10 Year Health Plan

Organisational response from the Royal College of Occupational Therapists

December 2024

What does your organisation want to see included in the 10 Year Health Plan and why?

Occupational therapy plays a vital role in health, social care and society. It enables people to manage their health and care needs and to do the occupations that they want, need and like to do. An occupation is any activity that supports physical, mental and wellbeing. By helping people manage their health, it saves money and reduces pressure on health and social care services.

Occupational therapists (OTs) and their support workforce assess and adjust environments (home, work, school, and social) to support well-being, employing modifications, adaptive strategies, and technologies as needed. Their role in intermediate care and reablement, for example, is essential in restoring independence, reducing reliance on emergency and social care, and supporting community-based recovery.

This submission will set out how adopting this approach will ensure:

- children, young people and families have access to occupational therapy to prevent physical, learning and mental health difficulties from escalating, and ensure everyone is included at school, giving young people the best chance to grow, thrive and realise their potential;
- people can access occupational therapy assessment, advice and rehabilitation through their GP, including advice on returning to or remaining in work;
- there is fair and equitable access to needs based, therapy-led rehabilitation, whether that is tackling mental health, physical health, social or vocational needs; and
- newly built or repurposed housing stock, prison and care home environments are designed to be inclusive and adaptable to work for all age groups, particularly older people, facilitating faster discharge from hospital and improved public health.

The 10-Year Health Plan should affirm the vital role of OTs and our support workforce in the future of health and care in England, integrating their expertise into strategic planning and resource allocation. This will enhance the management of health, education, housing, and care needs across the UK.

Our vision is that by 2035, OTs will be based primarily within communities, working closely with local populations to meet their health and care needs and ensuring that services are accessible to everyone. And, positioned to focus on prevention and early interventions, minimising the need for crisis interventions and dependency on care services
Those of us working in and with the profession know its potential – but staff shortages and lack of investment are stopping us from providing our services in the places where it would be most effective and reach more people at the right time.

What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

1. **Disproportionate spending in hospitals:** Occupational therapy's focus on what matters to the person, and what they want and need to do, is a good fit for a public health approach, but funding continues to be spent disproportionately on hospitals and crisis care. Many OTs are deployed in roles – often in secondary care - where they're not using their occupational therapy expertise but are filling gaps to meet service demand. This leads to dissatisfaction, eroding of professional identity and confidence.

2. **Workforce capacity, pay and conditions:** The shift towards community-based interventions and early prevention requires a robust workforce. However, current staff shortages for OTs working in community roles significantly hinder progress. Over three-quarters (78%) of OT practitioners report being unable to meet demand (Royal College of Occupational Therapists, 2023).

   Wage disparities between independent practice, NHS, primary care and local authority roles exacerbate recruitment and retention challenges, contributing to chronic staffing shortages and high turnover. Local authority wages for social care workers, including OTs and our support workforce, lag significantly behind NHS roles, making it difficult to attract and keep skilled professionals. Healthcare assistants in the NHS often receive higher wages, with new entrants earning up to £1.45 more per hour than care workers in the social sector. Meanwhile, 80% of jobs in England paying more than the median rate of pay for independent sector care workers in adult social care (Skills for Care, 2024).

3. **Underutilised and underfunded social care:** OTs in councils play an important role in hospital discharge and reablement but could have a greater impact if better resourced and integrated into early intervention efforts. The NHS Intermediate Care Framework (NHSE, 2023) recognises that community-based assessments and interventions result in improved outcomes and independence for people discharged from hospital. Additionally, they reduce hospital admissions and reliance upon long-term care. During a 12 month period, Wigan Council's OT-led reablement service ensured that 92% of those using their service no longer required ongoing support (RCOT, 2019)

   To implement the Intermediate Care Framework effectively, local authority reablement and social care OT teams must have adequate capacity to respond rapidly to those being discharged from hospital. Despite being only 4% of the regulated social care workforce, OTs are responsible of 35 – 45 per cent of local authority referrals (Royal College of Occupational Therapists 2019). Taking action to secure the future of social care should be seen as key to delivering better care in communities.

4. **Limited access to rehabilitation services:** OTs help individuals regain and maintain participation in daily activities, manage long-term conditions, and reduce the risk of further health complications. Their work focuses on practical, everyday tasks such as self-care, work, and leisure activities. However, the lack of timely, quality rehabilitation services create bottlenecks in hospitals, keeping patients who are ready for discharge from returning home. At the end of September 2024, there were 11,783 patients remaining in hospital who no longer met the criteria to reside (NHSE, 2024). In response to a recent survey, 82% of OTs reported increased demand while 70% say they're unable to meet local needs (Royal College of Occupational Therapists 2023).

5. **Poor workforce data collection:** Poor recording of OT workforce data across the NHS, primary care, education, social care, the private and voluntary sector means there is a lack of evidence base to inform effective workforce planning. This creates

challenges understanding the numbers and skills mix required when commissioning of the workforce is based on number for the NHS. Moreover, the lack of waiting lists in primary care makes it difficult to adequately capture level of demand.

6. **Poor access to equipment and services:** In many parts of the country, people wait months or even years for the installation of home adaptations that are essential to their independence and safety. A lack of adaptations can delay people from being discharged from hospital and can also result in accidents and a long-term deterioration in health. In 2023, we polled OTs who work with children and young people and found that 30% said they can't provide equipment and adaptations children and young people need, when they need it.

   This is caused by:

   - long waiting times to be assessed by an occupational therapist; and
   - the £30,000 limit on Disabled Facilities Grants (DFGs), which, alongside the DFG means test, excludes many people from getting the funding they need for adaptations.

Enablers

1. **Increase workforce capacity and invest in rehabilitation services:** it is critical to fully resource rehabilitation services in the UK. This requires significant workforce expansion, increased awareness among healthcare managers about the vital role of rehabilitation, and sustained investment in assistive technologies and community adaptations. This should include expanding the number of OTs working in community settings to streamline discharge processes and enhance home-based rehabilitation.

   Access to comprehensive rehabilitation services provided by OTs is a highly cost-effective approach that significantly enhances patient outcomes. Rehabilitation supports recovery by helping patients regain essential functional abilities, such as mobility, self-care, and cognitive skills, which are foundational for independent living and active participation in community life. Moreover, these services reduce hospital stays, minimize readmission rates, and lower long-term care costs. Programs like Acute Response and Rehabilitation in the Community and Hospital (ARCH), which provide nine months of community care following three months of hospital care, highlight the benefits of effective workforce planning by enabling therapists to develop versatile skills across care settings.

2. **Improved leadership and accountability:** To enhance community-focused care, embedding Allied Health Professional (AHP) leadership roles within Integrated Care Systems (ICSs) is essential. Establishing AHP Director positions at a level equivalent to Medical Directors and Directors of Nursing would ensure that AHP perspectives actively shape high-level decision-making. These leaders would champion community-focused care, foster system integration, and guide workforce planning for AHPs within ICSs, driving more effective and coordinated care delivery.

   Each ICS should also have a dedicated rehabilitation lead to improve access to and delivery of rehabilitation services. These leaders would oversee the development and coordination of multidisciplinary, community-based teams, ensuring seamless collaboration across health, social care, and mental health services. Their work would focus on creating smoother and more timely transitions for patients between hospital and community care settings. By integrating occupational therapists and other AHPs at various levels of expertise, these teams would not only improve patient outcomes but also enhance workforce retention by fostering career progression and skill development.

A shift toward needs-led services—emphasizing the value of generalist expertise alongside condition-specific specialisms—would enable the rehabilitation workforce to better address the diverse and evolving needs of local populations. This approach ensures that care delivery remains flexible, patient-centered, and responsive to community health demands.

3. OTs working in GP practices and primary care are seconded in from NHS secondary services to enable skills and career development, with retention of pay, terms and conditions. All the OT primary care provision in Wales and Scotland has successfully used this approach and it could be replicated more widely in England.

4. **Intermediate care framework and improved integration:** Achieving seamless, timely transitions between secondary care and community services requires stronger integration between occupational therapy teams in acute NHS settings, community-based NHS services, and teams employed by local authorities—including those in reablement, social care, and housing. Establishing an integrated, multidisciplinary workforce at the community and primary care level enables more coordinated, patient-centered support across service areas.

   Rehabilitation staff, including occupational therapists, should be embedded across health, social care, and mental health services, providing vital expertise and guidance to multidisciplinary teams (MDTs). This structure facilitates continuity of care, ensuring that patients receive comprehensive support aligned with their needs from hospital discharge through community reintegration. Supporting local adoption of the Intermediate Care Framework will enhance access to therapist-led services and ensure consistent, high-quality care across regions. (NHS RightCare Community Rehab Toolkit).

5. **Accurate recording of workforce data**: Accurate and comprehensive data on the distribution and skills mix of the OT workforce is key to inform effective workforce planning. Better data will support decisions on workforce numbers and competencies required in both hospital and community settings to meet population needs. Mapping the OT workforce should be based on the specific needs and locations of communities that would benefit most from enhanced community rehabilitation services.

6. **Disabled Facilities Grant (DFG):** Increasing the DFG limit and adjusting the means test criteria would ensure broader access to essential adaptations, helping more individuals remain independent at home and preventing avoidable hospital admissions.

Case study: East London Foundation Trust, Barts Health NHS Trust, and Tower Hamlets council are collaborating to embed optimal handed care across their local system. The approach is led by OTs and intended to support the implementation of the Intermediate Care Framework. Benefits to the system include increased care capacity and cost savings in care hours. One case study resulted in weekly cost savings of £628.47 and another in weekly savings of £447.19.

What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

Preventative measures and early interventions are essential for managing health conditions, reducing hospital dependency, and enhancing life quality. OTs contribute significantly to prevention by identifying risks, implementing tailored interventions, and promoting well-being. They can help design and adapt homes that promote independence, prevent falls, and reduce hospital admissions. OTs can address these challenges by ensuring home adaptations and assistive technologies are available to promote independence and prevent health deterioration, but the scale of need requires substantial support.

Statutory guidance under the Care Act 2014 emphasizes that OTs are effective in preventing, reducing, or delaying care needs and possess a holistic perspective that includes a person's strengths and informal support networks. Despite this, most OTs are concentrated in inpatient settings, limiting their preventive impact. Addressing this misalignment is crucial to maximizing their contribution to public health.

Challenges

1. **Housing and health inequality:** The condition and accessibility of housing are key determinants of health and wellbeing. The UK's outdated housing stock leaves millions living in substandard conditions. This disproportionately affects disabled people and those living with health conditions.

   Recent research reported that 400,000 wheelchair users in England live in unsuitable accommodation. 20,000 are estimated to be on local authority waiting lists for a wheelchair accessible home, waiting on average 47 years to be offered a suitable new build property. 91% of homes do not provide the most basic accessibility features (Habinteg 2023).

2. **Workplace health and support:** Preventative occupational health support is often unavailable until individuals face prolonged or recurrent absences due to illness. Early access to health education and guidance on managing symptoms—such as pain, fatigue, and mobility issues—can help prevent long-term absences and support individuals in maintaining their roles. Yet, occupational health resources are often limited, particularly for small and medium-sized enterprises. Occupational therapists can work with people of working age to assess and recommend work modifications, offer strategies to manage health challenges, and help workplaces support their employees' health and productivity more effectively.

3. **Poor recording of national outcomes:** Current national outcome reporting and data sets do not capture effectiveness of services to deliver on secondary prevention such as rehabilitation or reablement**.** This has led to variation in community rehabilitation services and a lack of evidence on what good looks like. Current adherence to reporting on medical needs and hospital pathways does not capture or reflect primary and secondary prevention. Basing community services and reporting on a social model of health and wellbeing could deliver on this.

Enablers

1. **Enhance secondary prevention through community-based rehabilitation**: Timely access to community-based rehabilitation is key to secondary prevention by helping people maintain mobility, functionality, cognition and independence. Existing community rehabilitation services such as pulmonary, musculoskeletal (MSK), stroke, cardiac and cancer rehabilitation providing therapeutic exercise, education and peer support are leading the way in focusing on secondary prevention, including through incorporating psychological support.

2. **Adopting a universal offer to support people in communities:** Shifting to a universal model of support will allow OTs to move beyond individual referrals and engage with people at a community level. This broader approach empowers individuals and their support networks—including support workers, social prescribers, work coaches, care staff, and housing officers—to access OT expertise directly. By fostering a culture of autonomy, this model ensures that people and families can make informed choices with timely, relevant information and advice. The UK government should fund projects to evaluate the effectiveness of universal support models and the impact of community-based occupational therapy, and use the findings to inform future practice and policies.

3. **Enhance digital and web-based information access:** Supporting the universal model also means making trusted OT information available online, ensuring that people can benefit from OT insights without needing a one-on-one appointment. Many families, particularly those of children, seek health resources online, so it's essential to provide credible and reliable digital information that meets their needs.

4. **Expanded OT workforce in community settings**: expanding OT roles in community settings, for example, within GP practices and schools, will promote health at a population level. This includes:

    a) **Expanded occupational therapy presence in primary care:** Primary care teams often lack the expertise to advise on and understand self-management and rehabilitation as part of treatment and therefore often don't refer people with long term conditions for the rehabilitation services they need. Expanding OT roles within GP practices can contribute to ensuring people get access to support they need to stay healthy, before they have deteriorated. To achieve adequate national coverage, an additional 2,000 occupational therapists are needed in primary care, including GPs and Neighbourhood Health Centre pilots, contributing to the holistic care model envisioned by the government. Further training should be provided to ensure that primary care professionals are equipped to advise on self-management and rehabilitation options.

Case study: the OT led Emotional Wellbeing Service in Sussex is embedded within general practice and works in partnership with PCNs, Voluntary Community Social Enterprise services and Sussex Partnership Foundation Trust. The service provides targeted support to people who struggle to access services for their mental wellbeing or have a broader need than any one provider can address. It supports people to develop self-management strategies, build resilience, resume their daily occupations and make connections with local community resources that may be best placed to meet their ongoing individual needs. In 2017 the service demonstrated a cost saving per person of £787.50 compared to traditional secondary care services and over 2022-23 the service had a 95% percentage improvement on self reported quality of life scores(ReQoL measures).

    b) **Ensuring schools have access to an OT:** OT involvement in schools is crucial to prevent young people's physical, learning and mental health challenges from escalating and requiring more intense or crisis support. It has the potential to improve long term outcomes for children, young people and their families by enabling them to manage their own health and wellbeing. OTs help by embedding positive physical and mental health opportunities into daily routines, providing targeted support in partnership with school staff for students whose health, development or wellbeing are of concern, and ensuring timely referrals for individualised support for students with more

complex needs and circumstances. This requires cross departmental collaboration between the Department for Education and the Department for Health and Social Care.

Case study: Children's OTs in Birmingham redesigned their service based on the tiered (universal-targeted-individualised) approach. This meant children and young people have better access to the OT they need. In 12 months, the longest wait for occupational therapy went downf rom 161 to 47 weeks, and the number of open referrals from 1,760 to 949.

5. **Incorporating accessibility into housing strategy:** Involving OTs in new build, regeneration and refurbishment projects can be the most effective way of achieving accessible design and adaptability to meet the populations' changing needs in the long term, advising on how to prioritise and incorporate the best aspects of accessible design guidelines into new build and refurbishments. They can also work with residents to develop design evaluation tools that can inform future schemes. The government should also collaborate with OTs and individuals with lived experience to update the NPPF, ensuring accessibility is a central focus and past mistakes are not repeated.

6. **Better accessibility standards for new homes and updates to planning regulations:** building regulations M4(2) and M4(3) set out standards for accessible and adaptable homes, but these are optional and depend on local authority policies. The M4(2) standard requires homes to have step-free access, a living area on the entrance level, wider doorways and corridors, and features that make homes easily adaptable for a variety of occupants, including older people and those with mobility issues. The M4(3) standard ensures that homes are fully accessible for wheelchair users, including access to private outdoor spaces, parking, and communal facilities. The UK government should fulfil the previous government's commitment to implement M4(2) as the baseline for new homes.

7. **Better access to equipment and adaptation services**: When delivered in a timely manner, equipment, adaptations and assistive technology play a crucial role in preventing, delaying or reducing the needs of people either for care and support or the needs of carers for support. Streamlining and funding equipment and adaptation services is required to minimise delays for people in accessing they equipment they need to ensure their safety and enable them to take part in everyday life. A lack of adaptations can delay people from being discharged from hospital and can also result in accidents and a long-term deterioration in health

8. **Work and health:** Work is a vital occupation that contributes to good health and well-being. Maintaining, regaining, or securing employment can significantly improve an individual's physical and mental health. However, too often, occupational health support is only offered after prolonged absences, leaving individuals without the resources to manage health challenges early.

   OTs play a key role in bridging this gap by providing early interventions that help people stay engaged in work. They assess how health conditions impact workplace activities and recommend strategies to mitigate these challenges. This may include work modifications, pain and fatigue management techniques, or other tailored solutions that enable individuals to fulfill their roles. Occupational therapy in primary care can ensure that people with long term health conditions are given advice and short-term rehabilitation interventions to reduce the risk of regular or long term absence sickness absence from work. A feasibility study in 2020 found occupational therapy vocational clinics reduced sickness absence from 71 to 15% and use of GP fit notes reduced from 76 to 6%. ref: Drummond A, Coole C, Nouri F, Ablewhite J and Smyth G 2020 Dec 13;21:268. doi: 10.1186/s12875-020-01340-5

Case study: OTs in the Northwich Primary Care Network set up a service to help people with memory concerns. Those seen by an OT were diagnosed on average 16 days earlier and the number of inappropriate referrals was reduced by 23%.

What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care

Challenges

Technology offers significant potential to enhance occupational therapy, for example, artificial intelligence (AI) can optimise intervention plans, wearable devices can monitor health metrics, and telehealth can increase access to services, however there are several challenges to technology adoption.

1. **Accessibility and digital divide**: Many people, especially those in rural or low-income areas, do not have access to the necessary technology or reliable internet. This digital divide can limit the effectiveness of telehealth services and other digital interventions.

2. **Engagement**: Some people who access OT services may be resistant to using new technologies due to unfamiliarity or uncertainty. OTs need to find ways to engage people and demonstrate the benefits of these tools to improve their willingness to participate.

3. **Training and education**: The rapid pace of technological advancements means that OTs need continuous training to stay current. This can be challenging due to time constraints and the costs of ongoing professional development. OTs need to develop digital and AI literacy skills to effectively leverage this technology and develop skills in managing the human-AI interface to use AI to augment practice. We need to integrate AI and technology into the curriculum to prepare future OTs for practice, new graduates need to have a basic understanding of how to effectively integrate AI and technology into practice.

4. **Funding and resources**: Acquiring and maintaining new technology requires significant financial investment. Limited funding can restrict the ability to purchase, implement, and update necessary tools and software. This is a common barrier across many health and care settings.

5. **Privacy and security**: With the increased use of digital tools and use of AI comes the need to protect personal data. Ensuring compliance with privacy regulations (GDPR) is crucial. This involves implementing robust security measures to safeguard sensitive information.

6. **Integration into practice**: Incorporating new technologies into existing workflows can be disruptive. OTs must learn how to use these tools effectively. This includes understanding how to integrate technology into therapeutic activities and ensuring it enhances outcomes. We need to become involved in creating frameworks for transparency, explainability, and accountability for AI use in practice so that decisions are not made solely by software developers.

7. **Integration into systems and scaling up**: True transformation will require reimagining practice from the ground up, with AI as an integral component. This needs to go beyond merely "adding" AI or technology to existing workflows. AI can process more data than humans can verify, offering real challenge to traditional

workflow approaches. To ensure safe AI implementation, we need to establish risk-based autonomy levels, for example high-risk interactive care should have increased human oversight, while clear protocols should guide AI assistance in lower-risk administrative tasks.

By addressing these challenges, OTs can better leverage technology to improve outcomes for people who access their services.

Enablers

Some of the enablers to technology adoption for occupational therapists include:

1. **Positive therapist relationship**: OTs already use technology such as sensors, wearables and apps to assess, monitor and manage safety, patterns of behavior and symptoms. Building strong, trusting relationships occupational therapists can facilitate the adoption of new technologies. When people accessing services trust their therapists, they are more likely to engage with and benefit from technological interventions.

2. **Affordability**: Ensuring that technology is affordable for both those providing and those accessing services is crucial. This includes not only the initial cost of devices and software but also ongoing maintenance and updates.

3. **Time**: Allocating sufficient time for therapists to learn and integrate new technologies into their practice is essential. This includes time for training, experimenting with new tools, and incorporating them into therapy sessions.

4. **Increased Awareness, Education, and Training**: Providing continuous education and training opportunities helps therapists stay up-to-date with the latest technological advancements.

5. **Usability Features**: Technologies that are user-friendly and designed with the needs of both therapists and clients in mind are more likely to be adopted. This includes intuitive interfaces, accessibility features, and customisation options.

6. **Interoperability**: Ensuring that different technologies and systems can work together seamlessly is vital. Interoperability allows for the integration of various tools and platforms, making it easier to share information and provide comprehensive care.

7. **Supportive Policies and Funding**: Government policies and funding that support the adoption of technology in health and care can significantly enhance its use. This includes research grants, subsidies, and incentives for adopting new technologies.

8. **Evidence-Based Practice**: Demonstrating the effectiveness of technology through research and evidence-based practice can encourage its adoption. When therapists see the positive impact of technology on health and care outcomes, they are more likely to integrate it into their practice therefore increased funding for research and innovation that is accessible for allied health professionals is crucial.

By addressing these enablers, occupational therapists can better leverage technology to improve health and care and outcomes.

Case study: Multi disciplinary teams involving OTs in Somerset are using AI to identify individuals at risk of unplanned hospital admissions. Those identified are invited to take part

in an OT assessment. Pilots have reduced resident falls by 35%, attendances to emergency departments by 60% and ambulance callouts by 9%.

Share any specific policy ideas for change. Please indicate how you would prioritise these and what timeframe you expect to see this delivered in.

To move care from hospitals to communities, the UK government should:

a) **Increase funding for Disabled Facilities Grants (DFGs):** Raise the grant limit and update the means test to ensure more people can access essential home adaptations, improving independence and preventing hospital admissions. (short term)

b) **Extend independent prescribing rights to occupational therapists:** allowing the delivery of better and more timely patient care, and reducing pressure on other healthcare professionals, including GPs. (short term)

c) **Strengthen leadership and integration:** Establish dedicated rehabilitation leads within each ICS and embed AHP leaders at senior levels to drive integration and workforce planning. (medium term)

d) **Enhance workforce data collection:** Accurately map the OT workforce across the health and social care settings to inform effective planning and ensure unmet needs are met. (medium term)

e) **Shift investment from hospitals to community care:** Rebalance healthcare spending to prioritize early intervention and community-based care, ensuring adequate funding for occupational therapists (OTs) in community settings and social care and reducing reliance on secondary care. (long term)

To spot illnesses earlier and tackle the causes of ill health, the government should:

a) **Address housing-related health inequalities:** Update housing strategies and planning regulations to ensure accessibility standards (M4(2) and M4(3)) are mandated for new homes, incorporating OT expertise in housing design and refurbishment projects. (short term)

b) **Incorporate OTs into primary care and schools:** expand OT roles in GP practices and schools to support early intervention, prevention, and self-management. The government should fund projects to evaluate the effectiveness of universal support models and the impact of community-based occupational therapy and use the findings to inform future practice and policies. (medium term)

c) **Promote work and health initiatives:** Improve access to occupational health support by embedding OTs in workplace health programs to provide early interventions and help people maintain employment. (medium term)

d) **Enhance equipment and adaptation services:** Streamline funding and delivery of assistive technologies and home adaptations to reduce delays, ensuring timely support for those in need. (medium term)

To make better use of technology in health and care the government should:

a) **Focus on transformation, integration into systems and scaling up**: reimagining services from the ground up, with AI as an integral component beyond "adding" AI or technology to existing workflows. (medium term)

b) **Focus on interoperability:** ensure that different technologies and systems can work together. (medium term)

c) **Support development of digital and AI literacy skills** within the workforce to effectively leverage this technology. (medium term)