

Agenda Item No. **5A**

Committee	Scrutiny Committee for Social Services and Health
Date	6 September 2001
Title of Report	Best Value Review of Physical Disability and Sensory Impairment Services – Update
By	Director of Social Services
Purpose of Report	To inform the Scrutiny Committee of the progress to date in response to the Best Value Review of Physical Disability and Sensory Impairment Services

RECOMMENDATION – That Committee notes the progress that has been achieved to date in response to the recommendations of the Best Value Review of Physical Disability and Sensory Impairment Services and agree to receive a further progress report in six months time.

1. Financial Appraisal

1.1 There are no specific financial implications contained within this report other than to ensure that Best Value Principles are being applied to this aspect of front line service delivery.

2. Supporting Information

Introduction

2.1 The report of the Best Value Review of Physical Disability and Sensory Impairment Services, together with the Social Services Department's response, was received by the Social Services Committee on the 20th March 2001. This report outlines the progress made to date in respect of the report recommendations and associated action plan.

2.2 Details of the Recommendations of the Best Value Review and the action taken to date are contained in Appendix 1.

Summary

2.3 The table in Appendix 1 demonstrates that significant steps have been taken to deliver a number of the service improvements identified within the action plan. This has enhanced both the quality and efficiency of the services delivered across the County.

2.4 However, there are some targets that will not be achieved until the latter part of the current financial year and as such the full benefits will not be realised until the 2002/2003 financial year.

2.5 A summary of key achievements relating to the action plan include:-

- ◆ Reducing the waiting list for assessment by 50%
- ◆ Creating a specialist Children & Families Team
- ◆ Partnership working to further improve the adaptations process
- ◆ Leading the multi-agency work to create a Joint Community Equipment Store
- ◆ Removal of the Self Referral Form
- ◆ Developing effective Contact Team arrangements

2.6 The following areas still require further work to maximise the improvements to the service:-

- ◆ Enhancing User and Carer involvement
- ◆ Improving the rate of recovery for DLE
- ◆ Maximising the use of voluntary sector in the assessment and provision of services
- ◆ Enhancing the role of Support Staff

2.7 Additional development work will be undertaken during the next six months, as part of the Physical Disability and Sensory Impairment Best Value Performance Plan (and associated Team Plans). A further progress report will be submitted in due course.

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BACKGROUND DOCUMENTS

Best Value Review of Physical Disability and Sensory Impairment Services (March 2001)

	Recommendation	Action Plan	Progress
1	Review the present PD organisational structure of four different geographical areas.	<p>Centralise services within St. Mary's House, Eastbourne whilst maintaining some out-posted locality offices.</p> <p>Where appropriate organise work on a priority and generic basis (as opposed to existing locality structure)</p>	<p>Action in respect of this activity has been somewhat limited pending the clarification of funding relating to the County Council's accommodation strategy. However, the culture of single service and cross-area working has been successfully introduced into all teams.</p> <p>Recruitment to a dedicated Children & Families OT Team has commenced and each RSL will be assigned a link OT during the Autumn. This link OT will take the lead role for their housing stock regardless of Area.</p> <p>All cases waiting assessment for more than 64 days are prioritised on a countywide basis and allocated accordingly. This has assisted in significantly reducing the average time taken for a service user to be seen.</p>
2	<p>Address the following operational factors aimed at improving the efficiency and effectiveness of the service:</p> <p>a) Provision of wider development opportunities for OTs and OTAs.</p>	Introduce specialist teams and functions with the opportunity for staff to rotate within the service gaining exposure and experience in new areas of work	<p>The following activities have the advantage of both improving the efficiency of the service in addition to creating "rotational" opportunities :-</p> <ul style="list-style-type: none"> ◆ A specialist Children & Families OT Team ◆ Housing OTs within Boroughs & Districts ◆ Link OTs for Registered Social Landlords ◆ Secondment into Independent Living Teams ◆ OTA Roles in Housing and Home Care

	<p>b) Qualified and stable administrative support located centrally and employed on longer-term contracts as far as possible.</p> <p>c) Development of ICT and 'Care First' in such a way that it can sustain accurate and less demanding administrative work for fieldwork staff.</p> <p>d) The promotion of a 'one stop' contact point for clients and further awareness-raising about the service.</p> <p>e) Ensure the consistent delivery of social</p>	<p>Recruit permanent administrative staff following Departmental restructuring</p> <p>Implement Direct Practitioner Input</p> <p>Review the range of management and operational information produced by CareFirst.</p> <p>Create countywide contact team (in conjunction) with Adults Commissioning Services</p> <p>Review referral management process within</p>	<p>A number of permanent appointments have been made to improve the stability of the administrative support within the service. However, this process has been restricted to ensure that a degree of flexibility can be retained when responding to service based changes elsewhere within the Department.</p> <p>The Sensory Impairment Service is scheduled to transfer to DPI before Christmas with the Physical Disability Teams transferring during the 2002/03 financial year</p> <p>A substantial review of the management information has just been completed. This has the potential to reduce the number of reports and minimise duplication. Details of the changes in requirements have been logged with the CareFirst Implementation team for inclusion in their work programme.</p> <p>With effect from 01/10/01 joint Contact Teams will operate in the Hastings & Rother and Lewes & Wealden Areas. Further migration to a countywide team will prove difficult without suitable accommodation being identified.</p>
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	<p>care assessments.</p> <p>f) Reduce the use of the self-referral form in line with lessons learnt from the Hastings pilot.</p>	<p>Sensory Impairment Service and enhance the current quality controls.</p> <p>Commence direct referral for 90% of cases in conjunction with the formation of the Contact Team detailed above.</p>	<p>Review has been completed and procedures have been put in place to ensure consistency within the Team. The recent appointment of a Practice Manager should further enhance the current quality monitoring procedures.</p> <p>Direct Referral commenced in all teams on 01/07/01. SRF is still used for “special” cases (currently less than 3%)</p>
3	Continue to pursue the Inter-Agency Joint Provision of DLE.	Work with partners in the local Health Community and voluntary sector to create a joint Community Equipment Store by no later than April 2004 (as required by the NHS Plan).	Multi Agency Project Board has been convened and the multi agency “senior responsible officer” has been identified as a Social Services Manager. Joint appointment of a Project Manager has been made and a 3 year detailed work programme will be submitted to the Board during September.
4	Set an increasing year-on-year target for the recovery of DLE	<p>Work with the County Council’s contracted equipment provider to increase the recovery rate as specified.</p> <p>Work with public and private sector colleagues to maximise recovery levels by holding one off amnesties and promotional days.</p>	<p>The County Council’s contracted equipment provider will be writing to recipients of equipment on a six monthly basis checking that the equipment is still in good order</p> <p>Plans have been created to hold an “amnesty” week during the Autumn in conjunction with the NHS & private sector</p> <p>Chart B at Appendix 2 plots the percentage of items recovered on a quarterly basis. Chart B</p>

			shows the value of the items recovered
5	<p>As part of a drive to reduce waiting times, increase the involvement of other suitably qualified organisations and people in assessment at the referral stage so that;</p> <p>a) aspects of assessment can be contracted-out to appropriate voluntary agencies which have the ability and capacity to carry out the work;</p> <p>b) the skills of support workers and some voluntary groups are developed so that they can take on some aspects of assessment.</p>	<p>Target: Reduce the waiting list for assessment by 50%</p> <p>Explore with local specialist voluntary groups the possibility of contracting out some or all aspects of registration.</p> <p>Explore with local Disability organisations the possibility of diversion and basic DLE assessments and trials to be carried out.</p> <p>Review the role and function of the OTA</p>	<p>Achieved 31/07/01 through the creation of a time limited “Hit Squad” from within existing resources. Best Practice from this exercise is currently being collated so that it can be introduced within the core teams.</p> <p>Chart B in Appendix 2 plots the number of people waiting for an assessment from the Service and shows the impact of the “Hit Squad” from April 2001</p> <p>Progress on this action point has been limited to outline discussions. However, plans are in place to take this forward in greater detail during the Autumn/Winter</p> <p>Progress on this action point has been limited to outline discussions. However, plans are in place to take this forward in greater detail during the Autumn/Winter</p> <p>This task is being addressed by incorporating it into the overall reconfiguration of the service.</p>
6	Involve service users and their carers in the planning and delivery of the service	Enhance the direct and indirect user and carer participation on the following groups:	Some progress has been achieved in this area with increased User membership of the

	<p>through focus groups or other means that allow them to have a collective voice.</p>	<p>-</p> <ul style="list-style-type: none"> ◆ Disability Strategy Group ◆ Equipment Review Group ◆ Welfare to Work Joint Investment Plan <p>Explore the creation of a User and Carer Panel/Focus Group drawn from existing and former service users (and their carers)</p>	<p>Disability Strategy Group. Plans are currently being formalised in respect of representation on the Equipment Review Group.</p> <p>The Client Satisfaction Questionnaire has been amended to seek volunteers for this panel/focus group and, to date, the response has been encouraging.</p> <p>Informal discussions have also taken place with a local voluntary organisation to explore the possibility of sharing the organisation of a disabled persons focus group.</p> <p>Users were directly representation on a recent tender evaluation process and this was found to be extremely beneficial in assisting the awarding of the contract to the most appropriate provider.</p>
7	<p>Pursue the viability of joint working arrangements with Health for the future provision of occupational therapy</p>	<p>Explore the possibility of joint schemes for shared assessment and provision of equipment.</p>	<p>Significant developments at a National and Local level are planned for the future integration of Health and Social Care. Within</p>

	services to the public.		<p>the Physical; Disability and Sensory Impairment Service joint working arrangements have been created for :-</p> <ul style="list-style-type: none"> ◆ Paediatrics ◆ Stroke Rehabilitation (Eastbourne DGH) ◆ Amputee Hospital Discharge (E'bn Downs) ◆ Hospital Discharge (Hastings & Rother) ◆ Bed and Hoist Provision
8	Maintain and enhance the present arrangements whereby an OT is attached to the Districts and Boroughs to deal with housing adaptations and continue to ensure efficiency and effectiveness in the adaptation process.	Work with Boroughs and Districts and RSLs to ensure a consistent efficient service is available to householders in all tenure of property (i.e. owner-occupier, Public Sector Housing, Housing Association, private tenant)	<p>Plans are being developed and consulted upon to extend the dedicated OT role to public sector and social housing</p> <p>The Joint Approach to Adaptations Group (chaired by Social Services) is being nominated for an award from Foundations (the national organisation for Home Improvement Agencies) for its effective partnership working.</p>
9	<p>Give further consideration to:</p> <p>a) The use of Direct Payments scheme for some physical disabilities and sensory impairment services.</p> <p>b) Investigating the Essex CC 'rapid response' approach to addressing</p>	<p>Explore within the capacity of the contract the creation additional packages of care for disabled people under the Direct Payments Scheme</p> <p>Identify the Best Practice elements from the Essex model and apply where possible to</p>	<p>No progress has been made on this item as the Direct Payments contract is operating in excess of its capacity and without additional funding is unable to extend its current remit.</p> <p>This action point has been incorporated with the reconfiguration of the service and the Best</p>

	waiting times.	East Sussex services.	Practice drawn from the Hit Squad (which incorporated many of the principles of the Rapid Response model)
10	Give consideration to reviewing the Single Status arrangements agreed by the County Council in April 1999 which do not allow OTs who come to Social Services from Health to bring with them the conditions of service, or claim occupational sick leave in the first year of employment.	Explore the possibility of a local variation to the National Single Status agreement that will permit the transfer of continuous service benefits between Health and Social Care organisations	The issue of transferable conditions is both a local and national issue and will need to be addressed as part of the planning process for the future integration of Health and Social Care economies. This issue will potentially affect a wider staff group than State Registered Occupational Therapists.

Appendix 2

Chart A - % Recovery Rate on DLE Spend - Quarterly April 2000 to June 2001

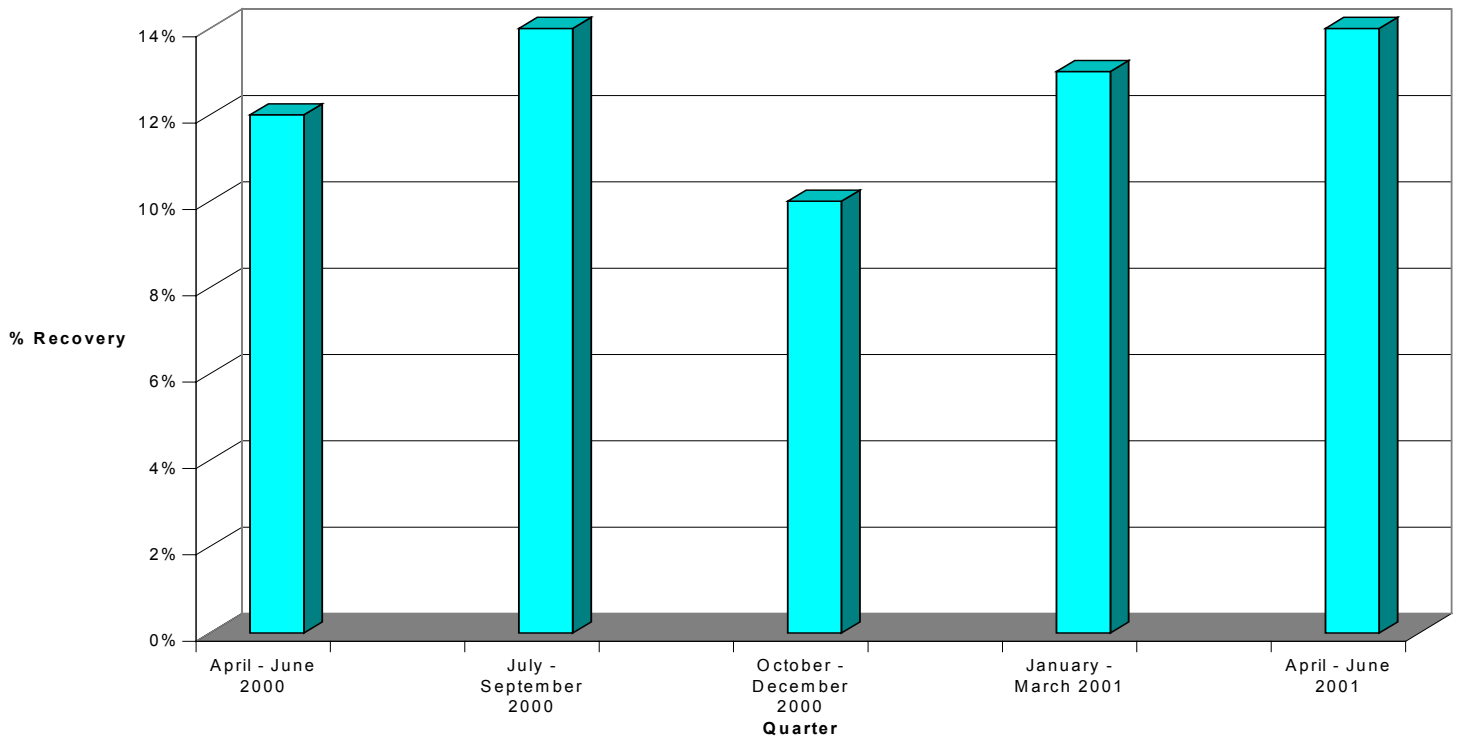


Chart B - No. of Cases Awaiting Allocation - May 2000 to June 2001

