

HousingNorthwest

DFG Event – 15 June 2007

Workshop 4 - Equipment & Adaptations Service

Presentation by Linda Morley, Occupational Therapist Manager, St Helens Council, accompanied by John Simm (St Helens Council) copy of PowerPoint presentation attached

Linda explained that the Occupational Therapy department at St Helens Council had been merged with the Urban Regeneration and Housing Department to encourage shared ownership of the service; however, Social Services continue to fund OT. She added that this was found to be a positive move which highlighted noticeable differences between the cultures of the two departments (e.g. initially, housing staff would refer to addresses; OT staff would refer to occupants).

John added that St Helens had a population of around 177, 000 and high levels of disability in the town, possibly related to its industrial heritage.

Best Value Review of OT Service

Prior to the start of Project (July 2002), there were problems with referrals and high waiting lists in the St Helens OT department. This led to high levels of customer dissatisfaction.

Changes made to the Service

To improve the service, the OT department:

- introduced a 4-level assessment model;
- created the role of a screening officer*; and
- gave complex cases to OTs and non-complex cases to OTAs (Occupational Therapy Assistants).

*The Screening Officer has an administrative background. He/she will be able to gauge the appropriate level of assessment for a service-user over the phone.

OT Team

The number of OTs has not increased but the Housing department has funded further OT Assistants (OTAs).

Two junior OTs are seconded from the Primary Care Trust on a six-month rotation. Hopefully, the Juniors OTs will return to the PCT with new knowledge and information which they share with their colleagues about the work and methods of the OT team.

The Systems Manager supervises all admin. Admin review officers input all referrals into system and review cases. They contact clients to check whether equipment is still in use and collate surveys.

A Paediatric OT was created in 2005. This therapist works on a flexible basis to meet the needs of the client group – a work-pattern which could be considered across the OT department in the future.

Targets

Linda acknowledged that it was not always possible for cases to meet their targets, but presently, 90% of cases did.

DFG process

The different stages and timescales of the DFG process were discussed. After the Grant was approved, St Helens gives a period of 10 weeks for the work to complete.

It was acknowledged that difficulties were encountered in procurement. It was also recognised that it was difficult to recruit builders for this type of work and that rising housing costs were having a limiting effect on the impact of grants.

The Children's and Young Peoples' department have funded/part-funded some grants. Concern was raised that there was a lack of suitably adapted social-rented property available to house a family with more than one child.

Some delegates mentioned that there were 40% cancellation rates for DFGs in their LAs.

Electronic Management System

Many delegates agreed that there was a lack of integrated IT databases between council departments- systems didn't 'talk to each other' (e.g. 'Death List' delays).

Evaluating Customer Satisfaction

The June 2006 mock inspection suggested that there was a need for dynamic monitoring of customer satisfaction levels – that is, clients opinions must be sought throughout the referral process – not just at the end.

Presently, the OT team have accumulated a list of 20 clients who are willing to take part in focus group studies.