

CWOP/17/11

Policy & Scrutiny Committee Community Wellbeing and Older

People

Date 14 April 2011

Occupational Therapy Service Review

The Committee's final scrutiny report of Occupational Therapy Services in Essex, is attached.

Karen Wright, Internal Standards and Governance Director ASC, will be in attendance to receive the recommendations from the report.



OCCUPATIONAL THERAPY SERVICE REVIEW

A Review by the
Community Wellbeing and Older People
Policy & Scrutiny Committee

April 2011



Essex County Council

C O N T E N T S

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PREFACE

In response to the findings from the Complaints Task and Finish Group the Community Wellbeing and Older People Policy and Scrutiny Committee (CWOP P & SC) commenced its review of occupational therapy services in Essex in February 2010.

The Committee recognised that although an internal service review was running alongside the scrutiny review, it should continue to scrutinise occupational therapy services to give assurance that the service would be easily accessible and available to those in need of it; and to ensure procedures for the assessment of need.



Bureaucratic procedures, specifically in terms of, but not exclusive to, the Disabled Facilities Grant are recognised by the CWOP P & SC as holding factors for service users to access occupational therapy services, and the Committee will deal with these as a separate entity, with a view to liberalising occupational therapy services in the new health and social care marketplace.

Through witness sessions and by other research the Committee was pleased to learn that the Adults, Health and Community Wellbeing Directorate are seeking to evaluate the current position of occupational therapy services (including employment relationships) in order to recommend improvements; identify the potential for savings; and improve performance.

The Committee hopes that, if adopted, the recommendations included in this scrutiny report will make a positive contribution to occupational therapy service users in the future, as well as those who may wish to access the service privately despite not currently meeting eligibility requirements.

I commend this report to you.

A handwritten signature in black ink, appearing to read "Bill Dick". The signature is written in a cursive, flowing style.

COUNCILLOR BILL DICK

Chairman of the Community Wellbeing and Older People Policy and Scrutiny Committee

GLOSSARY OF TERMINOLOGY

CWOP P & SC	Community Wellbeing and Older People Policy and Scrutiny Committee
OT(s)	Occupational Therapist(s)
ECC	Essex County Council
COT	Royal College of Occupational Therapists
AH&CW	Adults, Health and Community Wellbeing Directorate
AA&CM	Access, Assessment and Care Management
SDS	Self Directed Support
PCT	Primary Care Trust
DFG	Disabled Facilities Grant
TOM	Target Operating Model
SCF	Schools, Children and Families Directorate
HPC	Health Professions Council

Background

Occupational therapy enables people to achieve as much as they can for themselves and get the most out of life. Occupational Therapists (OTs) help people of all ages who have physical, mental or social problems as a result of accident, illness or ageing, to do the things they want to do. These could be daily activities that many of us take for granted, from grocery shopping or brushing your teeth, to more complex activities such as caring for children, succeeding in studies or work, or maintaining a healthy social life.

An occupational therapists work could involve:

- Making sure that homes, workplaces and public places are accessible for people with specific needs, for example wheelchair users or people with walking difficulties or partial sight
- Helping people to learn new or different ways of doing things, for example how do you think you would turn over this page if you couldn't use your hands?
- Adapting materials or equipment, for example what might you suggest if a computer keyboard was difficult to use?
- Advising in schools to help children overcome obstacles such as writing difficulties and other learning challenges
- Heading up a disability management programme for an organisation, or return-to-work programmes for people with anxiety or back problems
- Assisting an ageing couple to care for one another in their own home and remain independent and safe
- Helping someone manage their depression in order to return to work or continue with their studies
- Working with socially excluded groups, such as the homeless or asylum seekers

The occupational therapy service is involved in major adaptations to service user's homes to enable them to live independently within their own homes. OTs at Essex County Council (ECC) are currently employed by the authority; although the Authority also uses self-employed OTs. Additionally, there are OTs currently employed by the Health Services. The ECC OTs work on the after-care of service users; whilst those employed by Health ensure adaptations are undertaken which enable service users to benefit from adaptations prior to returning home to live independently.

Rationale for the Occupational Therapy Service Review

Occupational Therapy referrals have been one of the most numerous reasons for complaints and representations at ECC. The Complaints Task and Finish Group (CWOP 03/10) found the number of complaints about the OT service necessitated a review of the Occupational Therapy Service. This together with evidence taken at the CWOP P & SC in February 2010 which highlighted the issues surrounding the OT service, in particular the time it takes from referral to adaptation necessitated the review. Additionally, the Royal College of Occupational Therapists (COT) 2010 General Election Manifesto states that it has "focused its priorities around older people and our ageing society, public health and communities." The 'Manifesto' also

argued that in order to continually improve its services the COT “needs the help of politicians to support our approach to improve the lives of others.”



A scoping document for the scrutiny was drawn up to reflect the Committee’s concerns and this is attached as Annex A to this report.

Additionally an internal Adults Health and Community Wellbeing (AH&CW) review was being undertaken. The background to this was the restructuring, in October 2008, of Access, Assessment and Care Management (AA&CM) staff to deliver services in line with the personalisation agenda. At this time all qualified staff, both Occupational Therapists and Social Workers were reprofiled as Self Directed Support (SDS) Practitioners with a generic element to their new role.

All Support Staff were reprofiled as SDS Facilitators and placed in generic roles. The main body of OT was integrated into the Community Assessment Teams; however, there were some OTs working in Review and Long Term Management teams.

Several issues were identified in relation to OT including delays in assessment and provision of adaptations. It was also recognised that there had been a rise in complaints, particularly about delays, and the teams approach to the generic roles. Therefore, a review of Occupational Therapy services was identified to address these issues. The review was lead initially by Pauline Holroyd, Senior Operational Manager.

The purpose of the review was:

- To evaluate the current position of Occupational Therapy in AA&CM
 - Numbers and location of OT and support staff
 - Current demand for OT
 - Throughput of cases
 - Number and timeline of delays for assessment
 - Numbers and breakdown of complaints for OT
 - Are current processes fit for purpose
- To recommend improvements to processes to reduce delays and maximise use of OT resources
- To benchmark integrated working practices with other local Authorities
- To model the potential for savings in care provision
- To improve performance and contribute to the prevention agenda
- To recommend where we need to be
 - How should OTs be used to maximum benefit of AA&CM and service users
 - Options for employment and positioning of OT resources
 - Support services and work processes
 - Demand and workflow management
 - Reduction of waiting times

The Review commenced in June 2010 with progress reports and recommendations to the AH&CW Executive Board and to the CWOP P & SC.

Employment Relationships

Occupational Therapists in Essex are employed by a combination of the County Council and the NHS; however self-employed OTs are often used by both. The employment arrangements at other local authorities are outlined in the table below. In a survey 54% of all Local Authorities in England responded to a request to outline the nature of the employment arrangements they have with OTs. Whilst this may not seem a satisfactory response, it still means in excess of 80 local authorities responded to the request. For the purposes of this survey a 54% response can be regarded as an adequate response which probably reflects the wider employment arrangements across the country. The table below outlines the employment arrangements at the time of the survey, which was undertaken in January/February 2010.

Table 1. Employment arrangements of occupational therapists by local authority:

Councils/ OTs Employer	County Councils	London Borough Councils	Metropolitan Borough and City Councils	Unitary Authorities	Total
Councils	7	9	5	6	27
NHS/PCTs	4	1	4	6	15
Joint Councils/NHS (PCT)	8	5	9	13	35
Private provider	1	1	0	0	2
Council/Private provider	1	0	1	0	2
Council/NHS (PCT)/Private provider	1	0	0	0	1
Unknown	10	17	17	26	70
Total	32	33	36	51	152

Amongst the above there are some authorities that are considering amending employment relationships, and others that have recently changed the employment relationship of their occupational therapists. An example of this is one London Borough Council that has previously contracted an outsourced private provider which they have used for existing cases. This same authority for the purpose of major adaptations involving the Disabled Facilities Grant (DFG) uses contractors who have their own OTs. The services are paid out of the DFG. What is clear from this survey are the fissiparous employment relationships that exist in the field of occupational therapy.

Many other authorities have arrangements in place with the local PCTs and NHS Trusts whereby OTs are employed by one or other organisation but contracted into the other. Others have arrangements where the Council undertakes the OT assessments, yet the rehabilitation and intermediate care are undertaken via a joint-working arrangement.

Only two local authorities (of those who replied) have employment arrangements with OTs where the service is contracted out to a private provider. One of these is a County Council and the other a London Borough Council. However, three private providers are engaged in delivering OT services in partnership with local authorities; and in once case with a local authority and the PCT.

Occupational Therapy Complaints Review

The CWOP P & SC considered a scoping document (Annex A) for a review of Occupational Therapy Services (CWOP-SCR-29) on 11 February 2010. The Chairman of the Committee explained that the Task and Finish Group looking into complaints had found that many of the complaints had been about occupational therapy; hence the proposal for the review into Occupational Therapy Services.

At this initial stage Pauline Holroyd, Senior Operational Manager, advised the Committee that the service was still in a transformation stage. Around 40% of referrals within the department require an occupational therapist. Once assessments have been carried out the feedback shows high satisfaction. However, there have been difficulties within the process as the DFG applications are administered separately by District/Borough Councils. Members felt that it would be helpful to have some data on how many of the complaints related to the DFGs. In response it was explained that complaints which were specific to the grants only could be referred on to the District council. However, if there were other issues within the complaint they would have to be investigated by the County Council.

Disabled Facilities Grant (DFG)

A Disabled Facilities Grant is a local authority grant which helps towards the cost of adaptations to homes to enable people to continue to live within their own homes. The grant is paid when the local authority considers that changes are necessary to meet the needs of those within the household, and that the work is reasonable and practical.

A DFG is available if someone living within a property is disabled and is the owner or tenant of the property; and that they can certify that they, or the person on whose behalf the application is made, intend to occupy the property as their main residence throughout the period of the grant (currently five years).

A DFG can be used for adaptations to allow better freedom of movement into and around a home and/or to provide essential facilities within it. Acceptable types of work include:

- widening doors and installing ramps
- providing or improving access to rooms and facilities (i.e. installation of a stair lift, downstairs bathroom etc.)
- improving or providing a heating system
- adapting heating or lighting controls to make them easier to use
- improving access to and movement around the home to enable care for a person who lives in the property

Occupational therapists look at the individual circumstances and can recommend the type of adaptation(s) required.

Issues were raised during scrutiny around the DFG and these are detailed below.

Committee questions related to the DFG

In response to a question the Committee heard the rules relating to the Government grant had recently changed and there was some uncertainty as to how this would affect the grant budgets in the future and to what extent local authorities would top up the budget. Some local authorities still had funding within their grant budget for 2010/11 whilst others had spent most of the budget early in the year. However, if an application meets the criteria it cannot be refused as the grant is mandatory.



In response to a question regarding who undertakes financial assessments and the length of time they take it was explained that the District/Borough Council carries out the initial test of resources at which point no evidence of savings or income is required. An indicator based on this test then takes a few days. This is part of the overall process. After an assessment by an occupational therapist is undertaken, the Environmental Health or Grants Officer is then contacted to carry out the initial financial assessment indicator. The process is then more detailed with technical drawings of the adaptations, and a full test of resources is undertaken with evidence. From the point of an application being submitted to the Grants Officer there is a statutory requirement to approve adaptations within six months. However, in reality the timeframes range between a few days to six months.

District/Borough Councils have to administer the DFGs but the County Council has to assist with adaptations. There are good local relationships between ECC and local authority Grants Officers. Essex prepared a Right to Control bid where funding streams will be combined including with the DFGs under the personalisation agenda. The Committee heard, in September 2010, that ECC had support from five of the District/Borough Councils for this bid.

The Committee would recommend, in due course, improving the administration of the Disabled Facilities Grant and efficient partnership working with districts so as to streamline decision points and to get the districts involved earlier in the process. This would not have resource implications for the districts as they had been requesting that cases be passed over to them earlier.

Summary of Witness Sessions

The Committee has heard five witness sessions during the service review of OT. These were held on:

11 February 2010. Presented by Pauline Holroyd, Senior Operational Manager, Access, Assessment and Care Management

10 June 2010. Presented by Pauline Holroyd, Senior Operational Manager, Access, Assessment and Care Management, and Liz Chidgey, Deputy Executive Director, Adults, Health and Community Wellbeing (paper attached at Annex B)

9 September 2010. Presented by Pauline Holroyd, Senior Operational Manager, Access, Assessment and Care Management, and Liz Chidgey, Deputy Executive Director, Adults, Health and Community Wellbeing (paper attached at Annex C)

9 December 2010. Presented by Karen Wright, Standards and Governance Director and Diane Brown, Self Directed Support Practitioner (paper attached at Annex D)

10 February 2011. Presented by Karen Wright, Standards and Governance Director and Diane Brown, Self Directed Support Practitioner (paper attached at Annex E)

Witness session 1: 11 February 2010

Much of the evidence found in the initial meeting is reported above relating to the complaints review and the DFG. This session also heard that Children's Services and Adult Services did not have compatible OT commissioning systems. It was acknowledged that there were issues as a result of this but that ECC were working on the premise of maintaining a 'family record' so that duly vetted and authorised staff from both directorates could have access as needed.

A Member commented that he understood that equipment was put in place before patients were discharged from hospital. Some Members had personal experience of the assessment process with family members and had experienced delays even with Member input. Problems had also arisen in hospital and his relative had been discharged from hospital with no help or assistance. In response it was reported that every hospital discharge should be assessed in hospital by hospital occupational therapists and equipment could be provided through a separate budget. Where work was more complex the case was referred to Social Care Services. A new mobile assessment service had been established which could provide more advanced equipment. However, there were times when those with less urgent needs had to wait for the assessment. There were certain issues that were considered to pose a greater risk than others and in those cases the response was more urgent, for example not being able to access a toilet was considered to be a greater risk than keeping clean. A triage type system was in place where skilled telephone advisors at Social Care Direct assessed the risks. There were options to make a situation safe prior to a full assessment which could be undertaken at a later date. The Chairman responded by commenting that with regard to keeping clean the vision and concept of a clean and healthy lifestyle was greater than before.

There were also hold-ups in the system such as where planning consent was needed for adaptations and in particular within listed buildings. A Member asked whether problems were experienced with internal works and what could be done to assist. In response it was explained that even internal works had to be checked in listed

buildings. There were a range of options and different ways resolve problems but it could take a long time. There were also issues with properties owned by landlords.

Concern was raised about whether the process took longer for those people who owned their own homes than it was for people who were already receiving benefits. It was reported that Social Care services try to help with equipment in the interim period to help people to manage. Care packages could be put in place to help but the cost implications were high. The stress and inconvenience of a long wait was recognised.



Members expressed their concerns about the time taken for adaptations to take place. In response it was explained that if major alterations were required to a property and with allocating a budget, the process was difficult and had to be carried out properly.

In response to questions it was clarified that a categorisation of complaints regarding OT would be provided. It was confirmed that people are provided with full information about the timescales of the process through discussion and a booklet. Members also felt that those people who may not have advocates in place to help them needed to be protected.

As a result of the initial witness session the scoping document was further developed and the Committee heard work on the internal service review would commence in April 2010.

Witness session 2: 10 June 2010

The Committee heard a report on a review of which sought to evaluate the current position of occupational therapy in AA&CM; to recommend improvements; to benchmark against other local authorities; identify the potential for savings; and improve performance. The Committee heard the service wanted to evaluate where it was after the last restructure of the service in October 2008, and to maximise its future potential in providing care and to reflect on the increased use of personal budgets.

Members discussed the current process; the number of complaints about the service; the speed and responsiveness of the service; the number and balance of qualified to non-qualified staff; engagement with other social care agencies; the use of specialist and self-employed providers; and the balance between being a commissioner and provider service. Members were advised the proposed review was an acknowledgement that there were issues with the current service, although some parts of it worked well. The review would address how the occupational therapy referrals could be assessed in a timely manner. The review would look at working jointly with the PCTs and it was acknowledged that it was possible that local authority housing departments could do some of their own occupational therapy assessments and provision if relevant skill-sets were developed. It was noted that the occupational

therapy review would be both scrutiny and policy development. The proposed terms of reference of the review as presented to the meeting was agreed.

Witness session 3: 9 September 2010

The Committee received a report which provided initial feedback on the internal review of the Occupational Therapy Service.

The objectives of the review were to identify improved processes to reduce delays and maximise the use of resources, concentrating on timely assessments, and to generate savings in domiciliary care and residential provision. Any processes identified for improvement during the overall evaluation would be implemented as soon as possible and, where appropriate, documented before the end of the review although they would not obscure the longer term role of the review. The progress report submitted to the Committee comprised short term activity.

Backlog of assessment cases

Between 13 August and 6 September 2010, a backlog of 600 assessment cases had been cleared across the County in addition to normal work load. Members questioned whether such remedial action could not have been taken earlier and whether staff attention had been too concentrated on other performance indicators. Often assessments could not be completed with one visit to a client and outstanding assessment visits for qualified staff would build-up as a result. Management had managed to divert dedicated resources from other operational areas, temporarily, to specifically reduce the backlog. However, this was not extra resourcing that would be ordinarily available on a day-to-day basis and was not seen as a long-term fix. ECC had to prioritise its response to referrals with the majority of the priority cases dealt with by Social Care Direct within 24 hours and others by Community Assessment teams within 28 days. The backlog of assessments essentially related to lower priority cases and it was these that management were trying to address as part of the current review. Each locality director had operational authority and responsibility to determine how they managed their own human resources in the most efficient manner possible. It was acknowledged that in the current economic environment there would be further cost pressures particularly in relation to the equipment budget.

Number of assessments

It was stressed that there were significant numbers of support staff in addition to qualified OTs and between them they often would provide intermediate support (for example over the telephone) to a client prior to a home visit and formal assessment. Management were aiming to increase the number of assessments undertaken each day by an occupational therapist facilitator by reducing the associated administrative tasks they currently had to complete; also, by going out with the adaptive equipment at the time of the assessment it had reduced the overall time required for assessments. However, a full van of adaptive equipment and a full weeks worth of assessments was required for optimum efficiency.

The OT profession

Whilst an OT was a generic professional term with some common core skills there were different skill attributes used and different skill-sets developed in different service situations; in particular hospital based OTs would specialise in patient treatment in preparation for discharge, whilst OTs based within Essex Cares would specialise in re-ablement skills and ECC based OTs would have specific skill-sets to help clients manage within their own home environment and adapting to their new circumstances. The skills of OTs in different service areas were complementary and not necessarily duplication. At various times in the past there had been an attempt to integrate the different specialism strands for occupational health and any future attempt would need to include both health and social care and be part of the wider work on strengthening commissioning. Even if such an integration were completed within one organisational unit there would remain a mix of different skill-sets within the overall service. Whilst training could be more varied to increase the flexibility of skill-sets for occupational therapists there would remain an issue with the legal responsibility framework with ECC still having certain statutory responsibilities for social care reviews which prevented a full handover to clinicians at hospitals or elsewhere. The new NHS White Paper could assist in providing a new legal framework for accountability and responsibility which reflected changes to service provision. In addition, there would be future opportunities to work closer with the health sector and to re-enforce a clearer distinction between being a commissioner and provider of services.



Responsibility for assessments

There were no plans to significantly increase the proportion of self-employed OTs, although as vacancies arose, local management had the option to recruit a self-employed OT if funding permitted at the time. Members queried whether there was an intention for a whole 'system change' acknowledging that the majority of assessments were conducted outside the hospital environment in any case, and that resourcing should be targeted accordingly. It was confirmed that a significant number of straightforward assessments already were conducted on ECC's behalf in the hospital environment. However, full OT involvement was necessary in more complicated and specialist areas where mistakes made on prescribed adaptive equipment could be costly: grant authorities could be reluctant to fund again further adaptive changes.

One of the aims of the AH&CW Target Operating Model (TOM) was to give better guidance on access points for services and equipment. Members questioned whether the information available for self-funders making changes was adequate.

Witness session 4: 9 December 2010

Members were updated on the project to evaluate current OT processes and identify areas of improvement that could reduce service user assessment waiting times, equipment provision delays and complaints.

(a) Phase 1

Phase 1 of the project had completed in late October and focussed on identifying key issues and, where possible, implementing 'quick wins' to resolve the identified issues. As a result, revised or new processes had been recommended to:

- (i) ensure that an appropriate skilled worker was allocated in the first instance to avoid the duplication of visits to service users and reduce assessment delays;
- (ii) improve the equipment referrals process between Social Care Direct and the Rapid Response Technicians;
- (iii) standardise treatment of Children's cases;
- (iv) introduce a fast track process for low level equipment adaptations; and
- (v) introduce a virtual appeals panel for the Commissioners Panel and Direct Provisions Process.

(b) Phase 2

Phase 2 would look at the future direction of the service, taking into account the recommendations made within Phase 1, to ensure alignment with the Target Operating Model and long term aims of the organisation and to design a model where savings could be made resulting in a more efficient function. The completed Phase 2 design with an implementation plan was due to be delivered during December. The review was looking at:

- (i) general procurement and provision of equipment,
- (ii) improving the administration of the DFG and efficient partnership working with districts so as to streamline decision points and to get the districts involved earlier in the process. It was confirmed that this did not have resource implications for the districts as they had been requesting that cases be passed over to them earlier. Appropriate safeguards and risk management processes would be strengthened if necessary. It was noted that Children's Services and Adult Services did not have compatible OT commissioning systems. It was acknowledged that there were issues as a result of this but that ECC were working on the premise of maintaining a 'family record' so that duly vetted and authorised staff from both directorates could have access as needed.
- (iii) implementation of the use of pre-payment cards for equipment,
- (iv) ensuring the most effective general placement and utilisation of resources; and
- (v) exploring the impact of enabling training providers being able to complete manual handling assessments and accessing directly equipment.

Members welcomed the review and wanted to see quantifiable outcomes such as a noticeable reduction in average waiting times (to include access to minor and major adaptations) and how many cases were being assessed and processed. Operational management were confident that recent process improvements would result in significant improvements in waiting times and agreed to present updated statistical analysis at the meeting in February 2011.

Witness session 5: 10 February 2011

Members heard that following consultation with 12 District and Borough Councils the low level DFG process had been streamlined and a fast track had been agreed for low level applications which included level access showers, straight stair lifts, over bath showers and access to property. Unnecessary steps in ECC's part of the process in providing an OT assessment had been removed and information on the OT assessment was being transferred to Borough and District councils quicker to enable them to start processing the grant application quicker. There had been positive feedback from councils that the new process was working well. A future measure of its success would be whether fewer people were waiting for OT assessments for low level adaptations and that timely interventions were preventing unnecessary hospital admissions.



An OT assessment was required as part of the grant application assessment. Any service user could contact the District and Borough Councils direct at which time they would be signposted to Essex Cares (via Social Care Direct) for an initial telephone-based eligibility assessment. Thereafter, a community assessment team would undertake a more detailed face to face assessment. Once completed the case would be

handed over to the Borough/District council for the financial assessment and OTs involvement should cease at this point. However, it was possible that the Borough/District council might subsequently revert to ECC to take further technical advice from OT on certain aspects of the original OT assessment. The assessment would be needs-based rather than service-based.

Members questioned how the new process fitted into the process for someone being discharged from hospital and cited an example of a seemingly inappropriate discharge without an OT assessment. There was also concern expressed at other cases relayed to them of instances where there were substantial delays prior to receiving an OT assessment and doubted that Essex Cares stated timescales for conducting an OT assessment were actually being met.

Members also raised concern about the delay in the financial assessment being undertaken by the Borough and District councils. As part of the procurement process the Borough and District councils would ordinarily seek and evaluate three tenders before awarding the contract and agreeing a start time and there needed to be a way to reduce the time taken for this part of the process. At the request of Members, further information on the times recorded for completion of the financial assessment, procurement process and fitting of adaptations, by district, would be provided.

Members suggested that one of the biggest issues was people in their own privately owned accommodation who required major adaptations. Members suggested that some potential service users would purposely choose not to undertake a financial assessment, to determine their eligibility for a grant, so as to avoid further delay and instead just purchase the adaptation equipment direct and pay for their own installer. Members indicated that there should be greater consistency in the service being

provided and suggested giving service users an early choice as to how to proceed by advising up front on anticipated timelines for assessments, appraisal of the grant application and the fitting.

With regard to the future role of OTs Members questioned whether the role would be different as a result of future GP commissioning of services. The critical point here was whether OTs saw themselves residing in a commissioning or provider body. Members heard that work was already being undertaken to try and anticipate evolutionary changes required, including a whole systems review which would include the SCF (Schools, Children and Families Directorate) to avoid future duplication of assessment work.

Members heard there had been discussions with the SCF Directorate in order to standardise staff commissioning from April 2011, in response to a question whether there would be increased use of self- employed/agency staff (which currently constituted up to 20% of OT staff costs).

Members also heard that a risk based approach had been agreed regarding the future closure of equipment and adaptation only customers. Annual reviews for low-risk cases would not be completed unless the service-user requested one. It was reported there had been a positive service-user response to this change, which supported the choice and control personalisation approach.



Conclusion and Recommendations

Following consideration of the evidence received at the witness sessions and the papers which accompanied them the Community Wellbeing and Older People Policy and Scrutiny Committee has come to the conclusion that Occupational Therapists are a service provider, and as such, it is, therefore, difficult to place them within a commissioning organisation, such as Essex County Council. This is made even more apparent with GPs, through the liberalisation of the NHS, being able to commission services. With this there should be rationalisation between local authority and NHS OTs to ensure greater cohesion. There has been evidence from the complaints process and from Member questions that NHS OTs have not, at times, co-operated with ECC OTs in identifying who should be performing certain tasks. The new marketplace should bring greater clarity to where OTs would best reside in terms of their employment structures.

RECOMMENDATION 1

The Committee recommends that the Occupational Therapists currently employed by the authority become self-employed.

Owners: Cabinet Member for Adults, Health and Community Wellbeing

Implementation Review Date: October 2011

Impact Review Date: April 2012

Following the third witness session the Committee approved the following six recommendations to the Cabinet Member for Adults, Health and Community Wellbeing:

- (i) The AH & CW Directorate to consider the right place for OTs to reside;
- (ii) The AH & CW Directorate to consider a greater move toward self-employment for occupational therapists;
- (iii) There should be a streamlined, flatter management structure for OTs;
- (iv) The OT service should become integrated. This would remove the legal framework barriers; and avoid the situation of OTs being provider and commissioner;
- (v) AH & CW should give advice and guidance to people on adaptations and OT services;
- (vi) There should be reinforcement that safeguarding issues are a critical function of the role of OTs.

RECOMMENDATION 2

The Committee would wish to reiterate that, as an interim measure, these six measures are enacted upon, with immediate effect, until new structures in terms of OT employment relationships can be formally established.

Owners: Cabinet Member for Adults, Health and Community Wellbeing

Implementation Review Date: October 2011

Impact Review Date: April 2012

Adult and Children's Services do not currently have compatible OT commissioning systems. It is acknowledged that there have been issues as a result of this but ECC are currently working on the premise of maintaining a 'family record' so that duly vetted and authorised staff from both Directorates could have access to the records if so required.

RECOMMENDATION 3

The Committee recommends that family assessments are undertaken on the whole, rather than divided between Adult and Children's Services. Joined-up working would reduce bureaucracy and delays in cases where a family assessment is required.

The Committee makes this recommendation to the Cabinet Members for Adults, Health and Community Wellbeing and Children's Services.

Owners: Cabinet Members for Adults, Health and Community Wellbeing and Children's Services

Implementation Review Date: October 2011

Impact Review Date: April 2012

Liberalisation is core to the NHS White Paper, *Equity and Excellence*, and there is an opportunity to open up the marketplace to people who may not qualify for services at present, but by recognising future need through early intervention/prevention will be able to reduce future waiting times and bureaucracy.

RECOMMENDATION 4

The Committee recommends that there should be liberalisation of the OT service to give people the opportunity to buy-in to the service. This would enable those who may not meet currently meet eligibility criteria to privately seek the service of an OT to consider what adaptations they may need in the near future. This may be utilised through the use of pre-payment cards.

Owners: Cabinet Member for Adults, Health and Community Wellbeing

Implementation Review Date: October 2011

Impact Review Date: April 2012

The Committee acknowledges that OT delays have fallen, although apocryphal evidence suggests waiting times have not fallen equally throughout the county. The Committee has heard that delays are often for minor adaptations where the service-user has had to wait for the OT assessment.

Where complaints have not been successfully concluded by the County (or in the case of Health by the relevant Trust) they can be referred to the Health Professions Council (HPC). The Committee would welcome knowledge of how many complaints made in Essex have been referred to the HPC. In respect of the complaints received by the authority the Committee would wish to know how many complaints have been upheld over the last five years.

RECOMMENDATION 5

The Committee would like to revisit whether complaints and delays have been reduced. A rigorous analysis should be undertaken to report back to the Committee, on an area-by-area basis, on the numbers of complaints and delays on OT over a five-year period. The Committee would also wish to receive a report on the percentage of delays which are caused as a result of the DFG system.

Owners: Cabinet Member for Adults, Health and Community Wellbeing

Implementation Review Date: October 2011

Impact Review Date: April 2012

The Committee has great concern about delays with the DFG system, in particular regarding the discrepancy of delays between different areas of the county. The Committee, however, will deal with DFG as a separate entity from the OT service review, and will seek evidence from the District/Borough councils on improving the administration of the Disabled Facilities Grant and ensuring efficient partnership working with districts/boroughs so as to streamline decision points and to get the

districts involved earlier in the process. As found in section on the DFG above, this would not have resource implications for the districts/boroughs as they had been requesting that cases be passed over to them earlier. To ensure this, appropriate safeguards and risk management processes would be strengthened, if necessary.

RECOMMENDATION 6

The Committee will undertake a separate scrutiny review of the DFG process, seeking evidence from selected District and Borough councils.

Owners: Chairman of the Community Wellbeing and Older People Policy and Scrutiny Committee

Implementation Review Date: October 2011

Impact Review Date: April 2012

Scoping Document for Scrutiny

Committee	Community Wellbeing & Older People Policy and Scrutiny Committee	
Topic	Occupational Therapy Services	Ref: CWOP-SCR-29
Objective	<ul style="list-style-type: none"> To investigate the delivery of occupational therapy services provided by the AH&CW Directorate and the local NHS Trusts in order to maximise co-operation and co-ordination, with a view to ensuring that services are easily accessible and available to those that need them; and to examine procedures for the assessment of need To determine what measures are in place to ensure that the OT service maintains/improves its standards To determine what action is taken when a complaint is made about the OT service To ascertain the employment relationships within the OT services at other local authorities and current inter-agency and joint partnership working arrangements To gain an understanding of the number of OT cases, delays and holding factors responsible for any delays In relation to delays to establish what the distribution of delays throughout the county 	
Reasons for undertaking review	<p>Previous scrutiny on the OT service should be revisited</p> <p>Evidence from the Complaints Task and Finish Group indicated that a number of the complaints received were regarding the OT service. A review of the processes and procedures undertaken by the OT service on receipt of complaints should be undertaken.</p>	
Method	Full Committee	
<ul style="list-style-type: none"> <i>Initial briefing to define scope</i> <i>Task & Finish Group</i> <i>Commission</i> <i>Full Committee</i> 		
Membership <i>Only complete if Task and Finish Group or Commission</i>	N/A	
Issues to be addressed	<p>How does the OT service monitor its standards?</p> <p>What processes and procedures does the OT service put in place when it receives a complaint?</p> <p>What are the reasons for complaints?</p> <p>How does the OT service within AHCW liaise with the OT service within the NHS Trusts in Essex to ensure service delivery?</p> <p>What are the employment relationships within the OT service?</p>	

	What is the distribution of Occupational Therapists throughout the county?		
Sources of Evidence and witnesses	Officers from AHCW Directorate Occupational Therapists from the NHS Trusts		
Work Programme	Scrutiny Review to start from February 2010 with consideration of scoping document.		
Indicators of Success			
Meeting the CfPS Objectives <ul style="list-style-type: none"> • <i>Critical Friend Challenge to Executive</i> • <i>Reflect Public voice and concerns</i> • <i>Own the scrutiny process</i> • <i>Impact on service delivery</i> 	<ul style="list-style-type: none"> • To reflect public voice and concerns regarding complaints received about the occupational therapy service • Impact on Service Delivery to make recommendations to improve the delivery of the occupational therapy service 		
Diversity and Equality <i>Diversity and Equality issues are to be considered and addressed.</i>	The Committee fully recognises diversity and equality issues throughout its work programme.		
Date agreed by Committee	February 2010 and ongoing		
Future Action			
Governance Officer	Robert Fox	Committee Officer	Graham Hughes
Service Lead Officer(s)	Pauline Holroyd Karen Wright		

- Options for employment and positioning of OT resources
- Support services and work processes
- Demand and workflow management
- Reduction of waiting times

Timeframe and Reporting

The Review will commence in June and report progress and recommendations to AHCW Executive Board and CWOP Policy and Scrutiny Committee initially reporting in September 2010.

Review Lead

Pauline Holroyd Senior Operational Manager

27/5/10

CWOP/30/10

Policy & Scrutiny Committee Community Wellbeing and Older People

Date 9 September 2010

Review of Occupational Therapy Service

Report by: Pauline Holroyd
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Scope of Review:

The scope of this project is to consider the position of Occupational Therapy in AA&CM and in relation to the Target Operating Model. To identify lean processes to reduce delays and maximise use of Occupational Therapy (OT) resources concentrating on timely assessments to deliver preventative solutions for Service Users and to generate savings in domiciliary care and residential provision.

The aim is to recommend short term improvements in the current structure to maximise service delivery; improve support services and work processes; address the demand and workflow management with a view to reduce the waiting times and minimise complaints and identify options for future employment and positioning of the OT resources.

Through this evaluation we will investigate the working practices of other local authorities, particularly those with integrated teams, and identify where there may be potential savings.

Whilst completing this evaluation any areas where processes can be improved will be implemented and documented before the end of the review.

Progress to date:

An analysis of the areas in scope has been completed and the review staff have grouped them into Quick Wins and Long Term service improvements.

The success of the review will depend on the following being achieved:

- Reductions in the current outstanding assessments and reviews requiring OT intervention
- Improved throughput performance in managing demand
- Improved customer experience
 - Faster response from contact to service delivery

- Less organisational handoffs in pathway to service assessment and delivery

This report documents progress to date on the Quick Wins and a further project plan will be required to fit with the final Target Operating Model (TOM). The work of the review is being co-ordinated with the Commissioning Delivery Plans for client specialisms. The pathway for the Disabled Facilities Grant will be considered jointly by the Review and the Right To Control project.

Quick Wins	Progress
OSCARS process for equipment	A fast track process for equipment has been developed and is in current use but further modifications have been identified to improve speed of recording assessment and ordering equipment. The process is being finalised currently.
Reduction of delays for assessment	An OT assessment tool has been introduced for batching cases and to reduce time spent recording assessments which will increase the volume of allocations and assessments from the Interested Parties Lists (IPL). A model has been identified which all localities can introduce to reduce IPLs. This has been introduced in 3 localities to date.
Self-employed OTs (SEOTs)	SEOTs are fully engaged in taking cases from IPLs. To reduce administration SEOTs will have access to OSCARS and input their assessments directly. This is dependent on a resolution to the Virtual Private Network (VPN) access to OSCARS.
Rapid Response Technicians and Colchester ILC assessments	Need to make better use of Colchester Independent Living Centre (ILC) and its dedicated workforce although customer resistance to being assessed in this environment is still high. A smarter process for referrals to Rapid Response Technicians (RRT) is identified and the use and size of this resource needs to be evaluated in light of other developments.
Mobile / Homeworking	A pilot with laptop use is currently assisting us to review the effectiveness, difficulties and expansion of mobile and home working to increase productivity.
Direct Provision of equipment assessed by health OTs on discharge	Need to liaise with South and West health OTs to improve use of existing process. This will reduce the workload of Community Assessment Teams (CAT) in these localities
Assessment of major adaptations	Currently all assessments are completed in CAT teams and often after case has been on IPL for some time. A

(DFG) at ESCD	6 week trial has started using an OT in Social Care Direct who picks up referrals from Essex Social Care Direct (ESCD), RRT and Mobile Assessment Team (MOAS) where showers, stairlifts etc are indicated. Aim is to assess earlier and recommend Disabled Facilities Grants to District Councils direct from ESCD. Case will be closed without going to CAT team.
Time Management	Review admin and meetings structures in teams to increase SU contact time

Long Term	Progress
TOM	The OT review team will work in line with the recommendations of the TOM particularly in relation to equipment provision and early intervention.
DFG process	This is to be reviewed in line with the TOM and Right To Control. Responsibilities and process will need to be reviewed and a new end to end process developed in partnership with District Councils. Flexibilities of the DFG regulations should support some provision outside the DFG process and this needs to be explored further.
Reablement	Need to increase equipment, adaptations and Telecare provision during Reablement. This is reliant on successful recruitment to Essex Cares OT vacancies.
Children's adaptations	A review of provision of work for children's services was completed in 2008 and we continue to negotiate with CWD to resolve the needs of both services.

Policy & Scrutiny Committee Community Wellbeing and Older People

Date 9 December 2010

Occupational Therapy Review - Update Report

AHCW Priority: Enabling individuals to live independently for longer.

Introduction

The purpose of this project is to evaluate current Occupational Therapy (OT) processes and identify areas of improvement that can reduce service user assessment waiting times, equipment provision delays and complaints.

A review of OT function was identified to address these issues and identify where the OT function sits within the Target Operating Model.

The report completed in 2009 'Analysis of the Occupation Therapy function' was used as a basis for the OT review. The OT review was separated into two sections;

- Phase 1 - focused on analysing and evaluating current OT processes, identifying key issues and, where possible, implementing 'quick wins' to resolve the identified issues.
- Phase 2 – is focusing on longer term recommendations that have resulted from Phase 1 of the review.

Phase 1

Phase 1 of the OT Review was completed in late October and 'quick win' resolutions to streamline, where possible, current processes and procedures are being implemented.

Recommendations from Phase 1 include:

- Assessment Delays – process changes to ensure that an appropriate skilled worker is allocated in the first instance to avoid the duplication of visits to service users.
- Disabled Facilities Grants Process – a fast track process was introduced for low level adaptations and is being rolled out throughout localities, which will improve the process of referrals to the Districts.

- Commissioners Panel and Direct Provisions Process – this process will be improved by the introduction of a virtual appeals panel. It is also proposed that Health will, in future, be able to order equipment direct from Essex Equipment Service, thereby speeding up the process.
- Equipment – improved referrals from Social Care Direct to the Rapid Response Technicians service as well as process streamlining will reduce the time a referral takes from contact.
- Children’s OT Cases – a standard process is being developed to introduce across all localities.

These recommendations will result in:

- Easier and faster access to equipment and minor adaptations.
- Reduced bureaucracy for low cost one-off and preventative interventions.
- Reduction of customer waiting time
- Reduced hand-offs between organisations and intervention services.
- Savings achieved through clearer and streamline processes

An implementation plan for those quick wins identified is on-going and all work on this phase will be complete by mid-December.

Phase 2

Phase 2 will take into account the recommendations made within Phase 1 to ensure alignment with the Target Operating Model and long term aims of the organisation in order to ensure the best placement of the OT function.

The design will incorporate areas where savings can be made resulting in a more efficient function

The completed design together with an implementation plan is planned to be delivered during December.

Progress to date:

The table below details the areas which the review is exploring:

Equipment Offer	Analysis of the future equipment offer to recommend the most effective way to align this service. This work also feeds into the Early Intervention Service design currently being scoped.
Disabled Facilities Grant	This area will be completed in conjunction with the Right to Control and Districts to ensure partnership working resulting in a shorter customer

	journey and potential savings for the organisations involved.
Pre-payment cards	Parallel to the development of the equipment offer lies the use of the pre-payment cards for equipment which will be an output of this phase. Implementation of Pre Payment Cards lies within the New Ways of Working programme.
OT assessment commissioning model	Building on the recommendations of Phase 1 to ensure the most effective placement and utilisation of OT resource in the future model.
Provider empowerment	To explore the impact and potential savings of enabling providers to complete manual handling assessments and provide equipment up to a certain level, replacing the current process of OT involvement

Action Required:

This report is intended as an update for the CWOP Policy and Scrutiny Committee.

CWOP/06/11

Policy & Scrutiny Committee Community Wellbeing and Older People

Date 10 February 2011

Report by: Karen Wright, Internal Standards and Governance Director ASC and
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Occupational Therapy Service

Occupational Therapy Review - Update Report

AHCW Priority: Enabling individuals to live independently for longer.

The purpose of this paper is to provide the CWOPPSC with a brief update as to the progress made on the Occupational Therapy Review. This supplements information presented to the Committee in December 2010.

The purpose of the Occupational Therapy Project is to evaluate current Occupational Therapy (OT) processes and identify areas of improvement that can reduce service user assessment waiting times, equipment provision delays and complaints.

The OT review was separated into two sections;

- Phase 1 - focused on analysing and evaluating current OT processes, identifying key issues and, where possible, implementing 'quick wins' to resolve the identified issues.
- Phase 2 – is focusing on longer term recommendations that have resulted from Phase 1 of the review.

Recent Achievements

Following on from previously reported progress the following recent project achievements can be reported:

- Disabled Facility Grant – following consultation with 12 Districts and Boroughs the low level Disabled Facility Grant has been streamlined and a fast track process has been agreed. This improved process both improved the throughput of case work and supports the District and Borough Councils need to spend their DFG monies in the current financial year. There has been positive feedback from councils that this process is working well.
- Risk based approach has been agreed regarding the closure of equipment and adaption only customers. This will mean that for low risk cases an annual review will not be completed, unless requested by the service user. There has been a positive service user response to this change, which supports the choice and control personalisation approach.

Benefits

In conclusion, it is considered that, once fully implemented, the results from the OT Review will have a positive impact on the throughput of work, closer partnership working with the District Councils and improve the service offered to citizens of Essex.

It is proposed that a further update is provided to the CWOPPSC in three months.

EssexWorks.

For a better quality of life

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