

Decision Maker: ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Wednesday 27th June 2018

Decision Type: Non-Urgent Non-Executive Non-Key

Title: OT BACKLOG FINAL UPDATE

Contact Officer: Jane Campbell, Project Lead for Occupational Therapy
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Chief Officer: Director: Adult Social Care (ECHS)

Ward: Borough-wide

1. Reason for report

- 1.1 The purpose of this report is to update the Adult Care and Health PDS Committee on the Occupational Therapy (OT) waiting list backlog in adult social care which had now been addressed.
- 1.2 An Occupational Therapy Service review has since been conducted and service structure changes have been agreed to avoid such a backlog developing in future.
- 1.3 There are sufficient funds left within the backlog budget to enable the continued use of additional staff resources within the Occupational Therapy Service, during this period of transition to the new service structure. This will ensure that the new service is able to commence with a reasonable waiting list, to give it the best chance of success.

2. **RECOMMENDATIONS**

- 2.1 **The Adult Care and Health PDS Committee is requested to note that the reported Occupational Therapy waiting list backlog in adult social care has been addressed.**

Impact on Vulnerable Adults and Children

1. Summary of Impact: Adult Social Care Occupational Therapy Services deliver a range of interventions to vulnerable and disabled adults. Interventions include the provision of equipment and adaptations to the home, with the aim of increasing independence and reducing and delaying dependency on support services (such as domiciliary care and residential placements).
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Corporate Policy

1. Policy Status: Not Applicable:
 2. BBB Priority: Children and Young People Supporting Independence Healthy Bromley:
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Financial

1. Cost of proposal: See below.
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: DFG capital
 4. Total current budget for this head: £83k
 5. Source of funding: DFG
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Personnel

1. Number of staff (current and additional): 1.4 whole time equivalent locum staff.
 2. If from existing staff resources, number of staff hours: 5 Hours of OT Project Lead time. 133 hours of Senior OT time.
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Legal

1. Legal Requirement: Statutory Requirement:
 2. Call-in: Not Applicable: No Executive decision.
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Procurement

1. Summary of Procurement Implications: none.
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Estimated number of users/beneficiaries (current and projected): All 196 clients who were identified on the Occupational Therapy waiting list backlog in December 2017 have now been allocated to an occupational therapist, received an assessment and commenced intervention. The new service structure will avoid such waiting list backlogs developing in future and so has the potential to impact on all eligible vulnerable and disabled clients living in the borough.
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments:

3. COMMENTARY

3.1 Background to occupational therapy roles

3.2 Occupational Therapists employed by the London Borough of Bromley are currently located in 3 different areas: Housing, Initial Response Team and Complex Care Teams (which are split into two locality teams called East and West).

3.3 Occupational Therapists based within the Initial Response (IR) Team provide assessment and brief interventions for referred clients. Interventions used may include the provision standard stock equipment and minor adaptations to the home, but exclude specialist (non-standard stock equipment) and major adaptations to the home (both of which would be referred onto occupational therapists based in the Complex Care Teams). The nature of intervention in the IR Team is usually rapid and on average will require 1-3 home visits per client.

3.4 Occupational Therapists based within the Complex Care Teams (East and West) provide interventions to clients with more complex needs who may have already been seen by the IR Team or in some cases are referred directly (e.g. clients with advanced neurological conditions). Interventions provided may include specialist (non-standard stock) equipment and major adaptations to the home. The nature of this work requires considerably more intervention and home visits than that of the IR Team and cases are frequently kept open for longer periods of time.

3.5 The Occupational Therapy role within the Housing Department includes the assessment of client needs in relation to their housing needs; assessing void properties to identify their best use and the compliancy of new builds. The Senior Occupational Therapist in this department works closely with occupational therapists in the other areas, for example when the need for major adaptations to the home is identified.

3.6 Backlog project

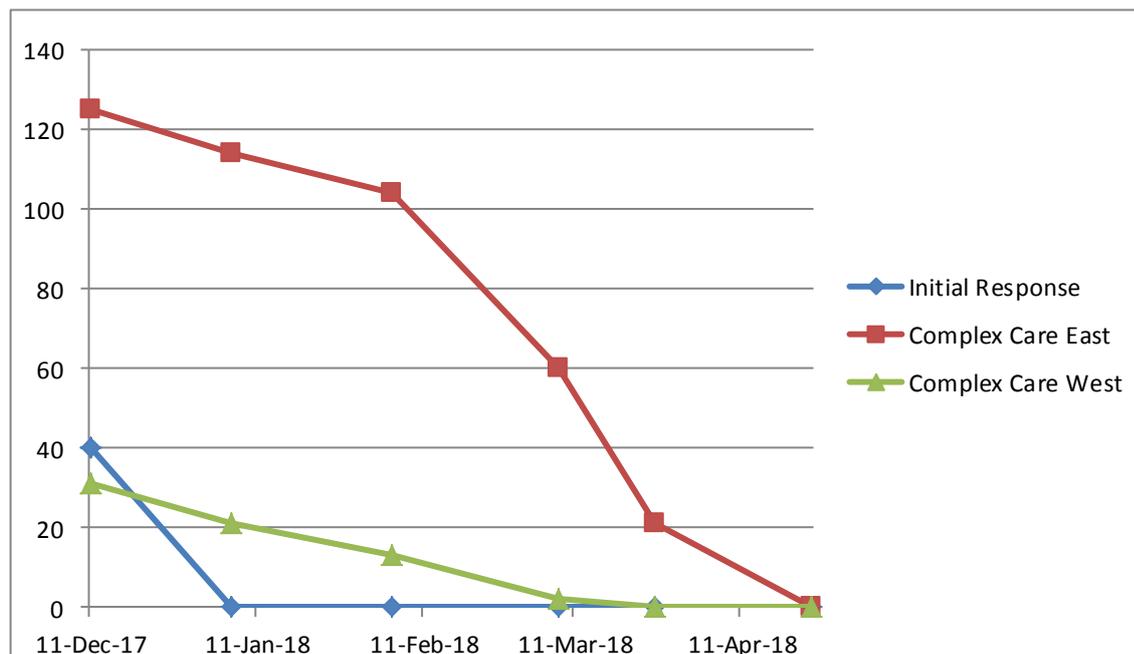
3.7 In December 2017 additional fixed term resources were agreed to enable the Occupational Therapy service to reduce a backlog of clients waiting for an Occupational Therapy assessment and intervention in the Initial Response and Complex Care Teams. This backlog involved 196 clients.

3.8 Since the project initiation all 196 clients have been allocated, assessed and intervention has commenced, as shown in Fig. 1 on page 4.

3.9 This has been possible by using a two-fold approach, as follows:

- Following a tender process, a contract was placed with SHA Disability to support the backlog for non-complex cases. The contract commenced on 1 December 2017 and was to run for 3 months or until such time as 150 cases had been referred for assessment. The Initial Response (IR) Team referred 50 cases to SHA Disability in December 2017. Complex Care East (CCE) referred a total of 68 simple adaptations cases to SHA Disability total of 68 simple adaptations cases (10 cases in December 2017, 38 in February 2018 and 20 in May 2018). Total 118 cases to date.
- An additional 1.4 whole time equivalent (WTE) locum Occupational Therapists were placed in CCE in late 2017, to address complex cases and large adaptation schemes. The full time post was funded by Winter Resilience up until 1st April 2018 and has since moved to Backlog Funding. The 0.4 WTE post has been funded by Backlog Funding throughout.

Fig 1: Occupational Therapy backlog of 196 clients reported in December 2017. (number of clients waiting).



3.10 Occupational Therapy Review

3.11 Alongside the Backlog project, an Occupational Therapy Review was initiated with the aim of proposing 'fit for purpose' service structure to void such backlogs and assessment delays in the future.

3.12 The Occupational Therapy review proposal involves creating a permanent Occupational Therapy Service Lead and additional Occupational Therapists. These proposals have been agreed by the management team and staff consultation will commence in the summer. Proposals take in to account the complex differences between the Complex Care East and West locality teams. It is noted that despite having the same current substantive staffing ratio, the East Team receive significantly more referrals than West Team and the housing stock in the East lends itself to more complex adaptation schemes, which require more intensive Occupational Therapy intervention. East and West waiting lists will be merged into a single list, to ensure that staffing resources can be allocated effectively.

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

4.1. Occupational Therapy intervention promotes independence in activities of daily living, to promote independence and well-being. These interventions not only improve quality of life for our clients, but also ensure effective use of public money by preventing and delaying the need for additional care and support.

4.2. Waiting times for Occupational Therapy intervention to provide major adaptations to the home have frequently ranged from 18 months to 2 years in Bromley. Research estimates that delaying the provision of adaptations to the home for older people by one year costs up to £4,000 in extra home care costs (Audit Commission 1998). Furthermore housing adaptations have been shown to reduce or remove the need for daily home care visits, with savings ranging from £1,200 to £29,000 a year per person (Heywood and Turner 2007). This evidence suggests that aside from improving independence and quality of life, the provision of timely adaptations can reduce dependency and save the borough money.

5. POLICY IMPLICATIONS

- 5.1 The Care Act (2004) requires us to prevent, reduce and delay the need for higher levels of care and support. Occupational Therapists have a key role in this agenda, by the nature of the outcomes of intervention.

6. FINANCIAL IMPLICATIONS

- 6.1 It is estimated that £47,500 has been spent on the OT Backlog work to date.
- 6.2 The additional 1.4 WTE locums will be maintained in the East Team for the next 4 months, along with scope to maximise the current agreement to refer up to 150 cases to SHA Disability. The overall cost of this will be £35,000.
- 6.3 The total backlog cost would therefore stand at £82,500. It is anticipated that this will bridge the gap to implementation the new Occupational Therapy Service Structure.

7. PERSONNEL IMPLICATIONS

- 7.1 The continued employment of 1.4 whole time equivalent locums in the Complex Care Team East, during the upcoming period of consultation and transition.

8. LEGAL IMPLICATIONS

- 8.1 As the locums (Occupational Therapists) concerned will be working with often vulnerable adults an enhanced DBS check will be required to ensure that any locum is not debarred from a regulated activity (in this case working with vulnerable adults). Locums should also receive training in respect of their responsibilities to report any safeguarding concerns regarding vulnerable adults.
- 8.2 All locums should receive training in data protection (GDPR) in order to safeguard information and the council. This is particularly important as they will be working away from the council's offices frequently due to the nature of the job
- 8.3 Locum Occupational Therapists as they make regular home visits should be referred to the Local Authority's policy on lone workers and this policy should deal with how risk can be assessed/minimised/managed. If there is not a current policy then one should be developed
- 8.4 The terms of engagement of locums will need to be clear and distinct, particularly if there is no intention for them to become "employees". Advice may need to be taken from the employment legal team in this regard.
- 8.5 The Local Authority will need to ensure that it maintains fair, reasonable and consistent criteria for accessing the Occupational Therapy service which is made available to staff, locums and service users

9. PROCUREMENT IMPLICATIONS: None.

10. REFERENCES:

- 10.1 Audit Commission for Local Authorities and the National Health Service (1998) *Home Alone: the role of housing in community care*. London: Audit Commission.
- 10.2 Heywood F, Turner L (2007) *Better outcomes, lower costs: Implications for health and social care budgets of investment in housing adaptations, improvements and equipment: a review of the evidence*. London: Her Majesty's Stationery Office.

Non-Applicable Sections:	Not Applicable.
Background Documents: (Access via Contact Officer)	Not Applicable.