Abstract

Introduction
The number of older people in the UK is increasing and requires local authorities to consider new and innovative ways of working to meet needs. Evidence suggests that prevention and early intervention helps support individuals to maintain independent lifestyles.

Methods
This service evaluation outlines two case study examples of a new service delivery model in a local authority in England, combining the expertise of occupational therapists and assistant practitioners. New referrals requesting a package of care, where there were no existing services, were jointly assessed by two pairs of occupational therapists and assistant practitioners. The aim was to utilise the occupational therapy functional assessment, creative use of resources, a strengths based approach and knowledge of local voluntary, third sector and community resources to prevent, reduce or delay the need for funded care.

Findings/ Discussion
Most cases were referred for social work intervention, but benefited from equipment, adaptations and focused advice around managing conditions and daily routines. This approach is predicted to reduce the number of internal referrals to occupational therapy, preventing the need for a second assessment. It also led to significant predicted savings and maintenance of independence and wellbeing for service users.

Conclusion
Utilising their specialist skills and approaches, occupational therapists and assistant practitioners can work collaboratively to prevent, reduce and delay the need for funded care, and promote wellbeing for individuals. Anecdotal feedback suggests this is an empowering approach for service users which motivates practitioners and expands their knowledge.

Recommendations
Availability of this service has been increased with plans to implement this approach across other localities.

Key words

Occupational therapy, service evaluation, social care

Introduction

Older people are the main users of health and social care services in Great Britain (Department of Health [DH], 2001; Howse, 2007). The number of older people in the UK is increasing and projected to increase to almost a quarter of the population by 2045 (Office for National Statistics, 2017). This will place further pressures on health and social care services at a time of increasingly scarce resources; and requires local authorities to consider new and innovative ways of working to meet these needs. Thus there is a responsibility for occupational therapy to demonstrate the effectiveness of its services for older people in social care settings.

Many older people have long term conditions that result in limitations in physical activity and function (Melis et al, 2008). Maintaining functional ability is important, not only to enable a person to carry out independent activities of daily living, but to also reduce caregiver burden and influence the wellbeing of both (Peters et al, 2013). Difficulties performing activities of daily living such as bathing or mobilising at home represent significant events that may trigger the need for personal assistance or relocation to a family member's home or residential facility (Gill et al, 2006). Moreover, functional difficulties are associated with a reduced quality of life, fear of falling, functional decline and depression (Spillman, 2004; Feng et al 2014).

Glendinning et al (2008) highlighted that interventions with a focus on activity, independence and successful ageing are more effective than those based on a dependency service provision model. This is supported by the Adult Social Care Outcomes Framework 2013/14 (DH 2012) which focuses on delaying and reducing the need for care and support. The Care Act (2014) placed a responsibility on local authorities to provide preventative services to defer the need for expensive, institutionally based, interventions in times of crisis. The Royal College of Occupational Therapists (RCOT) (2017) demonstrated how involving the older person in decision making, seeing the whole person, and focusing on what they can do, results in a better quality of life for the older person, reducing their need for long term care.

Occupational therapists play a fundamental role in promoting function and independence by removing barriers, adapting or modifying physical environments and offering support, guidance and education for individuals and caregivers. This paper offers two case study examples of an innovative service, in a local authority in England, combining the expertise of both occupational therapists and assistant practitioners. All names are replaced with pseudonyms to preserve the anonymity of participants.

Motivations for a new approach to service delivery in Adult Social Care

The motivations for a new service delivery model came from increased pressures on the locality's social work waiting list whilst there was capacity in the occupational therapy and assistant practitioner assessment service. In line with the Care Act (2014) prevention principles, we looked for service improvement which would embed a culture of promoting independence for clients whilst motivating the team by generating innovative ways of working. Furthermore, we hoped to contribute to

budget savings by reducing commitments to long term packages of care whilst managing expectations and perceptions of the social care remit by the public.

Methods

Project Model

Combining the concepts of 'occupational therapy first', 'strengths based assessment' and 'promoting independence and prevention', we nominated two pairs of occupational therapists and assistant practitioners to focus on new referrals coming into the department, requesting a package of care, where there were no existing services. These cases would have normally been assessed by a social worker.

We aimed to utilise the occupational therapy functional assessment, creative use of resources, a strengths based approach focusing on the person's own capabilities and wider support network, and knowledge of local voluntary, third sector and community resources to prevent, reduce or delay the need for funded care. We used the occupational therapy and assistant practitioner skill mix to combine the holistic functional assessment skills of an occupational therapist with the support planning skills and community based knowledge of an assistant practitioner. The occupational therapist would also lead any complex issues or mental capacity assessments. The visits were joint, both practitioners contributing to one assessment avoiding duplication in recording, with the expectation that there would be little or no reduction in the numbers of cases seen.

Ethical approval was not necessary as this was audit and service evaluation. The activity was usual service improvement hence explicit informed consent was not required.

Findings

Case Study: John

John is diagnosed with Alzheimer's disease and arthritis affecting his back. He lives with his wife, Mary, his main carer. John was referred to Adult Social Care requesting support with bathing, after becoming stuck in the bath.

Assessment
The Occupational Therapy and Assistant Practitioner (OTAP) assessment took place at John's home with his wife and son present. This was a familiar environment for John and enabled functional abilities to be observed within his home setting.

The assessment used a holistic biopsychosocial approach focusing initially on the reason for referral (bathing difficulties), but also exploring the impact of John's long-term conditions on other aspects of his daily living routine using discussion and observation. Having two practitioners present enabled the occupational therapist to spend time alone with John observing his mobility and transfer technique, whilst the assistant practitioner completed a carer's assessment with Mary, assessing her needs and the impact of her caring role. Littlechild et al (2010) identified that

assisting family carers was one of three main important features for promoting or maintaining service user independence.

John had reduced balance but was mobile with a walking stick. He had difficulties with bath and toilet transfers and experienced balance problems on the stairs and when transferring in and out of the property. Mary reported that John became disorientated at night in the dark, and could be verbally aggressive.

Intervention

The occupational therapist ordered a bath lift, additional banister rail and two toilet frames to increase independence and safety at home. Following the prevention principles of the Care Act (2014), information and advice was provided for the family to explore grab rails and a half step at the front access. This promoted wellbeing by increasing the ability to exercise choice and control and is a vital component to prevent or delay a person's need for care and support (DH, 2017).

Mary was regularly travelling by taxi to collect John's medication which was time consuming and expensive, the assistant practitioner suggested exploring a medication delivery service. Mary asked for support managing her husband's verbally aggressive behaviour and support from the Mental Health team was advised and information regarding the Alzheimer's Society provided. Cohen-Mansfield (2001) suggest people with dementia behave in an agitated manner when their needs (for example for social interaction) are not correctly perceived and addressed by caregivers. The assistant practitioner suggested referral for a volunteer to provide John with some social stimulation and providing Mary with a break from her caring role. A referral to Assistive Technology was made for motion sensor lights, and a sensor to alert Mary when her husband gets out of bed, to address disorientation at night time.

Outcomes

John and Mary felt the provision of equipment made a positive difference to John's independence and safety reducing his likelihood of falls on the stairs. Mary also reported that John needed less support to complete activities of daily living with the equipment in place, as found by Sainty et al (2009) who showed equipment provision made people feel safer and more independent, reducing the need for support. Here, provision of equipment, onward referrals and information and advice prevented the need for funded care and the joint OTAP approach enabled a carer assessment and occupational therapy assessment to be completed within the same appointment. This reduced visits and waiting times, enabling a holistic and empowering process for both service user and caregiver.

<u>Case Study: Sarah</u>

Sarah had a stroke one year ago resulting in language, comprehension and expression difficulties. She can only read and write a few words and experiences difficulties with managing her correspondence. Sarah lives alone, with no family or friends able to support this task. Her speech and language therapist requested a social care assessment, for a personal budget, to enable Sarah to employ a personal assistant to support her with correspondence.

Assessment
The OTAP assessment took place at Sarah's home with her speech and language therapist present supporting communication. The occupational therapist and assistant practitioner used gestures and short phrases when communicating with Sarah, giving her additional time to respond, to help improve her participation in the assessment. Questions were addressed directly to Sarah, using the speech and language therapist only when necessary, ensuring a person-centred approach (Morris et al, 2015).

In the assessment, Sarah demonstrated difficulties accessing her over bath shower, right sided weakness and reduced sensation, in addition to expressive and receptive aphasia.

Intervention
The assistant practitioner requested a long-term volunteer to support Sarah with managing her correspondence and explored local support groups that she might attend. This is supported by Ch'ng et al (2008) who suggest engagement in new activities and social support appear to be key factors in post-stroke adjustment. More time in the home is experienced by people as they age, however, accessing the community and being involved in social activities remains essential for health and wellbeing (DH, 2014).

The occupational therapist trialled bathing equipment to assist Sarah to access her over bath shower; however, this remained difficult and the shower was not temperature controlled. A thermostatically controlled level access shower was recommended via a Disabled Facilities Grant (DFG), to enable safe and independent access to bathing facilities.

Outcomes
The volunteer provided long term support with correspondence preventing the need for funded care. A level access shower with shower chair was installed enabling independence with bathing, this was an additional need, not highlighted in the initial referral. As Gill et al (2006) note, it is important to restore and maintain independent bathing for older adults, to prevent further deterioration in functional ability. The joint OTAP approach enabled eligibility for the DFG to be identified early which would not have otherwise happened as the referral was for a social work care assessment, not occupational therapy. If the social worker had identified the need for an occupational therapy assessment, further delays would have occurred due to the waiting list. Powell et al (2017) found delays in referrals for adaptations mean that help may come too late to maintain independence. Timely housing adaptations consequently have scope to promote autonomy and reduce demands on families and formal services (Allen and Glasby, 2013). There is potential here for significant cost savings and improved preventative outcomes for service users and caregivers.

Discussion

Wellbeing is recognised as important in the Care Act (2014), it is vital that local authorities refocus, creating social care services that help older people to do as much as they can for themselves, for as long as they can. To meet the challenges of the future, services must intervene early, help people retain or regain their skills, and

prevent or delay deterioration wherever possible. This may mean a period of intense support or home adaptation, however once goals are achieved, support may be safely reduced or even withdrawn.

The joint OTAP service delivery model meets needs through low level equipment, information and advice, education, voluntary and third sector interventions, signposting, DFG adaptations, carer's assessments and short-term interventions from reablement services. Anecdotal feedback from service users suggests moving away from a dependency service provision model is 'enabling' and 'giving control back'.

Practitioners felt positive and motivated by the model, and reflected on the development of their skills. Assistant practitioners reported observing the service user in their own environment, led to an evidence-based understanding of risk, and increased knowledge on how to meet needs without a care package not revealed by a static talking and listening approach to assessment. Occupational therapists reported feeling they worked more proactively and were able to apply clinical reasoning in practice at the time, rather than reflecting back on practice after the visit. Workers felt key factors for success were the strong joint working partnership and seeing service users in their own environment.

As the majority of cases seen were those with no current services, it is difficult to accurately reflect the savings achieved. A visit from two practitioners may be perceived as an expensive approach, however analysing the referrals and estimating a predicted spend based on that information and average costs of care, showed a predicted saving. Over six months 84% of cases seen using the OTAP approach were met without funded care or resulted in a reduction of care. No second assessments were needed and the length of visits was no greater than a single practitioner case. The organisation predicted an annual saving of one million pounds by using this approach, suggesting that finding innovative ways to enable people to continue to participate in daily life can provide more effective use of public money.

Most cases seen, using the OTAP approach, were referred for social work intervention, but have benefited from equipment, adaptations and focused advice around managing conditions and daily routines. This joint approach is predicted to reduce the number of internal referrals to occupational therapy from social workers and assistant practitioners, potentially preventing the need for a second assessment, and the need for the person to repeat their story.

The RCOT (2017) recommends that occupational therapists are employed to develop person and community-centred approaches, ensuring older people live independently for as long as possible in their communities. This report also suggests service design should allow occupational therapists to adopt a more preventive and enabling approach. The joint OTAP model exemplifies these recommendations by promoting a holistic and strengths based intervention.

Conclusion

This service evaluation outlines two examples of using the OTAP approach within an Adult Social Care setting. The implications for practice are the opportunity to

reframe how we approach assessing and provide for people with care and support needs. Taking a preventative approach; giving information and advice, developing resources and working with communities, occupational therapists and assistant practitioners have worked collaboratively to prevent, reduce and delay the need for funded care. This led to significant predicted savings and maintenance of independence and wellbeing for service users.

Anecdotal feedback suggests this is an empowering approach for service users which motivates practitioners and expands their knowledge. Eligibility for DFGs was identified in a timely way, with reduced internal referrals to occupational therapy. Availability of this service has been increased with plans to implement this approach across other localities.

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