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## Shifting the Balance of Care Evidence from the College of Occupational Therapists

### 1. Introduction

The College, which represents over 29,000 occupational therapists, support workers, and students in the UK of whom over 3,000 are in Scotland, welcomes the opportunity to participate in the Health and Sport Committee inquiry into the role of rehabilitation services in shifting the balance from secondary to primary care.

#### Rehabilitation – more than a ‘health’ matter

- Rehabilitation begun in hospital should continue on discharge for as long as is required for the individual to achieve their rehabilitation goals, including return to work.
- Rehabilitation must be accessible to individuals whose condition has not required hospital admission.

As such, **rehabilitation is more than a ‘health’ service matter and more than a shift from secondary to primary care.** This is reflected in the framework, which sets priorities not only for NHS Boards but also Local Authorities, and should be fully embraced by both.

#### Occupational therapists - over 25% work for Local Authorities in Scotland

Occupational therapists are the only Allied Health Profession (AHP) employed in numbers in social work services and as such, are in a unique position to drive change in shifting the balance of care.

#### Occupational therapists in social work services - a poorly recognised resource

- Traditionally employed to meet the Local Authorities statutory obligations to assess for and provide equipment and adaptations.
- 77% feel their skills are not being fully utilised (COT 2006).
- Many Local Authorities have struggled with high demand and waiting lists for equipment and adaptations, leaving little time for occupational therapists to facilitate change in their clients.
- Over 70% wish to develop services in early intervention and prevention (COT 2006).
- In some areas, clever service redesign, including training and support of support staff and other professionals, has enabled speedier provision of equipment and freeing up of occupational therapists time for other client needs such as rehabilitation.
- Redesign alone will not provide sufficient occupational therapists to meet the needs of the many individuals living at home, currently not receiving rehabilitation, who would benefit from occupational therapy e.g. to prevent admission to hospital or care, to reduce dependency on care packages and carers, to enable full return to work. .
- 40% want to support client’s return to work (COT survey 2006).

#### Occupation - restores, maintains and improves physical and mental health and prevents ill health.

Rehabilitation should enable maximum participation in an individual’s chosen occupations.

Health and wellbeing are influenced by a person’s ability to engage in life’s occupations. **Restoring a person’s ability to function independently and exercise choice and control over his/her daily activities increases productivity and life satisfaction.** The effects of aging, disability, mental ill health, sickness or of a long term condition can affect an individual’s ability to participate in the activities they want or need to do.



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The philosophy of occupation therapy is founded on the concept of occupation as a crucial element of health and wellbeing.

## **2. What are the patients' experiences of rehabilitation services? How will the framework change services to patient?**

It is felt that the framework reflects service users experience and the changes they wish to see which, if fully implemented should include:

- Rehabilitation services being provided more locally, in their own community / work place etc.
- Direct access / self-referral and information on what is available e.g. an end to services insisting on a referral from a doctor where this is not absolutely necessary.
- More choice of appointment times including evenings and weekends.
- No artificial service cut off based on time, or if time limited, something to move onto to continue rehabilitation.

There are some excellent examples of joint health and social work community rehabilitation teams but these are often time limited in what they can provide and exclude people on diagnostic criteria or age. For example, a Rapid Response Team, which prevents unnecessary hospital admission but is only available to over 65's.

Change will only occur if the integrated approach across health and social care is facilitated with joint commitment, additional resources, and supported by change management, service redesign and measurable joint outcomes such as local improvement targets.

## **3. What changes need to be made to workforce planning and social services to allow the framework to be implemented?**

**Recognition** - Social work services need to recognise their valuable occupational therapy resource in this respect. Although rehabilitation has not been seen as a responsibility of social work services, **occupational therapists have led the way in developing community rehabilitation within social work services** in some areas, with integrated teams providing and developing rehabilitation in the community. This not only improves health and wellbeing but reduces unnecessary packages of care and dependency.

**National Leadership** - Given the huge role played by occupational therapists in social work services and their potential to change and develop community rehabilitation services, it is surprising that they have **no national direction or support**. There is no national occupational therapy leadership as part of the current Changing Lives change programmes. AHPs employed in the NHS receive national leadership through the NMAHP and this is not less important for occupational therapists in social work services as it is for those in the NHS.

**Local Leadership** – a **poor career structure for occupational therapists** in many Local Authorities has resulted in a lack of leadership in planning and developing services.

### **Workforce Planning – needs to be cross agency and to include occupational therapists in social work services**

- The education system and not need, still determines the supply of occupational therapists for NHS and Local Authorities.
- The College is not aware of any workforce planning for occupational therapists and their support staff in social work services.
- The current NHS AHP workforce planning does not take into account the numbers, current or potential role of occupational therapists in social work services.



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- The number of occupational therapists required to support the framework, especially around the increase in community based rehabilitation with inreach to hospital, and the drive to maintain people in, or return them to the workplace, is unknown.

#### **Workforce planning needs to include occupational therapy support staff**

- The College knows of no workforce planning for support staff in social work services who are crucial to delivery of services in both the assessment and provision of basic equipment and adaptations, and enabling individual's to achieve their ongoing rehabilitation goals under the direction of a qualified occupational therapist. This needs to be addressed.
- The HNC in Occupational Therapy Support should be encouraged across health and social care to ensure a properly skilled workforce.

#### **4. How will the framework change the role of allied health professionals (AHPs) in delivering rehabilitation services?**

The College is unable to comment on the role of AHPs in general as this differs greatly across the professions.

#### **Delivering community rehabilitation – enabling role of occupational therapist in social work services**

The framework is likely to change the role of occupational therapists within social work services from being providers of equipment/adaptations to becoming leaders in developing and providing integrated community rehabilitation services.

Such change needs to be properly resourced and closely linked with Changing Lives and will require development of leadership at national level to facilitate consistency across Scotland.

#### **Delivering vocational rehabilitation - allowing occupational therapists to utilise their expertise**

Occupational therapists are experts in occupational analysis and therapeutic interventions and have the necessary skills to enable return to work as part of rehabilitation.

Occupational therapists across health and social care are keen to include work related rehabilitation in their everyday treatment but will need commitment of their employers and appropriate resourcing.

#### **Supporting community rehabilitation – utilising all available resources**

It is envisaged that other workers roles will need to develop in order to enable ongoing rehabilitation to meet individual's goals and reduce dependence on costly packages of care such as home care workers, to enable them to support an individual's rehabilitation goals and reduce dependence. With their long history of working with support staff, occupational therapists have the skills to train and supervise such staff in this respect.

#### **5. Are current community facilities adequate? To what extent are they able to meet new demands that the framework places on them?**

Members tell us that facilities are not adequate but are keen to see best use being made of a variety of 'facilities' in communities in addition to development of specific accommodation where patient's can attend for treatment in their community when necessary. Transport must be considered in this respect.

Some Local Authorities have developed specific accommodation for community rehabilitation in addition to utilising other community facilities and the client's home. This accommodation is utilised jointly by the integrated team. Many areas do not have such facilities and local authorities and NHS Board's should review their facilities in this respect to make best use of the existing resources and jointly plan to fill gaps.

In addition to facilities, resources/funding will be required to allow rehabilitation to take place in the most appropriate place to meet the individual's goal e.g. at home/residential home, respite, place of



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work, educational establishment, local leisure facility as this places additional strain on already overstretched services in terms of staffing time and travel

Members have expressed concerns that although in some areas the community hospital may be best placed to provide a central, but local, rehabilitation facility, there is insufficient rehabilitation space to accommodate this.

## **6. How far are NHS boards, local authorities and associated bodies able to fulfil their roles under the framework?**

It is hoped that the new Rehabilitation Coordinator posts will have the power to drive forward change in the NHS and Local Authorities and challenge not only current services, but the structures and cultures within and across agencies and to lead multi-agency organisational change.

## **7. What changes in financing will be required as a result of shifts in the balance of care, particularly between acute and primary care/community health budgets?**

A whole-system approach to funding and re-design is required across health and social care taking into account:

1. Community based rehabilitation has been grossly under funded and under supported for the many who would benefit and are not currently receiving a service.
2. Specialist rehabilitation in the acute sector will remain a crucial element of service delivery.

It is suggested that a transfer of resources from acute to community with the majority of rehabilitation workers being based in the community, providing inreach to hospital with close links with specialist rehabilitation teams such as stroke and head injury, might be a way forward.

## **8. What barriers to the successful implementation of the framework exist? How can these be overcome?**

Members have raised concerns re

- The **lack of national leadership** for occupational therapists working in social work services which could be overcome by appointment of a Lead occupational therapist in social work at Government level.
- **Focus of the NHS on a medical model** of care which is inappropriate in rehabilitation, and the need to train staff to think about the end result being participation in occupation and self-management.
- Vocational rehabilitation and **underuse of occupational therapists** for whom this is a core skill.
- The **lack of understanding** within social work service staff of the changes required by them. The College recently ran a hugely successful training event, 'Changing Lives with rehabilitation: the Rehabilitation Framework in Action' in Glasgow to support and inspire 100 occupational therapists across health and social care to facilitate change that will ensure delivery of the services individuals both want and need. Demand was such that it is to be re-run in Aberdeen in September.
- The Single Shared Assessment offers the opportunity to facilitate improved integrated working in rehabilitation.
- The framework may be seen as aspirational and its implementation requires to be more clearly linked with other agencies with clearly defined outcomes

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