Aberdeenshire COUNCIL

Health and Social Care Partnership

REPORT TO SOCIAL WORK & HOUSING COMMITTEE – 31 MARCH 2016

OCCUPATIONAL THERAPY SERVICE – REPORT ON DUTY PILOT

1 Recommendations

The Committee is recommended to:

1.1 Acknowledge the progress and development of the Duty Occupational Therapist pilot.

2 Background

2.1 An update report to Social Work & Housing Committee in March 2015 outlined the progress made with the various work streams of the Council's Occupational Therapy service review, including improvements to the screening, prioritisation and assessment of referrals as a result of a pilot exercise involving a dedicated Duty occupational therapist.

2.2 As requested at the February 2016 meeting of Committee, this report provides an update on the pilot Duty occupational therapist.

3 Original Scope of the Duty OT pilot

3.1 Between November 2014 and September 2015 a dedicated Duty occupational therapist worked out of the Council's Contact Centre. This was in response to concerns around the accuracy and appropriateness of the prioritisation of referrals to the Council's Occupational Therapy service by the Contact Centre, and the level of client satisfaction with the existing process. It had been agreed that at the end of the pilot a decision would be made whether the prioritisation of referrals should remain with the Contact Centre, or revert to the Occupational Therapy service.

3.2 The Duty occupational therapist's role involved checking the accuracy of screening and prioritisation of referrals undertaken by the Contact Centre, correcting errors, and working with the Contact Centre on improvements to accuracy.

3.3 The pilot also enabled the testing of a re-designed initial assessment process, whereby referrals would receive a desk based initial assessment of need by a qualified occupational therapist within a matter of days of referral.

4 Outcomes from the pilot during November 2014 – September 2015

4.1 The pilot Duty Occupational Therapist exercise delivered the following outcomes:

- Accurate screening and prioritisation of referrals eligible for a service. The Duty occupational therapist corrected up to 18-20% of the screening and prioritisation decisions of the Contact Centre, which equated to approximately 55 – 70 corrected referrals per month, given that the service receives, on average, 300-340 referrals per month.
- Initial contact between Occupational Therapy (via the Duty OT) and the majority of referred clients was significantly brought forward (generally to within one or two days of referral), providing greater equity in the process of assessment of need.
- Those in greatest need received services at the right time.
- Those at lower risk waited less time for initial contact with Occupational Therapy where they received a desk based initial assessment. Instead, they received appropriate information, signposting and advice on options and choices available to them, at the point of initial contact with the Duty occupational therapist.
- Information gathered through clinical questioning as part of a desk based initial assessment, where this was trialled by the Duty occupational therapist on a proportion of referrals, directly and substantially improved the quality of referral information passed to local teams and resulted in greater targeting and appropriateness of service delivery following assessment.

4.2 In June 2015 the OT Review Steering Group determined that:

- The prioritisation of referrals should revert to Occupational Therapy staff, rather than remain with the Contact Centre.
- The desk based initial assessment piloted by the Duty occupational therapist should be developed further into a sustainable model that could be applied to all referrals to Occupational Therapy in an equitable way.
- In line with the formation of an integrated core team structure, the Duty occupational therapist concept should be developed into a model compatible with that emerging structure, as distinct from a centralised model.
- The occupational therapy service should move from its existing 3 tier priority category structure (High, Medium, Low), and adopt/apply the 4 tier structure (Critical, Substantial, Moderate, Low) of the Council's eligibility criteria for social care services.

4.3 As a result, the pilot phase was extended and during the period July – September 2015 the models were developed further and staff training undertaken, prior to piloting a 'Duty OT' role and initial assessment process devolved to each of the existing local authority occupational therapy teams.

5 Outcomes from the pilot during October 2015 - March 2016,

5.1 Since 5 October 2015:

- Prioritisation of referrals to the service has no longer been undertaken by the Contact Centre, and is now undertaken by occupational therapy staff. Contact Centre responsibilities have been streamlined to focus on the processing of referral information.
- All qualified local authority occupational therapists have been upskilled to apply the 4 tier eligibility criteria to screen and prioritise referrals.
- All qualified local authority occupational therapists have been upskilled to carry out a desk based initial assessment for referrals to the service.
- The local authority occupational therapy staff resources have been aligned with the emerging structure of 20 local integrated teams and the responsibility for initial desk based assessment and prioritisation of referrals has been successfully devolved to each local team.
- A target timescale of 3 working days from date of referral to completion of a desk based initial assessment for all referrals has been trialled and this timescale was used as the KPI measure for Quarter 3 15/16 reporting.

5.2 The following specific outcomes have been achieved since October 2015:

- By devolving the process to local teams, a desk based initial assessment is now provided to <u>all</u> referrals within a matter of days of referral.
- All referrals are being screened and prioritised to a high level of accuracy and in a consistent and equitable way across Aberdeenshire.
- The desk based assessment has resulted in a better quality and quicker service response to clients:
    - Improved targeting by staff to respond to those at highest risk.
    - For those who require a service, the first home visit can now focus on delivery of the intervention required because the issues to be addressed have generally already been identified as part of the desk based assessment.
    - Good quality desk based assessment is allowing for certain solutions (such as non-complex equipment) to be provided without an initial home visit, therefore further speeding up service delivery to the client and freeing up staff capacity for redirection elsewhere.
    - Those at lower risk who traditionally may have waited a long time for a service, are now seen within a matter of weeks rather than months.
    - Greater self-care, improved choice and earlier intervention, through appropriate advice, information and signposting is routinely provided by a qualified occupational therapist during the desk based assessment. This is particularly relevant for those clients identified as lower risk and not currently requiring the intervention of an occupational therapist or not prioritised for an immediate service response.
- The service has seen a substantial increase in client satisfaction. Prior to the pilot, Occupational Therapy Team Managers had to frequently deal with clients who were not happy with the priority category they had been given by Contact Centre staff and the length of time they were told they may have to wait for an Occupational Therapy service. Since the start of

the pilot, such complaints have all but disappeared, plus clients appear to greatly appreciate the early contact via the desk based initial assessment.

- The target timescale of 3 working days from date of referral to completion of a desk based initial assessment has been achieved around 77% of the time since January 2016, with this rising to close to 100% taking a 5 working day target. At the outset of the pilot, this target was recognised as potentially ambitious to achieve all of the time.

6 Conclusion of the pilot.

6.1 The piloting of this devolved model of desk based initial assessment by local occupational therapy staff is intended to conclude around the end of March and become embedded practice from April 2016 onwards.

6.2 Further fine tuning of the model continues and consideration will be given to an appropriate target timescale to settle on.

6.3 Where necessary, the process can be altered over time to ensure appropriate dovetailing with the emerging practice of local integrated core teams.

6.4 The Head of Finance and Monitoring Officer in Business Services have been consulted in the preparation of this report and any comments have been incorporated.

7 Equalities, Staffing and Financial Implications

7.1 An equality impact assessment is not required because this report is for information and no policy recommendations to current service form part of this report.

7.2 There are no direct staffing or financial implications arising from this report.

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