

Agenda Item No. 8b

Committee	Scrutiny Committee for Social Services & Health
Date	27 March 2002
Title of Report	Best Value Review of Physical Disability and Sensory Impairment Services – Final Monitoring Report
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.

1. Financial Appraisal

1.1 From the initiatives relating to return of DLE, there has been an increase in income of £40,000. This is reflected in the 2002/2003 budget. All other areas of progress are improving quality and have not led to efficiency savings.

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 benefits that will not be realised until the 2002/2003 financial year.

2.5 Key achievements relating to the action plan included:-

- ◆ Reducing the waiting list for assessment by 50%;
- ◆ A specialist Children & Families Team will be in place on 8th April, 2002. The Children's Disability Team will now include dedicated Occupational Therapists;
- ◆ Partnership working to further improve the adaptations process;
- ◆ Leading the multi-agency work to create a Joint Community Equipment Store – Project Manager appointed;
- ◆ Removal of the Self Referral Form;
- ◆ Developing effective Contact Team arrangements.

All of the above measures will improve quality of service.

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 continue to be undertaken during the next twelve months, as part of the Physical Disability and Sensory Impairment Strategic Plan (and associated Team Plans).

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BACKGROUND DOCUMENTS

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

	Recommendation	Action Plan	Progress
1	<p>Review the present PD organisational structure of four different geographical areas.</p>	<p>Organise work on a priority and generic basis in localities co-terminus with that of the Primary Care Trust areas for Hastings & Rother, Sussex Downs & Weald and Eastbourne Downs.</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>A dedicated Children & Families OT Team has been recruited. New access criteria, which reflect resource levels are being piloted.</p> <p>A short life county-wide OT team for high priority cases, which have waited beyond their target timescales was implemented.</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> <p>b) Qualified and stable administrative</p>	<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>	<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 ◆ Secondment into Independent Living Teams ◆ OTA Roles in Housing and Home Care <p>Process has been restricted to ensure that a</p>

	<p>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 care assessments.</p>	<p>Implement Direct Practitioner Input</p> <p>Review the range of management and operational information produced by CareFirst.</p> <p>Create contact team structure with Adults Commissioning Services</p> <p>Review referral management process within</p>	<p>degree of flexibility can be retained when responding to service based changes elsewhere within the Department.</p> <p>The Sensory Impairment Service transferred to DPI during 2001/02, with the Physical Disability Teams transferring during the 2002/03 financial year</p> <p>The availability of management information is under discussion. 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>Joint Contact Teams for OT services are now operating in the Hastings & Rother and Lewes & Wealden Areas. A Joint Contact Team for Eastbourne is planned as soon as joint office accommodation becomes available.</p> <p>The Sensory Impairment Contact Team operates separately.</p> <p>Review has been completed and procedures have been put in place to ensure consistency</p>
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		Sensory Impairment Service and enhance the current quality controls.	within the Team. The appointment of a Practice Manager should further enhance the current quality monitoring procedures.
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>Leaflets have been produced, inviting the return of unwanted equipment and these have been displayed on community notice boards.</p> <p>Chart B at Appendix 2 plots the percentage of items recovered on a quarterly basis. Chart B shows the value of the items recovered.</p>
5	As part of a drive to reduce waiting times, increase the involvement of other suitably qualified organisations and people in	Target: reduce the waiting list for assessment by 50%.	Recruitment of OTs has also been an issue.

	<p>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>Moving & Handling legislation and moving for core staff has increased the number of referrals in recent times.</p> <p>Explore with local specialist voluntary groups the possibility of contracting out services.</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>Chart B in Appendix 2 plots the number of people waiting for an assessment from the Service.</p> <p>Progress on this action point has been limited to outline discussions. Plans are in place to take this forward.</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.</p> <p>This task is being addressed by incorporating it into the overall reconfiguration of the service.</p>
6	<p>Involve service users and their carers in the planning and delivery of the service through focus groups or other means that allow them to have a collective voice.</p>	<p>Enhance the direct and indirect user and carer participation on the following groups:</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>User membership is currently being formalised in respect of representation on the Equipment Review Group.</p> <p>The Client Satisfaction Questionnaire has sought volunteers for this panel/focus group and the response has been very encouraging, with over 400 service users willing to be panel members.</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>The Welfare to Work Joint Investment Plan Group now has both sensory impaired and physically disabled members.</p>
7	Pursue the viability of joint working arrangements with Health for the future provision of occupational therapy services to the public.	Explore the possibility of joint schemes for shared assessment and provision of equipment.	<p>Significant developments at a National and Local level are planned for the future integration of Health and Social Care. Within the Physical Disability 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).	Plans are being developed and consulted upon to extend the dedicated OT role to public sector and social housing

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>Explore within the capacity of the contract the creation additional packages of care for disabled people under the Direct Payments Scheme .</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>
10	<p>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.</p>	<p>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.</p>	<p>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.</p>
