Living, not Existing:
Putting prevention at the heart of care for older people in Northern Ireland

Royal College of Occupational Therapists

Occupational Therapy
Improving Lives
Saving Money
#ValueofOT

To view the Royal College of Occupational Therapists film
Value of Occupational Therapy
visit: **www.rcotimprovinglives.com**

Published in July 2017
by the Royal College of Occupational Therapists Ltd
106–114 Borough High Street
London SE1 1LB
www.RCOT.co.uk

Contents

Foreword	4–5
Executive summary	6
Recommendation for change	7
1. Prevention or delaying the need for care and support	8–9
2. Helping older people to remain in their communities	10–11
3. Ensuring equality of access to occupational therapy	12–13
In conclusion	14

Occupational Therapy

Improving Lives, Saving Money

#ValueofOT

Foreword

We are told on an almost daily basis that the health and social care system is facing unprecedented pressure and that it is broken.

What we hear about less often is the unpalatable truth that this pressure has created a 'high volume, low margin' approach to caring that has a dehumanising and isolating effect on the oldest and most vulnerable members of our society, despite the very best efforts of those involved in the provision of social care.

Similarly, many commentators are quick to call for 'something to be done' but are less forthcoming about what that something should look like.

Building on the College's previous report *Reducing the pressure on hospitals* (2016),[1] in this report we focus on the contribution that occupational therapists can and do make in order to give older people back their dignity and help the Health and Social Care system in Northern Ireland to work better together and be more efficient.

The recommendations in this report present an opportunity to take a step back, to reframe how we approach assessing and providing for people's needs in older age. At the heart of our recommendations is evidence that doing the *right* thing for individuals can actually reduce their need for expensive care long-term.

Too often people are told what social care they will get, based on what it is most efficient to provide. Instead we believe services should take time to have a conversation with the person about how they could be supported to live independently instead of relying on care. The failure to do so can simply lead to costs arising elsewhere; for example, a costly hospital admission as a result of a fall by a gentleman who wanted to get up at 8am when the care provider could only arrange a carer visit at 10am.

Occupational therapists are trained to work with the whole person. Our profession's approach is rooted in working with individuals to establish what activities matter to them and to set goals to help them maintain or regain their ability to do them.

This may mean a period of intense support or home adaptation in the short term. But once goals are met, the need diminishes and support can be safely reduced or even withdrawn. The older person retains their right to self-determination, independence and self-esteem while the taxpayer gets a saving in the long term.

We also set out a vision for how occupational therapists can proactively intervene within primary care. They should be commissioned to work with older people as they *begin* to become frail. Helping in small ways early on, can prevent or delay the need for more intensive support following a crisis. We need the health and care services to work together more seamlessly. Thanks to the aims within the *Transforming your Care*[2] programme we have a golden opportunity for that to happen.

Improving Lives, Saving Money

For too long, we have collectively wrung our hands and exclaimed that something has to be done to 'fix' the social care system. Clearly some big-ticket items need to be fixed, including long-term funding arrangements, but within this report we are seeking to provide some concrete solutions. What we set out are evidence-based, positive recommendations to make things better for the people who need our care.

At present, the contribution made by occupational therapy isn't widely understood. The time has come for that to change. Because of their unique set of skills, occupational therapists are perfectly placed to address what is needed right now. Leaders across the health and social care sector owe it to both the people entrusted to their care, and the taxpayers who fund that care, to take notice of this report's findings and act upon them.

In return, we commit as an organisation to doing whatever it takes to help.

Julia Scott
Chief Executive Officer
Royal College of Occupational Therapists

Executive summary

The case for change

Northern Ireland has had an integrated system of health and social care since 1973. There is now, however, a major demographic shift, with the population rising and the number of people aged over 65 increasing by 42% from 2010 to 2025.[3] In order to deliver better outcomes for older people with complex needs and for the delivery of care and support to remain sustainable, services need to focus on prevention and be community-located. This report focuses on the important contribution that occupational therapists can make to achieve this, using three service examples collected over a 12-month period.

The Changing Health and Social Care Expert Panel report that there will be a 6% budget increase required annually to continue to provide health and social care services, and by 2026 the budgetary requirement will double to more than £9 billion, just to maintain the current system.[4] Therefore, a new service model is required with greater investment in primary and social care.

Older people are recognised as the main users of the Health and Social Care system (the HSC) and this report focuses on older people living with long-term conditions, and identifies the value of occupational therapy in enabling them to live well within their communities, both urban and rural.

Why occupational therapy?

It is well documented that occupations offer us choice and control, and support feelings of self-worth and identity.[5] Too often the most vulnerable members of our society are provided with social care packages based on what is organisationally expedient for the provider rather than an understanding of the recipient's real needs. Occupational therapists identify what each person needs and wants to be able to do and helps them find ways of doing it. They see the whole person and, in doing so, return the autonomy, choice and control.[6]

Occupational therapy is unique in seeking to understand how people have already adapted successfully to change and how they are managing the consequences of frailty and ill health. That might mean helping someone to be able to make a cup of tea for themselves, when *they* want one. For others, getting out of the house to a café to see friends will help them to reconnect with their social support network and prevents feelings of depression.

Many older people talk of simply existing, not truly living. This is a sad indictment of how we treat the oldest and most vulnerable members of our society.

Finding ways to enable older people to continue to participate in daily life through problem solving, learning or relearning skills and making adaptations not only improves peoples' lives but also makes more effective use of public money. When people's needs are not met they come to rely on other services. Too much social care reverts to long-term support, reducing older peoples' autonomy over how they live their lives day-to-day. This has a dehumanising and disabling effect, which leads to dependence and strips older people of their vitality and self-esteem.

Building on the *Transforming Your Care Review*,[7] the *Health and Wellbeing 2026 - Delivering Together*[8] advocates moving away from the traditional delivery of services to support a new model of person-centred care. With the importance of wellbeing recognised within these policies, we must refocus on creating services that help older people to do as much as they can for themselves, for as long as they can; seeing a person's overall wellbeing rather than simply a set of support needs. Short-term, intensive reablement can result in a better quality of life and outcomes for older people, and reduce costs for providers.

Recommendation for change

Recommendation for change

The Royal College of Occupational Therapists (RCOT) is calling for Local Commissioning Groups within the Health and Social Care Board (or within the new models following review) to identify a named person to action and report on outcomes in three key areas.

Occupational therapists have a role in:

1. Prevention or delaying the need for care and support

The The RCOT recommends that more occupational therapists are based within primary care to prevent or delay the need for care and support.

For action by: Department of Health, Transformation Implementation Group, Public Health Agency, GPs and GP Federations, Health and Social Care Trusts, Integrated Care Partnerships, Programme for Government, Senior Responsible Owners of Indicators.

2. Helping older people to remain in their communities

The RCOT recommends that occupational therapists are deployed to develop person and community-centred approaches to ensure older people live independently for as long as possible in their communities.

For action by: Department of Health, Public Health Agency, GP Federations, Local Councils and Community Planners, community and voluntary organisations, Housing Executive and Housing Providers, Patient Client Council, Integrated Care Partnerships, Programme for Government, Senior Responsible Owners of Indicators.

3. Ensuring equality of access to occupational therapy

The RCOT recommends that partnership agreements are formally developed across local housing, health and social care sectors to ensure all older people irrespective of social, economic or housing circumstance, have access to occupational therapy.

For action by: Department for Communities, Department of Health, Public Health Agency, Health and Social Care Trusts, Transformation Implementation Group, Housing Executive, Regulation Quality Improvement Authority, Integrated Care Partnerships, Programme for Government, Senior Responsible Owners of Indicators.

1 Prevention or delaying the need for care and support

The RCOT recommends that occupational therapists are incorporated into multidisciplinary teams within new models of care, as outlined in the GP Forward View.[9]

For action by:
Multi-specialty Community Providers (MCPs), Primary and Acute Care Systems, Accountable Care Systems and Organisations (ACSs and ACOs).

Rationale

The GP workforce is under immense pressure.[9] The latest figures from the Health Survey in Northern Ireland would indicate that 53% of people over 65 in Northern Ireland have a limiting longstanding illness and that 68% have a longstanding illness.[10] The King's Fund[11] recommend the development of the primary care workforce to include new roles to address the needs of people with long-term conditions. It is important to encourage access to a wider primary care team and to support people to use services appropriately through better signposting and also by making it easy for people to seek advice beyond the GP service.

New models should embed multidisciplinary teams around general practice, working together to keep people well by supporting self-management and independence, and providing proactive management of high-risk older people.[12] In order to achieve these objectives, occupational therapy workforce numbers should reflect the health and social care needs of the local population, both rural and urban. A 'clear fit' has been identified between the holistic, health promoting nature of occupational therapy and primary care.[13]

Occupational therapists are also ideally placed to take on new roles in care coordination for people identified as frail or living with more than one long-term condition.

The design of services must include structures and processes to enable occupational therapists to work closely with GPs and primary care colleagues. This means:

- Occupational therapists based within GP practices or multidisciplinary integrated teams embedded in GP surgeries
- Primary care teams having direct access to occupational therapy
- Ensuring that the disciplinary skills mix reflects the actual needs of the local population
- More widespread use of occupational therapists in care coordination roles.

By utilising their specialist skills and approaches, occupational therapists can make cost savings for services while improving wellbeing outcomes for people.

Aiden's story

Aiden was diagnosed with Alzheimer's disease 3 years ago. He has always enjoyed going for daily walks, usually covering three or four miles, but his wife was becoming increasingly concerned about his safety. Aiden was keen to continue walking but this was making his wife anxious and it was causing tension between them. The occupational therapist's assessment deemed Aiden to be safe on the road and it was clear that walking was very important to him; it helped maintain his mood, a sense of independence and autonomy. The occupational therapist therefore recommended a global positioning system (GPS), to which Aiden consented. His wife would remind him to wear his GPS and keep it charged; she was able to access the computer if she had concerns that he had not returned home.

The GPS gave Aiden a further year of enjoying his main hobby and gave his wife peace of mind

Service example 1. Dementia Team, Northern Health and Social Care Trust

The occupational therapy department assess and prescribe the suitability of this award-winning GPS service for people with dementia. The aim is to maintain and promote independence. They take into consideration:

- the person's capacity to give consent;
- their personal history, the route and their routine;
- the difference of perception of risk between carers, the person with dementia and professionals;
- best application of GPS to meet the person's needs;
- the level of computer literacy of the carer;
- local satellite signal, charging and storage of the device, and response procedures.

Next steps:

- Training for the person and the carer in use of GPS;
- Establishment of geofences to raise alert if the person goes outside of the agreed boundaries.

Further research is required to quantify the savings gained by using GPS in terms of informal care breakdown, hospital admissions and residential costs. The most common methodology is to estimate the replacement costs, by calculating the time that would otherwise be spent by informal carers and multiplying it by the cost of a paid worker. This is problematic as it involves establishing both the time spent on caring and the cost to be attributed to it.

- The average cost of a dementia service (memory assessment) comes to **£1,218**[14] per person and the cost of a GPS is approximately **£500** per year, an investment of under £2000.
- In terms of outcomes, the person with dementia experiences improvement in their health and wellbeing through being physically active and independent, maintaining their routine and continuing an activity that they value.
- The GPS lessens carer anxiety and provides reassurance that the person with dementia is able to continue with a previous interest.
- In contrast there is a risk of losing independence, which then leads to earlier dependency and the need for traditional forms of care. A home care worker costs **£20 per hour**; residential care costs average at **£653** per week and a typical non-elective hospital stay comes to **£615**.[14]

2 Helping older people to remain in their communities

The RCOT recommends that occupational therapists are deployed to develop person and community-centred approaches to ensure older people live independently for as long as possible in their communities.

For action by:
Department of Health, Public Health Agency, GP Federations, Local Councils and Community Planners, community and voluntary organisations, Housing Executive and Housing Providers, Patient Client Council, Integrated Care Partnerships, Programme for Government, Senior Responsible Owners of Indicators.

Rationale

Older people want to remain in their own homes. There is existing policy to support personalised care planning with a focus on prevention and promoting independence.[15]

The RCOT recognises the vital contribution that technology and equipment can make to the quality of older peoples' lives but solely focusing on the provision of equipment means the full range of occupational therapy skills are not utilised and potential improvements in outcomes are not being delivered. As people age, they spend more time in their home,[16] but accessing the community and being involved in social activities remain essential for wellbeing and health.[17]

To realise the ambitions of *Transforming Your Care*,[18] occupational therapists should be deployed to work with older people to tap into community resources and structures to support them to make choices about how they live their lives. The profession can offer advice to community providers on adapting their approach in order to be accessible for people with multiple needs. The commissioning and structuring of occupational therapy should reflect the best use of this expertise. Occupational therapists are able to act as a catalyst in establishing a 'promoting independence' ethos[19] to help a person achieve personalised outcomes.

In addition, occupational therapists have a pivotal role in providing advice and training for the older person and their support (i.e. family, carers, reablement workers). This should address how to undertake daily living activities, teaching techniques and advising on assistive technology, equipment and adaptations. This has the overall aim of enabling a person to retain independence, minimise care costs and remain safe in their home. This in turn helps to reduce the levels of stress experienced by carers.[20 21]

To deliver on this recommendation, the commissioning and structuring of services should enable occupational therapists to take a community-wide approach. This would mean that occupational therapists:

- Take on leadership roles to provide expertise and mentoring to community providers
- Train carers and community workers to encourage a personalised and enabling approach to care and support
- Work with community providers to improve accessibility to existing resources and services for older people with complex needs
- Advise on the provision of equipment and adaptations to improve older peoples' independence beyond the home
- Contribute to developments that support self-assessment of standard equipment and minor adaptations for people with less complex needs.

By utilising their specialist skills and approaches, occupational therapists can make cost savings for services while at the same time, improving wellbeing outcomes for people and reduce unnecessary care packages, such as, for example, the need for two carers for one task (i.e. double-handed care).[22]

Teresa's story

Teresa was a very independent 70-year-old lady. She had lived in a two-storey mid-terraced property for 35 years, and had family who called regularly. She volunteered in a local centre, where she cooked and helped organise craft activities and social events.

Following an above knee amputation, Teresa underwent a major life change, now relying on a wheelchair for mobility. Her two-storey home was no longer suitable and she was placed in a nursing home. This was a very traumatic time for Teresa; she was missing home and grieving for her partner who died suddenly while she was in hospital.

The community occupational therapist worked with Teresa to increase her independence and reduce her reliance on carers so she could return home. The occupational therapist made several recommendations to adapt her house. This included installing ramped access, a lift, widening doorways, enlarging the bedroom and provision of a level access shower facility.

'Knowing it was possible to return home, I believe helped my healing.'

'It's a marvellous feeling to be able to go back home, and do the things I used to do. I can now go out on my own using a wheelchair accessible taxi, to go shopping, and I am hoping to return to volunteering soon. Thank you OT.'

Following occupational therapy intervention and housing adaptations the cost of Teresa's care was reduced **from £21,466** to **£7,098 per annum**; which equates to a saving of **66.9%**.

Service example 2. Northern Health and Social Care Trust

The Trust-wide Community Occupational Therapy Service operates as part of a multidisciplinary integrated care team, providing a service across 10 sites to adults within the physical disabilities and elder care programmes of care. The service operates an open referral system; receiving on average **10,000 referrals** per year. Service users are primarily seen within their own homes, with assessment clinic facilities also offered.

Results of a recent audit of outcomes indicated the following:

- **96%** of service users had one or more treatment goals met. Typical goals are around independent access to all the rooms in the home, the local community, telephone and internet via use of environmental controls.
- **82.5%** of service users had all treatment goals met.
- On average three treatment goals are identified per service user, of which **91%** are achieved.

Stills from the film *Value of Occupational Therapy.* To view the whole film, visit: **www.rcotimprovinglives.com**

3 Ensuring equality of access to occupational therapy

The RCOT recommends that partnership agreements are formally developed across local housing, health and social care trusts to ensure all older people irrespective of social, economic or housing circumstance, have access to occupational therapy.

For action by:
Department for Communities, Department of Health, Public Health Agency, Health and Social Care Trusts, Transformation Implementation Group, Housing Executive, Regulation Quality Improvement Authority, Integrated Care Partnerships, Programme for Government, Senior Responsible Owners of Indicators.

Rationale

Everyone has the right to access advice and support in order to maintain their health.

Vulnerable people should be treated with dignity and respect as equal members of society, entitled to enjoy the same rights, dignity and privileges as any one of us would expect.[24]

The Royal College of Occupational Therapists wants to ensure that older people are able to access the appropriate expertise to address their needs. Wholly accessible occupational therapy services may range from signposting people who are not entitled to state provided support to appropriate services and technology, to working with residents in care homes with complex and end of life care needs.

Occupational therapy assessment identifies solutions for maintaining or re-engaging with occupations that matter to the person. This enables and empowers them to make choices and to take an active part in decision making.

Equality of access should be the guiding principle for older people who, due to their age and health, are unable to care for themselves and keep themselves from harm. If equality of access to occupational therapy is to be achieved, the design of services must enable occupational therapists to widen their approach in order to meet the varying needs within their local communities. This means:

- Resourcing occupational therapy services sufficiently so that they can take referrals from all sections of society, including hard to reach groups
- Providing information to the public on ageing well and adapting the home to meet changing needs
- Providing opportunities to establish and maintain partnerships across sectors
- Providing access points to occupational therapy advice for community teams such as home care and reablement providers
- Training and mentoring roles, for example to care home staff
- A dedicated occupational therapist to provide a point of reference and expertise on housing adaptations for disabled people in each Trust. [24]

By utilising their specialist skills and approaches, occupational therapists can make cost savings for services whilst improving wellbeing outcomes for people.

Mavis's story

Mavis had experienced four falls in 6 months and reported she was regularly having 'near misses', primarily when bending or reaching to do anything. The falls had led to cuts and bruises and anxiety related to fear of falling again.

The occupational therapist visited Mavis at home, discussed her routine and, assessed her movements through the house and normal ways of doing daily activities. As a result of the assessment the occupational therapist took action to minimise the risk of further falls. This involved provision of bedside and grab rails and a 'helping hand' device. The occupational therapist gave advice on safe positioning and the management of dizzy spells, teaching Mavis how to get up safely from the floor, drawing up an emergency plan and a referral to the Stepping On programme.

'The items the occupational therapist gave me have really improved my safety in my home. I hardly ever lose my balance now, which gives me more confidence when I'm doing things in my house. I'm so glad I went to the [Stepping On] classes too. I've met new friends and started attending the centre [Healthy Living Centre] for art and yoga classes.'

Service example 3. Falls Prevention Services, Western Health and Social Care Trust

The occupational therapist typically sees 16–18 new people per month and carries out home assessments for people over 65 years of age with a history of falls. The occupational therapist completes a functional assessment, screens for home hazards and completes an assessment of falls history and fear of falls. She then makes targeted recommendations on modifying the home environment, providing adaptive equipment, changing behaviours and adopting strategies for coping with a fall such as making emergency plans, teaching how to get up safely after a fall and addressing peoples' anxiety and fear of falling. The occupational therapist also provides a range of specialised falls prevention equipment such as alarm devices which can significantly reduce falls and make it easier to manage an older person at home.

The occupational therapist provides training to care home staff on falls prevention to local residential homes and represents the Western Health and Social Care Trust on a regional steering group headed by the Public Health Agency, which is working to adapt and implement a falls prevention and management resource pack for nursing and residential homes in Northern Ireland. She also advises on a project that receives funding from the Public Health Agency: the Western Falls Prevention Steering Group (WHSCT) chaired by a Health Improvement Officer. Members of the steering group represent the rural and urban community sectors and are from different professional backgrounds including physiotherapy. The occupational therapist advises on the content of training and resources. Projects include:

- **Design and publication of resources**
  - *Falls are Preventable* – a booklet designed specifically for older people outlining how they can combat the most common risk factors for falls
  - *Falls Prevention Checklist* – a practical checklist that directs older people on how to make changes to the home environment to prevent falls
  - *Up and About Plan* – what to do if you have a fall. This is a six-picture instruction sheet that illustrates how get up safely off the floor unaided
  - Falls prevention posters – Falls are not part of getting older, Falls are preventable.

- **Falls prevention training for staff** is planned and written by the Health Improvement Officer and the occupational therapist. Community workers and Leaders of Older Peoples Groups are ideally placed to provide falls prevention information and advice to older people within their communities. To date, 150 have been trained, and since November 2016 the training is offered to day care workers and carers (to date, 45 day care workers and 94 carers have been trained up alongside Breast Cancer Awareness).

- **Falls prevention training for older people** – Training based on the *Falls are Preventable* leaflet has been delivered to approximately 2,000 older people in the last 4 years by the Health Promotion Officer. 1,350 through training sessions within local communities and church groups and at health events, and 650 older people that have taken part in the *Falls Prevention 'Stepping On' Programme*. The *Falls Prevention Checklist* is given to all older people attending the training.

In conclusion

Service example 3 continued

The **Community Falls Prevention 'Stepping On' Programme** is a free 9-week programme run by Healthy Living Centres located in community settings throughout the Western Trust that provides an evidence based exercise programme. The occupational therapist, health promotion officer and physiotherapist sit on the steering group which manages the programme and contribute to the assessment (physiotherapist) and education element of the programme, where there are talks each week after the exercises such as: falls are preventable, foot care, nutrition and bone health, managing medication, environmental risk factors and the benefits of ADL equipment for falls prevention. Data collated from a sample group of participants identified a reduction in the number of admissions to A&E from **18** to **7** and from **31** to **10** visits to a GP, and a total reduction in need for acute services of **65%**. The survey process (part of the economic analysis of the project) indicated that the number of falls amongst the sample group of participants has reduced by **73%**.[25]

The steering group ensures group representation that includes; rural, urban, statutory and voluntary organisations which is inclusive of those from socially deprived areas and hard to reach areas. Service users have been involved in the development of all the resources, including proof-reading, evaluating and piloting.

In conclusion

It is important to enable the older population to live as independently as possible for as long as possible. To help achieve this, the Royal College of Occupational Therapists is recommending a review of the occupational therapy workforce to evaluate current service delivery and the potential to impact on health improvement outcomes.

The health and social care system (HSC) should consider the breadth of occupational therapists' skills and how they could be used more effectively to meet older peoples' needs. Service design should allow occupational therapists to expand their roles in enablement and rehabilitation, giving them the scope to redesign interventions to meet local needs and expectations and to move towards a more preventive and enabling approach. Barriers need to be removed to ensure all occupational therapy services achieve this.

To reshape how services are delivered and to remove barriers to accessing occupational therapy, service design must position occupational therapists so that they can:

- Engage directly with GPs, either by being based within GP practices or within multidisciplinary integrated teams embedded in GP surgeries.
- Take on leadership roles working with community providers to provide training, coaching and expertise to ensure all carers and staff take a person-centred, enabling approach to working with older people.
- Be innovative in their approach and extend the range of their practice to giving advice, developing resources and working with communities.
- Develop mechanisms to support self-assessment of standard equipment and minor adaptations for people with less complex needs.

In short, using the occupational therapy workforce more effectively to enhance the prevention agenda will help to put health and care services onto a more sustainable footing and, more important for any civilised society, enable older people to live, rather than just exist.

References

[1] College of Occupational Therapists (2016) *Reducing the pressure on hospitals. A report on the value of occupational therapy in Northern Ireland*. London: COT. Available at: *www.rcotimprovinglives.com/campaign-reports*

[2] Health and Social Care (2011) *Transforming your care: a review of health and social care in Northern Ireland*. Belfast: Northern Ireland Government. Available at: *www.health-ni.gov.uk/topics/health-policy/transforming-your-care#toc-5*

[3] King's Fund (2013) *Integrated care in Northern Ireland, Scotland and Wales: lessons for England*. London: King's Fund. Page 3. Available at: *www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/integrated-care-in-northern-ireland-scotland-and-wales-kingsfund-jul13.pdf*

[4] Changing Health and Social Care Expert Panel (2016) *Systems not structures: executive summary*. Belfast: Northern Ireland Government. Page 1. Available at: *www.health-ni.gov.uk/sites/default/files/publications/health/expert-panel-report-executive-summary.pdf*

[5] Gallagher MB, Muldoon OT, Pettigrew J (2015) An integrative review of social and occupational factors influencing health and wellbeing. *Frontiers in Psychology; 6: 1281*. doi:10.3389/fpsyg.2015.01281.

[6] Gallagher MB, Muldoon OT, Pettigrew J (2015) An integrative review of social and occupational factors influencing health and wellbeing. *Frontiers in Psychology; 6: 1281*. doi:10.3389/fpsyg.2015.01281.

[7] Health and Social Care (2011) *Transforming your care: a review of health and social care in Northern Ireland*. Belfast: Northern Ireland Government. Available at: *www.health-ni.gov.uk/topics/health-policy/transforming-your-care#toc-5*

[8] Department of Health (2016) *Health and wellbeing 2026: delivering together*. Belfast: Northern Ireland Government. Available at: *www.health-ni.gov.uk/publications/health-and-wellbeing-2026-delivering-together*

[9] British Medical Association (2015) *General practice in crisis – a report on primary care in Northern Ireland*. Belfast: BMA. Available at: *www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-northern-ireland*

[10] Office of the First Minister and Deputy First Minister (2015) *A profile of older people in Northern Ireland - annual update (2015)*. Belfast: OFMDFM. Page 6. Available at: *www.executiveoffice-ni.gov.uk/sites/default/files/publications/ofmdfm/a-profile-of-older-people-in-ni-annual-update-2015.pdf*

[11] King's Fund (2016) *Understanding pressures in general practice*. London: King's Fund. Available at: *www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Understanding-GP-pressures-Kings-Fund-May-2016.pdf*

[12] Department of Health (2016) *Health and wellbeing 2026: delivering together*. Belfast: Northern Ireland Government. Available at: *www.health-ni.gov.uk/publications/health-and-wellbeing-2026-delivering-together*

[13] Donnelly C, Brenchley C, Crawford C, Letts L (2013) The integration of occupational therapy into primary care: a multiple case study design. [Online]. *BMC Family Practice, 14(60),* 1-12. Available at: *http://www.biomedcentral.com/content/pdf/1471-2296-14-60.pdf*

[14] Personal Social Services Research Unit (2015) *Unit costs of health and social care 2016*. Canterbury: University of Kent, PSSRU. Available at: *http://www.pssru.ac.uk/project-pages/unit-costs/2016/*

[15] Health and Social Care (2011) *Transforming your care: a review of health and social care in Northern Ireland*. Belfast: Northern Ireland Government. Available at: *www.health-ni.gov.uk/topics/health-policy/transforming-your-care#toc-5*

[16] Centre for Ageing Better (2015) *Living in a suitable home and neighbourhood*. London: Centre for Ageing Better. Available at: *www.ageing-better.org.uk/our-work/area/home-neighbourhood/*

[17] Department of Health (2014) *Ageing well. A compendium of factsheets: wellbeing across the lifecourse*. London: DH. Available at: *www.gov.uk/government/uploads/system/uploads/attachment_data/file/277584/Ageing_Well.pdf*

[18] Health and Social Care (2011) *Transforming your care: a review of health and social care in Northern Ireland*. Belfast: Northern Ireland Government. Available at: *www.health-ni.gov.uk/topics/health-policy/transforming-your-care#toc-5*

[19] Littlechild R, Bowl R, Matka E (2010) An independence at home service: the potential and the pitfalls for occupational therapy services. *British Journal of Occupational Therapy, 73(6)*, 242-250.

[20] College of Occupational Therapists (2011) *Occupational therapy evidence factsheet - dementia and carers*. London: COT. Available at: *www.rcot.co.uk/about-occupational-therapy/ot-evidence-factsheets*

[21] College of Occupational Therapists (2011) *Occupational therapy evidence factsheet - older people*. London: COT. Available at: *www.rcot.co.uk/about-occupational-therapy/ot-evidence-factsheets*

[22] College of Occupational Therapists (2016) *Reducing the pressure on hospitals: the value of occupational therapy in Northern Ireland*. London: COT. Page 20. Available at: *www.rcotimprovinglives.com/campaign-reports*

[23] College of Occupational Therapists (2015) *Code of ethics and professional conduct.* (Section 3.2.3) London: COT. Available at: *www.rcot.co.uk/practice-resources/rcot-publications/downloads/rcot-standards-and-ethics*

[24] Department for Social Development and Department of Health, Social Services and Public Safety (2016) *Inter-departmental review of housing adaptations services: final report and action plan 2016*. Belfast: Northern Ireland Housing Executive. Available at: *www.nihe.gov.uk/housing_adaptations_review_final_report_2016.pdf*

[25] Public Health Agency (2016) *'Stepping on' falls prevention project evaluation*. Belfast: Public Health Agency.

Occupational Therapy
Improving Lives
Saving Money

#LiveNotExist

www.rcotimprovinglives.com

Royal College of Occupational Therapists
The professional body for occupational therapy staff

(The Royal College of Occupational Therapists is the trading name and subsidiary of the British Association of Occupational Therapists)

www.RCOT.co.uk

The Royal College of Occupational Therapists is a registered charity in England and Wales (No.275119) and in Scotland (No.SCO39573).

Royal College of Occupational Therapists

Occupational Therapy
Improving Lives
Saving Money
#ValueofOT