Royal College of Occupational Therapists

Royal College of Occupational Therapists comments on the Draft Surge Planning Strategic Framework

The Royal College of Occupational Therapists (RCOT) is the professional body for occupational therapy representing over 33,500 occupational therapists across the UK. There are 1,299 RCOT members in Northern Ireland (RCOT, February 2020). Occupational therapists in Northern Ireland work in trusts, across health and social care services, they deliver services across housing, schools, prisons, the voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapists work with people of all ages, who are experiencing difficulties through injury, illness or disability or a major life change. We help people to continue or re-engage with participating fully in daily life, including work, social activities and maintaining roles and responsibilities.

Thank you for the opportunity to comment on the Draft Surge Planning Strategic Framework. Please find below comments from RCOT.

General comments:

- It is positive to see this Surge Planning Strategic Framework however we do feel it lacks some detail. There is a need for surge planning but this must be managed within a wider systems wide approach from public health through to end of life care and to include populations such as people in prison. Whilst this plan gives some details and actions we do feel it could be more substantive.

- In the first surge there were examples and evidence from worldwide, which the government could have been more proactive in relation to implementation here. If a second surge is anticipated how are we learning differently and what is being done to assess evidence of other ways of minimising transmission as this pandemic has progressed.

- Surge planning cannot sit in isolation of a plan to also protect the population of Northern Ireland through wider decisions such as those related to testing, quarantine, face coverings, clear messaging, numbers who can meet, opening of premises, the health/education interface to name but a few. The impact of return to school and university do not appear to be included in the section on minimising impact.

- This surge plan cannot sit in a vacuum of the wider health and social care framework needed in relation to the health and well being of the population of Northern Ireland across all levels of care therefore **it is vital this plan also includes rehabilitation**.

Specific Comments:

Point 1.2 - This point highlights the main steps of surge planning as being around identifying need and resources and the management and support of the resource. It is disappointing that in the framework, the need for rehabilitation is not identified in any kind of a

comprehensive way. The numbers of patients who go on to experience longer term effects and the expected need in terms of COVID recovery have not been mentioned. This would result in services not being planned for these people nor any resources identified, moved to locations or managed as required.

In the joint statement on rehabilitation, '*Allied health professionals' role in rehabilitation during and after COVID-19'* that was signed by all four UK Chief Allied Health Professions Officers in May they said that '*Rehabilitation is critical to ensuring our population's recovery from the impacts of the pandemic and the long-term sustainability of the health and social care system*.' [i]

Point 1.4 In what parameters did the HSC System cope well and is there reflection on where it may have coped differently.

Point 1.8 Rehabilitation should be considered as a key strategic area.

Point 2.1 - mentions the impact but does not mention the number of people who have had Covid-19 rehabilitation needs pre, during and post COVID -19. It does mention there has been '*an adverse impact on population health, including mental health associated with anxiety and lockdown isolation'* perhaps more detailed information could be given around this. There do not appear to be figures on those who have been impacted in other ways such as those who have experienced a longer term impact and who had on going rehabilitation needs, those who had/have to self isolate, the number of domestic violence cases and the number of children, adults and older people who have accessed help line numbers to name but a few. The Surge Framework should incorporate health and social care across the totality of what we are experiencing and what we have experienced otherwise this fails to recognise the impact on all sections of society and therefore what should be planned for..

We would like to draw attention to the four populations mentioned in this guidance from Wales on the Rehabilitation Needs of People Affected by the Impact of Covid-19 '[ii]

These are:

1. *'People post Covid-19: those recovering from extended time in critical care and hospital and those with prolonged symptoms of Covid-19 recovering in the community.*
2. *People awaiting paused urgent and routine planned care who have further deterioration in their function.*
3. *People avoiding accessing services during the pandemic who are now at risk of harm e.g. disability and ill-health.*
4. *Socially isolated/shielded groups where the lockdown is leading to decreased levels of activity and social connectivity, altered consumption of food, substance misuse, the loss of physical and mental wellbeing and thus increased health risk.'*

In Wales they have also developed guidance on COVID -19 rehabilitation service modelling.[iii]

Primary Care We would like information on the rollout of multidisciplinary teams included.

Point 7.9 - It is good there is a plan to expand acute care at home. Reablement could also be looked at in terms of expansion. This would enable people who are vulnerable and at risk of dependency of care to delay or avoid requiring it.

Section 9 Other community staff should be included here such as Allied Health Professions.

Also there should be information about 'Domiciliary Care' Possible infection transmission through this route to vulnerable populations of people does not appear to be dealt with. What happened during the progress of the pandemic and did these teams continue as usual or were some or all stood down during lockdown? Surely they should require very serious consideration in the same way that care homes do.

In conclusion:

As well as the points raised in this submission, RCOT would like to see a more strategic approach in relation to rehabilitation. We have already mentioned Wales in this response. In Scotland they have produced a 'Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic'[iv]This paper provides a strategic framework with overarching principles and high-level recommendations, which inform and shape the provision of rehabilitation and recovery services across Scotland for the coronavirus (COVID-19) period and post coronavirus (COVID-19).

[i] NHS England and NHS Improvement coronavirus *Allied health professionals' role in rehabilitation during and after COVID-19* Available at: https://www.england.nhs.uk/coronavirus/publication/allied-health-professionals-role-in-rehabilitation-during-and-after-covid-19/ Accessed on 16.09.20

[ii] Welsh Government *'Rehabilitation needs of people affected by the impact of COVID-19: guidance* Rehabilitation Needs Of People Affected By The Impact Of Covid-19' Accessed on 16.09.20

[iii] Welsh Government COVID-19 rehabilitation service modelling Available at: COVID-19 rehabilitation service modelling Accessed on 16.09.20

[iv] Scottish Government *Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 pandemic Available at:* Framework for Supporting People through Recovery and Rehabilitation during and after the COVID-19 Pandemic Accessed on 16.09.20