

**Best Value Review
Occupational Therapy Services**

Panel Report

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1. Acknowledgements

The panel would like to record its thanks to all the staff from Brent Social Services, Brent Primary Care Trust and partner organisations who were interviewed by the panel for their commitment and openness in supporting the review, and to all the users and carers from Brent Carers Centre who attended the focus group for their valuable contributions. I would like to add my own thanks to all the panel members, John Sclocco, Julia Scott, Leeza Reeves, David McDonald, Cllr Richard Harrod, Susan Riddle, Imran Yunus and Brian Litchfield for the skills and insight they brought to the panel process, and to Leo Morgan from Brent Association for the Disabled for his help in the early panel meetings.

Mike Dwyer

Best Value Panel Convenor

2. Introduction

A review of occupational therapy (OT) in Brent was commissioned as part of the 2002 Best Value Review program.

This review took an innovative and holistic approach to undertaking their Best Value Review and reviewed service provision across Brent's main providers of OT services, rather than simply focusing on the London Borough of Brent's own provision. In line with this approach, and the unit's style of joint working, a joint review was undertaken engaging both the London Borough of Brent's OT service and the OT provision within the multi-disciplinary structure of Brent's Primary Care Trust.

3. Scope of the Review

The scope of the review was developed and agreed by the Best Value steering group, the PCT and Social Services in September 2002, a copy is appended as Appendix 1. Following this a joint review team have:

- Mapped current services in the borough of Brent
- Visited other services in other boroughs and made comparisons
- Considered the local and national context including legislation and policy.
- Consulted with users and staff of the services.
- Actively challenged the way services are provided in Brent
- Considered areas for more integrated working

A two-day best value panel was held in February to challenge and review the services self assessment. The panel's findings and recommendations are presented in this report.

4. Methodology

The Best Value review panel was made up of Brent officers, external partners, user and carer representatives, 2 external Occupational Therapists a Brent Councillor who provided a range of expertise and experience from both the service provider and the client perspective. The panel considered the base-line self-assessment review prepared by Brent Social Services and the Primary Care Trust, together with other relevant documents including the Joint Review by the Audit Commission Social Services Inspectorate (2002), the Best Value review of the Joint Equipment Store (2000), the Best Value review of Services to Adults with Physical Disabilities (2002) and a frame of reference compiled from public documents such as Department of Health Guidelines and Social Services Inspectorate reports on other local authorities. The documentary evidence was

supplemented by a 2 day review panel held on 24th and 26th February 2003 when the panel interviewed staff from Social Services and the Primary Care Trust, a group of users and carers, and key partners. The interviews were supplemented by personal interviews with key staff of both organisations and a visit to a 1 Stop Shop and the Contact Centre to observe the Brent Social Services referral process. The review methodology was based on the European Foundation for Quality Management (EFQM) Business Excellence Model, assessing organisational performance in the following categories;

- Leadership
- Policies & Strategies
- Users & Carers
- Resources
- Performance Management
- People Management
- Care Management
- Partnerships

These subject areas formed the basis of the 2-day review panel process and these headings are used in the main body of this report. Under each of these headings, the findings of the panel are summarised as “Good Practice” and “Areas for Improvement”. Recommendations from the review are set out in each section below, and a summary for each organisation is provided in sections 13 and 14.

The panel were concerned that in some areas the information presented was not sufficiently robust to enable a detailed analysis in terms of the 4Cs. This is explored more fully in the sections below.

5. LEADERSHIP

Both organisations expressed a commitment to exploring further joint working and to communicating effectively with staff and users.

5.1 Good Practice

The Primary Care Trust (PCT) demonstrated a commitment to improving services through several initiatives such as their restructured rehabilitation model based on multi-disciplinary teams and their Priority Action Groups. The development of the Virtual Team, working across different organisations on a single task was recognised as having the potential for closer working or integration.

Communication of strategic objectives to service based staff is supported by a team of 25 clinical leaders and regular staff newsletters. Value for money is promoted through internal processes requiring managers to submit a plan before resources are allocated from the commissioning budget.

Brent Social Services (BSS) had taken on a major challenge in improving the services provided through the devolved business unit arrangements of the 1990s, and had made significant progress since 2000 in recreating a departmental structure. The senior management emphasised the value of a professional service and had improved staff morale by moving staff to better offices, and improved communication including regular workplace visits and monthly meetings with managers by the Assistant Director. Organisational improvements has contributed to better OT services, and the service is confident that the most urgent cases are prioritised and dealt with by the Senior OT, and are no longer prioritised by date only. A Principal OT had been appointed, contributing to a reduction in the waiting list. Further improvements were planned and a growth bid for 3 new OT posts had been made for 2003-2004. The Director of Social Services was flexible on the issue of closer working with the PCT and was confident that closer working or integration could be achieved quickly if it was agreed as a goal for both organisations.

5.2 Areas for Improvement

Involving and consulting with users was an area where the PCT accepted that improvement is needed, and the recent appointment of a Head of User Involvement was identified as a positive step towards ensuring that the user voice is heard. (see recommendations 7.3.1-7.3.5 below). It was also acknowledged that, despite the improved communication through the 25 clinical leaders, more work is needed on communication with staff and in particular action was being taken to introduce Occupational Therapist representation to this group, as there is currently no Occupational Therapist involved.

The emphasis of the PCT service appeared to be driven by the achievement of the main national indicators of performance, although some local clinical priorities had been agreed in a workshop involving users, carers and stakeholders. No complaints were received relating to Occupational Therapy in the last year, although PCT staff informed the panel that staff training includes advising users of their right to complain, and leaflets on how to complain are sent out with appointments. It was not clear why no complaints arose despite the PCT's "open" approach to complaints.

Like the PCT, user involvement in Brent Social Services was an area in need of development. The service was described as cash-strapped and overspent, resulting in difficult decisions on how to use resources; in this context there was little scope for consultation with users and the user perception was a service that was budget-driven rather than user-driven (see recommendations 7.4.1-7.4.7 below).

While the service had made progress in dealing with the most urgent cases, there was still a long

waiting list of non-urgent cases and it was not clear how resources would be secured to reduce this backlog. Although a growth bid had been made for 3 new OTs, it was not confirmed that this bid would be successful. The long waiting list had not contributed to a high level of complaints, but the reasons for this were not established; one possible explanation offered was that some clients get worn down waiting and do not make the effort to complain.

The Joint Equipment Store was regarded as innovative when it was introduced but is in need of investment and updating; several improvements were recommended by the Best Value review of the stores in 2000 and now need urgent action in view of the vital role of the store in the assessment of the Best Value Performance Indicator.

5.3 Recommendations - PCT

5.3.1	Ensure that communication between senior management and staff is developed through staff forums, visits to all sites to meet staff and meetings with users.
5.3.2	Include an Occupational Therapist in the clinical leaders group.

5.4 Recommendations - Brent Social Services

5.4.1	<p>In view of the urgent need to maximise the efficiency of the Joint Equipment Store this year to meet the requirements of Integrated Community Equipment Guidance (ICES), the Best Value review of the Joint Equipment Store needs to be revisited. Few of the recommendations have been implemented following the review and the main recommendations now need to be addressed as a matter of urgency, particularly;</p> <ul style="list-style-type: none"> - The system should be linked with the Council network - Word and excel installed - Staff training to be initiated - Devise a new system for ordering equipment from the stores by the OT's based on electronic transmission. <p>While it is recognised that the Joint Equipment Store is an important adjunct to the OT service, and to that end efficiency needs to be maximised, it is important to recognise that there are other, separate, aspects to the OT service which also need to be developed.</p>
5.4.2	Installation of e-mail for staff at Joint Equipment Store is also an urgent requirement.

6. POLICIES & STRATEGIES

Considerable work has gone into developing internal communication networks in both organisations; greater attention is needed to mapping local needs, future planning and demographics.

6.1 Good Practice

Both organisations have implemented improvements to internal communication and are aware of the need to review and update means of communication. Both organisations stress the professionalism of their staff and seek to give staff development opportunities to make decisions and take responsibility.

Brent Social Services have developed an effective internal network with information and priorities cascaded through briefings and the Intranet, with managers receiving briefings as appropriate. There are also monthly Head OTs meetings, staff meetings every 2 months, and monthly fieldwork

meetings. The quality of the assessments has improved and they are confident that urgent cases are dealt with quickly; the process of ordering equipment has been made faster by delegating authority to order equipment to a wider number of staff, contributing to reduced waiting times and hospital delays.

On the issue of closer working with the PCT, the Brent Social Services managers interviewed had a flexible approach and suggestions included co-location of staff, such as basing OTs in PCT centres and GP attachments.

The PCT forums for information sharing including team meetings, a monthly chief executive's bulletin, OT liaison meetings and away days, and monthly Head OT meetings with Social Services and local acute service heads. The PCT's successes in policy and strategic development include the achievement of a multi-disciplinary structure with all rehabilitation services in one place and integration at referral stage since 9/12/02 with the introduction of the Single Point of Access. Issues for future development have been identified, such as diagnostic and treatment centres, a clear stroke pathway and consideration of closer working with the local authority. The creation of a professional advisor role was also noted as an example of forward thinking.

6.2 Areas for Improvement

Brent Social Services acknowledge that they are still dealing with the legacy of the business unit system from the 1990s, and that many policies and processes are in need of updating. There is currently no co-ordinated plan or agreed time scale for the review of these processes. The capacity of the Joint Equipment Store was identified as a potential weakness in the development of the service, and without further development the performance target of a 7 day turnaround will not be achievable. Little progress has been made in implementing the recommendations from the Best Value Review of the Joint Equipment Store in 2000. Resources are also seen as a potential barrier to improvement, with managers feeling that more staff are needed to improve services, carry out more assessments and develop new posts such as childrens OTs. While there remains some uncertainty about the source and amount of future funding, managers are aware of the need to be creative in seeking extra resources including bids for external funds. Managers acknowledge the need for consultation with users and carers in service development, and that this is not done at present. There is no evidence of any initiative to involve users in the future and in general, the managers interviewed spoke in negative terms of the process of user involvement and its likely outcomes.

Within the PCT services, the recent innovation of the Single Point of Access needs to be kept under regular review to ensure that potential problems are identified and early action taken to maintain user confidence in the system.

6.3 Recommendations – PCT

6.3.1	Develop consultation process both with staff and users, including more direct contact and feedback with Occupational Therapists as well as managers.
6.3.2	A clear statement is needed of the extent and nature of the proposed future relationship and any proposed integration with local authority OT service; to be supplemented by full information to staff at all levels to help overcome potential hostility or suspicions among staff.

6.4 Recommendations – Brent Social Services

64.1	Clarification is needed of the extent of demand for OT services within the Borough, how those needs have been identified and how they will be met.
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6.4.2	There is an urgent need for a strategy for the systematic review of needs that will address user consultation and involvement, and complaints about services.
6.4.3	Develop a strategy to manage and reduce the entire waiting list, including offering information about alternative sources of advice to those people who cannot be seen in the short term, explanations why a service cannot be provided immediately, and contact details should the client's situation deteriorate.
6.4.4	An overall strategy is required, setting out the future direction of the local authority OT service, the extent of its proposed relationship with the PCT service and how this relationship will be managed.
6.4.5	Attention is needed to information sharing across all staff, to ensure; <ul style="list-style-type: none"> - briefings do not rely solely on the Intranet and e-mail - relevant documents, newsletters and publications are circulated regularly to all staff - lower grade managers are given the opportunity to become involved in service initiatives.

7. USERS & CARERS

In the course of the panel days it was apparent that within both organisations there was an increasing acceptance of the need for user involvement; However achieving this objective was hampered by the lack of data on local demand and the day to day requirements of delivering the service.

7.1 Good Practice

Both services are aware of the need to involve users in decisions about how services are accessed, delivered and developed. Staff from both organisations received training last year in "Working together involving users".

The PCT had recently appointed a Head of User Involvement and their OTs were involved in satisfaction surveys by the Independent Living Team, elderly services and the Community Rehabilitation Team.

7.2 Areas for Improvement

To assess the views of users and carers on the OT services they receive, a focus group was held of 13 users and carers with a range of needs and experience of the service. The overwhelming impression from the focus group was very negative, typical views expressed were;

- Everything is based on money – OTs should not tell users "we haven't got the money"
- Communication is poor and OT staff don't listen
- OTs try to impose a care plan even if client/carer disagrees
- A carer told us that she had to complain and refuse to accept the care package offered before she was able to reach agreement on a care package with the local authority
- It is not clear what an OT does – so users don't know what to expect
- A carer had applied for a grant and lost it because she was not informed that the grant had a time limit of 6 months; it eventually took 2 years to complete her adaptations
- Making a complaint was seen as very difficult and time consuming, most users and carers did not have information on how to make a complaint; some expressed the view that complaining is pointless as the service will "close ranks"

When asked to name one item that would help to improve the service, the most common answer was that OTs should listen to carers.

While the services being reviewed may disagree with some of these views, the above is an accurate summary of the perceptions of a random group of users as expressed in the focus group; there is a considerable challenge for the OT service to improve communication with users and carers and change the common perception to a positive one.

7.3 Recommendations – PCT

7.3.1	Implement a strategy for user involvement in conjunction with the recruitment of the new PALs officers.
7.3.2	Provide training to staff in consulting with users and its relevance to the organisation's overall strategies and policies.
7.3.3	Use local voluntary groups more to ensure an active voice for users and carers in the development of services.
7.3.4	Ensure the completion of the organisation's stated aim for each area of the service to have a plan for user involvement within 3 months.
7.3.5	Implement regular surveys of client satisfaction levels and use data to review the way the service is provided.

7.4 Recommendations - Brent Social Services

7.4.1	Urgent action is needed to implement a strategy and action plan for user and carer involvement, including training staff in communicating with clients, and listening to users' and carers' views.
7.4.2	Provide clients with information on the role of the OT, service standards they can expect from both Council staff and external contractors (such as those used by Private Housing Services), and monitor cases closely against these standards. Include information about how to pursue a complaint if the client is not satisfied with the service received.
7.4.3	Improve the quality of information to users and carers, e.g.; a cross agency directory of who does what.
7.4.4	In conjunction with the Council's Private Housing Services, provide information to applicants for Disabled Facilities Grant, timescales for work to be started and completed, expiry dates of applications.
7.4.5	In conjunction with the Council's corporate complaints team and the social services complaints manager, carry out a comprehensive review of the way complaints are received and identified and then dealt with. This should include training for all staff, and ensuring that the evidence obtained through complaints is used to identify areas of weakness and necessary service improvements.
7.4.6	Implement a regular user feedback process, not just a snapshot survey, with ongoing responsibility for individual officers to follow-up on issues of concern to users, and for the results of such feedback to be used to inform future service delivery plans. In addition consideration should be given to ways in which users and carers might receive feedback on how their views have been taken into account.
7.4.7	Consider linking with existing corporate mechanisms for consultation such as the Citizens Panel.

8. RESOURCES

Both organisations showed a commitment to making full use of resources to develop their services. The financial model used by the Brent OT service to benchmark across different authorities was limited and did not give an accurate set of data to enable comparison.

8.1 Good Practice

The PCT make effective use of IT systems, including their website, and see IT as a management tool to support health specialists in monitoring and developing services. Computer learning is included in staff's personal development plan, with IT training bought in as necessary. Consideration is currently being given to improve access to records by using individual NHS numbers as a common identifier to link client records across different systems. All staff have access to e-mail and the internet and within the multi-disciplinary structure this is effective in creating a shared understanding of what each discipline does. The PCT are active in bidding for external funding such as LIFT funds and have secured £14,000 for specific OT training courses, with a further £2,800 allocated to OTs from Multidisciplinary CPD funds.

Brent Social Services have identified the need to improve their main IT system and have implemented a project to migrate from the Anite SSID system and other legacy systems to a more up to date, web-enabled database that meets all the organisation's needs. The specification process involved staff consultation in workshops to identify problems with SSID, and requirements of the new system. Following an OJEC tender process, a potential supplier for the new system has been selected, and the estimated funding of £300,000-500,000 includes provision for support to train staff and help them in the workplace in using IT system. Funding is being sought from both internal budgets and external sources such as e-government funds. Several benefits are anticipated with the introduction of the new system, i.e. avoid duplicate systems, avoid need for manual returns, streamline internal processes and obtain better performance information.

8.2 Areas for Improvement

Although the new database is regarded as a high priority for Brent Social Services as a whole, the required funding has not yet been agreed and the implementation timetable will slip if funding is not obtained. Clarity is needed on the funds available for the project and the priority of the IT project in relation to other competing demands within Social Services. Staff also spoke of a general malaise in IT use and resistance to the use of IT, which suggest that the introduction of a new database on its own will not be enough to resolve the current problems with information and record keeping. A realistic assessment is needed of the impact of the new system, how it will help the OT service and the support needed to achieve its effective use. Without such an assessment, there is a risk of unrealistic expectations, with the new system being seen as the answer to all the services problems, and a consequent lack of emphasis on key issues such as staff development, process re-engineering and cultural change.

Action is needed to provide IT access for the Joint Equipment Store staff who do not have access to e-mail or the Intranet. This is slowing down the process of ordering equipment and means that the 3 staff do not have access to the same information and briefings as the rest of the OT service. (see recommendations 5.4.1 and 5.4.2) The financial comparisons in the base line report could not be justified when questioned during the panel session, and need to be revisited to provide accurate data for comparison across services. OT managers referred to the emphasis in Brent on the social aspects of the service that meant that direct comparisons could not be made with other authorities with a more business like approach, but the feedback from the users and carers session did not support this view.

8.3 Recommendations – PCT

8.3.1	Consideration is needed of how users can access PCT IT systems, e.g. booking
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	their own appointments at health centres etc., to support achievement of e-government targets.
8.3.2	Further consideration of ways to facilitate information sharing within existing confidentiality requirements e.g. the use of a single identification number across different systems.

8.3 Recommendations - Brent Social Services

8.4.1	The service's overall strategy should include a statement of the level of service that is aspired to, based on the identified needs within the area and an assessment of the resources needed to deliver the service to the stated level. If the actual resources available do not match the services' aspirations, consideration should be given to alternative means of provision needed, including a cost benefit analysis of options such as outsourcing the service and management of the service through a contract or Service Level Agreement.
8.4.2	Further work is needed on benchmarking the service cost against comparable organisations, assessing throughputs and caseload and the overall level of resources required.
8.4.3	Urgent clarification is needed on how the proposed IT system is to be funded and its priority in relation to other competing demands on the Social Services budget.
8.4.4	An action plan for implementing the proposed IT system is needed, to include - <ul style="list-style-type: none"> - A cost benefit analysis showing how it will improve services, to achieve a realistic assessment of the likely improvements and avoid over-ambitious expectations being placed on the new system - How the commitment of all staff will be achieved, to overcome the issues of staff apathy and resistance already identified in IT use - Clarification of the management data that can be obtained from the new system and the manual systems that will be replaced - Change management and dealing with the cultural issues arising from the implementation of a large scale IT system.

9. PERFORMANCE MANAGEMENT

While the PCT's performance data is based on national indicators, it is committed to working with areas such as OT to produce meaningful data for the local management of services. Brent Social Services acknowledged multiple problems in the recording and collection of data.

9.1 Good Practice

The PCT have a strong focus on the basic outcomes affecting their performance and contributing to their star rating, such as outpatient waits, delayed transfers, intermediate care figures, intervention times and FIM FAM. Goals are monitored regularly, including yearly case note audits, and service managers are responsible for reporting on national Performance Indicators. An example was given of the use of client records to target a particular group vulnerable to diabetes, resulting in a higher take up rate for the service.

9.2 Areas for Improvement

A shortcoming of the record keeping within the PCT is the lack of specific data about the OT service, with most goals being multi-disciplinary. Managers advised there were plans to rectify this within 3 months. Capacity planning for PCT funds are prioritised on the basis of national indicators, and consideration is needed of further indicators to reflect local needs.

Brent Social Services maintain data on the BVPI for Aids & Adaptations which indicate scope for improvements in performance. This is related to the capacity problem at the Joint Equipment Store (see recommendation 5.4.1). Reflecting the comments on use of IT systems, Social Services staff told us that Local Performance Indicators were regarded as a chore to collect and that the process was also hampered by differing practices across sites and teams. A suggestion from Social Services managers was that performance could be improved by either providing more staff, or changing eligibility criteria to reduce the number of clients eligible for help, but no analysis was available of the cost implications or the likely impact on the service of these proposals. Service targets stating time scales for completing a task are only seen as a guide and are not formally audited or regularly monitored.

9.3 Recommendations – PCT

9.3.1	Develop more indicators to supplement the current figures on contact numbers, e.g. caseloads, and caseload weighting.
9.3.2	Indicators are needed to measure the outcomes of Occupational Therapist intervention and identify positive Occupational Therapist contributions.

9.4 Recommendations - Brent Social Services

9.4.1	Implement performance comparison and benchmarking against the recognised best performers.
9.4.2	Development and implementation is needed urgently of a set of agreed Local Performance Indicators, for monthly monitoring by the Principal Occupational Therapist, departmental Performance Manager, Senior Management & the Director. Indicators should be at a detailed level, e.g. time between going on the waiting list and first assessment, and through-put of caseloads.
9.4.3	Implement a system to calculate Brent's equipment recycling rates, and monitor against realistic targets; a poster campaign to remind clients to return equipment; and involve the Voluntary Sector in helping to raise recycling levels.

10. PEOPLE MANAGEMENT

Both organisations gave information on improvements made in Human Resource management and their initiatives to deal with the problems of staff recruitment and retention.

10.1 Good Practice

Brent Social Services provide training for all staff in manual handling, and for some staff in adaptations. Agency staff receive regular supervision, to ensure good value obtained, and permanent staff attend a lunchtime meetings every 2 months to support their CPD programmes. Across Social Services, the training budget has been re-centralised, providing £448,000 next year for 768 staff and various schemes are being implemented to make conditions attractive for staff, such as the work-life balance initiative, an employee assistance programme to provide counselling support and a harassment advisory scheme. The recruitment of several former agency staff and students to permanent posts indicates some success with these initiatives. The service is also seeking to reduce litigation, grievances and tribunals through regular meetings of Human Resources staff with senior managers and unions and has plans to develop a Human Resources database to support workforce planning. Some consideration has been given to rotational posts and a preference was expressed for secondments, which had the potential to work better in avoiding disputes around terms and conditions of employment.

The PCT provide mandatory training to all staff in moving & handling, resuscitation, defibrillation, go safely, HIV, breaking down barriers and fire safety. Development is supported through regular appraisal and reflective practice, NVQ training for Assistant OTs, and a trust bursary is available in some cases. Student placements are offered and the PCT currently has 6 students. Staff forums, attended by the Chief Executive & Directors have been initiated and a staff attitude survey was in progress at the time of the panel. Workforce planning has been introduced and incentives appropriate to the PCT's predominantly female workforce implemented, including return to work provisions, flexible working hours, and a creche from April 2003. The success of the PCTs recruitment and retention strategy is reflected in the low vacancy rate in the OT service of 2 out of 31 FTE posts.

10.2 Areas for Improvement

Both services identified the shortage of affordable accommodation for staff as a big problem to recruitment and retention, and consideration is needed of initiatives to tackle this. Both also referred to their largely female workforces; as part of the workforce planning process consideration is needed of the factors underlying this so that recruitment can be targeted appropriately.

There are conflicting messages from the OT professionals and human resources managers within Brent Social Services in relation to training opportunities. OT Managers have a perception that priority is given to the childrens service ahead of other units for training courses, and commented on the difficulties of getting OT staff on service wide training such as dealing with violence and aggression. OT managers also felt that in the absence of a dedicated training budget for OT staff, they had to be resourceful in finding alternative means to fund training. Human Resources managers stated that training opportunities are open to all parts of the service, but that within the 4 service units in Community Care there was lack of common direction. A possible solution for consideration would be to identify and "ring fence" an agreed amount from the central training budget of £448,000 for the exclusive use of OT staff. Mandatory training for Social Services staff is limited in comparison with the PCT and consideration is needed of broadening the scope, e.g. to include HIV awareness. Brent Social Services do not take students or new graduates and base this practice on their limited capacity to manage inexperienced staff and placements. This practice may have an unfortunate side effect in removing the opportunity to enhance the service's image among students and new graduates and eliminating a potential source of new recruits. Consideration is needed by Social Services of incentives to recruitment in view of the 3 vacant posts within the unit and the bid for funds to increase the team by 3 posts in 2003-2004. The current dependence on agency staff means that a high proportion of management time is spent on staff supervision within the OT team, and there is insufficient time for professional supervision of the work of the OT staff working with Housing Services on Disabled Facilities Grants.

10.3 Recommendations – PCT

none

10.4 Recommendations - Brent Social Services

10.4.1	Develop further initiatives to recruit staff, e.g. return to work days, flexible working, support managers in reviewing the service to look at alternative staffing structures, e.g. change the skills mix, implement basic grades.
10.4.2	Pay a Fieldwork Educator allowance and include fieldwork supervision in the accountability statement for OT posts, in recognition of the importance of having students on placement to aid future recruitment.
10.4.3	Give urgent consideration to the employment of new graduates and re-evaluate

	their potential benefits to the service.
10.4.4	Explore housing options to attract staff.
10.4.5	Evaluate the current level of spending on agency staff against other options such as higher grades for permanent staff.
10.4.6	Implement a devolved training budget to the OT service or ring-fence part of the central budget exclusively for the OT service.
10.4.7	Review the mandatory training needed by OT staff and make urgent arrangements to provide it.
10.4.8	Review training programmes to ensure suitability for OT staff.

10.5 Recommendations - PCT & Brent Social Services

10.5.1	Monitor the length of time posts are vacant, identify any “problem” posts for recruitment and consider alternatives.
10.5.2	Consider scope for economies of scale between Brent Social Services and PCT through joint training, joint student & fieldwork co-ordinator, rotational posts and joint recruitment drivers.
10.5.3	Consider the use of secondments instead of rotation to avoid terms and conditions problems.

11. CARE MANAGEMENT

Both organisations demonstrated a commitment to developing a professional service to respond to the needs of their clients. Some attention is needed to the referral process in both organisations to ensure that the duty of care is met. There was insufficient challenge to Brent’s current 1 Stop Shop referral arrangement, with no consideration of direct management referrals by the OT service or any alternatives.

11.1 Good Practice

Brent Social Services have a system for receiving referrals through the 1 Stop Shops; the OT service sends out an application form and if not returned this is chased after 2 weeks. New applications are assessed by a Senior OT who is responsible for managing the waiting list and for identifying urgent cases, giving confidence within the service that the most urgent cases are identified and responded to quickly. Recent changes have been made to improve client access to OTs, so that all new cases are allocated to an individual OT. This is supported by a Duty OT who can deal with an inquiry if the allocated OT is out, and will also deal with unallocated or closed cases.

The PCT introduced their Single Point of Access in response to concerns about access raised mainly by GPs. Comments from PCT staff were generally positive about the new system and its future development. It was clarified that clients still have the option of contacting their OT direct if they have a contact number, which is not clear from the publicity material provided. The PCT also recognise that its duty of care starts at the point of referral. Rehab staff are active in going on to wards and meeting patients while they are still in hospital and take an active role in discharge planning.

11.2 Areas for Improvement

Some aspects of the Social Services referral process need clarification; it was observed that the referral form is not used by 1 Stop Shop staff in all cases and it appeared that the 1 Stop Shop service was turning applicants away without referral to the OT service. This practice needs review

to ensure that the OT service is fulfilling its duty of care. There was no evidence that applicants who are not eligible are given information on alternative service providers. Some OT staff have concerns about the operation of the referral process through the 1 Stop Shops and see it as part of a corporate initiative rather than an innovation of benefit to Social Services and their clients. OT managers express confidence that urgent cases are identified and non-urgent cases are correctly turned away. However they also referred to a “middle group” where the assessment process may not be identifying some urgent cases or may be placing on the waiting list some cases that would prove to be low priority. Clients on the waiting list are usually contacted after a year, and while OT managers agreed that contact after 3 or 6 months would be preferable, this is not possible due to the current level of resources.

For PCT clients, consideration is needed of the provision of direct access to beds when needed for intermediate care cases.

11.3 Recommendations – PCT

11.3.1	<p>Ongoing review of the implementation of the new Single Point of Access is needed to ensure that</p> <ul style="list-style-type: none"> - the system continues to meet the needs of its users and to respond to any feedback on its effectiveness or problems encountered by users - the Single Point of access is consistent with Fair Access criteria - referrers who use the SPA, are subsequently informed where the patient they have referred ends up in the system, & which team the referral has been passed to - all potential referrers, including patients, are aware they don't have to access via single point of access (SAP) and can go direct to the service, and that all leaflets about the service reflect this.
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11.4 Recommendations - Brent Social Services

11.4.1	<p>A review is needed of the referral arrangement through the 1 stop shops to include a cost/ benefit analysis, evaluation of the cost to the OT service, the potential risks and consideration of alternative referral arrangements. If the 1 Stop Shop system is to be maintained, an effective Service Level Agreement and clienting by the OT service is needed to ensure customers receive the correct information and that agreed service levels are achieved.</p>
11.4.2	<p>Improved monitoring is needed of internal processes, e.g. telephone access, e.g. how many messages are not responded to within 24hrs.</p>
11.4.3	<p>Cases on the “review” system should be reclassified as not open, as the case is not actually receiving any input.</p>
11.4.4	<p>Clients on the waiting list should be contacted at least every 6 months (instead of 12 months at present) to see if their priority has changed or if they still want to remain on the list.</p>
11.4.5	<p>The Client self assessment should be repeated at the end of each invention to see if an improved score has been achieved.</p>

11.5 Recommendations - PCT & Brent Social Services

11.5.1	<p>Joint Consideration is needed of the impact of the Fair Access to Services criteria across both services.</p>
11.5.2	<p>There is a need to assess the boundaries and overlapping areas with regards to services to children.</p>

12. PARTNERSHIPS

The two organisations demonstrated a commitment to working in partnership with each other and an open approach to closer working. The Completion of the Best Value self-assessment in itself was a positive example.

12.1 Good Practice

Private Housing Services have regular meetings with Brent's OT service and consider the service has improved since the appointment of the Principal OT.

12.2 Areas for Improvement

The waiting list for Disabled Facilities Grants can involve a wait of up to 18 months for an OT assessment, depending on the priority of the case, followed by a wait of 12-18 months for Private Housing Services. Because of the lack of OTs to give ongoing professional advice to the DFG surveyors, Private Housing Services are using private OTs to speed up the process. By providing more OTs within the Council service the process could be made quicker and costs to clients could be reduced.

The private OTs used by Housing are not supervised or monitored by Brent Social Services, as the Welfare Authority Brent Social Services should consider whether there is a need for them to become involved in checking that any adaptation prescribed by a private OT meets the needs of the client. Alternatively, Housing suggest the creation of in-house OT posts based in Housing. Examples were given of equipment being left in homes and not tracked or recycled.

Metropolitan Housing Trust received no grant support for adaptations and funded these from their own revenues; it is unlikely that all RSLs will be able to afford this. When asked what influence they had on the Brent Social Services OT service none of the partner organisations felt they had any significant influence. Brent's Older People Services thought service could be improved by their staff providing simple pieces of equipment, and this would be a possible solution for Home Care staff as well.

12.3 Recommendations – PCT

none

12.4 Recommendations - Brent Social Services

12.4.1	Urgent review is needed of the role of the OT service in the adaptations work currently undertaken by Private Housing Services. Proposals for future joint working should be developed in consultation with relevant parties, including Private Housing Services, Brent Housing Partnership and the PCT. Future arrangements must ensure that as the Welfare Authority Brent Social Services are providing adequate supervision that adaptations prescribed by a private OT meets the needs of the client.
12.4.2	Consideration should be given to the suggestion by Older People Services and Home Care that their staff should give assessments for simple equipment, and to the associated training issues.
12.4.3	There is a need to ensure that there is an OT representative on joint working groups, e.g. those with Older People Services, and those on SAP and FACs.

13. Summary of Recommendations: Brent PCT

LEADERSHIP

5.3.1	Ensure that communication between senior management and staff is developed through staff forums, visits to all sites to meet staff and meetings with users.
5.3.2	Include an Occupational Therapist in the clinical leaders group.

POLICIES & STRATEGIES

6.3.1	Develop consultation process both with staff and users, including more direct contact and feedback with Occupational Therapists as well as managers.
6.3.2	A clear statement is needed of the extent and nature of the proposed future relationship and any proposed integration with local authority OT service; to be supplemented by full information to staff at all levels to help overcome potential hostility or suspicions among staff.

USERS & CARERS

7.3.1	Implement a strategy for user involvement in conjunction with the recruitment of the new PALs officers.
7.3.2	Provide training to staff in consulting with users and its relevance to the organisation's overall strategies and policies.
7.3.3	Use local voluntary groups more to ensure an active voice for users and carers in the development of services.
7.3.4	Ensure the completion of the organisation's stated aim for each area of the service to have a plan for user involvement within 3 months.
7.3.5	Implement regular surveys of client satisfaction levels and use data to review the way the service is provided.

RESOURCES

8.3.1	Consideration is needed of how users can access PCT IT systems, e.g. booking their own appointments at health centres etc., to support achievement of e-government targets.
8.3.2	Further consideration of ways to facilitate information sharing within existing confidentiality requirements e.g. the use of a single identification number across different systems.

PERFORMANCE MANAGEMENT

9.3.1	Develop more indicators to supplement the current figures on contact numbers, e.g. caseloads, and caseload weighting.
9.3.2	Indicators are needed to measure the outcomes of Occupational Therapist intervention and identify positive Occupational Therapist contributions.

13. Summary of Recommendations: Brent PCT (continued)

PEOPLE MANAGEMENT

10.5.1	Monitor the length of time posts are vacant, identify any “problem” posts for recruitment and consider alternatives.
10.5.2	Consider scope for economies of scale between Brent Social Services and PCT through joint training, joint student & fieldwork co-ordinator, rotational posts and joint recruitment drivers.
10.5.3	Consider the use of secondments instead of rotation to avoid terms and conditions problems.

CARE MANAGEMENT

11.3.1	<p>Ongoing review of the implementation of the new Single Point of Access is needed to ensure that</p> <ul style="list-style-type: none"> - the system continues to meet the needs of its users and to respond to any feedback on its effectiveness or problems encountered by users - the Single Point of access is consistent with Fair Access criteria - referrers who use the SPA, are subsequently informed where the patient they have referred ends up in the system, & which team the referral has been passed to - all potential referrers, including patients, are aware they don't have to access via single point of access (SAP) and can go direct to the service, and that all leaflets about the service reflect this.
11.5.1	Joint Consideration is needed of the impact of the Fair Access to Services criteria across both services.
11.5.2	There is a need to assess the boundaries and overlapping areas with regards to services to children.

PARTNERSHIPS

none

14. Summary of Recommendations: Brent Social Services

LEADERSHIP

5.4.1	<p>In view of the urgent need to maximise the efficiency of the Joint Equipment Store this year to meet the requirements of Integrated Community Equipment Guidance (ICES), the Best Value review of the Joint Equipment Store needs to be revisited. Few of the recommendations have been implemented following the review and the main recommendations now need to be addressed as a matter of urgency, particularly;</p> <ul style="list-style-type: none"> - The system should be linked with the Council network - Word and excel installed - Staff training to be initiated - Devise a new system for ordering equipment from the stores by the OT's based on electronic transmission. <p>While it is recognised that the Joint Equipment Store is an important adjunct to the OT service, and to that end efficiency needs to be maximised, it is important to recognise that there are other, separate, aspects to the OT service which also need to be developed.</p>
5.4.2	<p>Installation of e-mail for staff at Joint Equipment Store is also an urgent requirement.</p>

POLICIES & STRATEGIES

6.4.1	<p>Clarification is needed of the extent of demand for OT services within the Borough, how those needs have been identified and how they will be met.</p>
6.4.2	<p>There is an urgent need for a strategy for the systematic review of needs that will address user consultation and involvement, and complaints about services.</p>
6.4.3	<p>Develop a strategy to manage and reduce the entire waiting list, including offering information about alternative sources of advice to those people who cannot be seen in the short term, explanations why a service cannot be provided immediately, and contact details should the client's situation deteriorate.</p>
6.4.4	<p>An overall strategy is required, setting out the future direction of the local authority OT service, the extent of its proposed relationship with the PCT service and how this relationship will be managed.</p>
6.4.5	<p>Attention is needed to information sharing across all staff, to ensure;</p> <ul style="list-style-type: none"> - briefings do not rely solely on the Intranet and e-mail - relevant documents, newsletters and publications are circulated regularly to all staff - lower grade managers are given the opportunity to become involved in service initiatives.

14. Summary of Recommendations: Brent Social Services (continued)

USERS & CARERS

7.4.1	Urgent action is needed to implement a strategy and action plan for user and carer involvement, including training staff in communicating with clients, and listening to users' and carers' views.
7.4.2	Provide clients with information on the role of the OT, service standards they can expect from both Council staff and external contractors (such as those used by Private Housing Services), and monitor cases closely against these standards. Include information about how to pursue a complaint if the client is not satisfied with the service received.
7.4.3	Improve the quality of information to users and carers, e.g.; a cross agency directory of who does what.
7.4.4	In conjunction with the Council's Private Housing Services, provide information to applicants for Disabled Facilities Grant, timescales for work to be started and completed, expiry dates of applications.
7.4.5	In conjunction with the Council's corporate complaints team and the social services complaints manager, carry out a comprehensive review of the way complaints are received and identified and then dealt with. This should include training for all staff, and ensuring that the evidence obtained through complaints is used to identify areas of weakness and necessary service improvements.
7.4.6	Implement a regular user feedback process, not just a snapshot survey, with ongoing responsibility for individual officers to follow-up on issues of concern to users, and for the results of such feedback to be used to inform future service delivery plans. In addition consideration should be given to ways in which users and carers might receive feedback on how their views have been taken into account.
7.4.7	Consider linking with existing corporate mechanisms for consultation such as the Citizens Panel.

RESOURCES

8.4.1	The service's overall strategy should include a statement of the level of service that is aspired to, based on the identified needs within the area and an assessment of the resources needed to deliver the service to the stated level. If the actual resources available do not match the services' aspirations, consideration should be given to alternative means of provision needed, including a cost benefit analysis of options such as outsourcing the service and management of the service through a contract or Service Level Agreement.
8.4.2	Further work is needed on benchmarking the service cost against comparable organisations, assessing throughputs and caseload and the overall level of resources required.
8.4.3	Urgent clarification is needed on how the proposed IT system is to be funded and its priority in relation to other competing demands on the Social Services budget.

14. Summary of Recommendations: Brent Social Services (continued)

8.4.4	<p>An action plan for implementing the proposed IT system is needed, to include -</p> <ul style="list-style-type: none"> - A cost benefit analysis showing how it will improve services, to achieve a realistic assessment of the likely improvements and avoid over-ambitious expectations being placed on the new system - How the commitment of all staff will be achieved, to overcome the issues of staff apathy and resistance already identified in IT use - Clarification of the management data that can be obtained from the new system and the manual systems that will be replaced - Change management and dealing with the cultural issues arising from the implementation of a large scale IT system.
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PERFORMANCE MANAGEMENT

9.4.1	Implement performance comparison and benchmarking against the recognised best performers.
9.4.2	Development and implementation is needed urgently of a set of agreed Local Performance Indicators, for monthly monitoring by the Principal Occupational Therapist, departmental Performance Manager, Senior Management & the Director. Indicators should be at a detailed level, e.g. time between going on the waiting list and first assessment, and through-put of caseloads.
9.4.3	Implement a system to calculate Brent's equipment recycling rates, and monitor against realistic targets; a poster campaign to remind clients to return equipment; and involve the Voluntary Sector in helping to raise recycling levels.

PEOPLE MANAGEMENT

10.4.1	Develop further initiatives to recruit staff, e.g. return to work days, flexible working, support managers in reviewing the service to look at alternative staffing structures, e.g. change the skills mix, implement basic grades.
10.4.2	Pay a Fieldwork Educator allowance and include fieldwork supervision in the accountability statement for OT posts, in recognition of the importance of having students on placement to aid future recruitment.
10.4.3	Give urgent consideration to the employment of new graduates and re-evaluate their potential benefits to the service.
10.4.4	Explore housing options to attract staff.
10.4.5	Evaluate the current level of spending on agency staff against other options such as higher grades for permanent staff.
10.4.6	Implement a devolved training budget to the OT service or ring-fence part of the central budget exclusively for the OT service.
10.4.7	Review the mandatory training needed by OT staff and make urgent arrangements to provide it.
10.4.8	Review training programmes to ensure suitability for OT staff.
10.5.1	Monitor the length of time posts are vacant, identify any "problem" posts for recruitment and consider alternatives.

14. Summary of Recommendations: Brent Social Services (continued)

10.5.2	Consider scope for economies of scale between Brent Social Services and PCT through joint training, joint student & fieldwork co-ordinator, rotational posts and
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	joint recruitment drivers.
10.5.3	Consider the use of secondments instead of rotation to avoid terms and conditions problems.

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11.4.4	Clients on the waiting list should be contacted at least every 6 months (instead of 12 months at present) to see if their priority has changed or if they still want to remain on the list.
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12.4.2	Consideration should be given to the suggestion by Older Peoples Services and Home Care that their staff should give assessments for simple equipment, and to the associated training issues.
12.4.3	There is a need to ensure that there is an OT representative on joint working groups, e.g. those with Older People’s services, and those on SAP and FACs.

Appendix 1

Objectives /Scope of the Review

Goal:

- To carry out a joint review of O.T services in the London Borough of Brent Social Services and Brent Primary Care Trust (PCT). Within the scope of the PCT, this includes adult services. It does not include children's services, learning disabilities or wheelchair services. An acute service OT also falls outside the scope of the review.
- To improve the service users experience of Occupational Therapy Services across the social care and health continuum

Purpose: The purpose of the review is to:

- Promote independence for citizens of Brent who have a disability.
- Improve service consistency within and between social services and the PCT
- Provide convenient and appropriate user centered services in Brent
- To consider options for service integration

Objectives:

- To meet national targets set out in the NHS plan for community equipment i.e. to increase by 50% the number of individuals who benefit from community equipment. Equipment needs to be delivered within 5 days.
- Reduce waiting times for OT assessment in Brent
- Harmonisation of referrals, prioritisation, assessment, care management and review in line with Fairer Access guidance
- Reduce processing time for orders of equipment and minor adaptations and reduce time taken for delivery and follow up consistency and transparency in application of service eligibility criteria and criteria for equipment and adaptations, by social services and PCT
- Reduce processing time for orders for major adaptations and reduce time taken for implementation and follow-up
- Investigate whether the equipment and adaptations provided are appropriate to the needs of service users
- To ensure prioritization of equipment provision is based on service user needs irrespective of initiating service
- Review the way Council OT services work with Private Housing Services in the provision of major adaptations
- Evaluate current policies and strategies with respect to achieving customer satisfaction
- To work towards section "31" arrangements
- Improve co-ordination of council, hospital and PCT occupational therapy services in Brent
- To examine strategies for improving retention and recruitment of staff across the health and social services
- Identify potential for savings - examining areas of duplication within existing whole systems capacity
- Improve rehabilitation opportunities for the people of Brent