REPORT TO:	Health & Wellbeing Board
DATE:	12 March 2025
REPORTING OFFICER:	Executive Director, Adult Social Care
PORTFOLIO:	Adult Social Care
SUBJECT:	Principal Occupational Therapist - Annual Report
WARD(S):	Borough wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to provide an annual report from the Principal Occupational Therapist (POT), to update on the role of Occupational Therapy within the Local Authority.

2.0 RECOMMENDED: That the Board note the contents of the report and associated appendix.

3.0 SUPPORTING INFORMATION

3.1 Background

3.1.1 The Adults Principal Social Worker, (APSW) is statutory requirement under The Care Act 2014, however at present there is no requirement in place for local authorities to have a Principal Occupational Therapist. There has been a POT in post in Halton since January 2024, with the permanent appointment being made in June 2024.

The Association of Directors of Adult Social Services (ADASS) acknowledge that having a POT to work alongside the APSW is of value and that having a diverse leadership within adult social care has a positive impact on local populations.

3.1.2 The national guidance on the role and responsibilities of the post have been detailed in the Royal College of Occupational Therapists publication, “Principal occupational therapists in adult social care services in England: roles and responsibilities”

The Principal Occupational Therapist is key in representing and promoting the profession. Principal Occupational Therapists roles and responsibilities include:

- Lead and promote excellent occupational therapy practice using a whole-systems, strength-based approach.
- Facilitate learning and development actively engage in regional and national Principal OT networks.
- Lead and advocate for the role of occupational therapy
- Advise the Director of Adult Social Services (DASS) and/or wider Council in

complex or controversial cases and on case or other law relating to occupational therapy.
- Work closely with the Principal Social Worker looking at evidence-based best practice and areas for improvement.

3.1.3 Our Occupational Therapists (OTs) work alongside social workers as the key professions in social care, enabling people who use services to live the lives they want. OTs are at the forefront of the Prevention and Wellbeing agenda empowering people to prevent, reduce or delay the need for formal services. They complete holistic assessments focussing on wellbeing and occupation and the environmental barriers within the home which impact their daily living.

Occupational Therapist's promote choice and control and positive risk taking, co-producing with the individual and those that they want involved in their lives, utilising strengths-based approaches and anti-discriminatory practice (See case study at ***Appendix 1***).

3.2 The Role of Occupational Therapy

3.2.1 Occupational Therapy is a regulated profession governed by the Health Care Professions Council (HCPC). Qualification involves the undertaking of an intensive programme of training at degree/masters level, and ongoing post-qualification professional development and audit undertaken by HCPC.

3.2.2 It is the POT's responsibility to promote the value of occupational therapists as key professionals who drive the prevention and wellbeing agenda through a personalised place-based approach. Occupational Therapists have the qualifications, knowledge and skills to support people to participate fully in their own lives working with complexity, risk and conflict.

3.2.3 Occupational Therapy is well placed to support the Health and Wellbeing Strategy's underlying themes, particularly:

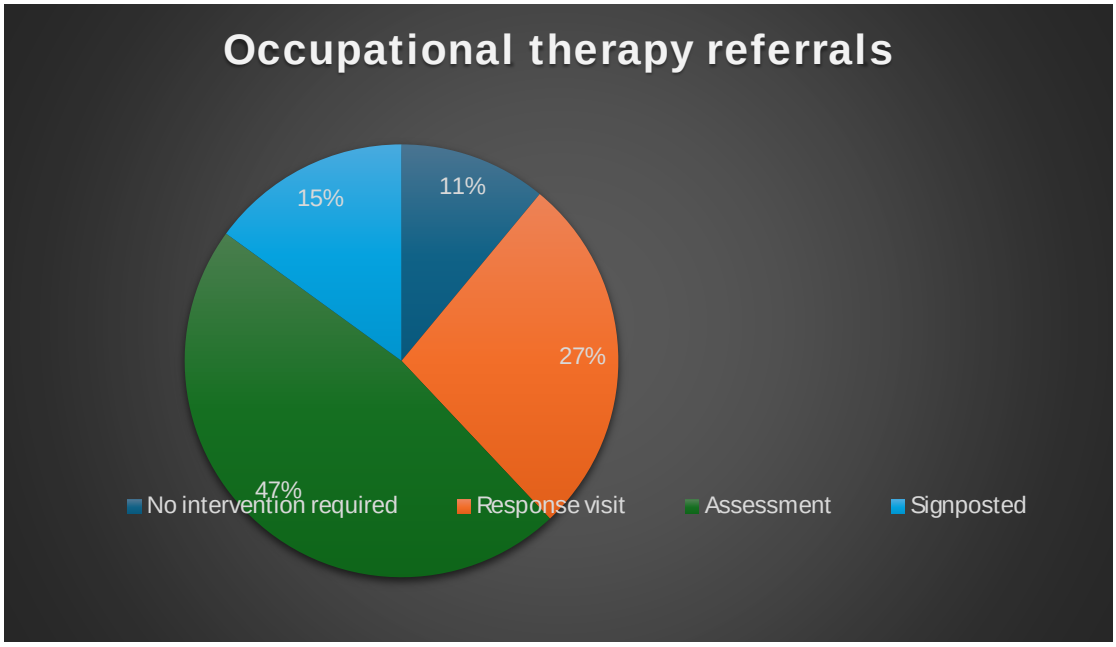
- *Support our community in Living Well*
- *Support our community in Ageing Well*

3.2.4 The Care Act 2014 is the key legislative framework along with the Housing Grants, Construction and Regeneration Act 1996. The focus for Occupational Therapy in line with this in Halton, is on:

- Prevention- timely intervention to prevent deterioration in the person's abilities or level of support required
- Independence- promoting independence and engagement in outcomes that matter to the individual
- Wellbeing- this is a subjective context to each individual but is central to occupational therapy practice
- Joining up the local authority, health and housing around the individual when appropriate

3.2.5 In February the Initial Assessment Team became the Prevention & Wellbeing

Service, with occupational therapy being a key part of the “front door” service. The changes made have renewed the focus on signposting and prevention and there has a been a very positive shift in the number of referrals requiring full assessment. On average 47% of referrals are going onto the appropriate waiting list, with the other 53% having their needs met at the point of referral or via signposting. The wait for assessment is also significantly reducing, with individuals requiring an OTCCW visit, being seen within 3 months. The wait for complex assessment from an OT is within 6 months, owing to absences.



3.3 Challenges

3.3.1 There are many challenges ahead for Occupational Therapy. There is a recruitment issue with it proving to be a national challenge to entice occupational therapists into social care from the NHS and therefore vacancies are commonplace. There is also more demand for flexible working patterns and short working weeks. There remains a high demand for occupational therapy services in Halton, including assessments in the home environment, moving and handling and blue badges.

We have utilised waiting list funding to gain additional capacity however this has been with Community Care Workers (CCW) and along with the new working practices in PWS, the number of people waiting for an OTCCW assessment has significantly reduced. However the demand for an Occupational Therapist (complex) assessment remains high.

3.4 Culture and Practice

3.4.1 The POT should encourage a culture of openness and critical reflection, promoting equity, equality, inclusivity and diversity. They will lead on embedding theory and practice principals in line with the prevention and wellbeing agendas.

3.5 **Workforce**

3.5.1 The Occupational Therapists must always adhere to the standards of practice upheld by the Royal College of Occupational Therapists (RCOT) and Health Care Professions Council (HCPC).

3.5.2 The Standards for Employers of Occupational Therapists, published by the Local Government Association (LGA), set out the shared expectations of employers. *"Employers should have a strong, clear accountability and assurance framework that promotes safe and effective occupational therapy practice, delivering positive and for filling outcomes for people; flexible, safe, effective, caring, responsive and well-led (ADASS, 2022)".*

Each standard has a detailed list of the things that employers should do in order to meet the standards – full details can be found at LGA Standards for Employers of Occupational Therapists 2022.

3.5.3 The POT and OT Practice Manager have attended a Skills for Care OT Leaders Programme funded by the Cheshire and Merseyside Allied Health Professions Faculty between April and September 2024. Leadership Impact Posters were devised (based around PWS) and the implementation of PWS and figures achieved were of great interest to the other LA's present.

3.5.4 Following the appointment of the permanent POT, the vacant Practice Manager position has been filled by the Advanced Practitioner Occupational Therapist (APOT). The APOT vacancy is awaiting approval to advertise, and once appointed to, will form a structure that mirrors social work and will enable workforce priorities to be further explored and actioned, whilst also providing a career progression pathway.

3.6 **The Organisational Health Check**

3.6.1 One of the requirements under Standard 1 is for employers to "ensure that mechanisms are in place to listen to and respond to the views of Occupational Therapists on a regular basis". In Halton we regularly undertake an annual "Organisational Health Check" to ensure these views are obtained and contribute towards the optimum working environment and conditions to promote best Occupational Therapy practice.

3.6.2 An annual **Health Check Survey** is conducted by the LGA at a national level. HBC Occupational Therapists are invited to take part in this. The purpose of the health check survey is to better understand the experiences of the social care workforce. It is intended to help support and deliver effective practice and allow Occupational Therapists an opportunity to feedback.

4.0 **POLICY IMPLICATIONS**

4.1 None identified.

5.0 FINANCIAL IMPLICATIONS

5.1 None identified.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence
Occupational Therapy delivered by the Local Authority is key in the delivery of the Prevention agenda as set out in the Care Act 2014. Occupational Therapists are vital in promoting wellbeing and maximising independence, and this is core to their role in social care.

6.2 Building a Strong, Sustainable Local Economy
None identified.

6.3 Supporting Children, Young People and Families
None identified.

6.4 Tackling Inequality and Helping Those Who Are Most In Need
None identified.

6.5 Working Towards a Greener Future
None identified.

6.6 Valuing and Appreciating Halton and Our Community
None identified.

7.0 RISK ANALYSIS

7.1 None identified.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified.

9.0 CLIMATE CHANGE IMPLICATIONS

9.1 None identified.

10.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

10.1 None under the meaning of the Act.

Appendix 1

Case Study

Note: Case Study has either been anonymised or pseudonyms have been used.

Case Study Title	Prevention and Wellbeing Service – Moving and Handling - Peter
Date of Case Study	January 2024

Context

Peter was referred by his care staff for a moving and handling assessment on 11th January 2024. Peter would always become more anxious if he had more than one person to support with transfers, however was beginning to struggle more using the stand aid in situ. Having to require a second person due to his difficulties was becoming a concern for Peter and the staff members.

Prior to this referral, at his last moving and handling assessment it was discussed with Peter that any further deterioration in his transfer ability would lead to hoisting to ensure safety for himself and also his support team. However Peter remains of the opinion that he does not want to be hoisted.

Action

Taking Peter's wishes into account, other equipment was explored when he was assessed. However, an alternative method or piece of equipment could not be found that maintained safe transfers. Peter did then agree to be assessed in a hoist.
Reasoning and face to face discussion were paramount to help Peter understand the reasoning and implications and agree to this change. Peter's input was key in terms of determining which types of slings would be required and for which tasks.

Peter has hearing loss and chooses not to wear hearing aids so this can be a barrier in terms of clear communication. Verbal prompts and physical gestures need to be used and he also requires physical and verbal assistance to orientate to the situation at times. Peter's initial reluctance to be hoisted was an initial barrier however this was overcome with clear communication and reasoning for recommendations made.

Outcome

In sourcing appropriate slings and supporting Peter to accept hoisting, a proportionate response to care could be achieved meaning he can continue to be transferred with just the assistance of one. This prevented the need for a second staff member's input as per Peter's wishes as well as promoting his dignity and wellbeing.

Learning

We were able to work with the support staff to ensure they could use proportionate methods and staff in order to promote Peter's wishes and wellbeing, whilst also ensuring that staff's safety from a moving and handling perspective was maintained.

Although a lot of work has been done in previous years to promote single handed or proportionate care techniques, there may still be groups that have not been trained in this. As a result this could be a future area for further development in reaching people working in small group settings and shared accommodation.