#### Adults Health and Scrutiny Panel – Feb Update

Scrutiny Panel 15/9/22: residents attended to explain their personal experience of requesting equipment or adaptations to their home. This provided the Adaptations Service with valuable insight and information.

Most of the concerns raised by residents are about delays and poor communication.

As a direct result of this feedback a number of changes have already been made and more changes are planned with the aim to improve the residents experience and journey through the process.

These slides will outline what has changed since September and next steps.



#### Actions since September Scrutiny



Interim Head of Service appointed with a focus on improvement and culture change



Standard letters developed and sent to service users at each stage of the process (includes timescales and contact information)



Everyone on the waiting list (as of October 22) personally contacted .



Delays reduced through additional surveying and assessment capacity



Numbers of people waiting for an adaptation to be completed reduced from 812 (August 2022) to 467 (January 2023)



More focused listening and learning from resident feedback. Culture change identified



# What residents can expect from the service since last Scrutiny

To be provided with the officers contact details after each visit.

A copy of their support plan (this outlines the persons views and wishes, their needs and how these will be met by equipment, care or adaptations)

A copy of the adaptation specification which has more detail about the adaptation (this is produced with the service user and family if appropriate)

Written communication at each stage of the process which explains progress and next steps and includes contact details.

A phone call every 4-6 weeks to check in with the person and report on timescales.

To be contacted when something happens on their adaptations journey (eg: the adaptations are put out to tender)or if there the adaptation isn't technically feasible.



1) When the initial assessment is made by the Occupational Therapist, the resident/family requiring the aid/adaptation should remain part of the process around the procurement of the aid/adaptation and be actively involved in any changes or updates to the agreed provision

<u>UPDATE:</u> Upon making contact the OT and surveyors will ensure that the residents can either represent themselves, or where they cannot, they will ensure that an advocate such as a family member can be invited to participate and/or advocate during the assessment and subsequent visits.

The Occupational Therapist Service places the resident at the centre of the process as it is their adaptations journey. The OT's keep the resident informed about the process and if any changes are to be made the OTs discuss this and agree the changes with the resident before proceeding forwards.

Residents have the option of arranging their own adaptations with new guidance in place. The DFG guidance has been written so individuals are clear on how to proceed with doing this. The OTs would support the resident's if they chose to go down this route. However, there may be disagreements about how needs can be met or how to adapt the resident's property as the adaptations need to be necessary, appropriate, reasonable, and practicable.

The OTs will work with the resident to resolve any issues or clearly explain why a certain adaptation or piece of equipment cannot be provided. Sometimes this is related to professional judgement, risk assessments or best use of public funds.



2) An advocate should be offered by the Council (rather than only when specifically requested) to help with the initial discussion and remain part of the process to provide support to the resident where required. An advocate should also be made available where required when a resident was attending a meeting of an assessment Panel.

<u>UPDATE:</u> Where is it thought the resident would benefit from an advocate, the resident will be referred to Voiceability, Disability Action Haringey, Connected Communities and/or Powher for additional support. There are also instances where family members, long term friends or neighbours are supportive in the care needs. This is of course at the discretion of the resident. We are working with our performance team to establish how many residents have been directed through these pathways and staff are now trained to promote direct payments to support such a service.



3) Key communications/decisions should be confirmed in writing by email/letter so that the resident/family has a record of this.

<u>UPDATE:</u> The service continues to provide a summary of input to the resident following an assessment or review. where necessary the service is also completing complimentary phone calls to a nearest relative or advocate where one is identified. To further confirm the needs assessed and actions the team are now sending out the support plans which captures the area of need and/or disagreement. The service has now complied a compressive information pack which details the process should a resident wish to pursue their own scheme. The occupational Therapist also provide the resident with a copy of the OT specification for sign off and approval. The surveyors also provide a copy of the drawings were requested before works are commenced.



- 4) There should be a clear explanation for any delays and the resident/family given the opportunity to discuss any changes.
- 5) A named person and contact details should be provided to the resident/family and kept up to date during the process

**UPDATE:** Everyone on the waiting list was contacted in last year.

Changes should not be made without the persons full agreement. The service is still working through a backlog of delays, but this is being addressed and we should see a significant reduction in this over the next few months.

For 2024 we now have an Occupational Therapist devoted to the adaptation service along with an Occupational Therapy Assistant. Should the needs of the resident change at the point when adapts are due to be installed, both parties are on hand to reassess. There is an additional 2 OTA's to keep in contact with residents on the waiting list for adaptations, and complete reviews once adapts are installed where appropriate. In addition to the adaptations team manager, the service has now employed an adaptations service delivery manager in place to assist with the day to day running of the service and queries from our residents. The adaptations manager is now able to look at streamline processes with the Service Manager.

There has been a significant reduction in the number of complaints received for Aids and Adaptations, we are at lowest number for a significant number of years and at present there are only 2 awaiting a response.



6) Suggestions made by the resident/family should be recorded on the case file and treated in the same way as those from professional staff as the resident/family are experts in their own case and situation.

<u>UPDATE:</u> The resident/family views are recorded on a resident's Support Plan and sent to the service user. OTs & Surveyors records other any conversations and views on case records.

The final decision about what can be provided under the DFG legislation is made by the Council.

The service now uses a more intuitive system named Liquid logic. Within this there are now bespoke forms that have been created which allow the service to look at the granular details of where an adaptation may have been delayed. Items such as property owner consent, grant forms pending, dates of initial site visits can now be reported on under this new form / system.



7. A record should be kept by the Council of all delays and the timescales agreed with the resident/family. Where the agreed timescales are exceeded, there should be an alert triggered so that the resident/family can be appropriately updated on progress with expectations set and urgent issues to be prioritised.

<u>UPDATE:</u> A new recording system is now in place for all adult Social Services. This was designed with greater reporting ability which Managers will use to report and feedback on timescales and delays.

It is hoped that regular contact with the resident will address urgent issues and be transparent about timescales.

We continue to face an increase of requests and therefore, we continue with recruitment and bolstering the team to include additional surveyors who can oversee the works and OTA's who can contact the residents where any reports are flagged / updates are required.



8. The Commissioning team should look at widening provider choices for aids and adaptations to provide alternative options when delays or other problems occur.

<u>UPDATE:</u> Standard Equipment is provided through a call off contract which includes the London Consortium of 20 Councils. This provides best value for money but does not give residents a choice of equipment, unless they wish to self-purchase. We recognise that there have been some teething issues with the NRS contract. We have therefore been working closely with our equipment manager and NRS management to resolve issues. The service now completes a log of delays experienced and flag any issues of concern with immediate effect. If delays occur the service can and should go outside of agreed processes if the risk to the person without the equipment is high.

Occupational Therapists remain in contact with the resident and proactively manage the order and provision of equipment.

We have recently commissioned a company to clear a minimum of 100 cases per month, which will help significantly with our backlog and ensure that residents are dealt with far more efficiently and effectively.



### Next steps

Customer	Consult	Communicate	Challenge	Culture	Complaints
Produce resident journey to focus on a persons experience rather than the process (workshop)	Engage with people who use the service to improve the resident journey (workshop)	Continue to prioritize communication and improved service to residents (case audits and quality checks)	Challenge and change inefficiencies in the system/process and remove these where possible	Move to a person centered culture and challenge when LBH customer standards are not met.  Be accessible and approachable.	Deep dive into complaints to change practice, culture and understand what went wrong. Change practice or systems to improve performance.
Recruit	Review	Reduce	Timescales	Information	Advocacy
Recruit to OT and Surveyor vacancies . (funds currently being used to purchase additional assessments and surveyors)	Review staffing needs against demand and agree realistic plan for meeting demand.	Reduce delays by using data to track timescales, regular reporting and intelligence and whole systems approach.	Agree timescales and a prioritization method in line with DFG Govt guidance	More detailed information on website and to residents at the start of the journey.	Commission formal advocacy for people requestion adaptations



#### Next steps - update



We are learning from complaints to ensure that any recurring issues are dealt with.



We have identified that the overall issue within the complaints is the length of time adapts have taken to be on site / completed. When looking at the root cause of the issues we have identified a long-standing difficulty to recruit to surveying roles, but this is currently being addressed and will support this area considerably.



The service also completed a workshop review of processes within the adaptation team and identified via swim lanes that although there are many staff involved in any one DFG application and install, that overall, the systems currently being used are inefficient. Issues were noted with the procurement, sign off and multi authorisation of the same adaptation which inherently led to additional delays.



We are currently working with the team, finance, and procurement to explore how we can better streamline processes.



Due to both services having length waiting list and having to deal with issues relating to a new recording system and a new equipment contract with NRS has impacted upon the delays. However, we are looking to recruit 3 agency Surveyors, 2 agency OTs and 2 OT Assistants, plus we are in the process of tendering for OT agency assessors to clear the backlog cases who could take up to 100 cases per month to ensure the safety of our residents.



We are currently trying to reduce our timescales for major adapts by virtue of procuring a direct contract with a lift manufacturer. This would essentially negate the need to place cases out to tender and unnecessary quotes from prospective contractors. Should a direct contract for lift be in place we believe the timeframe for adapts would be much improved for our residents and in turn reduce any associated risks with delays.



#### Process – major adaptation (non DFG)



#### The following shows the end-to-end process and target timescales for a standard adaptation



6. Allocated to surveyor

7. Site visit completed

loaded to Dynamic Purchasing System.

commence

11. OTA and surveyor visit to sign off completed works 5 days

#### Adaptations example - update

Adult resident, living with complex health and disability needs. Living in a ground floor 1 bed apartment. OT completed assessment for a Level Access Shower which was agreed with the resident. The OT & Surveyor worked together with the resident and a survey visited was carried out. Work started on site with no issues and is now fully completed.

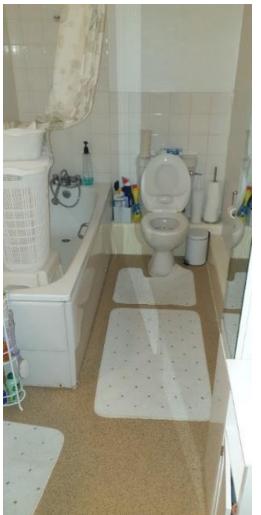
The resident's environmental challenges were to manage her self-care safely or independently. We replaced the existing bathroom with a level access shower to now she can independently shower and manage her self-care needs independently without the need for cares.

The resident was very happy with the outcome and the adaptation and customer care she received from the OT and Adaptation services exceeded her expectations.



#### **Before**







#### **After**







