

DUNDEE CITY COUNCIL

REPORT TO: DUNDEE CITY COUNCIL SOCIAL WORK COMMITTEE - 17TH JANUARY 2005

REPORT ON: DUNDEE JOINT EQUIPMENT SERVICE

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 53 - 2005

1.0 PURPOSE OF THE REPORT

The purpose of the report is to:

- i) secure the committee's agreement to the proposal to establish a joint equipment service in Dundee described in the accompanying Business Case.

2.0 RECOMMENDATIONS

It is recommended that the Social Work Committee: -

- 2.1 support and agree to the commissioning of the Joint Equipment Service for Dundee.
- 2.2 approve the attached business case and that it be submitted to the Scottish Executive.
- 2.3 authorise the Director of Social Work in conjunction with other chief officers to enter into agreement with NHS Tayside and the Scottish Executive to establish the service..

3.0 FINANCIAL IMPLICATIONS

The estimated cost of a building which meets the specification both for a storage/cleansing and repair facility, office accommodation and the Disability Living Centre is £2.2m.

It is proposed that the capital development will be funded from two sources:

- i) £1.5m from the Primary and Community Care Premises Modernisation Programme. This has been approved in principle by the Scottish Executive, subject to submission of a Business Case that has the formal approval of NHS Tayside and Dundee City Council. However, the development would not go ahead should this funding not be forthcoming.
- ii) £700k to be borrowed by Dundee City Council through the Prudential Framework.

In revenue terms, the benefits and economies of scale to be derived from integrating the existing service components mean that additional revenue budget to provide the *actual* service would not be required indeed, there may be the potential for some savings that would be used to extend opening hours.

However, the additional recurring revenue costs of the new building are estimated, after offsetting existing budgets, at £125,165 per annum.

An apportionment based on service and occupancy of the building is that Dundee City Council should meet £88,530 of this additional cost. This will be met from within the Social Work Department's Revenue Budget from 2006/07 onwards.

4.0 LOCAL AGENDA 21 IMPLICATIONS

This initiative further improves the support for Dundee citizens to remain independent in their own home. Improved distribution and recycling arrangements will also improve the efficient use of resources

5.0 EQUAL OPPORTUNITIES IMPLICATIONS

The provision of equipment to disabled people increases their independence and thereby increases their capacity to maintain social integration and be part of an inclusive society.

6.0 MAIN TEXT

6.1 BACKGROUND

The partner agencies have long recognised the need for, and the benefits to be derived from, the provision of a joint equipment service.

This objective is reinforced by a number of studies and reports, both local and national, and more recently by the expectations of the Joint Future Unit, NHS Quality Improvement Scotland and others.

An outline proposal was presented to the Dundee Health and Local Authority Forum in January 2003. At that time the Project Group was remitted to develop a full business case for future consideration by the partners.

The delay in presentation has been primarily due to time taken to identify suitable premises, and the Project Group's inability to achieve success in that regard.

The proposal as it currently stands was considered at the Dundee Health and Local Authority Management Group on 26 January 2004, where it was agreed that:

A bid for capital investment would be made against the Primary and Community Care Premises Modernisation Fund allocation; (this was successful in principle but release of the capital will be dependent on formal signing off of the Business Case by NHS Tayside and Dundee City Council).

The Business Case should be submitted to the appropriate Boards/Committees for formal consideration and approval.

6.2 SUMMARY

The Business Case attached sets out detailed proposals for the integration of existing equipment and disability services to create a new and improved joint service.

The proposals have been developed in response both to the requirement to comply with policy and standards, and to the very practical, operational drivers within the partners' respective systems.

The policy context for the development is also set out. It highlights the importance of bringing about significant improvements in existing provision locally if we are to be able to increase the quantity and quality of care available to vulnerable people in their own homes.

The practical issues underpinning the proposals for the Dundee City Council are as follows:

- a) Their existing equipment service is fragmented, split over several sites, and the facilities for storage are not consistent with health and safety and manual handling requirements.
- b) The Ability Centre is inappropriately located in a setting where there is insufficient space to provide adequate demonstration facilities, and it is not easily accessible to members of the public, hence it is underused.
- c) The move from existing Social Work offices at Balmerino Road and Kirkton Road will necessitate alternative accommodation being found for the Occupational Therapy Service.
- b) Existing arrangements do not represent value for money in terms of duplication and the efficacy of retrieval and recycling systems.

The practical issues underpinning the proposals for NHS Tayside are as follows:

- a) Existing facilities lack the capacity to store the range of equipment, and in particular large items such as beds, needed to provide an effective and responsive service.
- b) Arrangements for infection control and the cleaning of equipment are inadequate and contravene infection control procedures and policies.
- c) Alternative uses of the Wallacetown site are currently under consideration which will necessitate relocation of equipment storage facilities in due course, potentially incurring additional costs.
- d) Existing arrangements do not represent value for money in terms of inappropriate use of staff time and the efficacy of retrieval and recycling systems.

The potential benefits of establishing a joint service would deliver a range of benefits for the public and for staff, and these are set out in the report. In summary, they are:

Delivery of a fundamental component of the network of joint services needed to facilitate appropriate and timeous discharges, and to support dependent people in their own homes.

More effective use of existing skills and resources and a more responsive service.

6.3 HUMAN RESOURCE IMPLICATIONS

A small number of staff working in existing Health and Local Authority Equipment Services will be directly affected by the implementation of these proposals. The appropriate agency procedures with regard to consultation will be applied.

A very small number of staff in Health work some of their hours for the Equipment Services and the rest for other parts of the service and negotiations will be required with regard to individuals' wishes and the disaggregation of hours where necessary.

For some individuals the issue of relocation costs may arise although these are not anticipated to be significant.

6.4 HEALTH AND SAFETY IMPLICATIONS

The development of a joint service will necessitate work to harmonise existing procedures and protocols, particularly for handling of equipment, storage and infection control to ensure consistency of application and compliance with health and safety requirements.

Any changes to existing arrangements for the delivery and installation of equipment will require a joint approach to the development and application of competency based standards.

7.0 CONSULTATION

The Chief Executive, Assistant Chief Executive (Management), Depute Chief Executive (Finance), Depute Chief Executive (Support Services) and Director of Education have been consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

Alan G Baird
Director of Social Work

Date: 10 January 2005



DUNDEE JOINT EQUIPMENT SERVICE

1. INTRODUCTION

The establishment of a joint equipment service in Dundee represents a key element of the partners' strategy to provide joint services designed to improve the quality and responsiveness of services for the City's population in keeping with national and local policy objectives.

The content of the Business Case sets out the basis on which the development of the joint equipment service has been agreed by the partners – Dundee City Council and NHS Tayside.

2. STRATEGIC CONTEXT

2.1 The establishment of a joint equipment service is consistent with:

- The recommendation of the Joint Future Group on the integration of equipment services (Community Care: A Joint Future (2000));
- Community Care and Health (Scotland) Act 2002.
- The recommendations of the Best Value Review of Local Authority (Dundee) Occupational Therapy Services (2001);
- NHS Quality Improvement Scotland – Quality Indicator 4 for Physical Disability Services;
- NHS Quality Improvement Scotland – Quality Indicator 6(a) for Older People in Acute Care;
- The Disabled Living Centres Council's Guide to Good Practice in Disability Equipment Services;
- A Strategic Review of Community Living Equipment – report from the Tayside-wide Steering Group chaired by Liz Wilson (2000).
- Circular CCD7/2001 – Joint Resourcing and Joint Management of Community Care Services.
- Adapting to the future – A baseline report – Audit Scotland (2004).

2.2 The establishment of a joint equipment service is also consistent with actions identified in the Tayside Health Plan 2003, the Dundee Joint Community Care Plan 2002-5, and the extended Local Partnership Agreement 2004/5.



3. STRATEGIC OBJECTIVES

- 3.1 To provide a single point of access for people of all ages who need modern, appropriate and safe equipment.
- 3.2 To provide the public with impartial advice and information about the equipment that is available, together with the opportunity to try it before it is issued. To increase the opportunities for self selection of equipment, and to ensure that what is provided meets individuals' specific needs.
- 3.3 Working in partnership, to make more effective use of existing resources and to provide a more responsive service.
- 3.4 To provide person centred, appropriate support to facilitate the care of vulnerable people in their own homes.
- 3.5 To significantly reduce waiting times (for the delivery and installation of equipment) for people in the community and those awaiting discharge from hospital.
- 3.6 To provide a source of expertise and advice for other health and local authority professionals to broaden routes of access to provision of equipment.
- 3.7 To provide a service that meets current standards and health and safety requirements.

4. THE VISION

A comprehensive resource that provides a single point to source health and local authority equipment services for staff and the public through:

- Up to date information, visits, demonstrations and training;
- Levels of assessment appropriate to need through Single Shared Assessment;
- Clear and agreed eligibility criteria based on need;
- Wider opportunities to access equipment through SSA and competency based training, removing the need for referrals and people to be passed round the system;
- Close operational links with adaptation services through the Occupational Therapy Service;
- A fast, responsive delivery and installation service.



5. PROPOSED OUTCOMES

5.1 For the service:

- Increased capacity through economies of scale and the integration of existing, scattered resources;
- More effective use of equipment resources through improved recycling, repair and infection control systems, and through IT based tracking and recovery systems;
- A single, more efficient and responsive system for the delivery, installation and uplift of equipment.
- Reduction in waste and inappropriate provision by giving people the opportunity to try equipment before it is provided, and through improved training for staff;
- More effective deployment of existing staff;
- Access for health and local authority staff to up-to-date equipment for demonstration and assessment purposes;
- A permanent display of a range of domestic equipment;
- Ongoing provision of information and training on new equipment developments;
- Reduction in inappropriate use of staff time (e.g., district nurses) in delivering equipment;
- Reduction in discharges delayed because of delays in the provision of equipment;
- A single, equitable access system for the provision of equipment utilising single shared assessment and competency based practice;
- Added value through the co-location of staff with a body of expertise in disability issues.

5.2 For service users:

- A single point of access for information about, and the provision of, equipment;
- Access, both on a call-in basis and by appointment;
- Provision of equipment which is safe and appropriate to individual needs;
- Enhancement of the ability to remain at home and increased independence;
- Faster access to the provision of equipment;
- Ability to obtain information from the service by telephone, e-mail, written and personal enquiries.



6. THE CURRENT SERVICES

Existing equipment and information services are fragmented and of variable quality.

6.1 Issues for Dundee City Council

- The Social Work Department has storage facilities at Market Mews, and at their offices at Balmerino Road and Kirkton Road.
- The premises at Market Mews are adequate and meet current standards, but they are under pressure for space with a 12 -15% year on year increase in demand for equipment which is expected to continue.
- Occupational Therapy staff and their administrative support are based in the Kirkton Road and Balmerino Road offices, both of which are planned for closure within the next eighteen months. The replacement provision on one site does not have capacity to accommodate the Occupational Therapy service but the new site is in close proximity to that chosen for the joint equipment service (see Section 11).
- The Ability Centre is currently accommodated in the Mackinnon Centre in Broughty Ferry. The space available there allows only very limited demonstration facilities and the Mackinnon itself is not easily accessible from all parts of the City for people without their own transport. Visits by members of the public can be intrusive for people attending, or staying for respite care at the Centre.
- The Education Department has only a limited requirement for storage of equipment. They currently use the basement of a building and have no dedicated facilities for delivery, repair, infection control or retrieval.

6.2 Issues for NHS Tayside

- The main base for Health's equipment service is Wallacetown Health Centre, with some equipment held for out of hours use at NewDoc.
- Current facilities at Wallacetown do not meet current standards with regard to storage and infection control.
- There is insufficient storage capacity to allow for the storage of large items such as hospital type beds – (although opportunistic use of a vacated wing has resolved this in the short term). This is reported to result in delays in getting people home from hospital in particular, while they wait for a bed to be delivered from the manufacturer.
- Delivery arrangements are such that district nurses frequently deliver equipment themselves.



- There are alternative plans under consideration for the Wallacetown site which will necessitate alternative storage and distribution facilities being identified in the medium to longer term.
- Health does not have one dedicated resource through which to channel information and advice on disability issues.

6.3 Common Issues

- Social Work currently has no equipment contracts, purchasing from a range of suppliers. Bulk purchasing is limited by available storage.
- Health purchasing is managed through Scottish Health contracts but storage imposes similar limitations.
- For both Health and the Local Authority, purchasing efficiency is limited by budgets, with pressures of demand exceeding supply being an additional factor in Health.
- None of the accommodation in current usage is suitable for establishing appropriate manual handling (of equipment) or infection control systems.
- Arrangements for equipment retrieval are adhoc, and often necessitate the exchange of equipment between Health and the Local Authority when it has been returned to the wrong department or uplifted alongside other equipment.
- Assessment is carried out in a variety of ways, and even with SSA, is still tied into different protocols and procedures linked to which professional/grade of staff can issue which piece of equipment in which agency. This creates confusion for staff and public alike and does not represent effective use of resources.

7. THE PROPOSED SERVICE

In developing this proposal the Project Group has focused on those service elements where a combination of pragmatic drivers and the potential added value from integration, make them natural constituents of the new service.

The development proposal recommends the co-location and integration of a number of existing services on a single site:

- The equipment storage facilities currently operating from all sites by NHS Tayside and Dundee City Council. (These will include storage facilities for adults and child health at Wallacetown, for adults through social work at Market Mews, and for children through education. It will not include equipment currently contained within Armistead as it

was considered that a central joint store would bring no additional benefits.)

- Additional storage capacity to address current shortfalls, and the benefits of bulk purchasing where appropriate;
- Distribution and retrieval systems;

7.1 In addition, the service will provide:

- A cleaning and maintenance service to meet current regulatory standards; (this is not fully available on any site at present);
- A Disabled Living Centre which will provide an information, advice and demonstration service to professionals and the public on all aspects of equipment and disability;
- An operational base for Local Authority Occupational Therapy staff and administrative support staff.

7.2 Provision of an integrated store will:

- Rationalise delivery, installation and uplift arrangements by the creation of a more efficient and effective single system. This will also provide faster delivery of items.
- Introduce recycling arrangements which meet current health and safety and infection control standards. This will include a cleaning and repair system which will track and maintain equipment to a higher standard.
- Make more efficient use of existing administrative support and delivery staff.

7.3 It is planned that the store and equipment service will:

- Carry stock of an agreed, core range of equipment;
- Operate a single delivery and uplift system for all equipment;
- Have staff trained to deliver, install and uplift equipment.
- Have these staff trained to an agreed level of competency to instruct in the use of certain equipment; (this would negate the requirement for follow up visits from professional staff which can cause delays at present. It would, in many cases, remove the need for nursing staff to deliver and fit equipment with consequent benefits in the use of staff time).
- Provide same day delivery where stock is available; (At present there are delays for health in delivery and installation where engineers are used for construction of equipment e.g., beds).
- Have fully integrated storage systems;

- Operate a single procurement system if there is agreement to pool budgets with jointly agreed protocols with regard to the purchase and replacement of stock;
- Allow the public to collect equipment where appropriate;
- Issue equipment on the basis of agreed authorities of requesting staff. This will have training implications, but it moves us away from assumptions of competence based on designation and the responsibility for items of equipment being based on historical agency responsibilities rather than on current service requirements.
- Be accessible to staff and the public from 8.30am – 5.00pm Monday to Friday;
- Provide equipment issue out of hours on an on-call basis if resources permit;
- Establish review and recall arrangements for large equipment items;
- Co-ordinate maintenance and regulatory checks for equipment on issue.

7.4 The Disabled Living Centre will:

- Improve delivery of information to the public on behalf of Health and the Local Authority;
- Ensure professionals of all disciplines have access to up-to-date equipment for demonstration and assessment purposes;
- Provide a training environment for staff and the public in the use of equipment;
- Provide a meeting/demonstration area which could be used for a range of purposes;
- Support social inclusion and health improvement by the promotion of self selection for the public;
- Operate five days per week with the option of being open by arrangement outwith these times;
- Operate on an open access and appointment basis;
- Be able to respond to e-mail, telephone written and personal enquiries;
- Provide permanent displays of a range of domestic equipment;
- Arrange events to inform staff of new equipment developments on an ongoing basis;
- Host training events for staff in the use of new equipment.

The existing Ability Centre currently deals with approximately 1400 enquiries per year. In a new location, with improved facilities, this could be substantially increased, especially if it is actively promoted and advertised, thus allowing the public the opportunity to resolve some of their own disability issues with good advice and information.

7.5 The proposed service has the potential to develop further:

- Improved procurement through single contracts with more competitive tendering producing economies of scale;
- The equitable provision of equipment through the development of an agreed set of criteria for provision across agencies;
- The development of competency based practice for the issue of equipment; this is likely to have significant benefits for hospital discharges where flexibility and immediacy of response are crucial;
- The ongoing review of equipment usage to ensure that equipment choices are revised on the basis of best practice and are consistent across agencies.
- The provision of advice clinics on disability related issues such as continence management, income maximisation, etc..
- A meeting place for voluntary groups with a focus on disability issues.
- Subject to the agreement of staff, there is the potential to achieve an extended working day within existing resources. The service benefits from evening and weekend availability could be achieved with additional resources, but it is difficult to predict levels of take-up.
- The decision to locate local authority Occupational Therapy staff on site is initially to provide them with one operational base. However, the development of the service as a Disability Service, and the broadening of access through single shared assessment, agreed eligibility criteria and competency based training will facilitate provision of a fully joint, multi-disciplinary approach.

8. THE PREMISES

Premises suitable to accommodate the proposed service have to fulfil basic requirements:

- Sufficient storage capacity to accommodate items of equipment which can be racked and large items such as hoists and beds which cannot;
- Sufficient space to accommodate recycling facilities, including a washing machine large enough to take a hospital-type bed;
- Accessibility and acceptability in terms of public access and public transport links for the Disabled Living Centre and uplift of equipment;
- Office accommodation for staff based in the building.

9. OPTIONS FOR THE PREMISES

The following options were considered:

- Option 1 – new build;



- Option 2 - lease and adapt commercial premises;
- Option 3 – reconfigure NHS premises;
- Option 4 – reconfigure Council premises.

On the basis of professional advice, Option 2 was discounted on the basis of limited availability, difficulties in achieving consistency with the service specification, and poor value for money compared with the preferred option.

Option 3 was discounted on the basis of lack of availability of suitable premises due to retraction and disposal of NHS sites.

PREFERRED PREMISES

Having discounted Options 2 and 3, the remaining options were considered in further detail. These were:

- Option 1 - New build.
- Option 4 - Reconfigure an existing Council building;
Option 4 was explored in depth and three sites were visited and evaluated:
 - Option 4a was unsuitable due to size constraints that would have required an inappropriate level of investment to convert;
 - Option 4b was only available for a short lease that would not have warranted the level of investment required to convert;
 - Option 4c would have been suitable for conversion but was designated for other purposes.

11. PREFERRED OPTION FOR THE PREMISES

The preferred option for the premises is new build. A suitable and accessible location adjacent to Option 4c has been identified which meets the criteria and which will allow the partners to deliver on their objectives for the service. The site is also located in close proximity to the new offices for Dundee City Council Social Work Department.

12. OPTIONS FOR SERVICE PROVISION

The following options were considered:

- Option 1 – commission an independent service provider;
- Option 2 – partners put in place separate service solutions to address drivers for change;
- Option 3 – partners jointly provide an integrated service.



Option 1 was discounted on the basis that there are currently no independent providers of equipment services in Scotland, and therefore to commission such a service would incur significant start-up costs. Also, to contract out services runs contrary to current NHS Tayside's policy regarding bringing services back in-house.

Option 2 was discounted in that it would fail to meet policy objectives (see Section 2.1), it would not attract the cost benefits of integrating and rationalising use of resources, and there would be no added value.

13. PREFERRED OPTION FOR SERVICE PROVISION

Option 3 is the preferred option. The bringing together of equipment facilities and services will enable full integration of equipment provision and more effective use of resources through integration of budgets, distribution and retrieval arrangements, improved infection control and maintenance, shared training for staff, a single set of criteria for provision, better information and a better service for the public in terms of shared access to the Ability Centre.

14. CAPITAL REQUIREMENTS AND REVENUE IMPLICATIONS

Provisional costs for the building component of the service set out below were provided by the Economic Development Department of Dundee City Council. Whilst there might be some scope for downward adjustment once detailed plans have been drawn up, the costs are considered to sit within acceptable parameters by NHS partners. Costs are based on the following assumptions:

- That all figures are exclusive of VAT; (the level of unrecoverable VAT is nil if the Local Authority procurement route is used);
- Ground conditions are normal;
- All figures are estimates and will be dependent on the final building specification and location;
- That the partners are successful in securing a capital sum of £1.5m, (notional for the purposes of the financial framework) from the Primary and Community Care Premises Modernisation Programme*.
- That any capital secured from the aforementioned Programme would be transferred to the Local Authority;
- That the remaining capital requirement (£700k) would be secured by Dundee City Council through the Prudential Framework.

* The Scottish Executive has agreed the award of £1.5m for this development over 2004/5 and 2005/6 subject to the business case being approved jointly by NHS Tayside and Dundee City Council.

	£	Comments



Land Purchase	200,000	
Building Costs	2000,000	
Gross Capital	2,200,000	
P+CCPMP	-1,500,000	
Net To Be Funded	700,000	
Annual Charges		
LA Finance Charges	49,000	Over 40 years
Rates	75,375	£45 / sq m
Water	6,700	£4 / sq m
Fuel	11,725	£7 / sq m
Cleaning	21,775	£13 / sq m
Property Maintenance (including depreciation of the building)	16,750	£10 / sq m
Telephones	2,000	Estimate
IT System Maintenance	4,500	
Total Annual Costs	187,825	
Budgets Available	62,660	
Shortfall	-125,165	

15. EXISTING REVENUE FUNDING AVAILABLE

The table below sets out the estimated revenue commitment to existing equipment services operated by Tayside Primary Care and Dundee City Council Social Work Department. No other recurring revenue resources have been identified that could be set against the cost of this new service.

Costs associated with the storage and distribution of equipment for children are minimal and therefore have not been included.

Costs for the Occupational Therapists and the OT clerical posts are not included although the primary function of the clerical posts would be to support the functions of the joint service.

It is important to note that the property costs for TPC are a notional estimate as it has proved difficult to disaggregate the equipment service element from the overall Health Centre provision.



A full breakdown of existing and proposed staffing arrangements is set out in Appendix 1.

	TPC	DCC	TOTAL
	£	£	£
Staffing	50,123	122,224	172,347
Property	41,500	21,160	62,660
Equipment			
OT Equipment		112,910	112,910
Home Nursing Appliances	48,000		48,000
Walking Aids	30,000		30,000
Extraordinary Aids	56,000		56,000
Repairs/Maintenance	19,500		19,500
Transport Costs			
Fuel		570	570
Transport Hire		3,060	3,060
Vehicle Costs	1,273		1,273
Ability Centre – Non-Staff		4,000	4,000
TOTALS	246,396	263,924	510,320

Note:

The development of the new service would allow the Local Authority to vacate the premises at Market Mews, thus releasing the associated property costs.

16. APPORTIONMENT OF REVENUE COSTS (SHORTFALL)

With the exception of the existing property budgets set out in Section 13, none of the revenue committed by the partners to their current equipment services is available to offset the shortfall in revenue associated with the costs of the new build development (£125,165).

The partners considered five options for apportionment of the revenue shortfall. The preferred option is that which represents apportionment based on occupancy of the building, and which is considered to reflect a true and fair partnership approach to the development. This represents a recurring revenue commitment from the partners as follows:



DCC £	NHST £
88,530	36,635

17. INFORMATION TECHNOLOGY

The company Ethitec was awarded (through a formal tender process) the contract to supply a community equipment stores system for Perth and Kinross Council, referred to by the company as 'Elms 2'. The system could more than adequately meet the requirements of the Dundee service.

Negotiations are in progress with regard to Dundee buying in to the licence for Ethitec's system. The initial outlay of £28 – £40k, depending on the final specification, will have to be found from within the overall capital cost of the development. The estimated annual maintenance costs of £4.5k are built into the additional revenue requirement (see Section 14).

'Elms 2' is a system to manage stock flows only. Further work will be required to establish links into the wider client based systems used by the partners as part of the development of our e-care programme.

Gwyneth Greig
Strategy and Performance Manager
NHS Tayside

Dave Mackenzie
Service Manager
Dundee City Council

NAME	DEPARTMENT	AGENCY
Margaret Adam	Social Work (Buildings and Finance)	DCC
Eileen Cairnie	Social Work	DCC
Marie Docherty	Child Health (TUH)	NHS
Carol Foote	Community Nursing (TPC)	NHS



Malcolm Forbes	Finance (TPC)	NHS
Gwyneth Greig	Health Strategy	NHS
Jane Main	Equipment Services (TPC)	NHS
Dave Mackenzie (Lead Officer)	Social Work	DCC
Andrew McGhee	Ability Centre	DCC
Ann Miller	Education	DCC
Linda Mitchell	Combined Care at Home	NHS/DCC
Mark O'Donnell	Finance (Social Work)	DCC
Tracy Oram	Occ. Therapy (Social Work)	DCC
Ernie Patullo	Support Services (TPC)	NHS
Glynn Scott	Economic Development	DCC



APPENDIX 1

MANAGEMENT AND STAFFING

It is proposed that the equipment store and the service should have a single manager who will be managed from within the Social Work Department.

Work has yet to be undertaken to develop a job description for what will be a new post to have responsibility for the management of the building and the equipment service. At this stage it is considered that this post will be at administrative grade, and it is envisaged that funding may be available from savings derived from existing staffing costs, achieved through integration and rationalisation.

The day to day provision and retrieval of equipment and associated activity will be undertaken by:

- Three driver/handyman posts (current total establishment 3.4). In addition to delivery and repairs, driver/handyman could build up equipment – a task currently undertaken within Medical Physics at additional cost. They could also be trained to fit certain items of equipment currently installed by District Nurses, e.g., mattress variators, resulting in a saving of professional time.
- Five OT clerical posts from Balmerino Road and Kirkton Road. Locating these staff on one site would remove duplication of duties at both locations and would free up staff time to take on additional duties. Integration of the clerical hours from Wallacetown could provide additional flexibility or savings.
- Any potential savings in staffing costs resulting from reduction in duplication of activity and economies of scale would be used either to fund the administrative manager post referred to above, and/or to extend hours of availability of the service to include some weekend access.

The table below sets out the existing staffing establishment that could be committed to the new service:

Staff Costs	DCC	NHS	DCC £	NHS £	Budget
Ability Centre Manager	1.00		32,360		32,360
Clerical Assistant	4.00	2.00	58,744	33,915	92,659
Storeman	1.00		14,610		14,610
Drivers	1.00	1.4	13,260	16,208	29,468
NHS OT Staff					
Domestic	0.27		3,250		3,250
TOTALS	8.27	3.4	122,224	50123	172,347

PERFORMANCE MANAGEMENT FRAMEWORK – JOINT EQUIPMENT SERVICE

OUTCOME	OUTCOME MEASURE
Increased capacity and effectiveness.	Time taken from referral to completion of assessment. Time taken from completion of assessment to delivery and installation of equipment. Delivery and installation of standard stock items of equipment, including hospital beds within one working day. Access arrangements to store out of hours in place.
More effective use of equipment resources	Number of equipment items recycled more than once. Unwanted/returned items uplifted within two working days. Compliance with infection control systems Audit of routine servicing and maintenance system. Audit of system for tracking and locating all equipment items.
Reduction in waste and inappropriate provision	Reduction in number of items returned – not appropriate for purpose/not wanted.
Reduction in inappropriate use of staff time.	Reduction in incidences of staff (District Nurses and OTs uplifting and delivering items of equipment).
Establish operational base for occupational therapy staff as a step towards further development of multi-disciplinary working. Broad, equitable system of access for the provision of equipment.	Regular joint training sessions for staff on the availability and use of equipment, including new developments. A competency based system in place for assessing and meeting equipment needs utilising SSA. Numbers of health and local authority staff receiving competency based training year on year. Reduction in refer-on for equipment provision. A single system for purchasing and replacement in place.

	<p>Number of referrals per 1000 population per annum.</p> <p>Number of assessments identifying need per 1000 population per annum.</p>
<p>Customer safety and satisfaction.</p> <p>Availability of information and advice regarding equipment options most appropriate to need</p>	<p>Numbers of people (public) contacting the Centre for advice/information.</p> <p>Number of people identifying their own solutions following advice from the DLC.</p> <p>A range of follow-up measures in place to ensure equipment provided meets needs, is safe, and service is valued by the recipient.</p> <p>Customer satisfaction surveys.</p>
<p>Improved and safe service through better infection control.</p>	<p>Recycling policy in place that complies with recommendations of the Audit Scotland report.</p> <p>Recycling arrangements that meet current MHRA standards.</p>
<p>Improved information management.</p>	<p>IT system in place that can track client and equipment information across health and local authority.</p>
<p>Effective management of the service.</p>	<p>A single manager in place with appropriate levels of delegated authority.</p> <p>Governance and accountability procedures in place.</p>

Performance management reports will be submitted to the Dundee Health and Local Authority Management Group on a quarterly basis during the first year of operation and thereafter on a bi-annual basis.

The performance management framework will be further developed to take account of the recommendations in Appendix 6 of ‘Adapting to the future’ when we are in a position to align our information requirements with the specification for ‘Elms 2’ (see Section 17).