

REPORT TO: BEST VALUE SUB COMMITTEE - 26 February 2002

**REPORT ON: BEST VALUE REVIEW OF THE SOCIAL WORK DEPARTMENT
OCCUPATIONAL THERAPY SERVICE**

REPORT BY: CHIEF EXECUTIVE

REPORT NO: 172-2002

1.0 PURPOSE OF REPORT

1.1 This report is the result of a Best Value Review into the Occupational Therapy Service provided by the Social Work Department.

2.0 RECOMMENDATIONS

It is recommended that:-

2.1 the Director of Social Work works with representatives of the Health Board and Trusts to further improve arrangements for service delivery and:

- agree areas of duplication and a strategy for their removal by the further development of joint working arrangements.
- agree option for further integration of services.
- agree options for pooled budgets with an objective of improved service efficiency.

2.2 an Occupational Therapy Forum is established to assist the Department in:

- development and maintenance of standards for the delivery of occupational therapy services.
- the further development of user information.
- the development of performance standards.
- utilising research to inform the development of services.

the Forum will comprise of representatives from:

- service users
- carers
- elected members
- occupational therapy staff
- senior social work managers

2.3 the Director of Social Work acts on the recommendation of the Tayside Primary Care Trust's Community Loan Equipment Review particularly to establish integration of store facilities.

2.4 the Sub-Committee agree with the proposals for continuous improvements.

In summary these are:-

- reduction in waiting times
- establishment of an occupational therapy forum
- improvement in public information
- greater integration with Health and other Community Care Services
- more robust stock control

3.0 FINANCIAL IMPLICATIONS

3.1 This review accounts for 1.5% of the department's Revenue Budget at a budget cost examined of £663,000 and this represents 24% of expenditure reviewed in this Department in 1999/2000.

4.0 LOCAL AGENDA 21 IMPLICATIONS

4.1 The recommendations within this report will generally enable people to maximise their independence within their own homes and assist in contributing to the maintenance of health in the community.

5.0 EQUAL OPPORTUNITIES IMPLICATIONS

5.1 This service provides assessment, professional advice and assistance to enable people with functional difficulties to maximise their independence.

6.0 DEFINITION OF THE SERVICE REVIEWED

6.1 To provide a lead in fulfilling the Council's statutory duty to chronically sick and disabled people.

6.2 Two teams of Occupational Therapists are available to advise and help people with disabilities in all age groups and in particular those who have more severe disabilities and illnesses;

- by teaching new skills or compensatory methods to overcome functional difficulties.
- by providing support to the service user and their carer in understanding and coping with disability.
- by giving information and advice about other social work services available.
- by advising and/or supplying necessary specialised equipment
- by advising and guiding people through the process of making adaptations to their house if they are the owner/occupier, OR
by assessing and recommending adaptations needed to the owners of the property in which people live eg Dundee City Council, Housing Associations.
- by advising of any financial implications related to any recommended provision.

6.3 Referrals are made from a range of sources including Health Trust Occupational Therapists, Self-referrals, Carers and Relatives, Community Nursing staff and GPs.

6.4 Staffing Structure

2	Senior Occupational Therapists - Team Leaders	
10	Occupational Therapists	
4	Occupational Therapy Assistants	- GS3
4	Clerical Assistants	- GS1/2
1	Storeman	- GS1/2

7.0 **JUSTIFICATION FOR REVIEWING THIS SERVICE**

7.1 The review examines key aspects of Dundee City Council's Occupational Therapy Service including the relationship with other Council departments and the interface with Health Trusts.

7.2 The relationship of the service with Health Occupational Therapists and other disciplines is critical to its success. The Scottish Office 'Modernising Community Care - Action Plan' highlighted the importance of addressing issues such as speedier decision making and joint working. In addition there is central government impetus to increase development of partnership work between health and social services. The Joint Future Group has also recently issued its report which further develops this direction. These are issues which are examined within the review process in order to ensure optimal efficiency in achieving satisfactory outcomes for service users and value for money to the Council.

7.3 Because all Council services are being reviewed within a five year period.

8.0 **REVIEW METHODOLOGY**

8.1 The Review Team was led by a Team Leader (Personnel and Management Services), the Lead Officer (Manager, Criminal Justice Services), five officers within the Social Work Department, one officer of the Housing Department and two representatives from Health.

8.2 The process consisted of consultation, performance measurement, benchmarking and option appraisal.

9.0 **CRITICAL SUCCESS FACTORS**

9.1 Stakeholders

- Service Users
- Carers
- Health Services
- Other service providers within the Social Work Department.
- Dundee City Council Housing
- Housing Associations
- Voluntary Agencies

9.2 Consultation

Consultation, through questionnaires and interviews, was carried out with service users, their carers and other stakeholders (Care Managers, Housing Associations, Voluntary Organisations, Health staff). The objectives of this consultation were to identify critical success factors for this service and to measure how service users currently perceive the quality of this service.

9.3 Critical Success Factors

From consultation the Critical Success Factors were established:

- Waiting Time
- Customer Care
- Quality of Service
- Cost

10.0 PERFORMANCE REVIEW

10.1 The Performance Indicators against which the quality of the current service is measured and current performance are:

Critical Success Factors	Performance Indicators	Current Performance			
			Very Satisfied	Satisfied	Overall Satisfied
Waiting Time	Satisfaction with waiting time	Service User Carer	71% 71%	14% 20%	85% 91%
	Average waiting time	7 weeks			
Customer Care	Satisfaction with level and quality of information.	Service User Carer	79% 80%	10% 7%	89% 87%
	Satisfaction with involvement in processes and decisions.	Service User Carer	79% 73%	15% 21%	94% 94%
	Satisfaction with courtesy and helpfulness of staff.	Service User Carer	93% 90%	2% 5%	95% 95%
Quality of Service	Satisfaction with how arrangements were carried out.	Service User Carer	77% 75%	15% 16%	92% 91%
	Satisfaction with service being responsive to needs.	Service User Carer	74% 74%	19% 18%	93% 92%
	Satisfaction with final outcome	Service User Carer	85% 75%	1% 18%	86% 93%
Cost	Average unit cost to process each referral.	£197			

(The sample also included a small number of health, voluntary organisations and social work department representatives. Their responses did not vary significantly from those of service users and carers).

10.2 Generally, levels of satisfaction are good. There are however areas particularly with regards to waiting time and information where significant improvements could be made. Attention also needs to be given to improved final outcome. Further

information on the reasons for people's dissatisfaction will be sought to inform operational response.

10.3 **Critical Success Factor - Waiting Time**

10.3.1 The principal factors affecting waiting times are the rate at which referrals are received and the availability of occupational therapy staff. Earlier discharges from hospital and the increasing emphasis on care in the community have created greater demands for service and pressure on resources. Budgetary constraints on the part of all housing providers adds to the time taken to complete works.

10.3.2 Duty arrangements and screening have been revised to ensure that there are no unnecessary delays in process.

10.3.3 There is room for improvement. This will be achieved by better targeting of human resources, continuing development of arrangements with health professionals and the implementation of the revised housing adaptation process (arising out of the Housing Department's Best Value Review).

10.4 **Critical Success Factor - Customer Care**

10.4.1 Service users are generally satisfied with the courtesy and helpfulness of staff. They are however less satisfied with the information available to them. There has been significant development in this area over the last two years with the introduction of leaflets on a range of subjects. However, there is room for progress and the Occupational Therapy Forum will provide a means to take this forward.

10.4.2 The Ability Centre which has the primary responsibility to provide advice and information to people with disabilities was reviewed within the Best Value Review of the Mackinnon Centre. As a consequence its operation is being further developed within the context of the Council's Communication and Public Information strategies. This anticipates the recommendations of the Joint Future Group which calls for an improvement in information services.

10.5 **Critical Success Factor - Quality of Service**

10.5.1 Overall satisfaction with the quality of service is 89%. Although satisfactory there is scope for improvement.

10.5.2 Working arrangements with health staff have been improved by the introduction of a Joint Working Agreement. This has improved the appropriateness of referrals, improved the quality of information transfer, reduced duplication and achieved better co-ordination. Joint working pilots have also been established with Tayside Association for the Deaf (for provision of equipment to the Deaf and Hard of Hearing) and with Tayside University Hospital Trust to work with rheumatology patients at Ninewells. In addition, joint training with health staff is maintained in a continuing education programme.

10.5.3 Working arrangements with the Housing Department are in the process of improvement following Best Value Review. Specifically, the improvement proposals of that review have reduced the time taken to process grant applications; set targets for Contract Services to carry out works; and a supplementary report in preparation will align certain areas of Housing Department and Social Work Department policies.

10.5.4 Working arrangements with Home Care are also under review to ensure the appropriate timing of assessments, the avoidance of duplication of effort and the

maintenance of independence for as long as is possible. An initial target is to ensure that bathing abilities are assessed by an Occupational Therapist before any bathing services are agreed.

10.5.5 However, concerns are frequently expressed to elected members regarding the occupational therapy service. Typically, these relate to cases where the user believes that decisions have been made unreasonably or that they do not understand the criteria which have been applied. Despite attempts to improve information and transparency in decision making, this remains a serious problem. The Occupational Therapy Forum will provide a means of addressing this through case reviews, the monitoring of standards and the development of public information.

10.5.6 Customer Care training has been delivered to all occupational therapy staff during the course of this review.

10.6 **Critical Success Factor - Cost**

10.6.1 Dundee City Council introduced a one-off charge of £25 for basic equipment during 1997/98. This generates annual income of approximately £17,000. The cost of carrying out the financial assessment and processing the charging was identified as being approximately 50% of the income actually generated. Charging for this part of the service is different from the rest of the Department's charging policy - it is a one off charge rather than a regular charge, therefore the assessment costs are high in comparison to the income generated. It is however, imperative that welfare benefit checks are carried out to achieve income maximisation in accordance with anti-poverty and social inclusion policies.

10.6.2 The Health Board does not charge for this service and this difference is perceived as being a barrier to joint working.

10.7 **Research and Background Information**

10.7.1 Research in relation to occupational therapy services, equipment and information services together with relevant Scottish Executive policy statements have been considered within this review. The findings have been taken into account when formulating recommendations and proposals. The information is detailed in Appendix 1.

11 **BENCHMARKING**

11.1 **Critical Success Factor - Waiting Time**

11.1.1 Data obtained from five other Local Authorities show Dundee City Council as fourth out of the six with an average response time of 7 weeks - the average of the sample was 2.2 months. Dundee was third in terms of the numbers on the waiting list. The two Authorities which performed better than Dundee have both got greater resources both in staffing and equipment/adaptation budget. Two of the three which performed worse also had better resourcing than Dundee.

Within the lifetime of this review, simplified screening and allocation processes have been adopted. This, in conjunction with improved recruitment, has reduced average waiting times by 20% to 5.5 weeks.

11.1.2 Referrals are also acknowledged within two working days in 90% of cases which is in line with Departmental Improvement Standards.

- 11.1.3 Reduced working times should be seen in the context of the current establishment of 10 Occupational Therapists for 1,000 population in Dundee. This compares favourably with the national position as outlined in the Scottish Executive Statistics Bulletin which indicated that Dundee had 0.080 per 1,000 against a national average of 0.093.
- 11.2 Critical Success Factor - Customer Care**
- 11.2.1 Detailed process benchmarking with two other Local Authorities was carried out.
- 11.2.2 Both had duty systems which encourage telephone referrals to Occupational Therapy Assistants who screen and follow up urgent referrals. One of these Authorities has more Occupational Therapy Assistants than Dundee and the other was creating additional posts to cover the responsibility. This means that simple referrals receive a quicker response but does require staffing to be available in the office.
- 11.2.3 In one Authority District Nurses had been specifically trained to issue certain items of equipment. In the other, Hospital Occupational Therapists issued some items of equipment. In this Authority, where a charging policy is in place, charges had to be waived for equipment issued by hospital.
- 11.2.4 In one Authority Occupational Therapists carry out Care Management Assessments before passing to Care Managers, in the other, Occupational Therapists hold Care Management responsibility. This increases waiting lists. Care Management is not carried out by occupational therapists in Dundee which means they focus on occupational therapy tasks.
- 11.2.5 A review report from a third Authority outlines arrangements for self-referral - using a proforma the potential service user details their circumstances. On the basis of this information the referral is prioritised with low referrals being directed to the local Disabled Living Centre. Similar arrangements apply in Dundee where self-referral forms are sent to self-referrers or completed by telephone interview to inform screening and prioritisation for service.
- 11.3 Critical Success Factor - Quality of Service**
- 11.3.1 The process benchmarking showed that the other two Authorities did not use Welfare Rights personnel to check benefits and charging issues as is the case in Dundee. This produced quicker decisions as the matters are dealt with within the Occupational Therapy Section.
- 11.3.2 A charging policy is in place in one of these two Authorities. The charging policy in place has an incremental level of contribution. As previously stated, this creates problems for the issue of equipment by Hospital Occupational Therapists. In practice, the Service Manager exercises discretion for many decisions. The policy does not appear to generate large amounts of income although specific information was not available.
- 11.3.3 In both Authorities, the Occupational Therapy teams deal directly with the Direct Labour Section. This produces quicker action for minor adaptations in Council properties. Dundee's recent Best Value Review of Housing for Physical Disabilities has brought forward recommendations for improvement in process but will still leave the control and management of works with the Housing Department.

11.4 **Critical Success Factor - Cost**

- 11.4.1 Equipment and adaptation budgets compared with eight other Authorities show a wide spread of expenditure per capita from the highest of £3.55 to £1.40. Dundee is sixth on this rating with an expenditure of £1.76 per head of population against the average of £2.12 per capita across the benchmark sample.
- 11.4.2 Unit costs defined as the overall cost of processing individual referrals were benchmarked against five other Authorities. This showed that Dundee is 2nd lowest with a unit cost of £197 in a range from £181 to £302 per referral (average £230). Since the time of this analysis, higher activity levels in Dundee have reduced the unit costs to £170 which is currently lower than any of the benchmarked Authorities.
- 11.4.3 Information from a number of Authorities regarding equipment services all emphasised the importance of stock control and recycling arrangements to optimise value for money. Currently, Dundee does not have the necessary IT systems to address this issue adequately. Joint arrangements with Health Services would help take this agenda forward.

11.5 **Conclusion**

- 11.5.1 In summary, Dundee City Council has less than average resources, both in terms of staffing and expenditure on equipment and adaptations. The waiting times reflected the limitations of human resources. Actions detailed in 11.1.1 have contributed to a 20% improvement in waiting times. Procedures are broadly similar to those in the two others with whom detailed comparison was made. Differences reflect local organisational and inter-agency arrangements.
- 11.5.2 Arrangements with Health colleagues are well developed at a practitioner level. They must be further improved in accordance with Joint Future Group recommendations by the organisational changes proposed in the Continuous Improvement Proposals.
- 11.5.3 In view of the need to minimise waiting times with limited human resources, consideration must be given to directing simple assessments to Occupational Therapy trained staff whilst ensuring that standards of service are not compromised. This will ensure that optimum use is made of qualified Occupational Therapists.
- 11.5.4 There must be further development of working arrangements with Health Occupational Therapists. This will allow the development of a more flexible and creative partnership with Health Services particularly in the area of provision of small equipment to facilitate discharges. This can be achieved by having common procedures and practice wherever possible. This in turn will further reduce duplication in accordance with the Joint Future Group recommendation. It will also free up Community Occupational Therapists by reducing the number of cases which require follow up or repeat assessment.
- 11.5.5 Internal departmental systems must ensure that there are appropriate arrangements for assessment. Currently, cases may be simultaneously directed to Care Management, Home Care and Occupational Therapy with consequent duplication and inefficiency. Actions in response to the Older People's Working Group Report and the Assessment and Care Management Review, together with work being undertaken operationally with Home Care Services, will address this issue. This will also require a review of the staffing structure of the Occupational Therapy Service to ensure that it is appropriately resourced with regards to the qualification and experience of staff.

- 11.5.6 The development of an integrated store, if it receives multi-agency support, will further enhance the development of user focused services and improve cost effectiveness. National research supports this view.
- 11.5.7 Given the restrictions on equipment budgets, provision must be monitored to ensure it is targeted appropriately to the areas of greatest need.
- 11.5.8 Self-assessment for small equipment in line with Joint Future Group recommendations will need to be addressed. It will have the potential benefit of saving Occupational Therapists' time and reducing waiting.
- 11.5.9 Working arrangements with the Housing Department and other housing providers must be maintained and improved to ensure that the time taken to carry out adaptations is minimised. There should not be unnecessary delays caused by internal processes.

12 OPTION APPRAISAL

- 12.1 Given that Occupational Therapists work in relationship with a number of other departments and agencies, and are employed by both Health Trusts and Local Authorities, there are a range of operational arrangements which should be considered.
- 12.2 The key obstacles to bringing occupational therapy service within one organisation are the separate career and salary structures. To achieve such an arrangement would require the agreement of the Tayside Health Board, Tayside University Hospital Trust and Tayside Primary Care Trust. To have any significant impact it would also require an agreement between Tayside University Hospital Trust and Tayside Primary Care Trust to transfer Occupational Therapists into one of the two Trusts.
- 12.3 Regardless of the operational management structures set in place, the efficient, effective provision of occupational therapy service requires service arrangements which reflect the principles:-
- that Occupational Therapists have common core skills. They also have skills and knowledge which are specialist to their area of practice.
 - that occupational therapy practice in the community is a specific area of equal significance alongside other clinical specialties.
 - individual members of the public as patients or clients require good information about services and points of access to these services. They should know who, in which agency, is responsible for particular aspects of service.
 - that workers at any point can make better informed decisions if they have access to previous information. Protocols which require the checking of previous information and IT systems which allow this information to be exchanged are required.
- 12.4 The creation of a single occupational therapy agency or service would not necessarily produce a service which has all the characteristics being sought regardless of where that service were to be located.

- 12.5 In considering the range of options against this background, the following options were considered:-
- 12.5.1 A decision **not to employ Occupational Therapists** would make it very difficult for the Council to fulfil its statutory duties to people with disabilities under the Chronically Sick and Disabled Persons Act. The skills and qualifications of Occupational Therapists are essential to carry through the responsibility for functional assessment and assistance to people with disabilities. Work would require to be undertaken by other personnel within the department. The expertise is not available elsewhere. The work requires either the direct intervention or supervision of qualified and experienced occupational therapy staff.
- 12.5.2 It is therefore not practicable to consider ceasing to provide an occupational therapy service.
- 12.6 **The transfer of occupational therapy to one of the Health Trusts** would increase professional autonomy. It is however possible that any such service would develop on the basis of a medical model and could lead to fewer skills in community occupational therapy as specialist skills are lost or diluted over time. Given that Health Services are free at point of delivery, charging policies would also have to be reconsidered.
- 12.7 **Location of community occupational therapy within the Tayside Primary Care Trust** would be a partial move in this direction. This would still require transfer of work between Tayside University Hospital Trust and Tayside Primary Care Trust. It would require new mechanisms to be established to deal with other Council departments and would distance occupational therapy from other local authority community care services.
- 12.8 **The transfer of occupational therapy to the local authority** would strengthen the community focus of the service and ensure that assessment and intervention was firmly linked to the person's domestic circumstances. It would strengthen the use of the social model of disability and aid the integration of occupational therapy with other community services.
- 12.9 It would lessen the input to clinical specialisms; increase need for general clinical training; and would require the development of a career structure for a health profession outwith the health service. Given that Ninewells Hospital is a major regional resource, it would require the agreement of all local authorities to develop a single model or alternatively the development of two separate models of practice within the hospital.
- 12.10 A partial move in this direction would be to manage the Community Rehabilitation Team occupational therapists and other health occupational therapists with a community remit through the local authority.
- 12.11 **The creation of a separate free-standing occupational therapy service** would meet some of the requirements of the contributing organisations. However it is doubtful if it would be substantial enough to be viable in its own right; would be of limited appeal to occupational therapists; and would have difficulty commanding resources as a small player to large contributing organisations.
- 12.12 There is no compelling evidence in favour of any one of the above models and it is unlikely that there will be short term changes of such magnitude. It is important, therefore, to recognise and build on the strengths of current working practice.

- 12.13 It is therefore recommended that **the option of incremental change** be adopted, reinforcing the principles detailed in 12.3 by actioning:-
- **common access to IT and records.** This tackles duplication and develops joint working arrangements. It will assist in the reduction of waiting times and improve responsiveness and outcome.
 - **the development of protocols which allow Hospital Occupational Therapists to issue basic equipment.** This will further improve integration. It will reduce waiting times and improve quality by simplifying the process for the customer.
 - **the development of a single common practice between Dundee City Council, Tayside University Hospital Trust and Tayside Primary Care Trust as regards the provision and sale of small items of equipment.** This is a significant area for the development of joint working and pooled budgets. It has the potential to reduce waiting times, improve service responsiveness and improve budgetary efficiency.
 - **the establishment of a joint/integrated store etc.** This has considerable potential within the context of joint working, pooled budgets and improved efficiency.
 - **the identification of health posts which could transfer to Community Occupational Therapy management within Dundee City Council.** This will aid integration and improve efficiency. It will also improve customer satisfaction with arrangements for support in their own home.
- 12.14 It is further recommended that the Director of Social Work and the Occupational Therapy Service Forum monitor the work being undertaken in other Authorities. They should do this with a view to adopting models of practice locally in the longer term if this assists the development of joint working arrangements.

13 CONTINUOUS IMPROVEMENT PROPOSALS

13.1 Continuous Improvement Proposal - Waiting Time

			PROGRESS
Achieve average waiting times of less than four weeks for allocation of referrals.	Service Manager	by Sep 01	
Ensure that referrals are acknowledged within two working days of receipt.	Senior Occupational Therapists	95% by Sep 01 100% by Dec 01	

13.2 Continuous Improvement Proposal - Customer Care

			PROGRESS
Establish Occupational Therapy Forum chaired by the Convener of the Social Work Committee.	Director of Social Work	by Sep 01	
Review available customer information and update and revise in response to customer satisfaction feedback.	Service Manager Senior Occupational Therapists	by Sep 01	
Review method of distribution of information to ensure it is targeted to current and potential customers.	Service Manager	by Sep 01	

13.3 Continuous Improvement Proposal - Quality of Service

			PROGRESS
Establish dialogue at a strategic level to further develop working with the Trusts, building on current initiatives.	Director of Social Work	by Sep 01	
Complete evaluation of pilot of joint working in Tayside University Hospital Trust Rheumatology Clinic.	Senior Occupational Therapists	by Sep 01	
Develop IT system within the SWD to generate the necessary management information.	Social Work Department IT Section	by Dec 01	
Invite Tayside Health Board, Tayside University Hospital Trust, Tayside Primary Care Trust to establish data access network to ensure information is available to relevant workers.	Social Work Department IT Section	by Dec 01	
Extend the current provision of basic equipment to include provision by hospital occupational therapists where appropriate.	Service Manager	by Dec 01	
Develop uniform arrangements for the provision of small items of equipment (under £25) by all relevant staff in conjunction with Tayside University Hospital Trust and Tayside Primary Care Trust.	Service Manager	by Dec 01	
Continue involvement in the Tayside Primary Care Trust Working Group on community loan equipment services and to act on the recommendations.	Head of Service	by Sep 01	

Continuous Improvement Proposal - Quality of Service (Cont'd)

			PROGRESS
Continue working with Home Care re bathing referrals to develop a single route for assessment.	Service Manager	Dec 01	
Continue joint training initiatives involving Dundee City Council, Tayside University Hospital Trust and Tayside Primary Care Trust (at least three times per year).	Senior Occupational Therapists	Ongoing	
Measure progress on Performance Improvement on an annual basis.	Service Manager	by Sep 01 and then annually	

13.4

Continuous Improvement Proposal - Cost

			PROGRESS
Review charging for equipment and adaptation to ensure that it supports greater service integration.	Social Work Department, Head of IT, Finance and Human Resources	by Sep 01	
Maintain cost per referral at current level	Service Manager	Annual review	
Set in place IT to support robust stock control and recycling monitoring	Social Work Department IT Section	by Dec 01	

14.0 CONSULTATION

15.0 BACKGROUND PAPERS

15.1 No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any confidential or exempt information), were relied on to any material extent in preparing the above report.

16.0 SIGNATURE

Director of Social Work

Date

Research and Background Information

- 1 The recently published "Occupational Therapy in Social Service Departments - A Review of the Literature" produced by the University of Exeter for the College of Occupational Therapists summarises a number of research findings in relation to service development and provision in recent years.
 - In England and Wales between a quarter and a third of referrals received by social work departments are dealt with by occupational therapists who represent a small proportion of social service staff. This is replicated in Dundee.
 - Pressure of demand for equipment and adaptations has restricted the broader use of occupational therapists.
 - Generally, the outcome of the provision of equipment or adaptations is viewed positively by the service user.
 - Disjointed services can disadvantage people being discharged from hospital whilst assessments carried out in hospital do not accurately predict ability to cope at home.
 - Outcomes can be improved by closer working relationships between Occupational Therapy and Home Care.
 - There is little evidence of the involvement of service users in the planning of occupational therapy services.

The research also highlighted:-

- Issues in relation to the greater involvement of occupational therapists in community care assessments.
 - that specialist expertise is required to carry out assessment for housing adaptations.
 - that greater integration in the practice of social service departments is possible.
- 2 The Audit Commission's report into equipment services in England and Wales "Fully Equipped" draws attention to the relatively low cost but high social value of equipment provision which can be enhanced when its provision is timely and well targeted. It recommended that:-
 - Social Services review their arrangements for the provision of equipment including processing, funding, IT support and recycling.
 - Health and Social Services establish joint stores.
 - Standards for information and equipment services should be published and made available to service users.
 - Guidance from the Disabled Living Centres Council should be taken into account in any review or development.

3 The key principles and standards for equipment services outlined by the Disabled Living Centres Council in their guide to good practice in disability equipment service “Community Equipment Services - Why Should we Care?” are:-

- Consultation - Services should be developed to a user-led agenda, monitored and evaluated in consultation with users.
- Information - Full and complete information and specialist advice is essential for informed choice.
- Choice - The use of equipment should be considered to be one of a number of ways to extend ability.
- Accessibility - Equipment services provided by statutory agencies should be accessible to the whole community.
- Equity - Entitlement to services should relate to personal need.
- Quality - The quality of the service should be defined by its users. Arrangements should be in place to ensure quality control in all aspects of service operation.
- Equality of Opportunity - People should have equal opportunities in the use of the service.
- Value for Money - Equipment services should be provided in the most cost effective and efficient way possible.

The report which emphasises the importance of equipment and information services was commissioned by the Department of Health.

4 Research commissioned by Social Work Service Inspectorate “Occupational Therapy: Changing Roles in Community Care” in 1994, recommended that:-

- Occupational Therapists be “freed up” to take on care management and exercise their wider skills.
- Community Care Team Leaders should screen all referrals.
- Resources be made available to increase the number of occupational therapy support posts to meet recommended ratios.
- Formal links with Home Care should be developed. Home carers should be trained in a more systematic way to use equipment in their own homes.
- Agencies should consider the potential advantages and disadvantages of developing a unified workforce straddling Health providers and Local Authorities.
- More Authorities should set up joint stores.

Although the research is dated, the issues raised are relevant as consideration must be given to the recommendation where they affect the resources directed to occupational therapy services and the working relationships and infrastructure which are developed.

- 5 The recently published research report “Users’ Views of the Occupational Therapy Service in Fife” extensively and independently surveyed users’ views. The research showed a generally high level of satisfaction with services. A significant number of respondents were critical of the service. They felt they had a lack of understanding of the assessment process, received poor information and did not feel involved in the process.

- 6 Recently the Scottish Health Minister, speaking in relation to Occupational Therapy Services, stated that,

“we must ensure that organisational barriers... do not affect the way we deliver services”, and that,

“agencies must work together, agree protocols, give information to one another, have clear lines of communication and above all, work closely with the person using the service and his or her carer to help that person’s rehabilitation”.

- 7 This reinforced statements previously made in “Modernising Community Care”;

“we must reduce waiting times”

“we expect high quality services delivered efficiently and effectively”

This report also required Local Authorities to:-

“build effective partnership with people who use services and their carers”

“reduce bureaucracy” and *“make decisions more quickly”.*

- 8 The Scottish Executive’s “Modernising Community Care: Guidance on the Housing Contribution” called for:-

- locally agreed protocols in relation to assessment
- the avoidance of fragmentation
- joint assessment in cases of complex needs.

This adds yet another dimension to the range of professional and organisational relationships which the Occupational Therapy Service is expected to engage in.

- 9 The Joint Future Group primarily focused on the provision of care for older people. It made a number of specific recommendations in relation to Occupational Therapy. It asked for the integration of equipment and adaptation services to ensure better user focus. Further to this it recommended a more efficient targeting of occupational therapy services to avoid duplication wherever practical.

BIBLIOGRAPHY**USERS' VIEWS OF THE OCCUPATIONAL THERAPY SERVICE IN FIFE**

Research Report for Dunfermline Forum on Disability
March 2000

OCCUPATIONAL THERAPY: CHANGING ROLES IN COMMUNITY CARE?

Kirsten Stalker, Chris Jones and Pete Ritchie
HMSO, 71 Lothian Road, Edinburgh EH3 9AZ
Crown Copyright 1995

COMMUNITY EQUIPMENT SERVICES....WHY SHOULD WE CARE?

A Guide to Good Practice in Disability Equipment Services
Maggie Winchcombe
The Disabled Living Centres Council, Winchester House, 11 Cranmer Road,
Kinnington Park, London SW9 6EG
1998

MODERNISING COMMUNITY CARE An Action Plan

The Scottish Occupational Therapy Office by The Stationery Office
November 1998

FULLY EQUIPPED The Provision of Equipment to Older or Disabled People by the NHS and Social Services in England and Wales

The Audit Commission, 1 Vincent Square, London SW1P 2PN
March 2000

OCCUPATIONAL THERAPY IN SOCIAL SERVICES DEPARTMENTS

A Review of the Literature
Gail Mountain
March 2000

MODERNISING COMMUNITY CARE GUIDANCE ON THE HOUSING CONTRIBUTION

A Consultation Draft
The Scottish Office, Development Department
December 1998