

# **WEST DUNBARTONSHIRE COUNCIL**

## **Report by the Executive Director of Social Work and Health**

**Council: 19 December 2007**

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**Subject: Adaptations and Equipment**

### **1. Purpose**

- 1.1** To provide Members information regarding a decision made by the Social Work and Health Improvement Committee on 21 November regarding the permanent commitment of additional resources towards special needs adaptations and equipment.
- 1.2** To provide Members with information regarding performance in this area relating to waiting lists and progress towards reducing waiting lists arising from the increase of the capital budget for this to £1 million for 2007/08.
- 1.3** To provide Members with options regarding the future funding of this area of work.

### **2. Background**

- 2.1** At the Social Work and Health Improvement Committee meeting on 21 November 2007, following discussion on the item regarding Social Work Quarterly Performance Reporting for Quarter 2 of 2007/08 and in particular regarding the Local Improvement Targets about reducing waiting lists for people who need special needs adaptations and/or equipment, it was agreed:
  - (1) that the four temporary posts in the Occupational Therapy Team establishment be made permanent positions;
  - (2) to recommend to Council that the sum of £300,000 be transferred from the Council's Reserves to the Special Needs Adaptations and Equipment budget; and
  - (3) that the Executive Director of Social Work & Health be instructed to prepare a report to a future meeting of the Committee which would provide more detailed information on how these changes would impact on service provision.
- 2.2** In setting the Council's capital budget for 2007/08 there was an increase in funding agreed for Special Needs Adaptations and Equipment. The budget for 2007/08 was set at £1,000,000. This was an increase from the 2006/07 budget which was £400,000. The intention in setting the budget at the higher level was to attempt to process as soon as possible all clients who were waiting for a

service – whether they were waiting for an assessment or waiting for a service provision following an assessment.

- 2.3 The Council agreed that it should join the Greater Glasgow Independent Living Equipment Service (GGILES) on 1 April 2007. This is a shared service between Greater Glasgow Council, Greater Glasgow and Clyde NHS and East Dunbartonshire Council. Joining this service would allow the Council to access a more efficient method of service provision for special needs equipment with significant cost savings due to being part of a bigger organisation with a bigger purchasing power and due to an enhanced ability to recycle equipment than had previously been the case in the Council. The Council joined GGILES on 1 April 2007 and this included implementing a new methodology for ordering equipment.
- 2.4 The Social Work service is in the process of rolling-out across all service areas the processes involved in electronic Single Shared Assessment (SSA). Implementing electronic SSA started within the Occupational Therapy service around the beginning of the 2007/08 financial year.
- 2.5 The Social Work department commenced a Best Value Review of the Occupational Therapy part of the service provision. Progress on this review has been slow and delayed due to senior managers within the Occupational Therapy service being heavily involved in the implementation of GGILES. Recently a decision was made that the Best Value Review required to be re-focused to look at the Special Needs Adaptations and Equipment provision as a whole entity.

### **3. Main Issues**

#### **3.1 Social Work and Health Improvement Committee Decision of 21 November 2007**

- 3.1.1 Following the decision noted at 2.1 (1) and (2) above, advice was sought from the Council's Legal and Administrative Service regarding whether the Committee had the delegated power to commit the Council to fund these decisions.
- 3.1.2 Advice received is that the first decision regarding the four additional posts would require to be referred to Council.
- 3.1.3 The second decision regarding the £300,000 is a recommendation to Council and needs to be considered by Council.

#### **3.2 Utilisation of the 2007/08 Capital Budget of £1 million**

- 3.2.1 Following the approval of the budget for 2007/08 it was agreed that a number of additional temporary posts would be required to assist the Occupational Therapy service to process the waiting list and to spend the £1 million budget.

These posts were agreed as follows:

- 4 FTE Occupational Therapy Assistants.

**3.2.2** In addition in discussion with colleagues from Housing, Environmental and Economic Development (HEED) Services it was agreed that additional temporary posts would be required as follows:

- 1 FTE Clerk of Works; and
- 1 FTE Administrative Assistant.

**3.2.3** Due to implementation of GGILES and the issues associated with the implementation of SSA within the Occupational Therapy service the additional Occupational Therapy posts noted above were filled in August and September 2007. The two additional HEED posts were recruited in September and November as additional work flowing from the additional Social Work posts started to come through.

**3.2.4** The Social Work capital budget for Special Needs Adaptations and Equipment absorbs relevant employee costs in recognition of the work done by Social Work staff in spending the capital budget. In normal circumstances the cost of these capitalised salaries is around £75,000. The costs associated with the additional posts required to spend the £1 million budget are also chargeable to the capital budget. It is estimated that these additional posts will cost £80,000. Therefore the actual available budget for adaptations and equipment is around £845,000.

**3.2.5** The spend to date on this capital budget (adaptations, equipment and capitalised salaries) is £346,000 at period 7. There is a further approximately £312,000 currently committed bringing the committed spend to date to around £658,000.

**3.2.6** However it should be noted that for most of the year to date the additional temporary posts have not been in place. The number of clients now being assessed is increasing significantly and it is expected that this will increase the rate of spend significantly over the remainder of the year and will be at or very close to the full budget level.

### **3.3 Waiting Lists and effect of additional posts**

**3.3.1** The performance information regarding waiting lists which was provided to the Social Work and Health Improvement Committee of 21 November showed the following information:

- **EA2 - Decrease the number of people aged between 18 and 64 on the waiting list.**

<b>Period</b>	<b>Waiting List</b>
2005/06	152
2006/07	221
June 07	239
September 07	235

- **EA3 - Decrease the number of people aged between 18 and 64 on the waiting list.**

<b>Period</b>	<b>Waiting List</b>
2005/06	412
2006/07	498
June 07	556
September 07	565

**3.3.2** On further analysis of more detailed and more recent information a monthly analysis has been carried out and categorised between high and low priority levels shows the following trends:

<b>Month Ended</b>	<b>High Priority</b>	<b>Low Priority</b>	<b>Total</b>
March 2007	393	318	711
April 2007	424	324	748
May 2007	455	326	781
June 2007	452	330	782
July 2007	458	323	781
August 2007	479	334	813
September 2007	422	314	736
October 2007	394	235	629
November 2007	360	123	483

**3.3.3** As can be seen from the above table since August 2007 there has been a significant reduction in the total waiting list. If the rate of reduction shown above was to continue to the end of March 2008 the waiting list for Low Priority would be removed and the high priority list would be expected to be reduced to around 250. While this would be a significant improvement it does not remove the waiting list completely by the end of March 2008.

**3.3.4** The above reduction in waiting lists is directly attributable to the additional posts being put into place.

### **3.4 Normal Requirement for Occupational Therapy Posts and effect on other Departments and Capital budget**

**3.4.1** The decision of the Social Work and Health Improvement Committee regarding the additional posts and increase in capital funding is about two service aims which would:

- ensure that people who have been identified as needing an assessment (whether through referral by Social Work staff, NHS staff or other department's staff – or by self referral) are assessed within a reasonable timescale; and

- ensure that when a client is assessed as requiring an adaptation and/or equipment that there is no significant delay in providing the adaptation or equipment identified.

**3.4.2** In order to assess the staffing levels required to provide such a service information about the likely number of cases which can be reasonably be expected to be received is required. Also required is information relating to numbers of posts in place, the types of post and the numbers of clients that each post can reasonably be expected to process each month.

**3.4.3** Below is a monthly analysis of the numbers of referrals for assessment received by the Occupational Therapy service in the last 12 months:

**Referrals by Month and Priority**

<b>Month</b>	<b>High</b>	<b>Low</b>	<b>Total</b>
Dec-06	24	50	74
Jan-07	42	115	157
Feb-07	37	108	145
Mar-07	39	103	142
Apr-07	26	95	121
May-07	35	86	121
Jun-07	38	100	138
Jul-07	22	94	116
Aug-07	50	111	161
Sep-07	31	90	121
Oct-07	29	97	126
Nov-07	37	125	162

**3.4.4** As can be seen from the above there is not a constant flow of referrals and there is a wide variation between the highest and lowest and the average as follows:

<b>Month</b>	<b>High</b>	<b>Low</b>	<b>Total</b>
Total for Year	410	1174	1584
Average per month	34	98	132
Maximum	50	125	162
Minimum	22	50	74

**3.4.5** The Occupational Therapy service currently has the following permanent staffing establishment:

- 3 FTE Senior Occupational Therapy Officers;
- 6 FTE Occupational Therapists; and

- 7.5 FTE Occupational Therapy Assistants.

**3.4.6** These employees deal with different levels of priority and complexity of cases with the Occupational Therapy Assistants generally dealing with less complex and lower level of priority cases and the Occupational Therapists dealing with the more complex and high priority cases.

**3.4.7** It should be noted that during the last year there have been fewer staff in post than the numbers indicate due to sickness absence and vacant posts. Performance in the months prior to the additional posts starting is shown as follows:

<b>Month</b>	<b>High Priority</b>	<b>Low Priority</b>	<b>Total</b>
Apr-07	65	19	84
May-07	60	6	66
Jun-07	149	16	165
Jul-07	118	11	129
Aug-07	68	11	79
<b>Average</b>	<b>92</b>	<b>13</b>	<b>105</b>

**3.4.8** Based on the above the current level of staffing is not sufficient to manage the average flow of assessments as they arrive each month. Following the introduction of the new additional employees performance has increased as follows:

<b>Month</b>	<b>High Priority</b>	<b>Low Priority</b>	<b>Total</b>
Sep-07	225	39	264
Oct-07	204	111	315
Nov-07	97	170	267
<b>Average</b>	<b>175</b>	<b>107</b>	<b>282</b>

**3.4.9** The above performance is in excess of what is required to process the average number of referrals each month – this is due to the additional staff being employed to assist in tackling the existing waiting list. In “ideal” circumstances if no waiting list existed then the 4 additional posts would be more than the level required to process normal workload levels.

**3.4.10** As has been noted above, it is expected that by the end of the current financial year the waiting list will have been reduced to around 250. If the additional staff were retained for a further 3 months it is expected that the waiting list could be removed by the end of June.

**3.4.11** The Senior Occupational Therapists are of the opinion that if no waiting list existed the staffing required to progress referrals in a timeous manner each month would be a requirement for an additional 2 Occupational Therapy Assistants.

### **3.5 Financial Effects of Reducing Waiting Lists and Normal Referrals**

- 3.5.1** Assuming that the average number of referrals is 130 per month equating to around 1,560 per year and that all of these can be assessed and provided with the assessed level of service provision, whether adaptation, equipment or a combination of both then the likely annual cost of such a service provision is likely to be in the region of £750,000 per year (including capitalised employee costs).
- 3.5.2** As noted above, it is estimated that there will remain a small waiting list at the end of March 2008. If the temporary additional staffing is retained to remove this waiting list there will be a small additional on-off capital cost in 2008/09 – estimated at around £100,000.

### **3.6 Effects on Other Departments**

- 3.6.1** As noted at 3.2.1 above the current extended capital funding has produced an increased level of workload for the employees within HEED who process adaptations. It is unclear at present what effect a constant throughput of all assessed needs would have on this service. It is possible that a future enhancement of these posts would be required – which would require to be funded from the capital budget. An analysis of the effect of this would need to be done nearer the time and appropriate management action taken if required.

### **3.7 Ongoing Developments and Reviews of the Service**

- 3.7.1** As was noted above (2.5) a Best Value Review is currently underway to review this service. This review is a cross-cutting review which will look in detail at levels of need, capacity of existing establishment (both in Social Work and HEED), processes and systems in use, capital and revenue budgets available and required and will also examine alternative methods of service provision.
- 3.7.2** As noted above (2.4) electronic SSA has been implemented across the service during 2007/08. Further developments within the Care First system, including potential developments in mobile technology, will have an effect on the service provided.
- 3.7.3** It is expected that any changes in how the service is provided arising from both of the above will have a beneficial effect on how the service is provided and further, more detailed, reports will be provided to future meetings of the Social Work and Health Improvement Committee.

## **4. Personnel Issues**

- 4.1** The only Personnel issues arising from the above analysis relate to the need to recruit an additional two Occupational Therapy Assistants to aim to

manage ongoing demand for services. This assumes that temporary staff are retained on a fixed term basis until June 2008 to clear the remainder of the waiting list.

## **5. Financial Implications**

- 5.1** In the current financial year it is expected that the £1 million capital budget will be spent by the end of the financial year.
- 5.2** In order to remove the waiting list it is expected that additional short-term staffing will be required until around the end of June 2008. It is anticipated that these extra employee costs can be funded from the capital budget for adaptations and equipment, as their costs are directly associated with the provision of such services. It is expected that clearing the remainder of the waiting list would cost an additional one-off £100,000 in 2008/09.
- 5.3** In order to process ongoing levels of referrals on a manageable basis the Senior Occupational Therapists have identified that two additional Occupational Therapy Assistants are required on a permanent basis. As noted at 5.2 above these costs can be charged directly to the capital programme.
- 5.4** It is expected that an ongoing capital programme budget of around £750,000 would be required each year to meet average levels of service which are assessed as being required, assuming the two permanent additional posts are retained (which are part of the indicated level of funding).
- 5.5** It is important to note that the request for ongoing budget provision for this service area requires to be considered by Council at the same time as all other competing departmental bids and priorities.

## **6. Risk Analysis**

- 6.1** There is a risk that the decisions approved by the Social Work and Health Committee regarding expanding the numbers of employees and allocating additional funding to the above service is not at the appropriate level.
- 6.2** In order to address this risk the above report attempts to provide a brief analysis of the issues around this service at present and provides guidance as to the levels of staffing required in the short term and the longer term, together with an indication of the likely ongoing capital requirement in order to provide a service which has no waiting list, other than small processing delays due to months where referrals may be higher than the average assessed above).
- 6.3** There is a risk associated with both the Social Work and Health Improvement Committee decision and the guidance provided within this report that both are incorrect and that both levels of staffing and budgets



are either not sufficient or are too high. The answer to the question as to how many posts are required and what level of funding is required to maintain a service provision which processes referrals timeously with a minimal of waiting time will only be known through actual experience over the next year or so.

- 6.4** The Best Value Review which is currently underway will provide a more detailed analysis of all the issues which impact on the delivery of this service.

## **7. Conclusions**

- 7.1** The Social Work and Health Improvement Committee decisions of 21 November 2007 require to either be agreed by Council or alternative proposals agreed.
- 7.2** From the above it is expected that waiting lists will be substantially reduced by the end of March 2008 and a short extension of the temporary additional posts into 2008/09 is expected to be sufficient to effectively remove the waiting list.
- 7.3** Senior officers within the Occupational Health Service have indicated that a permanent increase in staffing by 2 FTE Occupational Therapy Assistants would be sufficient to allow an ongoing level of service which effectively processes referrals as they are received.
- 7.4** It is estimated that an annual capital budget of around £750,000 will be required to fund the processing of all referrals. It is estimated that a further one-off investment of around £100,000 in 2008/09 would be sufficient to remove the current waiting list. This funding includes the identified additional Occupational Therapy Assistants which are required as reported above. As noted above the ongoing funding for this requires to be considered by Council at the same time as all other competing departmental bids and priorities.
- 7.5** No matter what the decision of the Council is, the ongoing service provision requires to be kept under review for effectiveness and efficiency. The Best Value Review will assist in this analysis, as will ongoing performance reporting to Committee via the normal Quarterly Performance Review reports.

## **8. Recommendations**

- 8.1** Council requires to consider the decisions of the Social Work and Health Improvement Committee of 21 November 2007 and the information provided in this report.
- 8.2** Council is asked to note that the capital plan for 2008/09 will be subject to a future Council decision.

- 8.3** Council instructs the Executive Director of Social Work and Health to ensure that the proposed Social Work capital plan for 2008/09 includes an item regarding adaptations and equipment which reflects the information contained in this report.

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**Appendices:** None

**Background papers:** Quarterly Progress Report July to September 2007 to Social Work and Health Committee – 21 November 2007  
Minute of Meeting: Social Work and Health Committee of 21 November 2007

**Wards Affected:** All