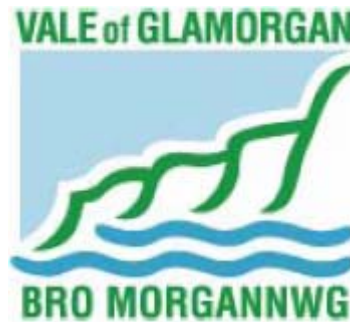


Social Care and Health Committee  
Task and Finish Group



Occupational Therapy in the Vale of Glamorgan

Final Report  
12th January 2009

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## Foreword



The Council employs Occupational Therapists who have a statutory duty to assess the needs of disabled people, including their housing needs. The British Association of Occupational Therapists states that “Occupational Therapists work with people of all ages, helping them to carry out the activities that they need or want to do in order to lead healthy and fulfilling lives.”

Occupational therapists, or OTs, work with anyone who may be experiencing physical, psychological and/or social problems, either from birth or as a result of trauma, illness or ageing. An OT’s goal is to help clients have independent, productive, and satisfying lives.

The Committee has spent a considerable amount of time examining the current service and assessing the current provision of Occupational Therapy in the Vale and the delivery of aids and adaptations. Members of the task and finish group have met with a number of officers over a series of meetings. As part of the review, Members also examined the provision of Disabled Facility Grants (DFGs). DFGs provide help with the cost of adapting disabled people’s homes. The grants are administered by local authorities and funded from General Capital resources allocated to the authorities by the Welsh Assembly Government. DFGs are means-tested to ensure that resources are targeted towards those in greatest need.

Although the Committee identified a number of areas where improvements could be made, it was reassuring to note the range of improvement recommendations offered by the officers responsible for managing both the Occupational Therapy Service and the DFG Service.

I would like to thank all the officers and members who participated in the review and in particular Sonja Booy, Team Manager; Occupational Therapy, John Hardy, Principal Housing Renewal Grants Officer and Matthew Davies, Partnership Data Analyst for the considerable amount of time they gave us and former Councillors Rhiannon Birch and Keith Stockdale who were the Chairman and Vice Chairman of the Committee when the Task and Finish Group began.

I hope that Members and the public will welcome this report and that the Committee’s recommendations will inform service improvements.

## **1. EXECUTIVE SUMMARY**

- 1.1 Scrutiny has the responsibility for examining the work of the Council and its partners in relation to all aspects of service provision.
- 1.2 The Task and Finish Group of the Scrutiny Committee – Social Care and Health was established as part of the Committee's Forward Work Programme in February 2008, with the purpose of facilitating an examination of the current occupational therapy service and to assess the current provision of occupational therapists in the Vale of Glamorgan.
- 1.3 The following Members took part in the Task and Finish Group:

Councillor Mrs M. Kelly Owen (Chairman); Councillor J. Clifford (Vice-Chairman); Councillors S. M. Bagstaff, Mrs M.E.J. Birch and J.W. Thomas. Supported by Councillor Mrs. M. Randall.
- 1.4 The group considered the topic over eight meetings and a site visit.
- 1.5 As a result of examination of the service and discussions with officers a number of recommendations have been made by the group in order that the waiting times for occupational therapy assessments and the completion of works undertaken using Disabled Facility Grants can be improved.

## **2. RECOMMENDATIONS**

- R1 T H A T the existing OT screening document is refined to enable the Contact Centre to direct the enquiry to the relevant office or department where this is appropriate.
- R2 T H A T an information pack is developed which will be sent to customers before a referral is taken. This will set out how the Council may be able to help people make arrangements for adaptations and borrow equipment if there is eligibility for the service.
- R3 T H A T when key recommendations have been implemented Contact OneVale is informed of the changes to the process to enable information to be passed on to clients.
- R4 T H A T a transfer of budget from Disabled Facility Grants is made to Occupational Therapy and Public Housing to deliver an increase in spend on minor works from £375 to £1000 which will allow a greater number of minor works to be undertaken by the Vale Council Housing Department and via Occupational Therapy for owner occupier and privately rented tenures rather than via the Disabled Facility Grants process.

- R5 T H A T Private Housing utilise grant monies to employ independent Occupational Therapists to assess the clients with DFG only needs on the OT2 waiting list in order that they enter the Disabled Facility Grant housing adaptations system at the earliest possible point.
- R6 T H A T a Cabinet report is produced for Executive decision, detailing the resource implications of abolishing means testing below £8,000 for a Disabled Facility Grant, which would allow quicker processing of Disabled Facility Grant applications below this limit.
- R7 T H A T the Housing Policy be reviewed to examine the feasibility of carrying out adaptations based on need and also restricting movement between properties of those people that have already accessed Council funds to adapt their homes to meet need.
- R8 T H A T Public Sector Housing review the way in which adaptations for Council tenants are delivered and submit a further report to Committee and Cabinet on the matter.
- R9 T H A T 'trusted assessor' training is provided for staff involved in WHQS surveys for an agreed range of works in order that minor adaptation requirement can be identified during surveys.
- R10 T H A T due to the current position with the Improvement Agreement in place with WAG, a report is provided to Corporate Management Team regarding resource issues in OT department and implications of restricting essential recruitment and maternity cover in order that the current improvement in waiting lists can be sustained.
- R11 T H A T Occupational Therapy should liaise with Property Services to develop a list of preferred providers for minor adaptations to be undertaken by Occupational Therapy and Private Housing in order to allow work to be completed in a timely manner to a set Service Level Agreement.
- R12 T H A T Housing Renewal Grants service liaise with Community Care Finance, Benefits and Audit to compare the means testing process and initiate sharing of information.
- R13 T H A T Occupational Therapy and Disabled Facility Grants are given access to Flare and Swift systems to enable quick read only access to vital information.

- R14 T H A T Housing Renewal Grants submit a monthly report to Occupational Therapy re DFG completion, allowing cross checking for the evaluation stage of their intervention and trigger adjustment to care plans and possible saving on home care plans.
- R15 T H A T occupational therapy “counting” to be changed and implemented so that when a client is reviewed following assessment or new information is received the number of days the case has been running for will start again.
- R16 T H A T the Principal Officer Housing Renewal Grants to examine tasks within the DFG process and attach reasonable maximum time scales to the stages to allow reasonable tracking of the different stages of the DFG process.
- R 17 T H A T these recommendations be developed into an action plan and the responsible officers meet monthly to review progress and report on the action plan biannually to Scrutiny Committee - Social Care and Health and Housing and Public Protection.

### **3. INTRODUCTION -**

- 3.1 The Task and Finish Group was established from elected members of the Scrutiny Committee - Social Care and Health. The scope, process and timetable of the group had been agreed by the committee at its meeting on 16<sup>th</sup> April, 2007. The topic of occupational therapy had been suggested following a shortage of occupational therapists nationally and an increase in the numbers of clients listed on the Vale of Glamorgan waiting lists. The original document suggested a national shortfall of OT's but this in fact is not the case. There is currently an over supply nationally and a good time to recruit into the Social Care sector. There are however, a limited number of experienced therapists in the social Care sector who are able to fill Tm and ATM posts. The Scrutiny Committee – Social Care and Health drew up its own scope for the Group and this can be found at **Appendix 1** to this report.
- 3.2 The focus for the scope was to also consider the delivery of Disabled Facility Grants in the Vale of Glamorgan.
- 3.3 The Task and Finish Group met eight times during the year and an opportunity was also afforded to members to visit the Occupational Therapy Department. The meetings were held on 5<sup>th</sup> February, 2008 4<sup>th</sup> March, 2008, 8<sup>th</sup> April, 2008, 16<sup>th</sup> June, 2008, 10<sup>th</sup> September, 2008, 3<sup>rd</sup> November 2008 and 26<sup>th</sup> November, 2008.
- 3.4 The group also received briefing sessions from Vale of Glamorgan Council officers Anne Lintern, Operational Manager: Community Care

and Health Services; Sonia Booy, Team Manager: Occupational Therapy; and John Hardy, Principal Housing Renewal Grants.

#### **4. BACKGROUND**

##### ***Occupational Therapy***

- 4.1 Occupational Therapy is a health and social care profession which enables people to participate in activities required for self care, work and leisure. Users are assisted to develop, maintain and regain functional performance and the skills required for healthy living.
- 4.2 Occupational Therapy provides a cost effective alternative solution to providing care
- 4.3 The promotion of independence for adults, particularly older people, is an underpinning objective in many of the government's initiatives. Linked to this is the emphasis on maintaining users and carers in their own homes rather than in costly residential placements; in recent years this has taken a much higher profile. The provision of equipment and adaptations are seen as crucial to support these initiatives. The timely provision of simple equipment can often immediately assist the user's independence or may be required to support intensive home care packages. The speedy provision of equipment/adaptations in relation to hospital discharge is essential to both secure a prompt discharge for the user but also minimise risk of them remaining at home. Supporting users at home with intensive home care packages has inevitably increased the need for complex and often expensive equipment such as hoists, transfer aids and other manual handling equipment.
- 4.4 It is also important that the growing needs of children with disabilities are acknowledged so that their independence can be encouraged at the same time as supporting parents and carers.
- 4.5 Occupational therapy can provide cost effective solutions and real alternatives to hands on care for many users. In many cases this could be by assisting the user or carer to find alternative ways of doing a particular activity. In addition, the provision of simple equipment and / or adaptations may minimise or negate the need for home care or personal assistants.
- 4.6 The provision of equipment and adaptations can also minimise risks in the delivery of care for highly dependant users for home care, agency care, personal assistants and informal carers.
- 4.7 The delivery of adaptations for people with disabilities is just one element of the work of Occupational Therapists (approx 5% of the total number of outcomes) and Disabled Facilities Grants assessments just one area of delivering of adaptations for people with disabilities.

##### **Occupational Therapy Referrals**

- 4.8 The Occupational Therapy service in the Vale of Glamorgan Council receives approximately 250 new contacts per calendar month. These are received from all sorts of services including Primary Care such as GP's and district nurses, Secondary Care such as hospital based therapists and doctors, other statutory organisations such as the Artificial Limb and Appliance Services and Social Workers, The voluntary sector such as Tenovus, Marie Curie Cancer Care and Age Concern, carers, friends and neighbours and not least self referrals.
- 4.9 The occupational therapy service, like others throughout the country, has been faced with a growth in demand. The reasons for this can be detailed as below:
- an aging population and particular growth in population over 75, many of whom have disabling conditions
  - increasing expectations on behalf of the public
  - increased survival rates following severe trauma/illness leading to a greater number of people living with a disability
  - more disabled people supported living in the community rather than in traditional care
  - a growing awareness of a need for equipment and adaptations to ensure the safety of formal carers who provide hands on care for disabled people
  - after hospital discharges resulted in some people being discharged with high levels of disability than would otherwise be the case.
- 4.10 In August and September 06, a staffing loss and a freeze on recruitment at the same time as a relentless over demand for assessment referrals led to an escalation in waiting lists and timescales for response. At its worst this increased to four years. The OT team's establishment is currently understaffed by 22hrs (post released and appointment pending) However, maternity leave, career progression into other affects performance targets, response times and the waiting list.
- 4.11 The volume of incoming work and quantity of clients already on the waiting list required strict prioritisation of requests for assessment and the use of all 6 waiting list categories. Prior to this, Priority 1 referrals were allocated immediately.
- 4.12 The waiting list categories were developed in order to manage the type of case against the use of staff resource available based on a full establishment.

Staffing resources:

Resource	Level of Responsibility
Occupational Therapist	Management/ Severe Complex Cases
Assistant Team Manager	Severe Complex Cases
Senior Occupational Therapist	Unstable Complex Cases

Senior Occupational Therapist (½ FTE)	Unstable Complex Cases
Senior Children Occupational Therapist	Unstable Complex Cases
Adult Occupational Therapist	Stable Complex Cases
Adult Occupational Therapist	Stable Complex Cases
Occupational Therapy Assistant	Stable Simple Cases
Occupational Therapy Assistant (59% FTE)	Stable Simple Cases

#### Delivery of Disabled Facility Grants

- 4.13 Disabled Facilities Grants (DFGs) are issued by the local authority, under Part 1 of the Housing Grants, Construction and Regeneration Act 1996, to help towards the cost of providing adaptations and facilities to give disabled people better freedom of movement into and around their home and to access essential facilities within it.
- 4.14 A referral will be completed and the customer placed on the occupational therapists list for an assessment. Upon completion of the assessment the Occupational Therapist will send a recommendation to the grants department that sets out the works needed to the house. This will form the basis of the grant.
- 4.15 There is a maximum mandatory grant of £36,000 but discretionary funds can be approved for works above this cost. The grant is means-tested to determine how much the client will have to contribute towards the cost of works.
- 4.16 The Council's Disabled Facility Grants Service also suffered from resource issues during the last two years. The establishment allows for four Grants Officers; this has been depleted with one Grants Officer on long-term sick leave and one Grants Officer involved in Union duties for 70% of his working time. The establishment is currently fully staffed.
- 4.17 Figures relating to the Vale of Glamorgan Disabled Facilities Grants indicate that the average number of days from receipt of client from OT to installation of adaptation or works is 572 days. It is further estimated that on average a client will be waiting 522 days on the OT waiting list (measure is from when the customer contact the Council to when they are referred to the DFG list.) This means that on average a customer who would require a DFG will be waiting on average 1,094 days.
- 4.18 In the Vale of Glamorgan during 2007/2008 the average waiting time for people receiving DFG was 868 days; this was the worst performance in Wales. This has increased to 1,094 in 2008/2009.
- 4.19 The Council has recognised a responsibility to improve on performance in this area and has committed to achieving the current Welsh average on performance by 2011. The current Welsh average from first contact to issue of completion certificate is 453 days.
- 4.20 This is likely to become part of the Council's Improvement Agreement with the Welsh Assembly Government later in the year. Improvement



Agreements are linked to a pro rata grant, which will be paid to the Council according to the level of improvement they achieve and outcomes they have delivered under the Agreement.

## **5.0 GROUP FINDINGS / DISCUSSIONS**

### ***Contact OneVale***

- 5.1 Information is collected by the contact centre, which is passed on to the Occupational Therapy Team. Not all clients who are passed to the team will be placed on the waiting list or will receive help from Council Social Services as there may not be a confirmed 'appearance of need' or the request may not be the remit of the Team to address or it may be established that there is no eligibility for a service. The contact centre employs a screening out process for other services within community care but only as limited screening out process for Occupational Therapy assessments.

#### **Recommendation 1**

T H A T the existing OT screening document is refined to enable the Contact Centre to direct the enquiry to the relevant office or department where this is appropriate.

- 5.2 Due to the length of time clients may have to wait for even simple equipment and adaptations it is not unreasonable to suggest that some clients would prefer to make their own arrangements rather than wait for an assessment. Currently the contact centre does not inform the public of potential options and refers all cases to the OT team. This puts pressure on the team since an initial assessment, albeit proportional to the indicated need will be completed for all referred clients. It is essential to note that in line with legislation any person presenting information that indicates 'an appearance of need' must be offered the option of an assessment.
- 5.3 Customers who do not meet criteria or who would consider making their own arrangements could be sent a generic information pack and/or catalogue which would direct them to a reputable source. This could potentially reduce the number of referrals to the already stretched resources of the OT team.

#### **Recommendation 2**

T H A T an information pack is developed which will be sent to customers before a referral is taken. This will set out how the Council may be able to help people make arrangements for adaptations and borrow equipment if there is eligibility for the service.

### Recommendation 3

T H A T when key recommendations have been implemented Contact OneVale is informed of the changes to the process to enable information to be passed on to clients.

### ***Private Housing/Disabled Facility Grants***

- 5.4 The Occupational Therapy Department can currently agree works and adaptations up to £375. This is due to budget constraints within Social Services. Welsh Councils class minor works as ranging from less than £350 to under £2,500 (Review of Housing Adaptations – Chris Jones, 2005). Members and officers are in agreement that all adaptations under £1000 should be classed as minor.
- 5.5 Good Practice should be adopted from the Minor Adaptations Without Delay (MAWD) Model. (Developed by the College of Occupational therapists in conjunction with the Housing Corporation) Responsibility for delivery should be the following:

- Owner Occupiers: Social Services
- Private Tenants: Social Services
- Council Tenants: Housing Department
- RSL Tenants: RSLs

Particular interest should be taken to the Gloucestershire FAST adaptations system (one of three case studies examined), noted in the Minor Adaptations without Delay Model (**Appendix 2**).

### Recommendation 4

T H A T a transfer of budget from Disabled Facility Grants is made to Occupational Therapy and Public Housing to deliver an increase in spend on minor works from £375 to £1000 which will allow a greater number of minor works to be undertaken by the Vale Council Housing Department and via Occupational Therapy for owner occupier and privately rented tenures rather than via the Disabled Facility Grants process.

- 5.6 There are currently around 150 people on the OT2 waiting list that will potentially be receiving a DFG. Due to action already taken by the OT team manager, this list is reducing steadily. The OT team currently does not have the capacity to assess these clients within the desired 12-16 weeks desired. The Disabled Facilities Grants allocated to the Vale of Glamorgan by WAG are likely to be under spent by 31<sup>st</sup> March 2009 if the clients are not identified to the Principal Housing Renewal Grants Officer for grants to be awarded.

#### Recommendation 5

T H A T Private Housing utilise grant monies to employ independent Occupational Therapists to assess the clients with DFG only needs on the OT2 waiting list in order that they enter the Disabled Facility Grant housing adaptations system at the earliest possible point.

- 5.7 Means testing for DFG is currently applied for any amount over £375. It has been evidenced that total contributions through means testing can be seen as disproportionate compared to the total amount spent on DFG in some cases (under certain cost thresholds).

#### Recommendation 6

T H A T the Housing Policy be reviewed to examine the feasibility of carrying out adaptations based on need and also restricting movement between properties of those people that have already accessed Council funds to adapt their homes to meet need.

### ***Public Housing***

- 5.8 It has been noted that there is nothing stopping a client (cross tenure) moving from their current adapted property into an alternative property and reapplying for the same or a similar adaptation. It is not entirely common but does occur and a number of clients could be termed “serial movers”. New legislation enables authorities to claim any amounts up to £5,000 if an owner occupier moves without substantial reason. This is within guidelines set by WAG but also to the discretion of the Council. A similar stern approach should be taken with regard to Council tenancy and Housing Associations. A minimum term tenancy could be applied to a property following works or the installation of an adaptation.

#### Recommendation 7

T H A T the Housing Policy be reviewed to examine the feasibility of carrying out adaptations based on need and also restricting movement between properties of those people that have already accessed Council funds to adapt their homes to meet need.

- 5.9 As mentioned, currently any adaptations for Council Housing above £375 are referred to the grants department. Such works, to a certain specification, could be undertaken by the housing department either upon request of the tenant or where necessary following an OT assessment. The Housing policy will need to be reviewed to ensure that adaptations below a set cost threshold will be managed by housing and undertaken by preferred providers. This will ensure that tenants are receiving a service from one point of contact and that their adaptation or required works are completed in a timely manner.

#### Recommendation 8

T H A T Public Sector Housing review the way in which adaptations for Council tenants are delivered and submit a further report to Committee and Cabinet on the matter.

- 5.10 There is no up-to-date register of adapted Council Housing for use by occupational therapists or housing officers. The current state of the list does not reflect a real time view of the stock and hence has little to offer in terms of matching current adaptations with identified need.
- 5.11 A pilot scheme to develop an extensive housing stock register, in line with the Welsh Housing Quality Standard is underway. Currently around 600 surveys have been undertaken. Staff involved in the surveys could be trained by a qualified OT in order to identify cases of need, such as where adaptations can be installed as a preventative measure. This would reduce the number of referrals made to the Occupational Therapy Team.

#### Recommendation 9

T H A T 'trusted assessor' training is provided for staff involved in WHQS surveys for an agreed range of works in order that minor adaptation requirement can be identified during surveys.

### ***Occupational Therapy***

- 5.12 Resources in the Occupational Therapy Team are already stretched with the volume of requests for assessment. Maternity leave and career progression to other authorities are cause for concern since any departure of staff, on a temporary or permanent basis directly affects performance targets of the waiting list.
- 5.13 Due to the financial situation of Social Services posts have been frozen which means that until further notice no recruiting can take place, unless vacancy factor savings are met. This again means that any performance related improvement cannot come from extra resource.

#### Recommendation 10

T H A T due to the current position with the Improvement Agreement in place with WAG, a report is provided to Corporate Management Team regarding resource issues in OT department and implications of restricting essential recruitment and maternity cover in order that the current improvement in waiting lists can be sustained.

- 5.14 Minor adaptations are currently undertaken by Care and Repair and a small number of local companies in the Vale. This is undertaken without a Service Level Agreement. Due to work pressures v low profit margins for local builders and as Care and Repair in the Vale are also

the preferred provider for TeleV, the works are not always undertaken in a timely manner. As mentioned above the spend on minor works will increase from £375 to £1000 which will further exacerbate the situation. Therefore a list of preferred providers should be developed that may include Care and repair in the Vale, in order to provide minor adaptations in a consistently timely manner and to a set standard to our vulnerable clients.

#### Recommendation 11

T H A T Occupational Therapy should liaise with Property Services to develop a list of preferred providers for minor adaptations to be undertaken by Occupational Therapy and Private Housing in order to allow work to be completed in a timely manner to a set Service Level Agreement.

### ***Information sharing and system access***

- 5.15 A client's application for a DFG may require a number of Council departments or agencies to be involved. Information about the client's application will need to be shared in order to see a case currently no information sharing protocol exists to allow all stakeholders to know exactly what is happening in each case. Retention of information can slow the progress of an application and hence increase the average time it takes for such an application which will have a detrimental effect of performance targets.

#### Recommendation 12

T H A T Housing Renewal Grants service liaise with Community Care Finance, Benefits and Audit to compare the means testing process and initiate sharing of information.

- 5.16 As has been mentioned a number of stakeholders may be involved in an application for a DFG. During the process of the application information may be required from the client and other agencies. This information is requested as and when it is required which means that there is a period of time when the case file is static whilst the information is being gathered.

#### Recommendation 13

T H A T Occupational Therapy and Disabled Facility Grants are given access to Flare and Swift systems to enable quick read only access to vital information.

- 5.17 Following the provision of an adaptation to a dwelling it is possible that the client will require a reduced level of care from a home care package delivered by the vale of Glamorgan Council Social Services budget. It is important under the current financial situation to ensure that any savings against home care plans are made as soon possible. Timely information from the Housing Renewal Grants to Occupational

Therapy is therefore required in order for a reassessment of client need to be made.

#### Recommendation 14

T H A T Housing Renewal Grants submit a monthly report to Occupational Therapy re DFG completion, allowing cross checking for the evaluation stage of their intervention and trigger adjustment to care plans and possible saving on home care plans.

### ***Measuring performance***

- 5.18 Currently clients are measured from when they contact the Council to when their aid or adaptation is installed. During this time the client may be reprioritised any number of times but the original referral date is retained.
- 5.19 If a clients case is reprioritised the time that is recorded could be re set since the client's situation is different, therefore it can argue that it is a new case.
- 5.20 Similarly there are occasions where grants are unable to continue with a case through delay of the client. The way in which grants tally milestones needs to be reviewed.
- 5.21 Both of the above need to consider WAG guidelines when reviewing the process of measuring performance.

#### Recommendation 15

T H A T occupational therapy "counting" to be changed and implemented so that when a client is reviewed following assessment or new information is received the number of days the case has been running for will start again.

- 5.22 A traffic light system could be initiated to control and monitor the progress of DFGs. Certain Milestones could be created from activities within the DFG process. Realistic timescales could be attached to these milestones. Within set timescales green, amber and red thresholds are set. If progression of one milestone reaches amber, involved stakeholders are called and held accountable. If milestone progress reaches red an action plan is drawn up and reviewed by a working group. This group can then decide whether to take action and/or "stop the clock" (within guidelines set by WAG).

#### Recommendation 16

T H A T the Principal Officer Housing Renewal Grants to examine tasks within the DFG process and attach reasonable maximum time scales to the stages to allow reasonable tracking of the different stages of the DFG process.

## **6. IMPROVEMENTS TO DATE**

- 6.1 Since the appointment of three key staff the Occupational Therapy Team have managed to decrease the OT2 waiting list to less than half the waiting time and down to 150 clients. The waiting time has reduced from four years to two for non-priority cases. This is a huge achievement and all staff involved should be congratulated on their effort.
- 6.2 The six active waiting lists have been reduced to four and further improvement is anticipated from the recommendations above. OTA1 referrals are now 'current'. Children will soon be listed as a separate list to enhance management information.
- 6.3 The OTAS clinic will be restarted on a weekly basis once the remaining post has been recruited to but some clients are already attending where this is appropriate. Less complex cases are referred to this clinic and allow more people to be seen in one day than could be achieved with home visits. It is thus ore time efficient for this group of clients.
- 6.4 The movement of clients from the Occupational Therapy waiting list to the officers working with Disabled Facility Grants will cause excess work to that Service area and high pressure initially. However, until the client's needs are assessed by an Occupational Therapist it is not possible to determine the amount of works required. It will be important to monitor the situation monthly and provide support as much as possible to the Principal Housing Renewal Grants Officer.
- 6.5 The waiting list (OT2) currently contains 150 clients some of which have been on the list since January 08. Prior to appointment of three key posts this list had clients waiting for up to 4 years. Therefore it is not unreasonable to suggest that some clients may have sought other services or in fact may no longer require such services. This again will result in a false representation of the waiting list. It must be noted that there is a 90% take up in allocated batches at present whereas a year ago some batches had a take up of only 50%. This reflects the fact that the needs presented are now more current.
- 6.6 The Contact Centre will partake in a cold calling exercise whereby clients on the one waiting remaining long waiting list could be contacted to determine whether they still require a service from the Council. If the client does not require the services they can be removed from the list. This will follow a review of the list with the OT team to ascertain whether there is the potential to provide a service under the MAWD model.  
The Contact Centre is able to provide resource to tackle this issue,

This is also part of a wider scope that will enable the contact centre to signpost clients to different departments or agencies based on their housing situation and eligibility.

The Contact Centre also has the capacity to obtain updates on clients who have been referred to their Registered Social Landlord for adaptations under the SHG Physical Adaptations programme ( PAG) as there is currently poor feedback and this prevents evaluations which might result in a reduction of a care package.

- 6.7 This exercise could conversely reveal that a number of clients have in fact deteriorated and hence require more services. Therefore this could have the opposite intended impact on resource usage but identify opportunities to prevent a crisis for the client.

## **7. CONCLUSIONS**

- 7.1 Members and Officers were in absolute agreement that the situation regarding Occupational Therapy assessment waiting times needed to continue to be improved as long waiting lists and waiting times cause problems for the public, for the staff, and the Department as a whole. The consequences of long waiting lists include:
- The need to spend time on waiting list management further deflects resources from service delivery.
  - The delays lead to poor services to local communities.
  - Delays affect the Department's performance when measured against performance indicators (PIs).
  - Long waiting lists in Social Services create difficulties for working in synergy with Health.
  - More complaints from the public which take up expensive staff time from managers, members and others which could be better targeted to more proactive work.
- 7.2 A national a local issue regarding DFGs is the time taken to deliver an adaptation to a disabled person regardless of tenure. Increasing demand of service and availability of current resources increases the chance of the following:
- Breach of statutory duty leading to legal challenge and judicial review.
  - Increased demand for residential care and hence potential cost for the authority.
  - Prolonged hospital stays.



- Advanced deterioration in the function of those waiting for adaptations and hence greater risk of falls and higher levels of need.

7.3 The recommendations listed in this report are cross-directorate and will require monitoring in order to assess the impact. It is vitally important that the council achieves its performance in accordance with the Improvement Agreement. Therefore an action plan should be developed and regular meetings take place in order to monitor progress and evidence achievements.

<b>Recommendation 17</b>
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T H A T these recommendations be developed into an action plan and the responsible officers meet monthly to review progress and report on the action plan biannually to Scrutiny Committee - Social Care and Health and Housing and Public Protection.
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