



***A London Council  
Occupational Therapy Services***

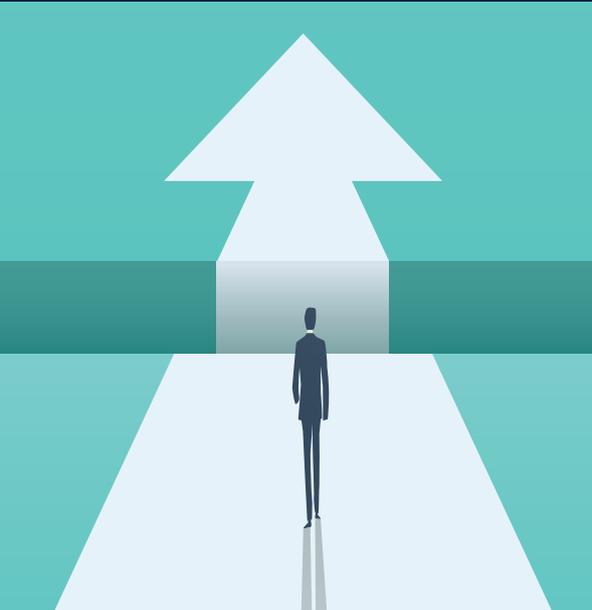
***A CASE STUDY***

***What was the challenge?***

Like most UK councils, they provide a range of aids and adaptations, initially on a 'loan' basis, to support care packages that help keep people in their own homes, reduce hospital admissions, promote wellbeing and defer the significant costs of alternative care provision such as care homes.

With Occupational Therapy (OT) expenditure of over £1.2M per annum on minor domestic adaptations and supporting equipment, plus £1m staff costs and a further £2.8M capital spend per annum on associated Major Adaptations (MA), preventative solutions were required.

Edge was retained by a London Council to undertake a review of their entire OT management structure and processes, upon completion of which Edge was retained to implement key changes designed to improve the service to customers, whilst reducing costs for the Council. The work was initially over a 12-month timescale but was subsequently extended to 18 months to include MA service as well as OT.



## What did EDGE do?

The Edge interim manager, with the support of the wider Edge team of specialists, introduced a range of initiatives including:



- ★ Robust invoice verification and recording to generate reliable financial data and enable better visibility and reporting of spend
- ★ Better control of consumables and equipment via reduction of the number of separate stock 'lines' and regular stock audits, along with upgrading of stock management IT systems and stock issue procedures
- ★ Regular tracking and reporting of KPIs along with regular management review of performance and a cultural commitment to deliver continual improvements
- ★ Improved productivity and technical performance of occupational therapists through amended working practices, training and a more focused performance management regime
- ★ Vacancy management; and sourcing and management of supplementary resource to provide more cost effective peak time capacity
- ★ Upgrading (to current / latest versions) of core IT systems and the introduction of mobile technology to replace written orders, reducing the length of visits and speeding up delivery timescales
- ★ Overhaul of 'first contact' front line practices to enable the Social Care Direct Contact Centre (CC) team (dealing with initial customer enquiries) to directly prescribe new requirements, so reducing the need for a full assessment visit from an OT specialist. The CC team, following appropriate training, are now able to prescribe a wider range of equipment
- ★ Design and introduction of an on-line self-assessment portal enabling the Social Care Direct manual processes to be automated so that clients could order and pay for items direct. This reduced the number of calls handled by the CC team, along with the number of specialised OT home visits
- ★ Minor adaptations service was moved to the councils Residents Services, as the best solution for bringing them many corporate benefits
- ★ Introducing new processes to pro-actively identify and collect equipment issued to legacy users, residential homes and Council tenants which was no longer needed. An initial project was extended to create a 'business as usual' (BAU) process
- ★ Integrating the service model for minor and major adaptations which are run as separate operations, standardising and streamlining shared processes and effectively integrating shared technology
- ★ Review and streamlining of equipment options and specification to address the previous tendency to over-specify as a mechanism to avoid adverse feedback and complaints. This ensured that clients received the equipment they really needed, rather than that they felt they would like
- ★ Drafting of new 'design guidelines' for major adaptations to stop 'over design' of solutions and 'scope creep' within projects that had previously increased costs both pre and post-tender. This initiative addressed both design parameters and material and equipment specification
- ★ Improved procurement of major adaptation works including a streamlined and upgraded schedule of works and more effective market engagement and procurement processes, resulting in increased competition and lower unit costs
- ★ Elimination of 8 week first visit waiting list and maintained at zero through the programme
- ★ Introduction of user group for equipment ordering system to improve purchasing disciplines, rationalise user numbers and mandate new training requirements
- ★ Development of a multi-agency communications workstream, working with NHS clinical commissioning team, to raise awareness of the service with the public, signpost professionals in order to divert ineligible demand and increase revenue from equipment collections
- ★ Re-engineered the pathway for community equipment to be collected from Council 'Void' properties further increasing revenue by integrating processes across a range of Council services
- ★ Internalised the supply of minor adaptations equipment and works to the Council's Housing team saving additional money to the OT service savings as well as providing a new corporate revenue stream consistent with Council Plan priorities
- ★ Built 'retail options' into the referral pathway to divert demand to the market prior to access to the Council service

### Waiting list



### FIRST CONTACT RESOLUTION



### CUSTOMER COMPLAINTS



## How did EDGE do it?

Edge placed an experienced interim manager on site at this particular London Council to lead and guide the OT team through a step-change in the way they operated. For short periods of time, during peaks in workload, the interim manager was supported by a range of operation specialists from the wider Edge team, with respect of design guidelines and technical specifications.

The Edge interim manager led the restructure of the service, oversaw the transition to the

new ways of working and embedded the 'to be' processes, pathways and roles into the Business as Usual model.

Edge worked hard to develop effective multi-agency partnerships with the councils Clinical Commissioning Group, local Hospitals, and other London Boroughs in order to both increase purchasing economies and to reconcile organisational priorities

## What were the financial benefits?

The introduction of the above initiatives has delivered sustainable revenue savings

### IMPROVED PRODUCTIVITY AND SERVICE OF THE OT SERVICE



### EQUIPMENT COSTS



### FROM THE NEW DELIVERY MODEL



## How did EDGE do it?

A range of operational benefits were 'embedded' in the Council's officer teams as a natural element of the change process that enabled the new arrangements to be sustained and improved on in the long-term including:

- ★ Transition management to a new commissioning model of service with re-designed business roles and processes; and market engagement, procurement and performance management of providers
- ★ The council requested to participate in the Digital Approach to Multi-Agency Domiciliary Care Medicine Management project by the Social Care Digital Innovation Accelerator, a group sponsored by the LGA & NHS Digital, as a result of interest in the work on the self-service portal
- ★ Stronger management capability and control mechanisms along with concise and reliable financial management and reporting
- ★ Significantly improved speed of response for customers, extending from a 30% improvement in 'first contact' resolution, to a self-service capability and 25% improvement in overall delivery timescales where a specialist OT was still required
- ★ Increased accuracy in equipment and adaptation assessments leading to 20% lower repeat visits and equipment changes required
- ★ A fourfold increase in cases per week handled by each OT (from c. 4 cases per week to over 15 on average) while also driving an increase in customer satisfaction over the same period
- ★ 24% reduction in customer complaints and associated second visits from OT therapists
- ★ Improved morale and culture within the OT workforce resulting from lower complaints, better training and greater customer focus and reduced 're-work'
- ★ Reduced the councils carbon footprint resulting in reduced OT therapist travel and reduced re-visits required as well and elimination of some visits via the self-service systems