

Royal College of Occupational Therapists response to the APPG on Allied Health Professions call for evidence: neighbourhood health

September 2026

The Royal College of Occupational Therapists (RCOT) is the professional body for occupational therapists across the UK, representing more than 36,000 members. Occupational therapists support people of all ages to do the everyday activities they want, need or are expected to do, by addressing the practical, physical, social and environmental barriers that affect participation. They work across health, social care, housing, education, employment, the voluntary and community sector, and public health.

RCOT welcomes the opportunity to submit evidence to this inquiry. Occupational therapists are already contributing to neighbourhood health across the UK, helping people prevent deterioration, maintain independence and participate in the activities that matter to them in their everyday lives.

We believe the success of neighbourhood health should ultimately be judged not simply by whether care has moved closer to home, but by whether people are supported and enabled to live the lives they want and need to live.

There is a risk, however, that neighbourhood health becomes too heavily shaped by a traditional medical model. If it focuses primarily on diagnosing and treating illness, it will not deliver the wider shift towards prevention, maintaining wellbeing and encouraging and participation that neighbourhood health is intended to achieve. People's health is shaped by far more than their clinical needs. Whether someone can remain well, return to work, participate in education, care for others, stay socially connected or live safely at home is influenced by factors including their environment, relationships and access to community support.

Neighbourhood health must be designed around people and communities rather than organisational boundaries. The NHS has an important role, but effective neighbourhood health depends on genuine partnership with local government, social care, housing, education and voluntary and community organisations. It requires a broader approach that connects clinical care with the practical and social conditions that enable people to participate in everyday life. This is where occupational therapists and other Allied Health Professionals (AHPs) have an important contribution to make.

Key points from our response

- There are examples of occupational therapists beginning to deliver neighbourhood health in practice. Examples include integrated neighbourhood teams, frailty prevention, neighbourhood mental health, children and family hubs, primary care prevention, creative community-based support, physical activity programmes and work-focused early intervention. These examples demonstrate what is possible, but are not yet consistently commissioned or embedded at scale.
- Occupational therapists bring a distinctive contribution by connecting health, function, participation and environment. They consider what matters to people and the practical barriers that affect whether someone can participate in everyday activities, including education, work, family life, social connection and community life.

- Neighbourhood health must be more than an NHS service model. It should be built through equal partnership between health, social care, local government, housing and community organisations, with AHPs represented in leadership and decision-making.
- Success needs to be measured by outcomes that matter to people and communities. Alongside activity and waiting-time measures, neighbourhood health should value prevention, independence, participation, wellbeing, carer outcomes, community connection and reduced escalation of need.
- Barriers to successfully delivering neighbourhood health include workforce capacity, fragmented commissioning, disconnected digital systems, insufficient AHP leadership, pay and banding disparities, limited protected transformation time and a lack of sustainable funding for prevention.

1. Occupational therapy and AHP leadership in neighbourhood health

Occupational therapists are already demonstrating the leadership they can bring to neighbourhood health at strategic, operational and practice levels, but this is not yet consistently built into system design. In some areas, they are acting as system convenors, programme leads, pathway designers and clinical specialists. Their distinctive contribution is to look beyond a person's diagnosis or clinical need and consider what enables or prevents them from participating in everyday life. This includes the interaction between health, function, people's homes, workplaces, schools, services and wider community environments.

This leadership is already visible in practice, although it remains uneven and too often dependent on local initiative rather than systematic design. Examples shared with RCOT include occupational therapy involvement in developing neighbourhood health for people with frailty in Bradford; a multi-provider partnership in Portsmouth delivering initiatives such as health kiosks, recovery community connectors and physical activity integration into mental health pathways; integrated neighbourhood teams in Suffolk working across physical health, mental health, social care and primary care; and occupational therapists leading community-based prevention models for children, young adults, people with long-term conditions, people with serious mental health needs and older adults at risk of frailty.

Occupational therapists working in local authorities and integrated health and care services bring expertise in prevention, reablement, housing adaptations, support for carers and strengths-based approaches. Their experience of working across statutory and community services means they are often well placed to help design and lead neighbourhood models that span organisational boundaries.

However, AHP leadership is not yet consistently built into neighbourhood governance or guidelines. If neighbourhood health is designed primarily through a medical lens, there is a risk that it becomes a reorganisation of existing services rather than the intended shift towards prevention and community-based support.

Government should therefore make formal AHP representation and leadership a core requirement of neighbourhood health governance, planning and commissioning. This would ensure AHP expertise is considered when neighbourhood priorities are set, pathways are designed, workforce requirements are identified and outcomes are evaluated.

2. Funding, commissioning and value for money

Current commissioning and performance frameworks can constrain the contribution of occupational therapists and other AHPs. Services are often judged primarily through activity levels, waiting lists, contacts and episodes of care. These measures are important but do not capture whether

people are living well, maintaining wellbeing, participating in education or work, avoiding crisis services, or staying connected to their communities.

Neighbourhood health requires investment further upstream. Occupational therapists, working alongside other AHPs, can support safe discharge, prevent admission, enable rehabilitation, adapt homes and environments, improve self-management, support return to work, promote inclusion in schools and communities and reduce or delay reliance on statutory services.

Occupational therapy can also deliver value across health and social care. Alongside reducing hospital demand, occupational therapists can help people remain safely at home, support carers and maximise the contribution of housing, assistive technology and community assets.

Commissioners should therefore fund prevention and early intervention explicitly. This includes occupational therapy-led group work, rehabilitation, universal and targeted offers, VCSE partnerships, employer support, accessible community venues, co-production and evaluation. Short-term pilots will not scale without protected transformation time, workforce capacity, implementation support and sustained revenue funding.

3. Tackling health inequalities through neighbourhood health

Occupational therapists are well placed to address health inequalities because they work at the point where health, social care, housing, education, work, family life and community participation meet. They understand how local environments, transport, housing, digital access, poverty, discrimination, caring responsibilities and social isolation affect whether people can access support and live well.

Neighbourhood services must be designed with, not simply for, local populations. Occupational therapists contribute to co-production, strengths-based practice, community development and culturally responsive care.

Examples shared with RCOT include open-access children's occupational therapy groups in community centres, young adult pathway work with ambassadors and discovery colleges, neighbourhood mental health models offering integrated trauma-informed support, creative arts charity provision in Salford and community approaches supporting people with cardiovascular risk, frailty, long-term conditions, mental health needs and work-related health challenges.

To reduce inequalities, neighbourhood health should measure access, experience and outcomes for underserved groups, including babies, children and young people, people with long-term conditions, people with disabilities, people with serious mental health needs, older adults, carers and communities facing barriers linked to housing, transport, poverty or cultural access. Occupational therapy can help systems move beyond narrowly clinical measures towards what matters most to people's daily lives.

4. Workforce, infrastructure and policy changes needed

Greater deployment of occupational therapists and other AHPs is essential to delivering the shift from hospital to community, from treatment to prevention and from analogue to digital. But this cannot be achieved by simply asking overstretched services to absorb additional neighbourhood work.

Occupational therapists need protected time and capacity to build relationships, redesign pathways, work with communities, test new models and evaluate impact.

There is also a risk that neighbourhood development driven primarily through NHS structures gives insufficient attention to prevention, housing, carers, reablement and wider social care outcomes. Neighbourhood health should therefore be designed through equal partnership between health, social care, local government and community organisations.

The key workforce and infrastructure requirements are:

- formal AHP leadership in neighbourhood governance, workforce planning and evaluation
- sufficient occupational therapy and rehabilitation capacity in community and neighbourhood teams
- protected transformation time to develop and evaluate new approaches
- shared digital records and information-sharing arrangements across health, social care, primary care, education, housing and VCSE partners
- suitable community venues and co-location spaces
- workforce models that address pay, banding, career progression and terms-and-conditions barriers across sectors.

Education and career development also matter. Placements, rotations and secondments in community, social care, primary care, housing and VCSE settings will help prepare the future workforce for neighbourhood models. Occupational therapists also need supervision and continuing professional development that supports innovation, systems working, population health, digital practice and complex community decision-making.

Case studies that demonstrate occupational therapy's contribution

The following examples demonstrate the potential contribution of occupational therapy. They should be understood as examples of promising practice rather than evidence that these models are consistently available at scale. Detailed case studies for each of the below and more are available on request.

Example	What it shows
Portsmouth Provider Partnership	Occupational therapy leadership across a multi-provider partnership delivering neighbourhood initiatives including health kiosks, recovery community connectors and physical activity in mental health pathways.
Suffolk integrated neighbourhood teams	Integrated neighbourhood teams working across physical health, mental health, social care and primary care, supported by neighbourhood health coordinators and community network events.
START Inspiring Minds, Salford	Occupational therapists working in a creative arts charity to support mental health and wellbeing as part of wider neighbourhood mental health and suicide prevention activity.
Swansea Bay children's prevention model	Open-access occupational therapy groups for parents and children in community centres, delivered with teachers and VCSE partners to provide early help before need escalates.
Northwich Health Matters	A primary care group programme led by an occupational therapist, focused on early intervention and prevention for people at risk of cardiovascular disease.
Tower Hamlets neighbourhood mental health care	Occupational therapists contributing to integrated, trauma-informed neighbourhood mental health support for people with serious mental health needs.

Derby system convenor roles	Occupational therapists acting as system convenors, building relationships with community assets, supporting test-and-learn approaches and strengthening local physical activity and wellbeing offers.
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Recommendations

1. **Make formal AHP leadership and representation a core requirement of neighbourhood health governance, planning and commissioning.** AHPs should be involved in pathway design, workforce planning, evaluation and decisions about how neighbourhood services are developed.
2. **Treat local government and social care as equal partners in neighbourhood health.** Neighbourhood models should be jointly designed, commissioned and evaluated across health, social care, housing, local government and community organisations.
3. **Fund protected transformation capacity and prevention.** Occupational therapy and other AHP teams need time and resources to build partnerships, co-produce services, test new models and evaluate impact. Prevention and early intervention should receive sustainable funding rather than relying on short-term pilots.
4. **Protect rehabilitation and occupational therapy capacity.** Community and neighbourhood teams need sufficient staffing, with clear escalation arrangements where capacity falls below safe levels.
5. **Measure what neighbourhood health is intended to achieve.** Evaluation should include participation, independence, wellbeing, carer outcomes, community connection, reduced escalation and reduced inequalities alongside traditional activity and access measures.
6. **Invest in the infrastructure needed to work across organisational boundaries.** This includes shared digital systems, information governance, population health data and accessible community estates, alongside workforce approaches that address pay, banding and career progression.

Conclusion

Occupational therapists are ready to help deliver neighbourhood health, but the policy environment must enable their contribution. If neighbourhood health is to improve outcomes, reduce inequalities and shift care closer to home, it must be designed around everyday life, participation and prevention. Occupational therapists bring the practical expertise needed to translate neighbourhood health ambitions into support that works in people's homes, communities, schools and workplaces.

Occupational therapists bring practical expertise in understanding what enables people to participate in daily life and how homes, workplaces, schools, services and communities can be adapted to support independence and wellbeing. Their ability to work across health, social care, housing, education and community services makes them an important part of the neighbourhood health workforce. The priority now is to move from isolated examples of good practice to systematic AHP leadership and delivery.

Our central recommendation is therefore that AHP leadership and representation should be embedded within neighbourhood health governance, planning and commissioning. This should be supported by equal partnership with social care and local government, protected capacity for prevention and transformation and measures that assess whether neighbourhood health is helping people to participate and live well in their communities.

Neighbourhood health will succeed only if it focuses on people's functional needs, not just their clinical needs. Whether someone can remain independent, return to work, participate in education,

care for family members or avoid escalating need is often determined by factors beyond healthcare alone. This requires a neighbourhood approach that brings together different professions and sectors around shared functional outcomes, rather than organising support around individual conditions, services or organisational boundaries.