



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 30 NOVEMBER 2023

SUBJECT: COMMUNITY OCCUPATIONAL THERAPY SERVICE

BY: OCCUPATIONAL THERAPY TEAM MANAGER

1. REASON FOR REPORT

1.1 To inform the Committee that the waiting time for Occupational Therapy (OT) allocation is at a high level with people waiting far over the timescales for allocation and provide details on some of the ways the team are working to reduce waiting list times to a more acceptable level.

2. RECOMMENDATION

2.1 **It is recommended that the Committee notes the Community OT team continue to work on reducing waiting times for allocation by improving and refining the service provided.**

3. BACKGROUND

3.1 Health and Social Care Moray (HSCM) promotes and facilitates independent living for people who have a disability in their own home. Additionally, Moray Council has a statutory duty to provide assistance to make a house suitable for a disabled person, as far as is reasonably practicable. This is achieved by the provision of advice, rehabilitation and recommendation of equipment and adaptations. One method of providing appropriate equipment and adaptations is following an assessment from an Occupational Therapist (OT) or Occupational Therapy Assistant (OTA) from the Community OT service.

3.2 The Community OT Team accepts referrals regarding anyone who is a resident of Moray, has a disability and has an issue or difficulty with their activities of daily living. Information is received by the Access Team then passed to the Duty OT who investigates the situation further if needed and prioritises the case. The referral is then either allocated to a worker or placed on a waiting list. OTs tend to have an area (Forres, Elgin, Speyside, etc.) based around Social Work localities where they are allocated the majority of cases from.

- 3.3 A Community OT assessment usually involves observing a person in their own home whilst they are performing their daily activities with specific interest in any area of difficulty they are having. Once this functional assessment is completed, a plan is agreed with the person and progressed until the issue has been resolved or improved to a reasonably practical level. The service has an emphasis on minimising identified risk, 'needs-led' assessment and the provision and recommendation of essential equipment to allow interaction with life at home as well as to minimise risk to the person and involved carers. HSCM strive to deliver a service that is transparent, equitable and offer informed choice to the customer on both outcome and delivery of the service, under pinned by the principle of minimum intervention and best value.
- 3.4 Community OT has a wide responsibility and are called into a range of cases, providing input to children and adults and also are often called into and consulted about very complex situations. The team are passed cases from colleagues when a person needs a major adaptation to their property or Moving and Handling assessment and equipment.
- 3.5 Referrals are prioritised by a professional based on need and risk. The timescales the service aim for are:-

Critical priority for OT assessment – 2 weeks

Substantial priority for OT assessment – 8 weeks

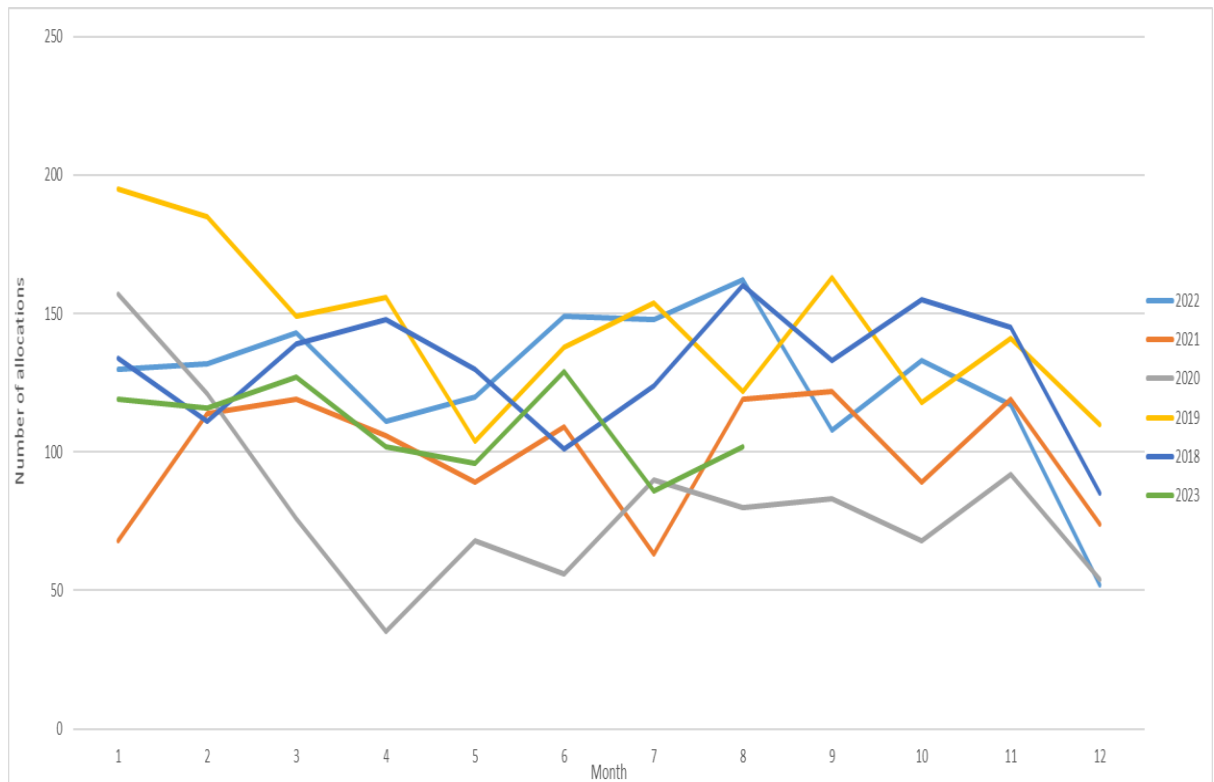
Moderate priority for OT assessment – 6 months

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 Demand for service is high, at an average of 210 referrals per month in 2022-2023. The Waiting List for allocation of an OT increased substantially during COVID-19 to around 500 when there were restrictions on accessing clients. Once the service resumed, the waiting list began to fall however it has risen again over the past year. The Waiting List now stands at around 300 people with wait times over a year for Substantial cases and two years for Moderate. There has been an increase in the wait times for Critical cases, but the largest impact has been on the Moderate and Significant waiting lists. Due to our reduced capacity over the last year, OTs have been taking mainly Critical referrals, leading to a significant rise in the waiting times for the other lists. For context, the Waiting List was at high levels previously, in around 2016 it was around 500 and showed a steady decline until a low of under 100 in 2019.

OT allocations per year

- 4.2 This graph shows a breakdown of the amount of allocations the team has taken on per month for the last few years.



- The influence COVID had on the number of allocations starts in March 2020 and continues until 2022. During this period, although OT continued to provide input in Critical/Urgent situations, the Waiting List increased to around its current level.
- The team became understaffed in September 2022 and the effect this has can be identified in the number of allocations taken from that time to present.
- The stats for 2023 are in the middle range compared to previous years.

Rationalise Paperwork and Processes

- 4.3 A regular governance meeting with stakeholders from the adaptation process takes place regularly to review processes, problem solve potential issues and plan resources to encourage efficient workflow. From that meeting, the assessment process has been updated and the amount of systems that workers need to access to get the correct information has been reduced. Information systems have been reorganised to make data more accessible. The system to authorise and progress Major Adaptations has been updated to make it more robust and to give people more control and information earlier. A more efficient method of recording assessments, finding relevant information and progressing major adaptations will mean the number of allocations the team take on will increase.

Restructure

- 4.4 As recruitment to professional level posts has been difficult, HSCM have established Senior Occupational Therapy Assistants (SOTA) posts to work through the backlog of Level Access Shower Adaptations. The SOTA are responsible for cases that, although they are process driven, historically an OT would be allocated. SOTA are given support from professional staff to allow them to manage service users through these processes and their clinical decision making is closely supervised and authorised. The evidence here

shows that these two positions have processed a high number of cases since they started allowing OTs to concentrate on more complex work. This post has been identified as method of career progression and a way of retaining high skilled non degree qualified staff in the team. The SOTA post has worked well in these regards, but they are only funded until March 2024 so there is a risk that without these positions, waiting times for the above work will increase.

Staffing

- 4.5 Two new OTs have recently been successfully recruited (1.75 FTE) to work in the areas experiencing the longest delays. They are due to start in December 2023 and following a period of training and familiarising themselves to the role, they should start having an effect on the Waiting List numbers and times. There is still a vacancy for an OT of around 30 hours per week on a temporary contract as this has been difficult to recruit to. A full time OT should return from secondment in May 2024 however around this time, the SOTAs temporary contract will end.

Define the service

- 4.6 The Criteria for provision of OT Equipment and Adaptations is from 2018 and it would be beneficial to update it. This will mean a sharpening of criteria and potentially the Community OT team not providing assistance as they might have done before. Work is ongoing to review the parameters and scope of the service in consultation with other community teams, NHS teams and Social Work teams. In addition to this other localities are being consulted so that best practice and efficient models of service can be identified and adapted for use in Moray. Reducing the scope of the service and tightening up what Community OT can support with will reduce the high demand on the team. With other NHS Teams establishing their role in primary care and intensive rehab, Community OT could refocus on supporting the management of long term conditions, assisting with reviewing of packages of care and managing major adaptations. Work continues to improve communication between OT teams with local meetings to match a person's needs with the correct team being trialled.

Update Information

- 4.7 The information provided about the OT service should be updated and made available to the public in a range of forms. A project is underway with Digital Health and Innovation Scotland to develop an online OT site for information, self-management and signposting. Providing information in this way would increase transparency, improve individual's ability to self-manage and improve the public's experience with the OT team.

Referral form

- 4.8 A continuing issue is the lack of information on referrals to Community OT meaning a worker has to contact referrers or clients to obtain information necessary to prioritise the case effectively. A new referral form has been developed which will provide enough information needed specifically for OT to make prioritising more efficient and accurate. This change will save time and provide a better experience for the client.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Partners in Care 2022 – 2032”

The continued service developments to reduce the waiting list for OT, have significant alignment to the themes of the Moray Integration Joint Board (MIJB) strategic plan and in particular to the Home First theme and the LOIP in supporting people to live independently within their community.

(b) Policy and Legal

Equipment and adaptations: guidance on provision (<https://www.gov.scot/publications/guidance-provision-equipment-adaptations-2/documents/>)

Private Sector Housing Disabled Adaptations Grants Policy

Policy for the Provision of Major Adaptations

Policy for the Provision of Occupational Therapy Equipment

(c) Financial implications

Timely OT input can reduce the burden on formal and informal carers and improve our client’s independence in essential daily activities. The financial effects of not receiving OT intervention can often be seen in other areas of the system, with delayed discharges, avoidable hospital admissions, preventable Care Home placements and increases in formal care needs. As early and appropriate OT intervention can reduce the risk of these events occurring, it is a vital part of providing an efficient system of meeting peoples’ needs in the community.

(d) Risk Implications and Mitigation

OT work is often based around reducing and minimising risk and whilst there is a lengthy wait for OT input people are at a level of an undesirable incident occurring. Long waiting times for OT service leads to people managing daily activities with an excessive risk of injury, increased dependence on services or family or the individual avoiding the task completely.

(e) Staffing Implications

There is a risk of staff burnout from high rate of complex, intensive and high pressured allocations. Staff also report difficulty building rapport or trust with people if they have been waiting a considerable time for service.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

Not required as there is no change to policy.

(h) Climate Change and Biodiversity Impacts

None arising directly from this report.

(i) Directions

None arising directly from this report.

(j) Consultations

Consultations have been undertaken with the following staff who are in agreement with the content of this report where it relates to their area of responsibility:

- HSCM Clinical and Care Governance Group members
- HSCM Operational Management Team
- Lesley Attridge, Locality Manager
- Sean Coady, Head of Service
- Caroline O'Connor, Committee Services Officer, Moray Council

6. CONCLUSION

- 6.1 Work needs to continue on bringing the Waiting List for OT input down to a more acceptable level. By completing the projects described above to further improve the service, alongside the resolution of staffing issues from the last year, the waiting list should show continued improvement over the next year.**

Author of Report: Chris McLeod, Team Manager, OT
Background Papers: with author
Ref: