

**Subject: Community Care Occupational Therapy Report**

**Purpose:** To update the Integration Joint Board on (i) the current waiting time position for occupational therapy assessment within the community care teams in North Ayrshire; (ii) progress made to date to reduce these waiting times; (iii) actions planned to further improve this position.

**Recommendation:** It is recommended that IJB note the content of this paper and approve the proposed action plan to further improve this position.

**Glossary of Terms**

HSCP	Health and Social Care Partnership
AHP	Allied Health Professional
IC&R	Intermediate Care and Rehabilitation
OT	Occupational Therapist
OTA	Occupational Therapy Assistant

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	Occupational therapy undertakes a valued role in North Ayrshire, keeping people well, independent, and in their own homes.
1.2	For some time now, there has been challenge around the capacity of the occupational therapy teams, with people waiting longer than is desirable for occupational therapy assessment in community care.
1.3	Several steps have already been taken to improve this position. A stretch aim has been agreed - that by the end of September 2019, 90% of referrals to community care occupational therapy will be seen within eight weeks of referral.
1.4	This paper summarises the steps already taken, and sets out proposed actions to further improve the position.
<b>2.</b>	<b>BACKGROUND</b>
2.1	The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance individuals' abilities to engage in the tasks or activities they want to, need to, or are expected to undertake, or by modifying the occupation or environment to better support function.

2.2	The occupational therapy teams work with people of all ages, providing valued contribution for the people of North Ayrshire. Occupational therapy staff work as part of multi disciplinary teams across North Ayrshire Health and Social Care Partnership (HSCP), based out of Rainbow House, Douglas Grant Rehabilitation Centre, Woodland View, The Horseshoe, Brooksby Resource Centre, Caley Court, Bridgegate House and Three Towns Resource Centre.								
2.3	The scope of this paper pertains to the occupational therapy input provided by those teams employed by North Ayrshire Council which have traditionally sat within the community care teams.								
2.4	These teams provide assessment and interventions which promote independence, keep people at home, and at their functional optimum. Traditionally the focus of such input has been mainly around the provision of equipment – such as, for example, toileting equipment, bath lifts or environmental adaptations – from the provision of a ramp, shower adaptation, or stair lift, through to complex major extensions to properties.								
2.5	Table 1 below shows the occupational therapy staffing levels within the community care teams in North Ayrshire. These have remained relatively stable over the last few years.								
	<p><b>Table 1</b></p> <table> <tr> <th>Community Care Team</th><th>Occupational Therapy Staffing</th></tr> <tr> <td>Assessment and Enablement Team North (Brooksby)</td><td>2 WTE Occupational Therapists (OT) 2 WTE Occupational Therapy Assistant (OTA) 1WTE Senior OT</td></tr> <tr> <td>Assessment and Enablement Team South (Bridgegate)</td><td>2 WTE OT 1 WTE OTA 1WTE Senior OT</td></tr> <tr> <td>Dirrans Service</td><td>2WTE OT 3WTE Rehab Support Officer</td></tr> </table>	Community Care Team	Occupational Therapy Staffing	Assessment and Enablement Team North (Brooksby)	2 WTE Occupational Therapists (OT) 2 WTE Occupational Therapy Assistant (OTA) 1WTE Senior OT	Assessment and Enablement Team South (Bridgegate)	2 WTE OT 1 WTE OTA 1WTE Senior OT	Dirrans Service	2WTE OT 3WTE Rehab Support Officer
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2.6	Table 2 below describes service activity, with details of average monthly referrals, allocations, and waiting list information for each of the teams, correct as on 1 <sup>st</sup> September 2018 :								

**Table 2**

	<b>Assessment and Enablement Team North (Brooksby)</b>	<b>Assessment and Enablement Team South (Bridgegate)</b>	<b>Dirrans Service</b>	<b>Total</b>
<b>Average Monthly Referrals</b>	42	62	39	<b>143</b>
<b>Average Monthly Allocations</b>	37	35	26	<b>98</b>
<b>Number of people waiting for assessment</b>	137	142	76	<b>345</b>
<b>Longest wait (days)</b>	443	356	346	-
<b>Average wait (days)</b>	249	229	246	-

As illustrated above, there is traditionally a high volume of referrals to occupational therapy on a monthly basis, with more referrals being received than allocated. On 1<sup>st</sup> September 2018, there were 345 people waiting up to 443 days for assessment by occupational therapy in community care.

2.7 As a result of this position, there is an understandable level of public dissatisfaction, with regular complaints and elected member enquiries received associated with these waiting times.

2.8 In recent months, several steps have been taken to improve the above situation :

- Joint working across the various components of occupational therapy in North Ayrshire; with those therapists within, for example, the Assessment Reablement Team, Integrated Care Team and Learning Disability and neuro rehabilitation multi disciplinary teams being supported to progress equipment and adaptation work that traditionally would have been referred on to await further assessment and input.

- Delegation of appropriate tasks to the Occupational Therapy Assistants (OTAs) in the Service Access team.

- Equipment training for other Allied Health Profession (AHP) services and Health And Therapy Team – to allow practitioners already involved in cases to provide low level equipment solutions, and reduce the need for specialist occupational therapy input in non-complex cases.

- Waiting time initiatives, and tests of alternative modelling which demonstrated that 50% of those waiting for occupational therapy assessment could have their needs better met through alternative services. This led to recent move to stream occupational therapy referrals through the Intermediate Care and rehabilitation

	(IC&R) hub, building on the recently developed enhanced IC&R model, taking a 'rehab first' approach, with equipment as a last line of intervention, not first. The Senior OTs are now triaging referrals in conjunction with the IC&R Hub. This has resulted in reduction of duplication, with referrals being directed to the most appropriate service first time.																														
	<ul style="list-style-type: none"><li>A focus on supervision approaches to support professional reasoning and decision making during this period of change.</li></ul>																														
	<ul style="list-style-type: none"><li>Robust conversations regarding rehabilitation and Housing Solutions have reduced the number of cases being presented to complex case discussion, avoiding the potential cost of adaptations.</li></ul>																														
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2.9	Table 3 below relates to the position as of 1 <sup>st</sup> February 2019. It illustrates the impact of the above approach, with reduction in the gap between numbers of referrals and allocations, and an associated improving position both in terms of the number of people waiting for community care occupational therapy assessment, and the length of such wait :																														
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2.10	Despite this improving picture, an element of risk remains, with people waiting longer than is acceptable, and potential missed opportunities for the early promotion, or maintenance of independence.																														

<b>3.</b>	<b>PROPOSALS</b>
3.1	The following actions are planned to further improve the position :
	<ul style="list-style-type: none"> <li>• A Quality Improvement approach is being progressed, with a stretch aim being set that <ul style="list-style-type: none"> <li>▪ 90% of referrals to the occupational therapy team are seen within 8 weeks of referral, by the end of September 2019</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• Equipment training will be rolled out across other professional groups, to improve early access to low risk, high volume equipment, and protect occupational therapy capacity and specialist skill set for more complex situations.</li> </ul>
	<ul style="list-style-type: none"> <li>• Professional triage of occupational therapy referrals through the IC&amp; R hub will continue, with a 'rehab first' approach being promoted wherever possible.</li> </ul>
	<ul style="list-style-type: none"> <li>• Housing options approach will continue, with plans to train local staff to become trainers in this approach; cascading a 'housing options' approach across services which enables practitioners to have early conversations with regards to long term suitability of homes.</li> </ul>
	<ul style="list-style-type: none"> <li>• Internal professional work will continue, promoting joint working, joint training and reducing unnecessary transitions between the different components of the occupational therapy profession in North Ayrshire.</li> </ul>
	<ul style="list-style-type: none"> <li>• Finally, the occupational therapy workforce will be increased, within existing available resources, to create additional capacity and further narrow the gap between referrals and allocations. This will tackle the remaining backlog of people awaiting assessment, and support continuation of the new approach:- <ul style="list-style-type: none"> <li>▪ Use Care &amp; Repair budget of £125K , to employ additional assessment and review capacity as follows: <ul style="list-style-type: none"> <li>➢ North - 1WTE OT, for 11 months</li> <li>➢ South – 1WTE OT &amp; 0.5 WTE OTA, for 11 months</li> <li>➢ Extend the 3 Senior OT grade 11 for 12 months.</li> </ul> </li> </ul> </li> </ul>
3.2	This will act as a change enabler to support continued move towards a multi disciplinary approach, support a quality, safe sustainable model with clear lines of governance, ensure the remaining backlog of referrals is cleared, and support robust waiting list management.
3.3	<b><u>Anticipated Outcomes</u></b>
	The approach taken to date, and outlined as planned above seeks to ensure the best outcomes for the people of North Ayrshire, and best use of the occupational therapy resource available.
3.4	<b><u>Measuring Impact</u></b>
	Referral numbers, service activity, and waiting times will continue to be monitored against the above aim, with regular reports to the Director of North Ayrshire HSCP, and North Ayrshire Health and Care Governance group, and future update report back to IJB on progress.

<b>4.</b>	<b>IMPLICATIONS</b>	
<b>Financial:</b>	Intention to spend £125k of previous care and repair budget (existing resource ) on additional occupational therapy staffing	
<b>Human Resources:</b>	Nil	
<b>Legal:</b>	Nil .	
<b>Equality:</b>	Nil	
<b>Children and Young People</b>	Nil.	
<b>Environmental &amp; Sustainability:</b>	Nil	
<b>Key Priorities:</b>	The content of this paper relates to the HSCP's strategic priorities around early intervention and prevention, and bringing services together.	
<b>Risk Implications:</b>	The steps already taken, and actions proposed in this paper seek to mitigate risks associated with people waiting for community care occupational therapy assessment.	
<b>Community Benefits:</b>	Nil	

<b>Direction Required to Council, Health Board or Both</b>	Direction to :-	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

<b>5.</b>	<b>CONSULTATION</b>	
5.1	The attached report has been developed in consultation with the Senior Occupational therapists, the AHP Leadership team, and the Senior and Service Manager for Intermediate care and rehabilitation in North Ayrshire.	
<b>6.</b>	<b>CONCLUSION</b>	
6.1	The Integration Joint Board are asked to note the content of this paper, and approve the proposed action plan to further improve this position	

**For more information please contact : Stuart Gaw, Senior Manager for Intermediate Care and Rehabilitation on 07810181435 or [Stuart.Gaw@aapct.scot.nhs.uk](mailto:Stuart.Gaw@aapct.scot.nhs.uk) or Alistair Reid, Lead Allied Health Professional on 07825227834 or [Alistair.Reid@aapct.scot.nhs.uk](mailto:Alistair.Reid@aapct.scot.nhs.uk) ,**