

REPORT TO: BEST VALUE SUB COMMITTEE OF THE POLICY AND
RESOURCES COMMITTEE – 21ST MARCH 2006

REPORT ON: OCCUPATIONAL THERAPY SERVICE - BEST VALUE
REVIEW

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 195-2006

1.0 PURPOSE OF REPORT

- 1.1 The report details the work carried out in the Best Value Review of the Occupational Therapy Services and seeks approval of the recommendations arising.

2.0 RECOMMENDATIONS

It is recommended that the Sub-Committee:-

- 2.1 Approves the recommendations contained within this report and instructs the Lead Officers to implement these as detailed in the accompanying Action Plan

3 BACKGROUND

- 3.1 Following the approval of Report 12 - 2005 on 14 February the Best Value Overview Group met on 5 July to approve detailed proposals for the conduct of the review.

A number of key areas were identified on which proposals were sought.

- 3.1.1 Service delivery - To consider what improvements may be possible to improve integration with health, other services and internal service efficiency. To consider potential improvements in the specific areas of parking, ramping, and showers.
- 3.1.2 To consider the current criteria for the provision of assistance and to make proposals for the improvement of public information in this regard. To explore the feasibility of lower level assessments being carried out by non OT qualified staff.

- 3.1.3 Recruitment & Retention - To consider conditions of service and career structure issues and to make recommendation with a view to aiding recruitment and promoting retention.
- 3.1.4 Budgetary Provision - To consider the current budget and expenditure of the service and to make any recommendations arising.
- 3.1.5 Customer satisfaction - To establish the current level of satisfaction with the service and to set in place ongoing arrangements for monitoring customer satisfaction and service standards.
- 3.1.6 Public Information - To establish the current level of satisfaction with information and investigate ways of improving this.
- 3.2 The key priorities that have been maintained in the work on these issues are:
 - 3.2.1 Improving efficiency:
 - Through best use of resources
 - Achieving optimal response times
 - Adopting best practice
 - 3.2.2 Maintaining customer focus:
 - Concentration on customer satisfaction issues
 - Development of public information.
 - 3.2.3 Focusing on best use of qualified staff:
 - Exploring recruitment and retention issues
 - Redirection of low level assessments/self assessment
 - Consideration of direct service provision by other council departments.
 - 3.2.4 Identifying service development opportunities:
 - Process improvement
 - IT development
 - Joint service development

4 SERVICE DELIVERY

4.1 Hospital /SWD Interface

- 4.1.1 The service is currently organised to provide a rapid response to facilitate hospital discharges. Approximately one quarter of the OT service referrals are received from hospitals and these are nearly all referrals to support safe discharge. The service aims to visit within twenty four hours of receipt of notification of discharge from hospital. This is achieved in over 95% of cases. This is better than two benchmarked authorities. Authority A has fixed days for delivering equipment to the various parts of the authority and this limits discharged support and can result in discharge delays. Authority B has community Occupational Therapists based in the main acute hospital and have a similar response capacity. Only one other authority responded to Audit Scotland with target of less than seven days response. The OT Section's targets and performance are, therefore, as good as any other reported and better than most.
- 4.1.2 The Social Work Department has well developed arrangements with Ninewells whereby basic toilet equipment can be issued by hospital OT's to speed discharge. There is, therefore, no duplication of activity under the current arrangements which have the full support of NHS Tayside. This arrangement has recently been enhanced by the Social Work Department arranging for the hospital OT's to have a wider range of assessment equipment available. This will further reduce the need for follow up community assessments.
- 4.1.3 Detailed process mapping has shown that the current systems are simple and responsive. However, the existing management information systems are not giving detailed performance information. The benchmark visit to the Council's Repair Contact Centre gave useful guidance on this issue.
- 4.1.4 **Recommendation 1** The service should retain its rapid response focus to facilitate hospital discharge. It should continue to respond to urgent need within 24 hours of notification. A target of 100% is now in place and should be measured from April 1st 2006.
- 4.1.5 **Recommendation 2** The service will introduce improved management information systems to enhance its performance management by April 1st 2006. This will underpin further reductions in response times. The target is a further improvement of 20% based on other recommendations being implemented.
- 4.1.6 **Recommendation 3** The current liaison arrangements with the acute hospital will be strengthened by the development of a written Liaison Policy.

- 4.1.7 The development of the Joint Equipment Service will present the opportunity for considerable further improvement. Referral routes and the issuing of equipment can be developed more flexibly across the partner bodies. Enhanced IT systems will improve equipment tracking and recycling. This will improve service quality and cost effectiveness.
- 4.1.8 **Recommendation 4** That any pertinent findings of this Best Value Review are incorporated in the Joint Equipment Service - See Report 53-2005.

4.2 Low Level Assessment

- 4.2.1 The aim in this part of the review was to ensure that qualified Occupational Therapists are only involved in assessment when necessary. Self assessments and assessment by service providers were options that were explored. Information on self assessment was also obtained from two other local authorities, with general background information from a number of others. The use of OT assistants to carry out simple assessments is well established. Approximately 33% of referrals to the service are now allocated to OT assistants. There is, therefore, very limited scope for further movement of work towards unqualified staff.
- 4.2.2 However, analysis of the nature of referrals has shown that simple adaptations could be dealt with directly by housing providers. They are rarely, if ever, refused and they do not require an assessment to be carried out. The Housing Department is, therefore, piloting this arrangement of direct request to Area Housing Offices. A list of such items has been agreed between the Social Work Department and the Housing Department eg external hand rails, lever taps, etc. A full list is contained in **Appendix A**. Tenants will be able to request these items directly from their Housing Office without an assessment by an Occupational Therapist. £35,000 has been made available to the Housing Department from Scottish Executive grant to 'kick start' this process.

4.3 Self Assessment

- 4.3.1 Self assessment generally operates in other authorities for small equipment that is not provided currently by Dundee City Council. It is suggested that the council should reintroduce the provision of such equipment. This could be delivered on a self selection basis through the new Disabled Living Centre. Examples of this are, helping hands; non-slip mats; dressing aids; special cutlery and crockery; food preparation equipment; tap turners; bottle openers; plug grips etc.

- 4.3.2 **Recommendation 5** - To approve this streamlining of service delivery with provision on request by tenant to the Housing Department in relation to the minor adaptations outlined in **Appendix A**.
- 4.3.3 **Recommendation 6** – To explore with housing associations the introduction of similar changes within their procedures.
- 4.3.4 **Recommendation 7** - To support in principle the reintroduction of the provision of small equipment on a self-selection basis through the new Disabled Living Centre. This will be implemented at such time as funds are available. See also related recommendation 13.

4.4 Parking

- 4.4.1 The review objective was to consider the criteria for provision and operational arrangements and to bring forward proposals to improve the quality and the efficiency of the service.
- 4.4.2 Recommendations were made in Report Number 721-2005.
- 4.4.3 Work is now in progress to carry forward the transfer of responsibility from Social Work to Planning and Transportation and set in place the new operating arrangements early in the financial year 2006-07.

4.5 Ramping

- 4.5.1 The objective was to consider the potential benefits for extending the provision of assistance with ramping and storage for wheelchair and scooter users. The composition of current housing provision, the working arrangements with NHS Tayside Wheelchair service and budgetary implications of any change in policy were considered. The issues were investigated in conjunction with the Wheelchair Service and the Housing Department. Detail of the work is contained in **Appendix B**.
- 4.5.2 The current policy of Housing and Social Work Departments is to provide assistance with ramping to people who have been provided with a standard electric or self-propelling wheelchair from the NHS. Any extension of provision will be of limited benefit and is potentially very expensive. Moving from the current criteria will potentially open eligibility to provision to a large number of people. If half the people who currently have grab rails provided at their doors sought ramping this would require a budgetary provision of approximately £200,000. Provision of storage facilities for wheelchairs and scooters would also create a significant additional budgetary pressure.
- 4.5.3 The National Wheelchair Review may bring forward proposals but there

are no indications at this time of what these might be. The NHS Tayside Wheelchair Service has undertaken to provide a more flexible response to requests for involvement and they could assist with the small number of occasions that cause difficulty for the Social Work Department.

- 4.5.4 **Recommendation 8** - To continue providing ramping in accordance with existing criteria.
- 4.5.5 **Recommendation 9** - To use NHS Tayside wheelchair service to provide reassessment where difficulties are reported by wheelchair users.
- 4.5.6 **Recommendation 10** – Social Work Department to consider exceptional provision where recommended by the NHS Tayside Wheelchair Service.
- 4.5.7 **Recommendation 11** - To further review policy following the conclusion of the National Wheelchair Service Review.

4.6 Showers

- 4.6.1 Response times within the adaptation process were quantified in a process mapping exercise. The findings of this were passed to the Housing Department and Contract Services for their consideration. The full report is attached in **Appendix C**. A number of performance proposals have been agreed and improved targets have been set. These address the points in the process where there are significant delays.
- 4.6.2 **Recommendation 12** – the following amendments to the process and target response times be Approved and the Director of Housing to report on progress in September 2006.

	Current	Proposed
OT's Assessment	Average 40 days	20 days
Architects involvement in overbath showers	Average 41 days	No involvement for six month trial period
Architects involvement in level access showers	Average 41 days	Target – 17 days for their work (including consultation with OT)
DCS	65 days	20 days target from instruction to completion
Architects /DCS	No shower tray stock held hence ordering delays	Identify the four most common trays - negotiate with manufacturers regarding delivery times and DCS

		to hold sufficient stock for immediate installation
DCS procurement	Delays awaiting delivery	Procurement system to be reviewed in conjunction with manufacturers
DCS - outstanding works	A number of work requests are awaiting completion with no specific dates	DCS to produce programme for completion of outstanding projects

4.6.3 **Recommendation 13** - In addition, future inter-departmental instructions/communications should be sent by e-mail rather than internal post thereby saving many days in the overall process.

4.6.4 **Recommendation 14** – The Director of Housing in conjunction with the Director of Social Work investigate the costs associated with this service with a view to developing a cost effective way of providing an improvement in the service via the provision of shower cubicles and also to ascertain value for money relative to shower provision.

4.6.5 **Recommendation 15** – The Director of Housing should undertake further investigations to determine if further assistance could be provided to owners.

4.7 Recruitment and Retention

4.7.1 The objective of the working group was to look at issues in relation to staffing structure and recruitment and retention issues. A number of relevant recommendations were identified which will improve the staffing structure leading to reduced waiting times for assessment and which will to improve the follow up of equipment use. It will also take account of the general need to support professional development and addresses the issue of retention. A separate report will be made to Personnel Committee.

4.8 Budget and Revenues Issues

4.8.1 The objective in this section of the review was to analyse the nature of the business being dealt with by the Occupational Therapy service and to establish whether the equipment/adaptation budget is adequate and being used to best advantage given current and projected future needs.

- 4.8.2 Dundee City Council Social Work Department Occupational Therapy Service receive 28 referrals per thousand population (per annum). This is higher than the national average, fifth highest of sixteen authorities who reported (Audit Scotland, 2004). Expenditure on the service per head is lower than average. Dundee is 18th out of 21 authorities who reported.
- 4.8.3 The department stopped providing small equipment (items less than £25) shortly after local government reorganisation. There was also a reduction in assistance for adaptation following the transfer of this support to the Housing Department under the Housing (Scotland) Act 2001. There has been a substantial overspend on equipment in each of the last five years that has been absorbed within the cost pressures on the department.
- 4.8.4 These factors have made it possible to meet the needs of an increase in demand over the last year with no increase in budget.
- 4.8.5 The majority of expenditure on adaptations is carried out by landlords or home owners. Only small adaptations are funded by the Social Work Department. Whilst currently the Housing Department's budget is only just adequate the Housing Associations in general report a funding shortfall. Any increase in the provision of larger adaptations will have significant impact on the Housing Department and Housing Association's budgets. The Council has limited influence with regard to Housing Association's but liaison with Communities Scotland takes place on a regular basis.
- 4.8.6 The challenges facing the service are:
- An increasing older people's population
 - An increasing expectation of support from public services
 - An increase in the amount of Social Care Service that requires equipment
 - Advances in equipment options and design.
 - Limitations on financial resources.
 - The limited number of qualified Occupational Therapy Staff.
 - An increased amount of regulation with regard to equipment use and provision.
- 4.8.7 Recommendation 16** – That an annual allowance of £10,000 be introduced for the provision of small equipment.
- 4.8.8 Recommendation 17** - That recycling monitoring and targets are developed as a priority within the commissioning of the new joint equipment service.

4.9 Customer Satisfaction

- 4.9.1 There have been conflicting reports regarding the level of customer satisfaction in the service. Given the importance attached to this issue an external market research company was commissioned to carry out this work.
- 4.9.2 The report findings showed a generally high level of satisfaction with the service but gave a number of indicators for further improvement The Executive Summary is attached as **Appendix D**.
- 4.9.3 There were very high levels of satisfaction with regard to the meeting of client needs (96%). The quality of work carried out (100%), information provision (97%) and the helpfulness, courtesy and politeness of staff (99%).
- 4.9.4 89% of clients were satisfied with waiting times to be seen and 92% were satisfied with the length of time to carry out work, 87% felt they were kept informed. Whilst these scores are satisfactory there is scope for further improvement.
- 4.9.5 These results compare with the best 'customer' results in the recent EFQM undertaken across the Social Work Department.

4.10 Information

- 4.10.1 The focus on this issue is to ensure that information systems are fit for purpose. Particular concern was with regard to the quality of public information both in a general sense and in an individual client basis. There is also a need to review the format of information and to ensure that best use is being made of IT developments.
- 4.10.2 The Client Survey indicated that 97% of clients were satisfied with the content and helpfulness of information received. This is consistent with the high level of satisfaction with one to one contact with Occupational Therapy staff. However, the survey found that around 25% of clients were not sure about how to get back in touch with the OT service and approximately 20% sought further information. Both results suggesting a need to examine the information currently provided to clients.
- 4.10.3 A review of the websites of other authorities shows that all bar one have limited information available. Some describe the nature of the service and contact details. Dundee City Council has basic information on the web site. A number of authorities have developed or are developing more comprehensive public information and general increases in public

expectation. The last full revision of the criteria for provision of equipment and adaptations was carried out in 1997 (See Report 893/97) with a limited revision in 2001 (See Report 210-2001).

- 4.10.4 Therefore, there is an opportunity to update our criteria for provision and to publish this and make it generally available in the interests of quality and transparency.
- 4.10.5 **Recommendation 18** - To set in place arrangements to repeat the client survey on annual basis. The results of this will be reported to Social Work Committee within the context of the Director's customer care reports.
- 4.10.6 **Recommendation 19** - To review and update criteria for the provision of equipment and bring forward separate committee report within six months.
- 4.10.7 **Recommendation 20** - To develop comprehensive and easily understood public information based on the above and to make this available in various formats including the council's website.
- 4.10.8 **Recommendation 21** – The Social Work Department should take steps to establish user focus groups to assist in the process of continuous improvement. These to be in place by 30 September 2006.

5 SUMMARY OF RECOMMENDATION AND ACTION PLAN

Recommendations	Lead Officer	Timescale
1. The service should retain its rapid response focus to facilitate hospital discharge. It will continue to respond to urgent need within 24 hours of notification. A target of 100% is now in place and should be measure this from April 1st 2006	Manager - Occupational Therapy	from April 06
2. The service will introduce improved management information systems to enhance its performance management. This will underpin further reduction in response times. The overall target is a further improvement of 20% based on other actions being implemented	Service Manager (Physical Disabilities)	April 06
3. The current liaison arrangements with the acute hospital will be strengthened by the development of a written Liaison Policy.	Manager - Occupational Therapy	Sep 06
4. That any pertinent findings of this Best Value Review are incorporated in the Joint Equipment Service - See Report 53-2005.	Service Manager (Physical Disabilities)	From April 06 onwards
5. To approve the streamlining of service delivery with provision on request by tenant to the Housing Department in relation to the minor adaptations outlined in Appendix A..	Special Needs - Housing Department	Immediate
6. To explore with housing associations the introduction of similar changes in their procedures.	Service Manager (Physical Disabilities)	Apr 06
7. To reintroduce the provision of small equipment on a self selection basis through the new Disabled Living Centre when funding becomes available.	Service Manager (Physical Disabilities)	unspecified
8. To continue providing ramping in accordance with existing criteria	Service Manager (Physical Disabilities)	immediate
9. To use NHS Tayside wheelchair service to provide reassessment where difficulties are reported by wheelchair users	Service Manager (Physical Disabilities)	immediate
10. Social Work Department to consider exceptional provision where recommended by NHS Tayside Wheelchair Service.	Service Manager (Physical Disabilities)	As and when required

Recommendations	Lead Officer	Timescale
11. To further review policy for provision of ramping and storage following the conclusion of the National Wheelchair Service Review.	Service Manager (Physical Disabilities)	unspecified
12. The proposed amendments to the target processing times for the installation of showers be approved.	Director of Housing to review progress after 6 months	Sept 06
13. Future inter-departmental instructions should be sent electronically.	Director of Social Work, Director of Housing, Chief Architect	April 06
14. The Director of Housing investigates the costs associated with this service with a view to developing a cost effective way of providing an improvement in the service via the provision of shower cubicles and also to ascertain value for money relative to shower provision.	Director of Housing	June 06
15. The Director of Housing should undertake further investigations to determine if further assistance could be provided to owners.	Director of Housing	June 06
16. That an annual allowance of £10,000 be introduced for the provision of small equipment.	Director of Social Work	Dec 06
17. That recycling monitoring and targets are developed as a priority within the commissioning of the new joint equipment service.	Manager - Community Care	Dec 06
18. To set in place arrangements to repeat the client survey on annual basis. The results of this will be reported to Social Work Committee within the context of the Director's customer care reports	Manager - Community Care	Dec 06
19. To review and update the provision of equipment criteria and bring forward a separate committee report within six months.	Manager - Community Care	Sep 06
20. To develop comprehensive and easily understood public information based on the above and to make this available in various formats including the Council's website.	Manager - Community Care	Dec 06
21. The Social Work Department should take steps to establish user focus groups to assist in the process of continuous improvement. These to be in place by 30 th	Director of Social Work	Sept 06

Recommendations	Lead Officer	Timescale
September 2006.		

6 BACKGROUND PAPERS

- Report 12-2005 - Best Value Review of the Council's Occupational Therapy Service
- Report 53-2005 – to Social Work Committee - Dundee Joint Equipment Service
- Report 721-2005 – to Social Work Committee - Assistance with Parking - Disabled Persons
- Adapting to the Future - Management of Community Equipment and Adaptations - A Baseline Report Audit Scotland(2004)
- Dundee City Council Social Work Department - EFQM - Case Study Report 893-97 Occupational Therapy Service - Criteria For Provision Of Equipment / Adaptations In The Homes Of People With Disabilities
- Report 210-2001 – to Housing Committee - Best Value Review of Housing and Related Services for People with Physical Disabilities : Continuous Improvement Proposals

7 APPENDICES

- Appendix A Self Referral for minor adaptations
List of items agreed for provision by direct tenant request to local Council housing offices.
- Appendix B Summary of issues considered by sub group
Provision of Ramping and Storage for Wheelchair Users.
- Appendix C Report and Recommendations of sub -group
Showers.
- Appendix D Occupational Therapy Service Client Survey
Executive Summary

ALAN BAIRD

Director of Social Work

Date: 7 March 2006

Appendix A

Self Referral for minor adaptations

List of items agreed for provision by direct tenant request to local housing offices.

9033	Handrail Metal - External rails
9015	Lever Taps
9007	Threshold Metal
9008	Threshold Wood
9049	Rubber Threshold
9003	Door Furniture
9048	Cistern Handle
9002	Door Closers - Loosen or remove
9106	Rubber seal for shower door
9062	Adapt isolation switch
9074	Adapt shower switch
9076	Adapt Corner protectors
9079	Adapt shower head
9027	Sockets - Lower of Heighten
9054	Remove - Ceiling Pole

Appendix B

Summary of issues considered by sub group

Provision of Ramping and Storage for Wheelchair Users.

6 BACKGROUND

- 6.1 The Council last reviewed the policy on provision of ramping and storage of wheelchairs within the Best Value Review of Housing and related services for people with physical disabilities: continuous improvement proposals - Report No 210 - 2001. This included an extensive examination of the issues over an 18 month period that included benchmarking with a number of other authorities and exploration of the budgetary implications of the various options.
- 6.2 At that time the Council adopted a recommendation that Housing and Social Work provide assistance with ramping to people who have been provided with a standard electric or self propelling wheelchair from the NHS.
- 6.3 Since that time there have been a number of queries from elected members regarding the application of this policy combined with requests for a more flexible approach to our provision. Within these discussions focus has been on a range of issues covering misunderstandings of the term full time wheelchair user, the processes of issue of wheelchairs, expectations of users of attended propelled wheelchairs, the safety implications for people with limited mobility using ramped surfaces, and the responsibility for storage of powered vehicles amongst other issues.
- 6.4 Officers of Social Work and Housing Departments have reviewed current provision and have consulted the NHS wheelchair service.
- 6.5 There are currently approximately 2,500 wheelchairs on issue across Dundee. The majority of these approximately 75-80% are attended propelled manual chairs issued following GP referral. The wheelchair service receives approximately 600 new referrals per year from Dundee. Less than one quarter of these patients will be assessed by the wheelchair service staff. The remainder will be issued with attended propelled manual wheelchair on the basis of information submitted by the GP. The physical layout of the person's home and access to it is not taken into account or assessed by the wheelchair service. Their assumption is that the individual themselves has given regard to this when they have made the request to their GP. Given that the patient has limited mobility they would nevertheless be able to manage in and out of the house.

- 6.6 Those patients who are assessed as full time wheelchair users requiring indoor/outdoor wheelchair use will generally be in suitable adapted property or will be provided with assistance with access and ramping through the local authority.
- 6.7 The Social Work Department Occupational Therapy Section currently assesses a small proportion of wheelchair users with a proportion of these requiring provision of ramp. On those occasions where ramping alone is requested, initial decisions are based on eligibility. Where applicants are deemed to be outwith the criteria for provision they are advised of this. They will be assessed and assisted in any other matters they have notified in the referral. In other cases, where eligibility is established or believed to be present, a full assessment of the circumstances will be carried out and the appropriate recommendations made for provision. As previously stated, the majority of people who are or become full time wheelchair users will be resident in adapted or wheelchair accessible property. Ramping will therefore be supported and recommended where it constitutes part of the adaptation necessary to create an accessible property.
- 6.8 Currently the level of provision is small. It is estimated that the Social Work Department recommend less than 20 ramps per annum. Last year 18 ramps were provided at an approximate cost of £32,000.
- 6.9 The level of expenditure on ramping is, therefore, relatively low and this has been maintained by the increased use of reinforced glass fibre or metal ramps as opposed to the more expensive concrete ramps.
- 6.10 It is difficult to estimate potential demand for an extension to provision. However, it is reasonable to suppose that the significant number of people would avail themselves of provision if it were available and advertised.
- 6.11 We have no accurate figure for the number of people who obtain their own wheelchairs and scooters privately. We do know that this number increases year on year and we do know that there are an increasing number of requests for assistance with access and particularly storage for such equipment. The cost of providing storage can vary from approximately £500-£2,000 depending on the type of storage chosen and issues regarding the provision of electric power and the provision of hard standing around the store.
- 6.12 We do not know the number of people who would request ramping for use by attendant propelled wheelchair. However, we do know that around 200 people per year are provided with handrails at their door as they have limited mobility. These are likely to be same people who either have or will have an attendant propelled wheelchair at some stage. They could all reasonably be assumed to be in the same category for provision. The other

group who regularly request ramps are people issued with tri-wheel walkers and they have difficulty negotiating stairs with the walker but also have risks associated with ramps. Provision of ramps to anyone who has mobility difficulties or difficulties propelling a wheelchair has significant risks. There is a likelihood of falls or other accidents. This must be taken into account when assessing for provision given the assessor's duty of care to their client/patient. It also should be borne in mind that the installation of any ramping must be complemented by steps for other users.

- 6.13 The Housing stock in Dundee has approximately 15,900 units. Of these several thousand could at any time in theory present themselves with a request for ramping from the occupier as they are ground floor properties or have ground floor access. Within this it is estimated that there are approximately 1,100 to 1,400 sheltered housing units. These would be more likely to be a source of requests given the profile of their occupants. At this time there are 66 houses adapted for wheelchair use, 114 houses adapted or built for ambulant disabled people and 346 other houses adapted for disabled people. These houses are not likely to be the source of request for ramping as access issues will already have been addressed.
- 6.14 It should also be noted that a national review of NHS wheelchair services is about to commence. This may well make recommendations which vary the scope of the service. It may also consider the environmental access needs which are not currently part of their consideration. This would require negotiation with local authorities but opens up the prospect of a more integrated approach to provision. The ideal outcome would be that wheelchair provision and access were included in the same assessment provision process.

Appendix C

Report and Recommendations of sub -group

Showers.

1 Remit

The remit of the group was to review the service and report back on issues with recommendations for improvements. An early meeting of the group established these as being:-

- Criteria for provision
- Timescales
- Costs
- Private Sector Grants

2 Criteria for provision

2.1 Provision of level access showers above ground floor level.

There is some evidence that problems have resulted from this in the past. However any attempt to quantify this in any detail would require considerable resources such as staff time. Examples of these are given below.

The size and layout of many upstairs bathrooms can result in conflict between the level access shower and other fittings e.g. bath, WC or wash hand basin required by other family members. This is an issue which, at the end of the day, is a question of professional judgement.

In some instances giving level access showers to people who can actually use baths would be overprovision. It is also the case that it may disable the client as they are not maintaining their abilities to transfer. The ability to transfer helps in other aspects of daily living eg. getting in and out of bed, getting in and out of chairs. Again, this is a question of professional judgement.

2.2 Provision of over bath showers on basis of choice rather than need.

A divergence of opinion between the Housing Department and tenants over the years has been the reluctance of the Department on cost grounds primarily to provide showers on demand rather than on the basis of need.

More recently, discussions around the development of the Scottish Housing Quality Standard (SHQS) has seen a request from the Dundee Federation of Tenants' Associations (DFTA) for over bath showers to be included in Dundee's HQS. The Department has ruled this out on cost grounds, but is committed to

exploring options e.g. tenant contribution, as part of the SHQS development process.

3 Timescales

3.1 Initial OT Procedures

Action	Time (in working days)	Comment
Referral to allocation of case	30 – 40	High number of referrals Bathing not top priority
Allocation to initial contact with client	1 -5	
Assessment and forward to housing agency	15 - 20	This period can include several visits and testing of options
Total time from referral to receipt by housing agency	50 - 65	

The above table indicates that, on average, it can take in excess of 50 working days from receipt of the original referral, before the completed assessment is forwarded to the appropriate housing agency for action. The table further shows that the greatest time span is at the initial allocation of case stage.

The number of referrals received, and the relative priority given to bathing requirements are contributory factors in the current situation. Nevertheless, it is an issue which must be addressed, through the provision of additional resources and/or a review of current priorities.

Latest information does indicate that the average time is now approximately 40 days. It is proposed that a target time of 20 days should be established.

3.2 Occupational Therapy Referrals

		no per annum
Overall Referrals		4000 approx
Urgent referrals	25 - 30%	1000 - 1200
Non urgent referrals	70 - 75%	3000
Bathing referrals	40 - 50% of non urgent	1200 - 1500

3.3 DCC Internal Procedures (Post OT assessment)

Action	Time (in working days)	Comment
Housing to Architects	5	
Architects to Housing	41	Includes further 5 days with OT
Housing to DCS	5	
DCS to completion	65	
Total time from receipt by housing to completion	116	

These figures apply to both level access and over bath showers. They are unacceptable in both instances.

A meeting between Housing, Architects, Dundee Contract Services and Occupational Therapists in early 2005, identified changes to the procedure in place at this time. While they improved on the then situation, the need for further changes has been identified.

A further meeting took place in January 2006 between DCC Housing, DCC Architects and Dundee Contract Services. This meeting endorsed changes which had already been put in place and identified and agreed further changes. These are identified in Section 4.6 "Recommendations"

4 **Costs**

Housing Agency Comparative Times (Post OT assessment) and Costs.

Organisation	Time (in working days)	Average Cost (Level Access)
Dundee City Council	116	£3250
Housing Association A	45	£2750
Housing Association B	17.5	£3250
Housing Association C	35	£2250

In DCC an average cost has been agreed between the Housing Department and DCS for the installation of a level access shower. This was determined by a joint examination of the average cost over a period and has led to a reduction in the overall timescale. While there is no monitoring or review process in place currently for ensuring that this continues to give best value, the evidence above indicates that costs are not wildly out of line with other providers. There is further evidence from a neighbouring authority, Fife, that DCC costs are broadly comparable.

This said it is considered that in the interests of obtaining Best Value the Director of Housing should investigate all options and report back to the Chief Executive.

A comparison of time taken by DCS and by Housing Associations must acknowledge one problem faced by DCS and not encountered by HAs, namely volume of work. Compared to DCS, HAs undertake very little of this type of work. In fact, recent figures indicate that HAs are not spending the funds allocated to them by Communities Scotland for this type of work. It might be unrealistic in these circumstances, therefore, to compare DCS directly with the HA sector.

5 Private Sector Grants.

The grants procedure for obtaining grant assistance for adaptations can be confusing and time consuming. It can frequently involve the applicant engaging their own architect to assist them through the process. As a result much of the process timescale lies with the client and is outwith the control of the council departments involved.

The Private Sector Services Unit (PSSU), which is responsible for the council's grants service, has recently reviewed all of its literature to ensure that it is easily understood, and staff are available to advise applicants. There is also a list of architects which is made available. However, there is clearly a limit on how far the Department can go in advising on particular private sector architects and the Council is not legally able to provide an architectural service to the private sector.

In addition to the above, the Care and Repair Service is provided by the PSSU. This service advises mainly elderly home owners of their requirements, on what adaptations can be done to their property and on what assistance may be available to help them.

6 Recommendations

The investigations and conclusions identified above led to a number of recommendations which are itemised below. It was agreed that some of the practical recommendations should be implemented immediately, either permanently or on a trial basis. These are indicated in the following list.

- OT Section will be set a target time of 20 days (effective April 2006)
- Current involvement of Council Architects in over bath showers provision will cease, on a six month trial (effective from January 2006)
- Architects will continue their involvement in level access shower projects but will be set a target of 17 days for completion of their contribution (effective from January 2006)

- Dundee Contract Services will be given a 20 day target for completion of these projects from receipt of instruction (effective from January 2006)
- Architects and Dundee Contract Services will investigate the identification of 4 level access shower trays which will address the vast majority of needs
- Delivery times of these will be discussed with manufacturers
- Dundee Contract Services will develop a system of procurement which will ensure that an adequate stock of these models is available at all times
- Dundee Contract Services will produce a programme for completion of outstanding projects.
- Director of Housing will monitor progress against the new target response times, investigate the feasibility of providing shower cubicles and ascertain value for money relative to the service provision.

Appendix D

OCCUPATIONAL THERAPY SERVICE CLIENT SURVEY Executive Summary

Waiting Times

89% of clients were satisfied with the length of time it took them to see an Occupational Therapist (77% very satisfied, 12% fairly satisfied).

The vast majority (92%) were satisfied with the length of time it then took to carry out the work or install the equipment in their home (79% very satisfied, 13% fairly satisfied). Only 4% expressed dissatisfaction and the remainder could not remember.

Client Needs

Almost all clients (96%) felt that the Occupational Therapy Service Staff took their needs into account when deciding what work to carry out in their home.

88% got the equipment/work that they asked for whilst 10% did not. The remaining 2% did not ask for anything specific.

Quality of Work

Very encouragingly, 100% of clients were satisfied with the quality of work carried out, and 97% said it had made life easier for them.

After Care

77% of clients would know how to get back in touch with the Occupational Therapy Service if they needed equipment repaired or replaced.

74% of clients were satisfied with the follow up care they received from the Occupational Therapy Service (64% very satisfied, 10% fairly satisfied). 17% were unsure and 9% said they did not get any follow up. No clients expressed dissatisfaction with the follow up care.

21% (i.e. 21 clients) interviewed had asked their Occupational Therapy Service worker for more information on other specific things the Council could help them with. Only 3 said that the worker was not able to give this information.

Clients' views were fairly evenly split with regard to the importance of having the same Occupational Therapy Service worker again in the future (52% considered it important and 47% considered it unimportant).

Information Provision

Almost all clients (97%) expressed satisfaction with the content and helpfulness of information received from the Occupational Therapy Service. Only 1% expressed dissatisfaction and the remainder were unsure.

Contact with the Occupational Therapy Service

52% of clients were aware of who to contact whilst waiting to have the work carried out to their home. 36% were unaware of who to contact, 7% could not remember and the remainder said it was not applicable to them (hospital discharge clients).

Three quarters (76%) would know who to contact if they needed to use the service again.

Occupational Therapy Service Staff

Almost all clients (99%) were satisfied with the helpfulness, courtesy and politeness of the Occupational Therapy Service staff.

The majority of clients (87%) felt that the Occupational Therapy Service Staff kept them well informed about what was happening. 8% felt they were not kept well informed and the remainder were unsure.

Of those who were referred via hospital, 77% were satisfied with the arrangements made for them coming out of hospital. Only 3% were dissatisfied and the remainder were unsure.