

# Adults and Safer City Scrutiny Panel

10 October 2016

<b>Report title</b>	Aids and adaptations provision	
<b>Cabinet member with lead responsibility</b>	Councillor Sandra Samuels Cabinet Member for Adults	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Jayne McNulty, Head of Service	
<b>Originating service</b>	Older People	
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<b>Report to be/has been considered by</b>	N/A	

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## Recommendation(s) for action or decision:

The Panel is recommended to:

1. Receive an update and comment on provision of aids and adaptations in the City.

## **1.0 Purpose**

- 1.1 To update the Panel and obtain feedback about the provision of aids and adaptations to the elderly and disabled in the City.

## **2.0 Background**

- 2.1 The provision of aids and adaptations to the elderly and disabled forms part of the Independent Living Service at the City of Wolverhampton Council. It aligns with the following corporate plan aims:
- Promoting independence for Older People
  - Promoting independence for People with Disabilities
- 2.2 The service is provided through the Neville Garratt Centre, which is the Council's independent living centre located on Bell Street, Wolverhampton comprising the Independent Living Occupational Therapists and Adaptations Team and the Community Equipment Stores located on Racecourse Road, Dunstall. The Community Equipment Store is jointly commissioned with Health with the split of funding focusing on health and rehabilitation equipment.
- 2.3 Assessment for local authority equipment is undertaken in a variety of ways, starting at self-assessment for low level equipment, clinic assessments and home visits from Occupational Therapists (OT's) and Occupational Therapy Assistants (OTA's). Assessment for health equipment is undertaken by therapists, nurses and therapy assistants.
- 2.4 Equipment provided by the Local Authority for adults is given to individual's residing within the City and to individual's outside of the City where the City of Wolverhampton Council are the responsible authority.
- 2.5 Equipment provided by health is available to all individual's with a Wolverhampton (General Practitioner) G.P.
- 2.6 Equipment is given under a variety of legislation and the City of Wolverhampton Council have guidance on the legal framework of issuing equipment and adaptations, developed by industry expert Michael Mandelstam.
- 2.7 A recent review of the Local Authority stock list has recommended that standard stock (i.e. that which is on the stock list) is available to adult individual's under section 2 of Care Act 2014 to support the prevention agenda.
- 2.8 Manual Handling equipment on the standard stock list is also issued under Health and Safety Legislation.
- 2.9 Non- standard equipment will be issued to individuals who meet the eligibility of Sections 9 or 18 of the Care Act 2014 or who demonstrate a significant health need:

determination of eligibility is made by the assessing therapist or nurse and ratified at an equipment panel attended by the CCG (Clinical Commissioning Group) clinical staff and the local authority.

2.10 The Neville Garratt Centre works to provide the elderly, disabled and carers with impartial advice and information. Residents can visit the Neville Garratt Centre to receive help and support with living safely and independently in their own home through the use of home adaptations and equipment. The service offers self- assessment, clinic assessment or home assessment, depending upon the issues that are identified. The Centre is in need of refurbishment but plans for this have been put on hold as the Centre is sited in an area due for regeneration.

2.11 The centre offers a drop-in service where residents can:

- call into the centre to enquire about equipment or adaptations
- replace small items of equipment if broken
- collect small items of equipment if appropriate, such as walking aids and toilet frames
- view and try out equipment like stair lifts and talking alarms
- get advice on where to buy equipment independently
- receive independent and impartial advice for free

2.12 An appointment is necessary if:

- an assessment by the Occupational Therapy Team to determine if suitable equipment is required
- a client has more complex needs.

### **3.0 Assessment**

3.1 Approximately 4,500 referrals are received each year and the Occupational Therapy service typically deal with between 43 and 45% of all adult social care referrals.

3.2 For all assessments, clients will need to be referred to the Centre either by another professional or have completed a self-assessment form. These can be obtained from the centre or sent through the post. It is a detailed form because it may enable quick provision of equipment or minor adaptations without being called in for an initial assessment appointment. Examples of these items include commodes, walking sticks and bath equipment.

3.3 Timescales for assessment vary dependent on need with the most urgent situations being assessed within seven days and routine assessments being completed within 90 days.

All OT assessments are outcome based and an independence score is taken at the start and on completion of treatment. Analysis of these outcome scores show that 85% of people who receive a service have improved function following treatment. Further analysis of the 15% that do not improve requires work but the working hypothesis is that for these individual's, intervention has prevented a deterioration.

### **Case Studies**

*Mr G lives alone in a sheltered accommodation scheme, he was referred by his daughter as his carer was beginning to struggle and it was thought two carers would be required. Mr G's carer's were bear hugging him into a standing position from his chair, commode and bed placing both themselves and Mr G at risk. The Occupational Therapist identified an alternative transfer method and ordered manual handling and mobility equipment that enabled Mr G to complete his own stand promoting his safety, the carer's safety and his dignity. The intervention prevented the need for the second carer and enabled Mr G to access the bathroom and toilet safely - Mr G was extremely pleased with his higher independence levels and his family described the service as 'fabulous'.*

*Mrs L was discharged from hospital to a nursing home where she stayed for many months as it thought her needs were too high to return home. A social worker referred her to OT for assessment following a review where she identified a desire to return home, in the placement it was reported that Mrs L was suffering from depression and her social contacts were limited. OT intervention included transfer practice within the home, training of care staff and provision of equipment and adaptations at home. Mrs L returned home where she is described as a totally different lady who is seen smiling and chatting on a regular basis.*

#### **3.4 In the Neville Garratt Centre:**

- the duty team is available all day Monday to Friday to answer telephone enquiries
- a duty Occupational Therapist is available Monday - Friday, 09.00 - 13.00 to answer general enquiries in person and by telephone
- an Occupational Therapy Assistant is available in clinic every day
- clinic appointments may be booked with Occupational Therapists or Occupational Therapy Assistants, dependent on need, following receipt of referrals

#### **4.0 Minor Adaptations**

- 4.1 At present minor adaptations are undertaken by one OT technician, Wolverhampton Homes or Discharge Link Workers employed by the Royal Wolverhampton Hospital Trust. Further minor adaptations are offered by the Handyperson scheme offered by the

Place Directorate. The outcome of the OT assessment is sent to Wolverhampton Homes and work is carried out within 28 days.

A major review of the assessment and provision of minor and major housing adaptations is currently being undertaken and a report being prepared for Cabinet to consider in October 2016.

## **5.0 Waiting lists**

5.1 In October 2015 the waiting list for Local Authority Occupational Therapy assessment stood at 548 which was leading to unacceptable delays. Formal comparative figures are not available but a recent regional Association of Directors of Adult Social Services (ADASS) meeting for lead OT's had waiting lists on the agenda and Wolverhampton had the lowest waiting list, as a comparison one neighbouring authority reported a waiting list of close to 1000.

5.2 Several steps were taken in order to reduce the waiting list and improve service delivery with existing resources. These included:

- The removal of OTs from the blue badge rota, maximising clinical hours with service user
- Introduction of clinic appointments at the Neville Garratt Centre for OT assessment
- Relocation of blue badge mobility clinics to local libraries

5.3 At the time of writing the waiting list stands at 52.

## **6.0 Financial implications**

6.1 The budgets for the Adaptations Team (£292,000) and the Independent Living Service (£1.9 million) are funded from the 2016/17 Older Peoples controllable budget of £28.5 million.

[AJ/28092016/M]

## **7.0 Legal implications**

7.1 There are legal implications associated with this report since the local authority has statutory responsibilities to meet regarding provision of equipment following implementation of the Care Act 2014. Provision of equipment is issued to clients in line with Care Act legislation.

[SB/30092016/X]

## **8.0 Equalities implications**

- 8.1 The service itself has positive equalities implications. By providing community equipment to residents, the service aims to ensure that equalities needs are met, particularly age and disability.  
Any other equality needs will be met through the referral process since provision of aids or equipment must follow consultation or assessment of the client by the Occupational Therapy Team.

## **9.0 Environmental implications**

- 9.1 There are no environmental implications arising directly from this report.

## **10.0 Human resources implications**

- 10.1 There are no human resources implications arising directly from this report.  
[HR/JF/JT/024]

## **11.0 Corporate landlord implications**

- 11.1 There are no corporate landlord implications arising directly from this report.

## **12.0 Schedule of background papers**

- 12.1 N/A