



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	26 September 2018
Agenda Item	9
Title	Occupational Therapy Equipment and Housing Adaptations
<p>Summary</p> <p>The purpose of this report is to update the Integration Joint Board on the development of Occupational Therapy Rapid Access and improvements to the process for adaptation in partnership with East Renfrewshire Council housing colleagues.</p>	
Presented by	Candy Millard Head of Adult Health and Social Care Localities
<p>Action Required</p> <p>The Integration Joint Board is asked to note and comment on the report.</p>	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input type="checkbox"/> Finance / Efficiency <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Staffing <input type="checkbox"/> Property/Capital <input type="checkbox"/> IT </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 September 2018

Report by Chief Officer

OCCUPATIONAL THERAPY EQUIPMENT AND HOUSING ADAPTATIONS

PURPOSE OF REPORT

1. The purpose of this report is to update the Integration Joint Board on the development of Occupational Therapy Rapid Access and improvements to the process for adaptation in partnership with East Renfrewshire Council housing colleagues.

RECOMMENDATIONS

2. The Integration Joint Board is asked to note and comment on the report.

BACKGROUND

3. In the autumn of 2016 the Levern Valley waiting times for allocation to an Occupational Therapist or Assistant Occupational Therapist were approximately 4.5 months with approximately 80 people awaiting allocation. Often people were frustrated by the length of time they had to wait for an initial visit. This led to numerous waiting list enquiries and complaints. Early intervention opportunities were being missed as the longer people waited the more frail they became resulting in expensive major adaptations being the only remaining solution.

4. Staff skills were not being used appropriately with Occupational Therapy Assistants allocated complex OT cases which ultimately required the skills of a qualified Occupational Therapist, and Occupational Therapists holding caseloads which consisted of cases which did not require the skills of an Occupational Therapist.

REPORT

Rapid Access Services

5. The Levern Valley Rapid Access to OT equipment service began on 2nd February 2017; which was a new approach to the provision of basic occupational therapy equipment. A new method was introduced for the allocation of occupational therapy referrals.

6. The Rapid Access Service began with 4 members of staff consisting of one Occupational Therapy Assistant, one Associate Professional and 2 Rehabilitation Assistants. The staff were part of a 4 weekly rota accepting referrals for a majority of issues which could be addressed by basic equipment or minor adaptations. The case was allocated on the day the referral came in. A visit was usually arranged almost immediately.

7. During the initial visit, Rapid Access staff determine if a piece of equipment from the Equipu Core Equipment list will address the difficulty. The equipment is ordered then delivered and fitted by Equipu technical or delivery staff. A check visit is carried out by the Rapid Action member of staff and if there are no further issues the case is closed. Information is also provided on community engagement opportunities and Telecare equipment.

8. If the difficulty cannot be addressed by the provision of basic equipment or minor adaptation, the case is then referred back to await allocation to an Occupational Therapist. There have been very few cases which have required more complex intervention. The cases which were referred back were allocated quickly to avoid delay to the client achieving their desired outcomes.

9. The effect of the introduction of the Rapid Access Service was significant as the waiting times for allocation to a qualified Occupational Therapist reduced to approximately 3 weeks and the number of cases reduced to 14 then further reduced to no waiting list at all. There was also a reduction in the requirement for major adaptations due to early intervention by the rapid access staff. Integration improved within the Levern Valley RES team as the rapid access staff group consisted of one ERC employee and 3 NHS employees who worked together and supported each other particularly during the implementation of the new approach.

10. Following the success in Levern Valley, in February 2018 the Rapid Access Service was introduced to Eastwood with staffing levels increasing as an additional 3 Eastwood Occupational Therapy Assistants became part of the Rapid Access service. At the same time the Occupational Therapy service merged to form a single Occupational Therapy team replacing 3 separate cluster teams.

11. The number of people on the waiting list for occupational therapy allocation dramatically reduced from 70 to an average of 28 across the whole of East Renfrewshire. The average waiting time for allocation to an Occupational Therapist is approximately 3 weeks. All cases suitable for allocation to an Occupational Therapy Assistant/Rehab Assistant are allocated immediately at the referral stage via Rapid Access. This ensures that Occupational Therapists are allocated cases which require their particular level of skills and professional qualifications.

12. The next stage of development is to provide people with an opportunity of being able to access equipment and seek advice at a stage before the Rapid Access OT service. Advice and guidance available from the Disabled Living Foundation, Ask Sara and Living made easy could be utilised to provide options for self-assessment and solutions as an alternative to formal services. The advice and support from digital services is impartial and signposts people to the correct advice and possible solutions to a particular difficulty or problem. This will be considered as part of the development of the implementation of Talking Points and the wider Adult Health and Social Care Localities initial contact redesign.

Housing Adaptations

13. In 2016 Housing and HSCP introduced a Resource Allocation Group (RAG) to resolve issues related to inconsistency when assessing the eligibility criteria for adaptations. Following its introduction the HSCP and Housing Services jointly agreed to review the requirement for this and subsequently decided that it was no longer required following improvements made.

14. Financial support for major adaptations is available to owners and private tenants through a minimum 80% mandatory grant (100% if in receipt of income related benefits).

15. Practical assistance is available through our Care and Repair Service to assist clients in project managing their adaptation works and provision of a small repairs and handyperson service. A recent tender process has re-awarded the Care and Repair contract to Bridgewater Housing Association, with increased major adaptation completion targets.

16. The eligibility for financial support for adaptations is based on risk with a critical priority e.g.

- Wet floor shower adaptations
 - Prevention of immediate high risk of physical harm or accident e.g. moving and handling risk, falls
 - Seizures
 - Incontinence
 - Severe skin condition with risk to skin integrity

- Ramp
 - Wheelchair dependent for outdoor access, (excludes all mobility scooters)
 - Prevention of immediate high risk of physical harm or accident
 - Essential access to the home

17. In addition to the above, access to toilet facilities, prevention of admission to hospital/ facilitated discharge from hospital would also be considered as critical priority for grant funding.

18. At the same time as the work to improve consistency of application of criteria, staff were encouraged to utilise their clinical reasoning skills to achieve outcomes in a more creative manner. The RAG proved to be very successful, in supporting practice and reducing the demand for adaptations but caused a slight bottleneck in the process, as waiting for the outcome of the monthly RAG resulted in too many referrals to housing at the one time.

19. However over time as staff became more confident and found alternative solutions to major adaptations to achieve outcomes, the RAG was no longer required. This ensured that housing received a steady stream of referrals.

20. The current RES Occupational Therapy managers meet on a 4 weekly basis with Housing Services to discuss major adaptation issues, (called Adaptation Review Panels) to discuss more complicated adaptation referrals and their eligibility (common examples include where the referred works may involve room re-designation or wet floor shower only extensions). In addition to the Adaption Review Panel requirements the managers discuss budgets and future planning requirements.

21. These meetings have been very successful in ensuring joint working between the HSCP and Housing, recently it has been agreed that OT attendance (with additional supporting information) would be useful and potentially speed up the outcome decisions.

22. Following the national report into housing adaptations, Scottish Government has established an improvement programme called 'Adapting for Change'. It offers training in the identification of housing solutions and the assessment and provision of housing adaptations, developed for use by local Health and Social Care Partnerships, housing partners and third sector agencies. We hope to participate in the Module 1 Housing Solutions training. This would ensure that all staff are supported to address future housing needs and have the correct housing conversations at an early stage to prevent problems with housing in the future when options are then limited.

23. HSCP staff can also refer to the Housing Services Private Sector Housing Officer who can provide tailored housing options advice to disabled and older residents.

FINANCE AND EFFICIENCY

24. This report updates the Integration Joint Board on work to improve the efficiency and effectiveness of processes for the provision of occupational therapy aids, equipment and adaptations to housing.

CONSULTATION AND PARTNERSHIP WORKING

25. A customer satisfaction survey questionnaire was introduced to the Rapid Access Service to measure the success of the service with the public. The public provided positive feedback from their comments and the survey produced a 100 % extremely satisfied outcome.

26. There has been close partnership working throughout with East Renfrewshire Council Housing Services.

IMPLICATIONS OF THE PROPOSALS

27. There are no further implications.

CONCLUSIONS

28. The development of Occupational Therapy Rapid Access has been successful in achieving a continued reduction in waiting times for occupational therapy assessment and more efficient service delivery. The response from the public has been positive. In addition work has taken place with housing colleagues to improve the process of assessment and consistent application of eligibility for housing adaptations. The learning and improvements from this work will be taken forward as part of the Adult Health and Social Care Localities Redesign.

RECOMMENDATIONS

29. The Integration Joint Board is asked to note and comment on the report.

REPORT AUTHOR AND PERSON TO CONTACT

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Chief Officer, HSCP: Julie Murray

BACKGROUND PAPERS

Disabled Living Foundation website
<https://www.dlf.org.uk/node>