Living, not Existing:
Putting prevention at the heart of care for older people in England

Royal College of Occupational Therapists

Occupational Therapy
Improving Lives
Saving Money
#ValueofOT

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Value of Occupational Therapy
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Foreword

We are told on an almost daily basis that the social care system is facing unprecedented pressure and that it is broken.

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),[1] 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 But once goals are met, the need diminishes and support can be safely reduced or even withdrawn.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.

The costs of commissioning this type of service fall on the NHS; so while the savings are accumulated within social care, we need the whole system to work in partnership. We have a golden opportunity via sustainability and transformation plans for that to happen.

Improving Lives, Saving Money

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 a public health approach is happening during a crisis in social care, with estimates of a £1.9 billion funding gap in 2017 between the demand for care and monies available.[2] This report concentrates on the important contribution that occupational therapists can make to support further integration of health and social care.

Sustainability and Transformation Plans (STPs) have been introduced to ensure a pooling of resources within a 'footprint'. They are designed to strengthen partnerships in order to provide timely and person-centred care. National initiatives, such as pioneer and vanguard sites, are exploring different models of partnership working in order to deliver efficient ways of meeting local need. The Royal College of Occupational Therapists (RCOT) argues that, as experts in occupation, occupational therapists can act as an enabling mechanism for the quality of life and wellbeing of the local population.[3] 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.[4] 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.[5]

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.

With the importance of wellbeing recognised within legislation,[6] we must 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,[7] and reduce costs for providers.

Recommendation for change

Recommendation for change

The Royal College of Occupational Therapists (RCOT) is calling for occupational therapy to be incorporated within all 44 Sustainability and Transformation Plans at the next point of review.

Occupational therapists have a role in 3 key areas:

1. Prevention or delaying the need for care and support

The RCOT recommends that occupational therapists are incorporated into multidisciplinary teams within new models of care, as outlined in the GP Forward View.[8]

For action by: Multi-specialty Community Providers (MCPs), Primary and Acute Care Systems, Accountable Care Systems and Organisations (ACSs and ACOs).

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.

1 Prevention or delaying the need for care and support

The RCOT recommends that occupational therapists are incorporated into multidisciplinary teams within new models of care, as outlined in the GP Forward View.[9]

For action by:
Multi-specialty Community Providers (MCPs), Primary and Acute Care Systems, Accountable Care Systems and Organisations (ACSs and ACOs).

Rationale

The GP workforce is under immense pressure. An estimated 4 million older people in the UK have a life-limiting longstanding illness; this equates to 40% of all people over 65 years of age.[10] The ageing population and increased prevalence of long-term conditions are having a significant impact on health and social care.

The King's Fund[11] recommend the development of the primary care workforce to include new roles to address the needs of people with long-term conditions. 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.

New models of general practice must support GPs to coordinate care for the local population, by providing them with closer working relationships with integrated community care teams. In order to support people to remain in their homes and communities, occupational therapy workforce numbers should increase to reflect the growing health and social care needs of the local population, both rural and urban.

Occupational therapists have traditionally punched above their weight, dealing with between 35–45% of adult social care referrals and yet only making up 2% of the workforce.[12] 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.[13]

Occupational therapists are also ideally placed to take on new 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 practices or community hubs and primary care home sites
- Primary care teams having direct access to occupational therapy
- Ensuring that the skills mix of integrated teams reflects the actual needs of the local population through the co-design of services with service users.

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

George's story

George is an 86-year-old gentleman who has dementia and a history of falling. Some of these falls have resulted in hospital admission. He lives with his wife Marjorie who is struggling to look after George as she is also in her eighties and has osteoarthritis. The GP was concerned about Marjorie's health as she had to provide a lot of physical assistance as well as manage all the stress associated with looking after someone with dementia. Marjorie was very keen for George to stay at home and to be as independent as possible. After completing a home visit assessment, the occupational therapist and Marjorie agreed that certain items of equipment would be a real help.

The occupational therapist's priority was to reduce the pressure on Marjorie so she could continue to support and care for George. Handrails and a shower chair were installed, enabling George to walk safely about the house, transfer independently and to shower again. Rails were provided at the front step to reduce his risk of falls when going out. The occupational therapist also made a referral to the social worker for an assessment for respite care to give Marjorie a break.

As a member of the GP practice, the occupational therapist could quickly be involved. Installing the equipment and minor adaptations, delayed the need for a package of care and meant that the GP did not have to refer to multiple services. By being based in the practice the occupational therapist was able to input into the MDT care planning for George and liaise promptly with other healthcare professionals on the team.

Marjorie reports that 'rails and equipment have made things much easier' and George has not had a fall since the equipment has been installed - thereby, saving on the cost of front-line services and presentation at A&E.

Service example 1. Health 1000, The Wellness Practice, Ilford

Health 1000 is a 2-year pilot project based in a GP practice serving patients with complex needs across three East London and Essex Boroughs. The additional resources include GPs, a consultant for elderly medicine, social work, occupational therapy, physiotherapy, key workers, Age UK care coordinators and practice management.

The pilot's objective is to focus on people's overall wellbeing as well as their medical and social needs. One of the indicators for success will be a reduction in the number of unnecessary hospital admissions for this patient group. Approximately 500 patients recruited to date have met the criteria of having five or more long-term medical conditions.

Occupational therapy is offered 4 days per week as follows:

- Providing assessment and intervention in the home environment, such as equipment and minor adaptations provision, moving and handling advice, and activities of daily living training
- Providing rapid response to reduce people's dependency on other services or an emergency admission
- Identifying unmet occupational therapy provision within the local services.

This project is being evaluated by the Nuffield Trust and the results are due to be published in summer 2017.

Service example 2. Community Integrated Care Teams, Nottinghamshire

The service consists of three multidisciplinary teams, one led by a nurse and the other two by an occupational therapist. The service has been designed to reduce the number of people presenting at hospital unnecessarily and to support people identified as high risk to manage their long-term conditions at home. Occupational therapists particularly focus on assessment of home hazards, cognition and ability to manage daily occupations and functions. Following completion of an assessment, the occupational therapist advises on strategies and techniques to enable the person to maintain their routines and to continue to do what is important to them. They may also provide or advise on equipment and adaptations to the environment to support safety and activity in the home. Once the acute need has been addressed self-care advisors may then work with the person on practising techniques and strategies and signposting to community groups and resources.

The teams work closely with GP surgeries, accepting direct referrals and attending monthly meetings. This model facilitates timely and effective communication between the services. The service is measured against the number of avoided unplanned hospital admissions (figures yet to be published for 2016/17).

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.

Rationale

Older people want to remain in their own homes. Existing legislation has been designed to support this, through personalised care planning, shared decision making and involvement of the wider community.[14 15 16]

Occupational therapists are skilled and ideally placed to transform this legislation framework into reality, and the commissioning and structuring of occupational therapy should reflect the best use of this expertise. 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. Occupational therapists are able to act as a catalyst in establishing a 'promoting independence' ethos[17] 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, reablement workers and trusted assessors). This should address how to undertake daily living activities, teaching techniques and advising on assistive technology, equipment and adaptations. There are many examples of models of reablement where occupational therapists provide clinical supervision and guidance to personal assistants and reablement team leaders that could be rolled out more widely. For example, the Wigan Council Reablement Service received an Outstanding award from the regulatory body.[18]

This approach to developing other people's skills and knowledge in self-management has the overall benefit of enabling a person to retain independence, minimise care costs and remain safe in their home. This in turn helps to reduce the levels of stress experienced by carers.[19 20]

The RCOT recognises the vital contribution that equipment and adaptations can make to the quality of older peoples' lives, but solely focusing on the provision of equipment means the full range of occupational therapy skills are not utilised, and potential improvements in outcomes are not being delivered. As people age, they spend more time in their home[21], but accessing the community and being involved in social activities remain essential for wellbeing and health.[22]

To deliver on this recommendation, the commissioning and structuring 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 providers
- Train carers and community workers to encourage a personalised and enabling approach to care and support
- Work with community providers 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 improving wellbeing outcomes for people and reducing unnecessary care packages, for example, the need for two carers for one task (i.e. double-handed care).[23]

John's story

'I have got diabetes and a dodgy right knee so I get about using a walking frame. I had a fall and was on the bathroom floor for 16 hours. I ended up in hospital and I was not managing very well. I needed two staff to even get out of a chair and walk a few steps. I then went to a residential home but I just wanted to get back to my bungalow. At first, the physiotherapist didn't think that was possible but I was referred to the enablement team.

The occupational therapist spoke to me on the phone and to my son to find out what I wanted to be able to do again. She then came to see me and got me out of the chair and walking. She told the care home manager that I should be supported to practise doing things for myself again, with a member of staff to keep an eye on me. I do have problems with continence so we came up with a plan to manage that. I have to wear pads and have a commode by my bed. We then did a visit home and she gave me advice on how to do things like getting off the bed.

I was so happy to go home. At first the enablement team came out three times a day to help with showering and getting something to eat. ***After four weeks I was doing everything on my own again****, washing and getting dressed and making my own meals.'*

Service example 3. Kent Enablement at Home Teams (KEAH)

There are nine Enablement at Home teams, which include a senior and specialist occupational therapist, providing clinical support and advice to supervisors. The teams' purpose is to identify how to reach the most independent outcome for the individual receiving services. They aim to empower support staff to take reasoned and insightful decisions and understand how to work with people to create personalised goals.

Simplified and structured paperwork to complement a weekly review of service users' progress ensures the right support is provided at the right time. Improvements are driven by analysis of the recorded data, which ensures issues that could prevent people achieving their best outcome are reviewed at an area and county-wide level. The end results are a reduction in the number of care packages required.

83% of people who go through KEAH leave the service able to live independently at home. For 2016 this has led to an approximate saving of **£3.2 million** on long-term support. In comparison to last year, an extra **520 people** are expected to leave the service fully independent. The average amount of weekly support for those leaving the service with a care package has reduced by **40 minutes** due to improved service user outcomes.

Stills from the film *Value of Occupational Therapy.* To view the whole film, visit: **www.rcotimprovinglives.com**

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.

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.[24]

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 community resources, services and technology to working with residents in care homes with complex and end of life care needs.

It is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence, and does not just wait to respond when people reach a crisis point. To meet the challenges of the future, it will be vital that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence, and prevents need or delays deterioration wherever possible[25]

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.

Betty's story

'Betty has been living in the care home for nine months but staff noticed that in the afternoons she was increasingly agitated. She upset the other residents by standing in front of the TV calling people 'Mum' or 'Dad', also she invaded people's space – she just stood or sat too close to them. It was really difficult to get her to eat, for a while she was only eating breakfast. She kept going into other residents' rooms and sometimes taking things, and she refused to take her medication. Trying to help her with washing and dressing was a real challenge and she got really upset and sometimes she would hit out at staff.

The occupational therapist came to assess Betty – she looked at mealtimes, watched how staff tried to get Betty to eat and offered some really good advice on how to prompt Betty and keep her focused on what she was doing. The trouble was Betty kept getting distracted. The occupational therapist asked her team's psychiatrist to talk to the GP about reviewing medication and she was taken off her tablets. This meant staff didn't have to try and persuade Betty to take her medication and this removed the part of the day Betty found stressful.

The most important thing that the occupational therapist did was come up with an activity plan and ideas on how to try to reduce Betty's agitation. This made staff more confident on best ways to distract Betty. Now she is calmer and not upsetting the other residents so much. One of the things staff do is play music when they are helping her to get washed and dressed. Singing along with Betty just seems to make everything easier. She seems more settled and staff feel less stressed.'

Betty's key worker on the care home team.

The cost saving that the occupational therapist has made from the case study of Betty is outlined below.

Total cost of occupational therapist = £36 per hour at 4 hours of occupational therapy input = £144

Savings of prescription costs from GP	Monthly savings = £24	£24 a month	Annual saving = £288
Savings of one care support worker at meal times	30 minutes twice a day = £20 for one hour	£140 a week	Annual saving = £7,280
Total annual saving:	**£7,568 – £144 (occupational therapy costs) =**		**£7,424**

Service example 4. The Care Home Liaison Team, Tower Hamlets

The care home liaison team within the London Borough of Tower Hamlets, which is attached to the older adult mental health team in the East London Foundation Trust, act as a vital link between care homes and community and inpatient services by supporting the homes to access psychiatry, occupational therapy, physiotherapy, end of life care and other community health services. The service works with the serving GP practices to create a multidisciplinary approach to support management of mental health conditions and falls. The occupational therapists support the homes to provide person-centred care through training, on-site role modelling and working directly with the home staff. Completed projects include:

- Dementia-specific assessment tool and person-centred activity planning
- One-page profiles of residents with staff members
- 'Activity bubbles' to enable staff to reduce residents' agitation and improve wellbeing
- Reviewing needs of residents, suggesting ways of breaking activity down and delegating different roles/ steps of activity
- Directly working with residents to address behavioural and psychological symptoms of dementia
- Creating a dementia sensory garden
- Signposting staff to equipment provision, e.g. eating aids, access to ferrules and signage
- Co-ordinating multi-factorial falls assessments, providing basic mobility equipment and signposting on to community services for falls related needs.

Outcomes:

- **191** members of staff trained in Person Centred Dementia Care across 12 care settings since August 2014
- Implementation of a greater range of activities
- Improvement in resident's wellbeing measured through a reduction in agitated behaviours in residents
- Staff report greater confidence and knowledge in person-centred care, partnership working, end of life care, and nutrition and hydration.

In conclusion

As part of enabling the older population to live as independently as possible for as long as possible,[26] the Royal College of Occupational Therapists recommends that within the STP process local occupational therapy workforce and services are specifically considered and included. It is telling that many STP plans focus on the numbers of doctors, nurses and midwives that will be required, but neglect to consider AHP requirements at any granular level.

Local health and social care economies should consider the breadth of occupational therapists' skills and how they could be used more effectively to meet older peoples' needs. Service design should 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. Barriers need to be removed to ensure all occupational therapy services achieve this.

The Royal College of Occupational Therapists is, therefore, keen to build on existing best practice, to ensure that occupational therapists:

- 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.
- Develop mechanisms to 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.

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The professional body for occupational therapy staff

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