

**Open Report on behalf of Glen Garrod,
Executive Director of Adult Care and Community Wellbeing**

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	14 April 2021
Subject:	Adult Care Occupational Therapy

Summary:

The Adult Care Occupational Therapy Service is approaching the end of a two year transformation programme with the broad intention to improve the experience of Lincolnshire residents who need to access the Service. The priorities of the transformation being to:

- Increase the proportion of people who receive a service without delay, at the first point of contact;
- Reduce the length of time people have to wait for an assessment;
- Increase the quality of service provided;
- Maximise independence at home through holistic support to overcome barriers to everyday living;
- Increase appropriate referrals for re-housing, equipment and/or adaptations utilising the Disabled Facilities Grant (DFG) and discretionary housing assistance.

The purpose of this report is to provide an update to the Committee of the progress to date including the impact of Covid-19 and the next steps to continue the service improvement.

Action(s) Required:

It is recommended that the Committee note the content of the report and discuss the plans for future service development.

Background

Introduction

Lincolnshire County Council directly provided two Occupational Therapy (OT) services: within the Children with Disabilities Team; and Adult Frailty and Long Term Conditions Team (AFLTC). This report is concerned with the provision of the Adult Care OT service; however there is overlap in responsibilities with Childrens in regards to transition aged young people and the interface with District Councils regarding housing and the Disabled Facilities Grant (DFG).

In January 2019 a review of the Adult Care OT Service (The OT Service) commenced which produced a case for change. This was accepted by the Adult Care Directorate Leadership Team (DLT) and a two year transformation programme started 1 November 2019, which ends in six months.

The review found that the Service was fragmented across three area teams with a lack of consistency across the county. The geographical boundaries of the service mirrored the twelve adult care localities, however this did not make sense for the OT service and was a barrier to enhanced partnership working with the district councils. It was decided to change the team boundaries to match the district councils and the Service now has four teams which are coterminous with the district boundaries:

- Lincoln and West Lindsey
- East Lindsey and Boston
- North and South Kesteven
- South Holland

The occupational therapists were previously part of AFLTC teams undertaking Care Act needs assessments in the same way as social work. This meant it was very difficult to disaggregate the OT service performance from the wider AFLTC performance data. Manual interrogation of Mosaic confirmed that some people could need to wait a year from contacting the service to being assessed. On average people were waiting 220 days to be allocated to a worker and there could be in the region of 800 people awaiting allocation. A redesign of the workflow within Mosaic would be required to enable regular reporting and monitoring of performance/risk for the OT Service.

The OT Service transferred to a new Head of Service on 1 November 2019 and a post of Principal Occupational Therapist was created. A new Lead Practitioner started in January 2020 and the restructure was complete. A project plan was presented to DLT to drive service improvement, however progress has understandably been affected by the Covid-19 pandemic. There is not a wealth of historical data to fully understand the impact, however operationally the service has been able to provide mutual aid to NHS OT services in addition to core adult care duties. This has included mobilising additional support to non-clinical staff regarding OT interventions at Boston Pilgrim Hospital and supporting Lincolnshire Community Health Service (LCHS) OT services, which had to shift focus to admission avoidance at the expense of supporting people with long term conditions. Despite these challenges there has been significant progress within the Adult Care OT service transformation and performance is a match for some of the highest performing services in the country.

Progress and Performance

The initial focus of the transformation needed to be on ensuring that performance could be captured and the Mosaic workflow was as effective and efficient as possible to support practice. This project was brought forward before the start of the full programme due to the risks and being unable to confirm the starting position. Working closely with the Mosaic Development and Support Service a new OT specialist assessment was introduced and a completely new workflow designed.

This was further iterated over the following 15 months and a performance dashboard has been developed. This is attached as Appendix A and introduces a range of key performance indicators developed through engagement with Service practitioners. This includes the standard that no one should wait longer than 100 days for OT assessment in Lincolnshire and aspirational stretch targets that 50% of people should be seen within 28 days and 80% of people seen within 56 days. It should be recognised that delivering a quality service needs to be measured by more than waiting time numbers and therefore a quality framework was developed with is attached as Appendix B.

Meaningful performance data is only available from January 2020 and the period in Appendix A covers the 13 months from February 2020 to the end of February 2021. From this data the activity for the first 11 months of 2020/21 can be confirmed:

- On average people waited 48.1 days for assessment.
- 5,732 contacts came into the Service.
- 3,580 full specialist OT assessments were completed.
- 2,186 assessments were completed on duty with no further action.
- 3,326 received either a duty assessment or OT specialist assessment within four weeks
- 4,133 people had a duty or full assessment within eight weeks.
- 5,374 people had a duty or full assessments completed within 100 days.
- In total 5,747 people were assessed in the last eleven months at either duty (with no further action) or a specialist OT assessment.

In terms of the 100 day assessment standard, 88% of people were assessed within 100 days over the last 13 months. This was as high as 98% in August 2020 from a low of 62% from the start of recording in March 2020. Unfortunately there is a particular issue in the North and South Kesteven Team which has brought down the average. This area has had higher than average long term sickness against a picture of higher vacancy levels. This has been resolved with four new members of staff starting in March 2021 and workers returning from long term sickness. It is also only recently that we have had sufficient data to understand referral rates per team and identified that some had higher referrals rates than the pro rata staff allocated to the team.

This step change in performance is the result of several changes made to the service which are too numerous to describe in detail, but in summary:

- The introduction of a consistent Occupational Therapy Conversation record, which is also known as duty. This process enables all referrals to be considered for risk, complexity and urgency. Over the past 13 months 37% of referrals were concluded at duty with no further action. This included 613 people who received community equipment without delay. Without this step a further 2,451 people would have required a specialist OT assessment.
- The Covid-19 pandemic accelerated plans for a 'virtual first' approach to assessment. Supporting practitioners to embrace a risk based approach to assessment has been a significant undertaking; however this has enabled more people to have their needs addresses quickly, without a face to face visit.
- Embedding performance management into supervision and team meetings. Managers are able to use the performance dashboard and provide a narrative to workers around what actions are needed.
- A review of skill mix has been undertaken based on greater understanding of waiting lists and the complexity of cases being referred. 65% of the cases awaiting allocation has been identified as suitable for a Community Care Officer (CCO) to undertake, however until recently only 38% of the workforce were CCOs and we have moved to nearer a 50:50 ratio of registered : unregistered workforce.

Disabled Facilities Grant (DFG)

The DFG is a statutory grant and process administered by the District Councils; however the OT Service is working in close partnership to maximise operational delivery. A successful pilot around Multi-Disciplinary Teams (MDT) meetings in East Lindsey is now being rolled out across the county. Initially MDT meetings with Platform Housing and East Lindsey District Council (ELDC) were established to improve communications between agencies. As the pilot progressed the MDT was expanded to include the Children with Disabilities OT service and the Wellbeing Service. The OT service has now identified two dedicated occupational therapists to attend to provide consistency and the meetings are held every six weeks.

The MDT meetings are now known as Housing Partnership Meetings which have been an excellent way to build relationship between the different agencies that have a role in supporting people with their housing needs. This provides a forum to communicate and resolve cases effectively and in a timelier manner than before. The meetings have enabled networking so that lines of communication between the different agencies have been opened up so outside the meeting work with people needing our support has improved.

It is approaching three years since the District Councils agreed to the use of Mosaic to record the DFG process for the Lincolnshire system. The DFG element records the number of people assessed by the OT Service, who require an adaptation and who are referred to the District Council for consideration. There is a degree of dual input for the District, who

receives the referral through Mosaic and then moves this onto their own systems to process the DFG. The outcome is then recorded onto Mosaic to close the feedback loop.

So far in 2020/21, 809 DFG requests have been sent to the District Councils, who have completed 653. It is important to note that some of these requests will have been made in previous years. On average there is a 52% completion rate i.e. 311 requests were closed in 2020/21 without an adaptation being provided. This will usually either be because the person has changed their mind, they have a high contribution to make, or their situation has changed (e.g. RIP or admission to care home).

On average a DFG application, which results in an adaptation scheme, takes 37 weeks/259 days to be completed. The maximum wait per application varies considerably per district from 56 weeks to 103 weeks. 237 adaptations are recorded as being completed in 2020/21 at an average cost of £6,564.

Historically the Lincolnshire system has considered cases in a reductionist way as either DFG, equipment or other adaptations. The work of the Centre for Ageing Better and the Lincolnshire Homes for Independence blueprint presents an alternative paradigm whereby the County Council and the district councils consider people in more holistic ways as having a need for additional housing or independence support and considering performance along the entire pathway, rather than the constituent parts. It has been agreed to appoint a strategic lead to take this forward and a draft job description has been prepared. The post holder will develop and enable implementation of a clear work programme and strategy which will lead to the identification, development and delivery of options to progress a commitment in Lincolnshire to better embed adaptations as part of a system-wide approach to keeping people independent in a home of their own. This work is progressing in parallel with the Centre for Ageing Better work and will come to the Committee in due course.

The current DFG Process (Customer Journey - Appendix C) has been streamlined, improving timescales and outcomes but still has too many hand-offs between the County Council and the district councils. Using Mosaic has improved communications but it is not yet being fully used as the case management system. More focus is needed at the 'initial enquiry' stage to ensure that adaptation of the existing home is the right and preferred option. The current approach could be more innovative. Some areas (e.g. Thurrock) are enabling the applicant where they want and are able to, to lead and arrange the work themselves, whilst still supporting those who need the council to act as an agent on their behalf. Closer alignment with the Wellbeing Service, commissioned by the County Council, and hospital in-reach services could provide a broader range of support (e.g. social connections, energy costs (tariffs)) with potential for this to incorporate new home improvement and energy efficiency agencies; one of the activities under the Corporate Plan priorities being to create a one-stop shop for aids, adaptations (or (re)housing) and equipment.

Next Steps

The OT performance dashboard confirms that the OT service is now completing more assessments than referrals coming into the service. Although this remains modest at a net gain of 80 cases since February 2020, this reduces a proportion of the 800 case backlog from November 2019. The backlog is currently 564 cases and reducing each month.

A recent round of recruitment will see the Service fully staffed from mid April 2021. Work is planned in 2021/22 to introduce a caseload weighting tool to assist with ensuring the most appropriate level of allocation of work to practitioners. There are several working groups in existence, each exploring ways to increase operational efficiency in particular specialist areas such as moving and handling, housing adaptations, supervision of CCOs etc. The OT Service is very much outward facing and once the Key Performance Indicators (KPIs) are being met on a more consistent basis, there are plans to explore other areas where value can be added such as reablement, single person hoisting or supporting hospital discharge services.

Conclusion

The Adult Care Occupational Therapy Service is approaching the end of a two year transformation programme. A framework to support best practice has been put in place which provides a focus on quality and timeliness of assessment. A series of KPIs have been introduced to inform service development activity. Prior to the transformation people could expect to wait a year for an assessment, the average time is now 48 days and 88% of people are assessed within 100 days. The Service continues to deliver projects/service improvements with aim of ensuring no one waits longer than 100 days for assessment and 50% of people are seen within 28 days. Currently when including assessments dealt with on duty, 56% of all contacts received by the Service are concluded within 28 days.

There is no nationally produced benchmarked data for comparison, however local intelligence confirms that the County Council's Adult Care OT service compares very well in that waiting times are measured in days and weeks, rather than months and years. Work continues with the District Councils to improve the DFG pathway, building on the relationships between OT and Housing Officers now that we work in coterminous teams. DFG improvement work is being reported into the Housing, Health and Care Delivery Group and links into the work of the Centre for Aging Better and the Lincolnshire Homes for Independence blueprint. Principles and opportunities to be considered include:

- The role of LCC's Customer Contact Centre being the single point of access for some housing issues. Referrals to the OT service come through this route, as do those for the Wellbeing Service;
- Simplifying and stream lining means testing of DFG, with potential for there being no means test at all in certain circumstances;
- Provision of comprehensive 'housing needs' advice to consider remaining in the home or whether a move (e.g. into Extra Care Housing) would be better;
- Ensure a whole-house approach, with evidence-based interventions to tackle poor housing to prevent or minimise health-related issues;

- Make best use of the existing adapted and accessible housing stock through an adapted homes register(s) and closer working with registered providers;
- Closer alignment with the Wellbeing Service and hospital in-reach services;
- Make best use of equipment and digital technology solutions; incorporating a wider offer in re-commissioned Integrated Community Equipment Service (ICES) and Tele-Care contracts; and
- Ensure residents are empowered to do as much for themselves as they can and are signposted for self-help, wherever possible.

There are a considerable number of options that could be considered to embed OT services and DFG as part of the wider health and care system. Further change is needed to make best use of available resources and have the greatest impact on residents. The District Councils' role would be strengthened with outcomes captured to evidence impact on reducing health and care needs.

Consultation

a) Risks and Impact Analysis

Not applicable.

Appendices

These are listed below and attached at the back of the report	
Appendix A	Adult Care Occupational Therapy Performance Dashboard
Appendix B	Developing a Framework to Support Best Practice
Appendix C	Current DFG Process (Customer Journey)

Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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