

**Consultation Response
29th May 2007**

**Commissioning Framework for Health & Well-Being
The NHS Confederation**

(www.commissioning.csip.org.uk - Julia Skelton & Peggy Frost have imputed response directly onto the website)

Question 4:

To have the greatest impact there needs to be awareness of the philosophy that underpins occupational therapy.

'Occupational therapy is a profession concerned with promoting health and well being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by enabling people to do things that will enhance their ability to participate or by modifying their environment to better support participation.

Occupational therapists have a broad education that equips them with skills and knowledge to work collaboratively with individuals or groups of people who have an impairment of body structure or function due to a health condition, and who have experienced barriers to participation.

Occupational therapists believe that participation can be supported or restricted by physical, social, attitudinal and legislative environments. Therefore, occupational therapy practice may be directed to changing aspects of the environment to enhance participation.

Occupational therapy is practised in a wide range of settings, including hospitals, health centres, homes, workplaces, schools, reform institutions and housing for seniors. Clients are actively involved in the therapeutic process, and the outcomes of occupational therapy are diverse, client driven and measured in terms of participation or satisfaction derived from participation.'

(World Federation of Occupational Therapists 2004)

Occupational therapy is employed in health and social care and key to meeting the health and well-being needs of both individuals and the community.

Within the strategic assessment it will be important to link with DWP and HSE in relation to employment, which is good for your health and well being and a key area of work for occupational therapists.

Q10 – assuring high quality providers for all services

The proposals will only support high quality commissioning if commissioners are fully informed, aware and are flexible and innovative in their commissioning to ensure the desired outputs.

Commissioners should not be service lead, but need to be informed by evidence-based practice and what service users determine is best for them. Commissioners will need to be inclusive and have parity for all service users and groups in their communities.

Q11

There is a different skill set required for example, when meeting mental health needs to meeting long term conditions, and we would in consequence recommend one template for each of the service segments.

Q12.

The section on incentives to improve health and well being has missed an ideal opportunity to engage with the employment and independent sectors, and develop real incentives to keep people with short and long-term health needs in employment.

Occupational therapists worldwide have effectively managed health and well being at work e.g. managing sickness absence and return to work following illness.

This is complicated by the current benefits system.

There are examples in Australia where employers have a legal responsibility to retain employees with ill health - has such a model been considered within this framework?

We would like to see occupational therapists routinely involved and employed within occupational health services. They are uniquely placed to assist people with e.g. psycho social, mental and physical ill health and of course occupational needs and adapting workplace environments.

Q 13/1

At present commissioning is being cut to the minimum in order to manage budgets and core business. It is difficult to imagine that PCTs will be brave enough or feel that it is their remit to commission non-health services.

Q14/2

To ensure parity in England these services should be available to all those who need services regardless of where they live.

Commissioners should evaluate these services to ensure effectiveness and be proactive in finding alternative solutions for the changing needs of the population.

Q13 / 1

Whilst we support the need to use health funds with more flexibility there is a risk of developing a two-tier system. For example, if health purchases personal care services, to keep people out of hospital, these people will receive the service free of charge. Other people going through social

services will have to be eligible through Fair Access to Care Services, will be means tested and may have to pay.

To maintain parity and fair access to services for all those in need, services require careful management. Otherwise, there is a real risk of exacerbating social care and health care inequalities.

Furthermore, will the limitations in point 7.11, page 53, mean that this will not happen?

We would like to see one focus on integrated working with pooled systems and budgets.

Q15 / 3

A single audit arrangement for pooled budgets that will give an overview of the whole picture is welcome and will help ensure maximum effective use of pooled resources to meet health and well-being for all

Considerations to include will be: meeting consumer needs, pooled management structures, meeting Service Level Agreements and other contractual agreements, national and local policy, the interface with, and working arrangements with other agencies e.g. Job centreplus, Pathways to Work, Access to Work, housing, leisure services, education, independent and voluntary sector providers.

Further clarity is needed about 'early action', point 7.14, page 54, and how this will be measured and defined.

Is there a risk of over generalising outcomes and / or people's needs or focussing too much on commissioning objectives? This might result in a lack of innovation or further marginalising those people who have many needs but are few in number.

Q16 / 4

It will be important to have a focus on transition services for young people as they move from children's to adult services. This can be facilitated by specific incentives, audit objectives for transition and links with appropriately and consistently commissioned services for all relevant agencies.

Further links with providers for higher education, preparing young people for work, independent living, housing and so on will be necessary.

It will be important for commissioners to understanding the workforce and the roles and contributions those with different skill sets can bring to this client group. Commissioners will need to understand what works well, who will be able to deliver effective services and the competencies of the different staff groups, including occupational therapists, who are already skilled to deliver these outcomes.

Q20 / 1

Local commissioners will need to have access to information and evidence, and have a good understanding of the roles and effectiveness of all Allied Health Professionals, including occupational therapists. It will be essential for commissioners to consult with clinicians / practitioners and service users, and mechanisms will need to be in place to support and audit this.

We would like to see practice based commissioners reviewing their development needs in consultation with relevant stake holders to ensure inclusive and appropriate practice as well as value for money.

Resources will need to be made available for front-line practitioners to access training, point 9.2, page 60, and for commissioners to be able to develop the necessary skills, point 9.4, page 60.