

## Response ID ANON-CSJB-7A6N-X

Submitted to **Advancing our health: prevention in the 2020s**

Submitted on **2019-10-14 11:01:50**

### From life span to health span

**Which health and social care policies should be reviewed to improve the health of: people living in poorer communities, or excluded groups? Please restrict your answers to 250 words.**

**Medium text box for you to provide your answer to the question How can we design and implement health and social care policies that do this?:**

Leisure services, transport, housing.

Local government policies e.g. free access/low cost leisure/fitness activities

A recent National Institute for Health Research themed review Moving Matters - Interventions To Increase Physical Activity , highlighted deprivation, difficulty in travel, and cost as barriers to activity. It also highlighted that in order to succeed there needed to be interventions around behaviour change that improve psychological factors of motivation, self-belief, and self-esteem.

Personalised care report: Making personalised care a reality: The role of occupational therapy:

<https://www.rcot.co.uk/promoting-occupational-therapy/occupational-therapy-improving-lives-saving-money>

The Government should commit to consult regarding a clear plan on recommendations made with the DFG review:

<https://wwwFOUNDATIONS.UK.COM/MEDIA/5664/DFG-REVIEW-2018-SUMMARY-FINAL-NOV-2018A.PDF>

### Intelligent health checks

**Do you have any ideas for how the NHS Health Checks programme could be improved?**

**Medium text box to enter your answer to the question Do you have any ideas for how the NHS Health Checks programme could be improved?:**

More public awareness.

More promotion in primary care services including promotion with social care. Better use of digital to promote health checks to people. This could include text / email to people when they sign up for online GP services.

There should be increased involvement of occupational therapists in GP services for ongoing advice after initial assessments/tests. Links with the key messages below:

Occupational therapists working in primary care reduce the pressure on GPs by enabling people living with a range of health problems and chronic conditions to:

- Maximise independence and participation in daily life.
- Minimise the risk of crisis situations, such as unplanned hospital admissions.
- Overcome the barriers to engaging with services such as: social prescribing.

Occupational therapists work with people who:

- Are frail, with complex needs
- Have a history of high dependency on the practice
- Are experiencing mental health problems, such as anxiety or depression, and fall between IAPT and secondary services
- Require advice to return or remain in work
- Need short term rehabilitation to continue with previous occupations (activities of daily living).

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### Supporting smokers to quit

**What ideas should the government consider to raise funds for helping people stop smoking?**

**Medium Text box for the question What revenue raising options should the government consider to fund stop smoking support services?:**

Occupational Therapists have unique skills and expertise to understand the importance of smoking as a meaningful occupation for many people. They deliver targeted programmes to change people's smoking consumption, motivating and enabling people to give up. They support people to replace smoking with healthy occupations such as exercise or to switch to less harmful occupations such as "vaping". "Vaping" alongside the introduction of healthy occupations can support the transition from being a smoker to becoming a non-smoker.

As a member of the Mental Health & Smoking Partnership, RCOT supports the call for a 'polluter pays' levy on tobacco companies based on legislative mechanisms from the Health Act 2006 and referenced in the Green Paper. Tobacco is one of the world's most profitable industries, yet its lethal products kill half of all lifetime users. It is reasonable to require the industry to contribute to the costs of tobacco control.

High smoking rates are the largest contributing factor to the 10-20 year life expectancy gap between people with and without a mental health condition. Smoking prevalence is more than 50% higher among people with a mental health condition compared with those without.

Smokers with mental health conditions must be given access to specialist support and medications to quit. In line with NICE guidance, quit aids including

varenicline and nicotine replacement therapy must be available in mental health services across the NHS. The NHS Long-Term Plan also included a recommendation that smokers in inpatient mental health setting have the option of switching to e-cigarettes.

Funding would further enable expansion of service user and patient involvement models in quit smoking support, including expanding the key role for peer support workers in improving outcomes around smoking.

The welcome introduction of the 'Every Mind Matters' campaign highlights the value of such public education campaigns for prevention. Similar campaigns have been shown to motivate quitting and reduce tobacco uptake and should be explored further.

## **Eating a healthy diet**

### **How can we do more to support mothers to breastfeed?**

#### **Medium text box for you to answer the question How can we design and implement health and social care policies that do this?:**

More places to go to breastfeed which are clean and private and not public conveniences. Destigmatising of breastfeeding so women feel able to feed their children when required.

Local helplines for mothers to access advice when needed.

### **How can we better support families with children aged 0 to 5 years to eat well?**

#### **Medium text box for you to answer the question How can we better support families with children aged 0 to 5 years to eat well?:**

Teaching young people to budget and cook in schools/youth groups and care services in preparation for adulthood.

Better education for parents, information in children's centres, nursery schools, primary schools, public buildings.

More information in antenatal classes and advice to expectant parents on healthy eating.

## **Support for individuals to achieve and maintain a healthier weight**

### **How else can we help people reach and stay at a healthier weight?**

#### **Medium text box for you to answer the question How else can we help people reach and stay at a healthier weight?:**

To be sustained weight loss cannot just focus on diet and exercise. For most people who are overweight eating, food and food preparation have a lot of meaning and are a key occupation in their weekly and daily life. This needs to be replaced with other activities to fill the void of time and to meet emotional, behavioural and psychological needs.

Weight loss programmes, apps and advice should encompass this. For people with complex needs, occupational therapists can help people modify their daily life habits, roles and patterns that can contribute to the chronic condition of obesity. Occupational therapy interventions aimed at increasing engagement in health enhancing occupations will include using motivational interviewing to establish readiness for change, using goal setting to establish and maintain healthy routines, tackling unhelpful styles of thinking that detract from changing behaviour and learning new coping strategies to avoid comfort eating, improve stress tolerance, improve communications and deal with chronic pain such as relaxation and assertion skills.

As highlighted in the RCOT report Getting my life back: Occupational therapy promoting mental health and wellbeing in Scotland:

"Occupational therapists promote healthy occupations (activities) that improve the physical health of people with serious mental health problems. Occupational therapists are unique in that they are trained to address/work with both a person's physical and mental health needs. They deliver targeted programmes to change people's smoking, alcohol consumption and poor diet and replace them with healthy occupations such as exercise. This ensures that people are given the right tools to help them self-manage their physical health problems."

A decision to provide physical activity opportunities should be based on a shared decision making approach.

## **Staying active**

### **Have you got examples or ideas that would help people to do more strength and balance exercises?**

#### **Examples of strength and balance exercises?:**

Apps that prompt people to practice strength and balance exercises daily that can be done at home to fit in with daily routine, such as using the kitchen worktop for balance and practicing squats whilst waiting for the kettle to boil.

Synergy between NHS strength and balance exercise groups and local leisure providers. For example: In Aberdeen the Partnership Trust runs strength and balance exercise group for 12 weeks but then the group is supported to transfer and continue at Sport Aberdeen leisure centre where participants are also encouraged to try other activities. Volunteers from past groups visit the current NHS group participants to encourage them to continue at the leisure centre.

Increased provision of free-to-use exercise/fitness equipment in public spaces e.g. parks.

### **Can you give any examples of any local schemes that help people to do more strength and balance exercises?**

#### **Medium text box for you to share your answer to the question Can you give any examples of local schemes that help people to do more strength and balance exercises?:**

<https://www.rsph.org.uk/our-work/resources/ahp-social-prescribing-frameworks/social-prescribing-ahp-as-prescriber.html>

## **Taking care of our mental health**

**There are many factors affecting people's mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper?**

**Medium text box for answering the question How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the Green Paper?:**

In addition to the actions described in the report which focus on improving access to psychological therapies, improving perinatal mental health care and improving mental health support in schools and universities we would like to add that there is a growth in the numbers of people experiencing mental health problems in the workplace. We have the highest employment rates since records began yet escalating mental health problems in the workplace. Some of this is due to poor working practices such as lack of involvement in decision making, insecure working conditions and bullying in the workplace.

Good quality work can extend life expectancy and quality of life, yet people with mental health problems are falling out of the workplace. Approximately 50% of the workforce do not have access to occupational health and most GP Fit notes do not offer any practical advice about return to work. Enabling occupational therapists to lead vocational services would solve this. RCOT are running pilots across eight GP surgeries of Occupational Therapy Led Vocational Clinics and have found that, even for those presenting with MSK problems, there is a high incidence of underlying mental health problems. When people are provided with self-management advice and recommendations for work place modifications, they can return to work significantly sooner than with just a GP Fit note. If the legislation about who can complete GP Fit Notes was amended to include occupational therapists, clinics like these could save GPs time and stop people with mental health problems becoming unemployed.

**Have you got examples or ideas about using technology to prevent mental ill-health, and promote good mental health and wellbeing?**

**Medium size text box for you to provide your answer to this question Have you got examples or ideas about using technology to prevent mental ill-health, and promote good mental health and wellbeing?:**

The most important aspect for any TEC is that it is useful and useable. An occupational therapists skill lies in ensuring that TEC is the right fit for the person, their health conditions, daily activities and their social and physical environment.

As specialists in self-management approaches, occupational therapists using TEC solutions improve people's independence, quality of life and make financial savings.

Occupational therapists across the globe are increasing use of virtual reality (VR) to help with prevention, promotion of good health and rehabilitation. Much of this early work from the USA and Japan for example has focused on improving motor and cognitive skills for people with musculoskeletal disorders, stroke and for children with disabilities. However, in the UK this work is now expanding to be used for people with dementia in care homes and has the potential to be expanded further. Occupational therapists in South West Yorkshire Foundation Trust presented at the RCOT Annual Conference this year about their work with VR using a Playstation 4 with four different encounters including wildlife, a violinist and a pianist and natural environments. The results showed improved mood, verbal interaction and reminiscence. In other organisations, such as Leicestershire Partnership Trust, the occupational therapists are exploring the use of virtual groups for teenagers with anxiety and parallel groups for parents. In Sunderland, the local authority occupational therapists are making increasing use of Alexa as a memory aid for people's home but also for companionship using its interactive mode, for example quizzes.

As increasing investment is being made available in health and social care to support this technology it is vital that occupational therapists have access to these funding streams as they are often disseminated via Chief Nursing Officers which means the technology becomes very focused on medical interventions rather than on providing more personalised care and improving people's everyday lives.

Articles/info used:

OTN July 2019 page 19 -conference

Virtual Reality and Occupational therapy, Aran et al 2017

<https://www.intechopen.com/books/occupational-therapy-occupation-focused-holistic-practice-in-rehabilitation/virtual-reality-and-occupational-therapy>

## **Sleep**

**We recognise that sleep deprivation (not getting enough sleep) is bad for your health in several ways. What would help people get 7 to 9 hours of sleep a night?**

**Medium text box for you to share your answer to the question What would help people get 7 to 9 hours of sleep a night?:**

Greater promotion with personal stories of using mindfulness techniques, relaxation, good sleep hygiene e.g. no caffeine late afternoon/evening, relaxing sleeping environment, no use of mobile phones/tablets in bed, etc.

## **Prevention in the NHS**

**Have you got examples or ideas for services or advice that could be delivered by community pharmacies to promote health?**

**Medium text box to provide answer to the question Have you got examples or ideas for services and or advice that could be delivered by community pharmacies to promote health?:**

## **Musculoskeletal conditions**

**What would you like to see included in a call for evidence on musculoskeletal (MSK) health?**

**Medium text box for answering the question What would you like to see included in a call for evidence on musculoskeletal (MSK) health?:**

How occupational therapists can assess and treat people with MSK health conditions in order for them to engage in the occupations/activities that they want or need to do. The importance of the impact of a MSK condition on an individual's mental health must be considered.

<http://arma.uk.net/msk-and-mental-health-policy-position-paper/>

## **Creating healthy spaces**

## What could the government do to help people live more healthily:

### In homes and neighbourhoods:

The text states in this section of the chapter states that that “as most homes we will occupy will already have been built by 2050, we should look at existing homes, not just new builds..... Also, even though only 7% have visitable features, 72% have the potential to reach this standard”.

These statements are very worrying and whilst home repairs and modifications are extremely important (as evidenced in later references) this avoids an increasing research and evidence base for the need for accessible and adaptable housing, including the request for ADM (4) Category 2 to become the baseline in planning requirements for all new build dwellings. It misunderstands the term ‘visitable’ which in fact is widely acknowledged as not providing dignified access for many disabled people. ADM Volume 1: Category 1 ‘visitable’ theoretically allows for a stepped approach and does not require a cloakroom/WC on the entrance level. The size of toilet required on the entrance level is extremely small and insufficient for a person with a walking frame to access and a wheelchair user could not close the door behind them. It is therefore arguable that this can really be called ‘visitable’.

In 2018 the Equality and Human Rights Commission published ‘Housing and disabled people: Britain’s hidden crisis’. The report finds “a chronic shortage of accessible homes” and the continuing failure to respond to the unmet housing needs of 365,000 disabled people. It identifies that “Building regulations in England and Wales and, until recently, in Scotland, have produced houses that are generally inaccessible, particularly for wheelchair users.” The result is that, in England only 7% of homes offer minimal features that would enable a wheelchair user to visit the home. The inquiry also found that the systems used to identify disabled people’s requirements and deliver accessible houses are “weak”. Few local authorities across Britain set targets for accessible housing and many reported that developers are reluctant to build accessible homes. Where authorities do set a percentage target, the average proportion of new homes required to be accessible and adaptable was around four in 10 (44%) and only 5% for wheelchair accessible housing.

Therefore, whilst this consultation appears to dismiss new build, it is fundamental to campaign for accessible and adaptable housing across all tenure i.e. ADM (4) Category 2 to be required as the minimum for all new build, in addition 10% (potentially more for older persons housing) to be ADM (4) Category 3: Wheelchair dwellings. Without this, the same issues will perpetuate themselves and we are ignoring the potential for long term savings.

In addition to the above, it has been shown that the role of specialist housing occupational therapists can assist in ensuring best use of housing stock and overseeing inclusively designed new build accessible and decent housing and public realm. RCOT have provided a range of publications, most recently ‘Adaptations without Delay’ <https://www.rcot.co.uk/adaptations-without-delay> as to how Occupational therapists can be used most effectively, save money and improve efficiency in the role of health promotion and creating accessible, adapted and ultimately healthy homes and neighbourhoods.

Occupational Therapists, through their person-centred approach and work across a variety of settings and with people of all ages and with wide-ranging impairments, aim to promote a healthy, independent lifestyle. The RCOT and RCOTSS-Housing will therefore play a key role in relation to this chapter’s statement that “In the 2020s, home adaptations, assistive technology and supported housing will be more important than ever; helping people to stay independent for longer and supporting those with complex needs including serious mental illness, learning disabilities and autism to lead good quality lives in communities. In the years ahead, the government has an opportunity to shape this emerging market and test new ideas and innovations”.

### When going somewhere:

Public health encompasses promoting and protecting health and well-being, preventing ill health and prolonging life. Occupational therapists contribute to public health through their work with individuals, families, communities and populations across the three domains of public health.

Wider determinants

- Promoting healthy environments,
- Supporting vulnerable communities to adopt health occupations
- Enabling access to education and employment

<https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-6-wider-determinants-of-health>

### In workplaces:

Good quality work can extend life expectancy and quality of life, yet people with mental health problems are falling out of the workplace. Approximately 50% of the workforce do not have access to occupational health and most GP Fit notes do not offer any practical advice about return to work. Enabling occupational therapists to led vocational services would solve this. RCOT are running pilots across eight GP surgeries of Occupational Therapy Led Vocational Clinics and have found that, even for those presenting with MSK problems, there is a high incidence of underlying mental health problems. When people are provided with self-management advice and recommendations for work place modifications, they can return to work significantly sooner than with just a GP Fit note. If the legislation about who can complete GP Fit Notes was amended to include occupational therapists, clinics like these could save GPs time and stop people with mental health problems becoming unemployed.

### In communities:

Occupational therapists contribute to:

Health care public health

- Early diagnosis and interventions
- Supporting self-management,
- Rehabilitation and enablement
- Management of chronic conditions

Health improvement

- Falls prevention
- Making every contact count
- Occupational health ergonomics
- Community development programmes

## Active ageing

**What is your priority for making England the best country in the world to grow old in, alongside the work of Public Health England and national partner organisations?**

Other

**If other, please specify:**

**Please list any actions we could take that are not listed above:**

The Royal College of Occupational Therapists (RCOT)'s priority would be around the continued promotion of healthy and productive lives across the life span that recognises the wider determinants of health on people. An approach that centres on peoples strengths and assests to support them to continue to physically, mentally and socially active is core to the work of occupational therapy (ref: personalised care report). Occupational therapists aim to enable people to live productive lives.

## **Prevention in wider policies**

**What government policies (outside of health and social care) do you think have the biggest impact on people's mental and physical health? Please describe a top 3**

**1:**

Education

**2:**

Employment

**3:**

Housing

## **Value for money**

**How can we make better use of existing assets - across both the public and private sectors - to promote the prevention agenda?**

**How can we make better use of existing assets - across both the public and private sectors - to promote the prevention agenda? :**

Greater use of everyday technology to promote key messages and advice. Integrated care systems and the realisation of an assets based approach. Health and care services to be restructured to offer a universal, targeted and specialist approach ensuring that prevention is embedded in practice.

## **Local action**

**What more can we do to help local authorities and NHS bodies work well together?**

Text box for the question What more can we do to help local authorities and NHS bodies work well together?:

## **Next steps**

**What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?**

**What other areas (in addition to those set out in this Green Paper) would you like future government policy on prevention to cover?:**

Adequate funding given to social care services in order for the prevention agenda to be possible.

## **About you**

**What is your name?**

**First name:**

Anne

**Surname:**

Keen

**What is your email address?**

**Email:**

anne.keen@rcot.co.uk

**In what capacity are you responding?**

Other

**If other, please specify:**

Royal College of Occupational Therapists

**How did you hear about this consultation?**

Received an email

**If other, please specify:**

**Is it okay for the Department of Health and Social Care to contact you in relation to your consultation response?**

Yes

**Is it okay for the Department of Health and Social Care to use your email address to send you updates about other Department of Health and Social Care consultations?**

Yes

**How satisfied were you with using the digital online consultation form?**

Very satisfied

**How could we improve this service?:**

## **About you and your organisation**

**What is the name of your organisation**

**Name of organisation:**

Royal College of Occupational Therapists

**Type of business/organisation:**

Professional Body

**What is your role**

**What is your role in your organisation:**

Professional Adviser

**Where is your organisation based**

**Please enter the first part of your work post code :**

SE1

The whole of the UK