

Cllr Mary O'Connor
Chairman
London Borough of Hillingdon
Civic Centre
High Street
Uxbridge
UB8 1UW

13 March 2008

Dear Cllr. O'Connor

**Re: Joint Overview and Scrutiny Committee – 'Healthcare for London'
review: invitation to submit evidence**

Thank you for providing this opportunity to submit evidence on the future of London's health services and the potential impact on occupational therapists working within Local Authorities.

You asked for our views on proposals to reduce hospital length of stays and the provision of greater care out of the hospital setting.

General Points

If more hospital consultants are to work in the community they will need to have a greater understanding of the difference between medical and social models of care and have a greater awareness of local community support services, their availability, the services they offer and their limits.

1. Reduce hospital length of stays

The consultation document suggests that more surgery is to be carried out as day care. The provision of vital rehabilitation, and timely community based support services will be key to successful outcomes for patients. In addition reducing lengths of stay will mean that patients will be discharged with a higher level of dependency and consequently a greater need for rehabilitation.

Day surgery for frail, older people who do not have family support or carers, is likely to increase the need for community based support services.

Impact on occupational therapists and social care services

- Given the expected increase in dependency of patients discharged to the community due to reduced stay, day care treatments, there will be a potentially greater demand for equipment / assistive technology and minor works such as grab rails etc, which will impact on Occupational Therapy services

- If people live in surrounding areas but have had their treatment in London (Choice agenda), this may have an impact on the delivery of a seamless health and social care service, as co-ordinated discharge arrangements may be more complex. In addition the increase in demand i.e. fast-track systems for provision of equipment/adaptations, or the need for an assessment by an occupational therapist due to complexity, may impact on the throughput of case work.
- Many occupational therapists in social care are involved in enablement / re-ablement services and the potential demand for these could increase (this may be dependent on local joint arrangements with PCTs) in order that those discharged reach their full potential and recovery maximized.
- Planned care (elective) centers must offer therapist led rehabilitation and pre- surgical screening in order to promote a swift and full recovery
- Polyclinics are intended to increase the throughput of treatments for patients, which may require additional workforce capacity in community services.

2. Greater care outside hospital

More services could be provided via GP premises/polyclinics, including occupational therapy. As the only profession trained to work in both health and social care, occupational therapists are well suited to this environment and can easily liaise/negotiate/signpost to a wide range of other services, plus co-ordinate complex care packages. Within primary care, occupational therapists can lead on health promotion and lifestyle improvement schemes

Occupational therapists are one of the largest professions already providing rehabilitation in the home although at present they have a very limited time to do so. However, if more expert care is to be provided to people at home, interventions may need to last longer (i.e. more treatment sessions), and the workforce will therefore need to grow in number to keep up with demand.

Impact on social care and occupational therapists

- Some detailed work will be required to look at potential local population needs in relation to the occupational therapy resource required to support these initiatives that will include projecting future need and also informing workforce planning.
- Continuity of service may need to be enhanced by the integration of occupational therapy services. The College launched a strategy 'Interface to Integration' to support an integrated approach across health and social care for occupational therapy services (this is available on our website www.cot.org.uk).

3.Additional Points

Occupational therapists are key in managing long-term conditions; the impact of this on the workforce needs for occupational therapy is yet undetermined.

In the report there is recognition of the incidence of mental health problems within London. There have been a number of reports, which highlight the vacancies for occupational therapists in the London area within mental health services.

The review also promotes health promotion and consideration will need to be given to the management of OT health promotion activities such as: prevention of falls exercise programmes, hazard checking in homes and, other seated exercise programmes for older people, all of which can be delivered by occupational therapists based in a variety of settings.

In summary, occupational therapists are used to working across traditional health/social care boundaries but occupational therapists working within social care services are struggling to meet existing demands. In consequence further investment in growing the numbers of the community based Occupational Therapy workforce and developing their areas of expertise, is required.

If you require any further information, please do not hesitate to get in touch.

Yours sincerely

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College of Occupational Therapists

Cc David Coombs, Scrutiny Advisor