

Consultation on the Reform of Adult Social Care

30 June 2022

About us

We're RCOT, the Royal College of Occupational Therapists. We've championed the profession and the people behind it for over 80 years; and today, we are thriving with over 35,000 members. Then and now, we're here to help achieve life-changing breakthroughs for our members, for the people they support and for society as a whole. Occupational therapists in Northern Ireland work in trusts, across health and social care services, they deliver services across housing, schools, prisons, the voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapy helps you live your best life at home, at work – and everywhere else. It's about being able to do the things you want and have to do. That could mean helping you overcome challenges learning at school, going to work, playing sport or simply doing the dishes. Everything is focused on increasing independence and wellbeing.

It's a science-based, health and social care profession that's regulated by the Health and Care Professions Council.

An occupational therapist helps people of all ages overcome challenges completing everyday tasks or activities – what we call 'occupations'. Occupational therapists see beyond diagnoses and limitations to hopes and aspirations. They look at relationships between the activities you do every day – your occupations – alongside the challenges you face and your environment.

Then, they create a plan of goals and adjustments targeted at achieving a specific set of activities. The plan is practical, realistic and personal to you as an individual, to help you achieve the breakthroughs you need to elevate your everyday life.

This support can give people a renewed sense of purpose. It can also open up new opportunities and change the way people feel about the future.

Our response

We welcome this review of adult social care, and we recognise it is happening in very challenging times. We have already submitted previous comments at an earlier point in this process and ask that these are also taken into consideration.

Strategic Priority 2: A Valued Workforce

- *recognising the skills, values and attributes of people who work in adult social care in NI.*

Elements of Strategic Priority 2 are vague and require more clarity to understand how the Department of Health will carry out the actions which will help rebuild the social care workforce. It states, "A social care workforce plan is needed to promote, recruit and retain staff in the adult social care sector." Strategic Priority 2 makes limited reference to Allied Health Professionals (AHPs).

AHPs are referenced twice in the entire consultation document, despite over 7,000 people registered as an AHP with the Health and Care Professions Council in Northern Ireland.

Occupational therapists have always had a significant role in social care. If the social work profession wants to take a leadership position in this area, the Royal College of Occupational Therapists strongly believe this would be reinforced by recognition that they have complementary partners in occupational therapists who would strengthen social care if they were included in workforce and leadership plans.

Integrated Care System

It is positive to see Proposed Action 5 – *The Department will reform how adult social care is planned and delivered within the new Integrated Care System model.*

Success in Reforming Adult Social Care will be magnified if the capabilities and competencies of occupational therapists are harnessed alongside their social work colleagues. We would also like to see more integration in terms of education and training so that a strong, cohesive, and collaborative relationship between these professions could be more strongly cultivated. We see great opportunities for development within adult social care including in housing, environmental and assistive technology, prisons and in primary care and community planning.

We hope Proposed Action 10 could build upon this and consider how occupational therapists and other allied health professions could be included within this proposal and where integration could be achieved. *“The Department proposes to continue developing a Social Care Workforce Strategy. This will include actions to develop career pathways, supervision and support, training and education of the workforce and to raise the profile and recognition of the social care workforce.”*

NISCC

We would like more information on Proposed Action 22 which states *“all staff working in social care will be required to meet the NISCC induction standards.”* Occupational therapists are regulated by the Health and Care Professions Council (HCPC). Occupational therapists support workers, reablement support workers and rehabilitation support workers in Northern Ireland being registered with NISCC.

4.02 Reablement support worker staff are presently regulated as part of NISCC. We have in the past requested that NISCC would generate a separate subdivision to differentiate between the domiciliary care workforce and the reablement support workforce. As well as the *‘ICS and Reablement model’* plans, for alignment with the reform of Adult Social Care, there is a clear interconnected relationship within domiciliary care and reablement which is led by occupational therapy, which needs to be acknowledged in terms of leadership, education, training, and roles.

<https://www.nidirect.gov.uk/articles/reablement-service>

Reablement is the gateway to domiciliary care services; however, it is hard to see this relationship reflected in this report. Occupational therapists have a role in many areas of social care but their role is integral to the robust assessment of need for care packages and this must be considered when addressing this whole area.

Workforce Planning

Proposed Action 14 states *“The Department proposes that the regional workforce plan will inform commissioning and planning arrangements for social care services.”*

In the Department of Health's Workforce Action Plan for the period 2022-25, there are opportunities to develop a health and social care workforce to improve the lives of people in Northern Ireland. The workforce must reflect the demand for services, ensuring the right person is in the right place. We believe a segregated approach to specific professions will lead to an imbalance in services.

The Occupational Therapy Workforce Review has been in draft form since 2017 and is yet to be signed off. To ensure Northern Ireland has a valued and equitable health and social care workforce, there must be adequate resources in place to allow all professional groups to carry out their job safely and with confidence that there is sufficient staffing. Staff retention is an issue when services are understaffed and more demanding than ever especially in this COVID/post COVID era.

A stronger focus on prevention and early intervention is imperative if things are really to change in social care. Better design within communities can enable independent living and bring about increased inclusion and participation for all members of society in education, work and leisure activities. The right resources need to be developed in the community for people coming out of hospital.

We would like to see more of a focus on the principles of integration as in the [Scottish Review](#) [Scottish Government: Health and Social Care integration: progress review \(4 Feb 2019\)](#) or this example from Wales: <http://news.wales/news/12870-monmouthshire-county-council-adult-disability-team-scoop-prestigious-award.html>

We strongly support **Proposed Action 23** – “*The Department proposes the development of a model which will identify safe staffing levels in social care settings.*”

We also suggest a comprehensive overview of digital support for data collection which will help free up staff time to do face to face work. Working with antiquated and inefficient systems is stressful and time consuming.

Strategic Priority 3: Individual Choice and Control

- *to ensure the individual has control over the decisions affecting their social wellbeing and their care and support needs*

5.02 – 5.08 Choice and control is critical to enable people to have agency over their own lives. Different people will need different information and different support, for this to be truly meaningful. There will be occasions where people may need help or be facilitated. This can include having access to advocacy services. People with communication or literacy difficulties, or who have different cultural norms, may need assistance in understanding or making use of information. Systems signposting people especially to non-existent or no longer functioning services or handing a leaflet or information or tick boxing forms do not help.

As well as what is included in **5.10**, we would like to see a more personalised approach generally as initial interactions and contacts are important.

It is imperative that services are fully funded and able to cope with the demand that inevitably will come with individual choice. Legislation is an essential component to ensuring individuals have the necessary knowledge and information to decide what care and support they require. Consideration must be given to the services available within social care to allow individuals to have choice and control over decisions regarding their wellbeing.

Individual choice and control must be provided not only to individuals with physical disabilities, but to those with mental and learning disabilities also. As stated in paragraph **5.06**, *“choice and control are underpinned by rights; by knowing your rights, by respect for your rights, by the actions of others being based on your rights and by rights-based assessment processes which are transparent and recognise the importance of self-determination for individuals.”* When considering the best pathway of care for any individual, that person must be fully informed of their options. The professional providing care for that individual must ensure the patient **wholly understands** the options available to them. This includes society’s most vulnerable people, who typically have less access to resources.

5.09 outlines what will be included in an “In Control” Strategic Action Plan, making reference to developing and promoting *“digital and assistive technology that will support independence, choice and control.”* RCOT advocates for more investment in digital and assistive technology to enable people to live comfortably at home, reducing the demands for domiciliary care packages.

As stated in **5.10**, the proposed legislation is to include a duty on HSCTs *“to embed and extend personalisation and self-directed support in social care as well as increasing the focus on wellbeing and prevention approaches in providing care and support to people at home.”* It is important that the self-directed support provided is done so again based on assessed need. We would advocate the involvement of a Reablement Occupational Therapist to provide a robust assessment of need prior to the provision of self-directed support otherwise there could be longer term consequences when clients begin to deteriorate.

Training

5.15 We wonder if this will mean five Trusts with differing platforms or will there be plans to decide on a common approach. We would be interested to find out more about accessibility and support for those who are not digitally competent.

Extensive training must be provided to practice leads in each of the Health and Social Care Trusts to ensure service users receive the best support when choosing the care, they require. It is also essential that there is parity across the HSCTs to ensure equality in support received.

To achieve the shift in the health service to prevention and early intervention, there must be less of a focus on waiting times and costs of services, and more focus on what the potential outcomes could be. Northern Ireland's health service is typically "risk adverse", RCOT is an advocate of embracing risk in a safe and professional manner. Occupational therapists enable individuals to achieve their full potential, for that to happen, we must embrace and engage with risk as safely as reasonably possible.

5.16 People who are receiving care and support are often in an extremely vulnerable position and there can be a power imbalance with the person who is providing that care. Joined up priorities and skilful and well-trained staff who have the right characteristics and attitudes of kindness and compassion are very much core to mitigating against this.

We would also like palliative care and end of life care more fully considered within this.

Strategic Priority 4: Prevention and Early Intervention

- *a renewed focus on prevention and early intervention to support people to achieve their own social wellbeing*

Occupational therapists should be included as First Contact Practitioners in multi-disciplinary teams as a standalone profession; presently they can apply only for the role of a mental health practitioner.

6.16 Occupational therapists have a strong role in assessment and identification of need. The identification of need by another profession will generate increased referrals for occupational therapists, so it is critical the occupational therapy workforce is resourced to take this into account. However, we believe it would be more effective to consider who can identify need and provide services at this initial point of contact.

The University of Southampton OT Programme developed student placements in GP surgeries to explore how occupational therapy could contribute to local primary care provision. Themes emerging from the GPs and occupational therapy students' experiences included the benefit of a holistic approach, the role for proactive care in the community, support for mental health care, and reducing pressure on GPs and services. Mental health was an area recognised as where occupational therapy could provide significant support, particularly with patients not meeting the threshold for Community Mental Health Teams.

Proposed Action 28 - The Department is proposing that HSCTs will include the needs of adult social care services and service users in their engagement in community planning processes.

The RCOT would welcome opportunities for occupational therapists to be involved in these community planning processes as, due to their specialist knowledge, they have a valuable role in looking at accessible environments which can support independent living, as well as other areas, such as work and leisure including for those who have factors relating to ageing, have disabilities or long-term conditions.

6.38 This will be a missed opportunity if it considers only improving opportunities for social workers and not the complementary skills of other key professions such as occupational therapists.

Strategic Priority 5: Supporting Carers

- *Carers will be supported in their caring duties and entitled to support in their own right*

Proposed Action 30-31

We would like Carers to be asked what is important to them in a more organised and open way to begin with and not as a by-product of other groups and we believe that this should be conducted as an action.

Strategic Priority 6: Primacy of Home

We think that supportive visits may help but care needs to be taken in their design. Questions for consideration include:

- Who will be visited?
- What are the capabilities needed by staff?
- What interventions will be available?
- What assessments are to be made, for example – evidence of cognitive decline, more recent falls, frailty, changes in behaviour, loneliness?
- We have been told how assistive technology has helped someone at an early point return to their role. For example, a perching stool for someone to be able to cook when they had some minor physical difficulties – how can this be integrated? Are there plans to link this to technology, how will this be managed, what is the governance needed, and what support will be provided so that people become digitally proficient?
- What are the issues that people begin to experience and what input at this point in their lives at this point would support a quality of life and independence for longer?
- Who are the people that may need special consideration and are they included in plans for visits? (people with disabilities, health conditions, BAME communities, people in care homes - generally people living in deprived areas, protected groups and inclusion health groups)

8.04 Occupational therapists would be key to this holistic assessment.

8.07 Key carers need to be involved in any decisions, kept informed and communicated with effectively throughout discussions.

8.10 We would like to see some clarity as to the inclusion of reablement within domiciliary care and where it is interlinked within integrated care.

8.17 It would be good to have more details of this model provided.

8.18 In line with what has been mentioned about reablement we suggest strongly it be described and a more comprehensive inclusion of it is put in this report.

NISAT

Proposed Action 33 – The Department proposes a review of the NISAT and of the application of the NISAT.

The NISAT was developed to provide a holistic, co-ordinated assessment of a person's needs. However, there is some concern that it is not delivering well on that objective.

We strongly support a review of the NISAT. We would like to see more processes for co-design / co-production, as described below with reference to work going on in Scotland:

'A whole system approach works with communities and stakeholders to both understand the problem and to support identification and testing of solutions. <https://publichealthreform.scot/whole-system-approach/whole-system-approach-overview>

- All stakeholders included through early development – getting opinions on what it should be and with ongoing progress through focus groups, in time surveys. There are a number of

virtual tools now to help with this such as: <https://www.menti.com/> More involvement of people with lived experience throughout. The steering group (social covenant steering group) which will oversee the development of the new National Care Scotland has great lived experience representation. <https://www.gov.scot/news/first-steps-towards-a-national-care-service/>

- Resources put in place in each of the HSCTs to ensure the method of assessment can be undertaken comprehensively by fully trained practitioners. All health and social care professionals should be fully trained in how to complete the NISAT to ensure it is completed correctly and to ensure it is interpreted correctly.
- Any changes to the current process must be undertaken along with key stakeholders and we would strongly advise the Department of Health to include occupational therapists in this design process, given their expertise in holistic care.

Care Home Leads

Proposed Action 41 – The Department proposes assessing whether or not it would be beneficial to separate a nursing home manager’s role from a professional nursing lead in a care home.

The Department recognises the key leadership role of the manager in a care home, particularly in fostering the ethos of a home. The Department proposes introducing a phased requirement for all managers to have a vocational level 5 leadership qualification.

The separation of the roles of a nursing home manager and a professional nursing lead will allow for a better structure in a care home with a more focused approach to the health care delivered to patients.

Clinical governance is needed in care homes, and this requires someone who can provide support to staff as well as overseeing medication and the health and wellbeing of care home residents.

RCOT believes that the role of a Care Home Manager does not strictly need to be a nurse, or professional with a nursing background. Occupational therapists are well equipped for this role, due to their expertise in holistic and practical care and support. RCOT recommends exploring the suitability of other health and social care professions for this role going forward.

We also suggest there may be a possibility to consider other professions for the management role, if there was also a professional nursing lead role.

Design Principles

Proposed Action 45 - The Department proposes to promote best practice design principles across all types of housing and settings where adult social care is provided, by establishing a panel of experts who could provide advice and guidance to providers.

RCOT agrees with the promotion of best practice design principles in all types of housing and settings where adult social care is provided. To ensure the houses and settings are designed appropriately, occupational therapists must be included in the planning and design process. Northern Ireland has an aging population; thus, it is essential that homes are fitted properly at the

design stage, as opposed to having to any additional amends made retrospectively. This will be a more efficient and cost-effective procedure for all parties involved.

RCOT encourages the Department of Health to include an occupational therapist on the panel of experts to ensure their expertise is enlisted at the development stage and not retrospectively.

Contact

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