involvement in their own care. Occupational therapists deliver a 12-week training programme to care staff working in sheltered and very sheltered housing. A champion model ensures sustainability of the approach. Results are:

- To date (January 2017) 187 care staff have gone through the programme.
- Consistent improvements in verbal and written communication by care staff.
- Timely onward referral for specialist assessment to prevent deterioration or crisis in care
- Improved independence of older people in daily living, leading to a reduction in planned care.

‘There is a complete turnaround regarding one of our service users who is now actively participating in his care which he previously expected care staff to carry out.’

‘The service promoted enablement of people and as a result care plans sampled were written clearly, detailed and were person-centred. We read some excellent examples that showed participation from service users.’

Care Inspection Report, 2016

The Telecare Service in Aberdeen provides safety and reassurance for people living with dementia to remain at home.

- 2500 people in Aberdeen are supported to live in their own home with Telecare
- Of these, 387 are living with dementia.

Developed over the last 3 years, the Telecare Service aims to assist people to get home from hospital and prevent or delay admission to a care home. Following assessment, it provides specialist equipment, such as GPS devices and lifestyle monitoring. The service receives a large proportion of their referrals from occupational therapists as they focus on the home environment and the daily routine of the person. They can see how telecare and other interventions link together to support the person to remain as independent as possible and safe at home.

Occidental therapists are part of the Technology Enabled Care Project in Aberdeen (funded by the Scottish Government) to raise awareness of the benefits of telecare. They have developed a screening tool to be used across all sectors, which will help other professionals to identify when telecare can assist their service users. Their work as part of this project has focused on the acute sector, care homes, intermediate care and housing.

In the first year of the project the referral rate from the acute sector increased 100%. Overall the referral rate over the last 5 years has increased by 154% and the installations have increased by 247%.

‘Telecare saved my life.’
‘It gives us great peace of mind if Mum leaves the house during the night.’

Maggie’s story

‘My wife had to have surgery for a bleed on the brain. Although Maggie got physically better after the operation, her thinking was muddled. The occupational therapist on the ward said Maggie needed help with certain things like washing, dressing and making a cup of tea. She forgets and loses track of what she is doing. Without someone watching her she might do things like put on her trousers but not her underpants. On the ward she kept forgetting to use her walking stick and she had a fall. Also she kept wandering around the ward at night when everyone else was trying to sleep. I wanted her home, she wanted to come home, but I was not sure how I was going to manage.

The occupational therapist suggested using a telecare system. I had never heard of it but my son took me to a session where they show you the equipment and how to use it. A telecare engineer came to the house and fitted what they call Property Exit Sensors. They are connected to a pager and alert me if Maggie goes outside at night. Maggie also wears a pendant for her community alarm and a wrist fall detector, so I know if she has had a fall and we can get help.

The alarms and sensors give me peace of mind and this means I’m not trapped – I can still go out and if Maggie wants to stay at home she can.’
The RCOT recommends that partnership agreements are formally developed across local housing, health and social care sectors to ensure all older people irrespective of social, economic or housing circumstance, have access to occupational therapy.

For action by: Local authorities, community and health service providers, care home and housing providers.

Rationale

Everyone has the right to access advice and support in order to maintain their health.

Vulnerable people should be treated with dignity and respect as equal members of society, entitled to enjoy the same rights, dignity and privileges as any one of us would expect.20

The Scottish Government states the main purpose of services is to improve the wellbeing of service-users, taking into account their needs and levels of participation within their community. Integrated services should be designed to anticipate needs and prevent them arising, by making best use of local facilities, people and other resources.21

The Royal College of Occupational Therapists wants to ensure that older people are able to access the appropriate expertise to address their needs. Wholly accessible occupational therapy services may range from signposting people to appropriate services and technology to delivering interventions in care homes for residents with complex and end of life care needs. Occupational therapy assessment identifies solutions for maintaining or re-engaging with occupations that matter to the person. This enables and empowers them to make choices and to take an active part in decision making.

Equality of access should be the guiding principle for older people who, due to their age and health, are unable to care for themselves and keep themselves from harm. If equality of access to occupational therapy is to be achieved, the design of services must enable occupational therapists to widen their approach in order to meet the varying needs within their local communities. This means:

- Resourcing occupational therapy services sufficiently so that they can take referrals from all sections of society, including hard to reach groups
- Providing information to the public on ageing well and adapting the home to meet changing needs
- Providing opportunities to establish and maintain partnerships across sectors, for example housing, voluntary organisations, private providers and social enterprises
- Providing access points to occupational therapy advice for community teams such as home care and reablement providers
- Training and mentoring roles, for example to care home staff.

By utilising their specialist skills and approaches, occupational therapists can make cost savings for services whilst improving wellbeing outcomes for people.
June’s story
Following a diagnosis of dementia, June was finding it increasingly difficult to manage daily activities. She was losing her confidence and worried that she could not continue to live at home on her own.

An occupational therapist worked through the Home Based Memory Rehabilitation Programme with June. ‘I used to go out shopping and then realise that I didn’t have any money on me. Now when I go out shopping I look at my list on the cupboard door that reminds of what I need to take. I have to get my walking stick, I check I have my keys and money and put them in my handbag.

I used to get in a muddle with phone calls. The occupational therapist suggested I keep a notepad and pen by the phone. I now write down what I need to remember from the phone call and read it back to the caller to check.

All these things, the calendar, my routines for going out and answering the phone have helped me tremendously and given me confidence to cope.’

Find out more about June’s and others stories at: https://dghealth.wordpress.com/2016/05/13/one-small-step-for-dumfries-and-galloway-one-giant-leap-for-scotland-by-wendy-chambers/

Service example 3. NHS Dumfries and Galloway
The mental health occupational therapy service delivers the Home Based Memory Rehabilitation Programme (HBMR). This early intervention programme, taking a cognitive rehabilitation approach, is tailored to individual need and aims to reduce the demand on care givers. Occupational therapists teach and reinforce a range of compensatory memory strategies to support the person to continue their daily routine. The occupational therapists work in partnership with Alzheimer Scotland Dementia Link Workers and others involved in the delivery of post diagnostic support.

Outcomes:
Following a 3-month review, an increase in memory strategies was reported which correlated with a decrease in memory problems. Participants found the strategies helpful and it demonstrated that people in the early stages of dementia are able to learn and retain new information. A further review, 1 year post programme, has reinforced that people can retain and rely on the new habits and skills and so continue to benefit by successfully compensating for their memory difficulties.

To date, the program has been completed with over 100 people locally.
Data show that over 95% of people can and do maintain and retain the number of memory strategies they use daily.
• The average number of strategies used increased from 2 (prior to the program) to 5 at the 3-month review, and then 4.63 at 1 year on completion of the programme.
• The average number of self-reported everyday memory problems (scored out of 8) decreased from an average of 4.5 to 3 at the 3-month review and remained decreased at 3.2 on completion of the programme.

The programme was initially piloted by two Band 5 occupational therapists. The cost of an assessment followed by 4-6 sessions with a Band 5 occupational therapist comes to approximately £432-£592. In contrast the cost of a home care worker at £20 per hour once a week equates to £1,040 for a year. The programme has been adopted within the Mental Health Occupational Therapy Service. It is now being rolled out to 12 Health Board areas in Scotland with the support of a strategic partnership with Alzheimer Scotland and Queen Margaret University.

‘The ambition is that people will have equitable access to this occupational therapy early intervention during the post diagnostic support period.’
Local health and social care provision should reflect the breadth of occupational therapists’ skills and how they could be used more effectively to meet older peoples’ needs. To achieve this, the Royal College of Occupational Therapists recommends a review of the occupational therapy workforce to evaluate current service delivery and the potential to impact on health improvement outcomes.

The Royal College of Occupational Therapists recognises the difference that equipment and adaptations make to older peoples’ lives and the cost-effectiveness of these services. Service design should, however, allow occupational therapists to expand their roles in enablement and rehabilitation, giving them the scope to redesign interventions to meet local needs and expectations and to move towards a more preventive and enabling approach.

To further develop how services are delivered and to remove barriers to accessing occupational therapy, service design must position occupational therapists so that they can:

- Engage directly with GPs, either by being based within GP practices or within integrated teams that have direct links with local practices.
- Take on leadership roles working with community providers to provide training, coaching and expertise to ensure all carers and staff take a person-centred, enabling approach to working with older people.
- Be innovative in their approach and extend the range of their practice to giving advice, developing resources and working with communities.
- Contribute to developments that support self-assessment of standard equipment and minor adaptations for people with less complex needs.

In short, using the occupational therapy workforce more effectively to enhance the prevention agenda will help to put health and care services onto a more sustainable footing and, more important for any civilised society, enable older people to live, rather than just exist.
References


8 Allied Health Professions in Scotland (2016) Active and independent living improvement programme. Scotland: AHPS. Available at: www.knowledge.scot.nhs.uk/ahpcommunity.aspx


17 College of Occupational Therapists (2011) Occupational therapy evidence factsheet - dementia and carers. London: COT. Available at: www.rcot.co.uk/about-occupational-therapy/ot-evidence-factsheets

18 College of Occupational Therapists (2011) Occupational therapy evidence factsheet - older people. London: COT. Available at: www.rcot.co.uk/about-occupational-therapy/ot-evidence-factsheets


