

## Health Devolution Commission

Call for evidence – March 2020

### Submission from the Royal College of Occupational Therapists

---

The Royal College of Occupational Therapists (RCOT) is the professional body for occupational therapists and represents over 33,000 occupational therapists, support workers and students from across the United Kingdom. Occupational therapists have a unique skillset offering support to people with physical and mental illnesses, long term conditions, and / or those experiencing the effects of aging to continue living life as independently as possible.

The Royal College welcomes the Commission's inquiry into the value and accountability of devolved health systems. Health and social care services are under unprecedented pressures, highlighting the need for innovative and new approaches as demonstrated in health and care policies. We believe that occupational therapists are key in delivering the collaborative and personalised healthcare services required to meet these challenges, which will keep people healthy and living independently within their communities.

#### **1. What does good health devolution look like that builds a community's health and improves a community's health and social care services?**

- With only 10% of what determines health and wellbeing linked to actual health care<sup>1</sup>, it is time for a national approach that structures services better around people, keeping them connected with family, friends and their community.
- Health devolution could assist services to create new structures and ways of working that fully utilise health care professionals. The Royal College of Occupational Therapists (RCOT) recognises that the occupational therapy workforce needs to move from being predominantly in secondary care to focus on preventative and public health delivery.<sup>2</sup>
- In order to ensure that people 'live the life they want', practitioners in health and care, people in receipt of services, and their carers must work together to achieve positive outcomes. In addition, services must move away from an approach that focuses on needs and problems to one that works with people to establish the strengths and assets that they bring to achieve positive change in their lives.<sup>3</sup>
- The health and social care sector must work more closely with communities and community resources, such as libraries, to deliver a minimum universal offering. We need to build stronger communities to make health, housing and social care staff more accessible rather than only available in times of crisis.

---

<sup>1</sup> The Health Foundation (2017) Infographic: what makes us healthy? [www.health.org.uk/blog/infographic-what-makes-us-healthy](http://www.health.org.uk/blog/infographic-what-makes-us-healthy)

<sup>2</sup> The Royal College of Occupational Therapists (2018) *Making personalised care a reality: The role of occupational therapy*. <https://www.rcot.co.uk/promoting-occupational-therapy/occupational-therapy-improving-lives-saving-money>

<sup>3</sup> The Royal College of Occupational Therapists (2018) *Making personalised care a reality: The role of occupational therapy*. <https://www.rcot.co.uk/promoting-occupational-therapy/occupational-therapy-improving-lives-saving-money>

- Health devolution creates the opportunity to encourage closer collaboration between the health, care and sectors. The Royal College believe that housing should become an equal partner within the health and social care sector. There is a growing body of evidence that good housing supports good health and independence, while poor housing can be significant cause of poor health, injury and increased dependence. <sup>4</sup>
- Devolution should be used as an opportunity to address current barriers to integration between health and housing. This would facilitate innovative and preventative approaches to supporting health in the home. Some examples of good practice in this area, which include occupational therapists are based on case studies from North Tyneside Council and Northumbria Healthcare Foundation Trust. North Tyneside piloted a sheltered housing 'Healthy Living' programme where that addressed common problems encountered by older tenants, including risk of falls. The sessions, delivered by a senior occupational therapist, physiotherapy technical instructor and nurse, ran over six weeks and combined structured exercise with educational elements.<sup>5</sup> The results of the programme were positive with participants more likely to have improved balance and were significantly less concerned about falling. This case study demonstrates the positive outcomes and impact on service user wellbeing that can be achieved through housing and health professionals working together.<sup>6</sup>
- In 2016 Scotland established legislation to bring health and social care in to a single integrated system. The integration of services in Scotland has presented opportunities for occupational therapists to review how services are delivered to reduce "patient handovers." For example, in Glasgow City, previous systems meant that service users would see different occupational therapists in separate teams for specific parts of their care journey (e.g. a different occupational therapist for each need such as rehabilitation, stair lift provision and for basic anxiety management). Service redesign, which is competencies based, would now mean that in many areas all of these tasks would be covered by the one occupational therapist who is able to use all the skills that they gained though undergraduate training.
- Health devolution is an opportunity to tackle specific challenges – as has been seen in Scotland. Scotland has some unique challenges over the next ten years:
  - 75% increase in over 75s
  - 12% more GP consultations
  - 16% more emergency hospital admission
  - 35% more long stay care home residents
  - up to 29% increase in demand for health and social care services

---

<sup>4</sup> Improving Health and Care through the Home: A National Memorandum of Understanding 2018, [https://www.housinglin.org.uk/assets/Resources/Housing/Support\\_materials/Other\\_reports\\_and\\_guidance/Health-Housing-MoU-18.pdf](https://www.housinglin.org.uk/assets/Resources/Housing/Support_materials/Other_reports_and_guidance/Health-Housing-MoU-18.pdf)

<sup>5</sup>[https://www.housinglin.org.uk/assets/Resources/Housing/Practice\\_examples/HLIN\\_Case-Study-Report\\_Northumbria\\_FINAL.pdf](https://www.housinglin.org.uk/assets/Resources/Housing/Practice_examples/HLIN_Case-Study-Report_Northumbria_FINAL.pdf)

<sup>6</sup> [https://www.housinglin.org.uk/assets/Resources/Housing/Practice\\_examples/HLIN\\_Case-Study-Report\\_Northumbria\\_FINAL.pdf](https://www.housinglin.org.uk/assets/Resources/Housing/Practice_examples/HLIN_Case-Study-Report_Northumbria_FINAL.pdf)

- Good health devolution should focus on getting services to work differently and not only on a single focus on structural reorganisation. For example, Scotland's integrated system focuses on people, communities and wider determinants of health.<sup>7</sup>
- There is also the opportunity to streamline bodies – Health Improvement Scotland combines the work of CQC, NHSI, NHSE and NICE. The new national body, Public Health Scotland similarly combines NHS Health Scotland, ISD and Health Protection Scotland into one body
- When creating devolved health systems there should be appreciation that there will be different rates of progress with some areas with longer established histories of joint working doing better. Health devolution is not only about autonomy but also about democratic responsiveness.

- 

## **2. How should the challenges of accountability, power and control between the NHS and local authorities be addressed in devolved and integrated systems?**

- Integrated Joint Boards (IJBs) in Scotland are not owned by either NHS boards or local authorities – therefore this gives them greater scope to work collaboratively to shift resources (as required) to community-based services.
  - The IJB membership is broad: it includes councillors and NHS non-executive directors in all cases, plus other members (who do not have voting rights) including professional representatives and community and staff stakeholders.
  - Each IJB has responsibility to appoint a chief officer to lead implementation of the strategic plan and an officer responsible for its financial administration. The chief officer has a direct line of accountability to the chief executives at the health board and the local authority.<sup>8</sup>
- Chief Officers of IJBs are now seen as the 'third seat at the table' to ensure that discussions aren't just about the NHS agenda or the social care agenda. They are also involved in health board and local authority decision making.
- When creating devolved and integrated health systems we need to ensure that there is no disconnect between a person centred care model and delivery. For example, when procuring services, organisations should be able to demonstrate values and behaviours that are person centred and have this assessed regularly. The role of occupational therapy in service commissioning, delivery and training staff would support a person centred approach as well as supporting more occupational therapists into inspectorate and commissioning roles.

---

<sup>7</sup> National health and wellbeing outcomes framework, <https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/pages/5/>

<sup>8</sup> <https://hscscotland.scot/integration/>