

Care and Repair Pilot Evaluation

A one stop approach to adaptations: a partnership development
across Eildon Housing, Scottish Borders Council Housing Strategy
and Social Work departments

October 2015



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CARE & REPAIR PILOT EVALUATION

1 BACKGROUND

- 1.1 Borders Care and Repair is a commissioned service provided by Eildon Housing in partnership with Scottish Borders Council.
- 1.2 Care and Repair initially started as a pilot project in the central area of the Borders in 2005. Following an independent review in November 2006 the service was rolled out across the Borders in 2007.
- 1.3 The service has continued to develop since 2007, including changes in response to the Housing Scotland (2006) Act which resulted in the development of the Scheme of Assistance.
- 1.4 Aims of the Care and Repair Service are:-
 - To provide a Care & Repair service to enable older people and people with disabilities living in the Scottish Borders, who are owner occupiers or living in privately rented accommodation to remain in their own homes. By providing help and advice on housing repairs, improvements and adaptations, and to ensure the work is carried out in accordance with the Care & Repair Standards.
 - To provide a Home Handyperson service to help to support community care groups e.g. prioritise older people and people with disabilities, to continue to live at home through the provision of practical household help and support.
- 1.5 Grant funding is allocated from Scottish Borders Council (SBC) through their Housing Strategy Scheme of Assistance procedures. For the purposes of this report, private sector funding will be referred to as Private Sector Housing Grant (PSHG) as it is commonly known.
- 1.6 Care and Repair's role has included project managing adaptations, including grant application submissions, on behalf of the private sector.
- 1.7 In 2011 there was a significant move to the development of a One Stop Shop model for all adaptations in the Borders. This was set up through a service level agreement with each of the Borders four Registered Social Landlords (RSLs). This has resulted in a consistent and equitable adaptation service to all people in the Borders regardless of tenure. Previously there were significant variations in how each of the RSLs carried out adaptation work eg standards of completed work, timescales, funding availability etc.
- 1.8 Through the One Stop Shop approach, Care and Repair effectively spend the monies that come in from Scottish Government national budget, referred to as Stage 3 funding, for each of the RSLs. To date this has proven to be a very effective way to 'manage' the budgets resulting in coordination of all works and a whole system approach to adaptation.
- 1.9 Traditionally, people requiring an adaptation have been identified through completion of a Needs Assessment by the Occupational Therapists (OTs) situated in social work (SW) locality teams. Other professionals such as GPs, social workers also identify that an adaptation may be required for the person so they refer on to the SW locality team for an assessment by an OT. Crucially, the person may identify that an adaptation could benefit them and they refer them self through the same route. Whichever route, the person has on most occasions sat on a waiting list for many weeks/months before an assessment has been carried out.

- 1.10 The SW locality model for assessment has very frequently questioned decisions around eligibility and potential solutions. There has been a particular issue around challenging OT recommendations by Team Leaders (TLs). There continues to be variations in practice across the locality teams. This has resulted in an inequitable approach to adaptations across the Borders at the point of referral.
- 1.11 To ensure that housing adaptations monies has been spent fairly and equitably throughout the year, across all tenures and ownership, the Care and Repair service has frequently challenged either the requested solution or the eligibility decision. This was never intended to be their role and has resulted in delays and has had a negative impact on relationships.
- 1.12 To try to address this issue, and, to ensure accountability of decision making, an Options Appraisal template was devised to support the OTs/TLs in the decision making process. This progressed to the development of an Adaptation Meeting and Outcome Template in which the OT from Care and Repair, the Lead OT, the OT and their line manager met to discuss either complex or high spend adaptation requests. It was hoped that by including the Assistant/Team Leaders that they would be able to build their skills regarding the challenges that adaptations present. A negative of this model is that it is time consuming for those attending the meetings.
- 1.13 Recent national directives have resulted in a shift to personalised outcome focused solutions for people requiring services. It is recognised that people wish to be independent and live in their own homes as long as possible including self-managing their own needs and potentially their own budget with appropriate support as required. People have been able to self-refer to Care and Repair for minor adaptations however they have not been able to do this for major adaptations previously.
- 1.14 The development of the Care and Repair service has allowed locality OTs to shift their role to that of reablement. Over the past few years considerable time, effort and resources have been invested in shifting the practice, culture and behaviour of both the OT and SW staff to that of reablement.
- 1.15 It was recognised by the local partnership that the next step in the development of the Care and Repair service was to enable residents in the Borders to be able to refer directly to the service without having to go through a social work service and prevent unnecessary time spent on a waiting list.



CARE & REPAIR PILOT EVALUATION

2. NATIONAL CONTEXT AND LINK TO JOINT IMPROVEMENT TEAM (JIT)

- 2.1 The Borders Care and Repair Service has developed considerably over the years since the initial pilot in 2006 and roll out in 2007.
- 2.2 The significant development towards the One Stop Shop approach in 2011 was very much in line with the subsequent work carried out by the Adaptations Working Group commissioned by the Scottish Government.
- 2.3 Since then the Care & Repair Service has continued to develop in step with the national improvement agenda. The Care and Repair pilots aims and objectives are consistent with many of the final recommendations of the Working Group
- 2.4 The key aspects of delivery models recommended by the Adaptations Working Group include:-
- Strategic leadership from the local housing authority, working in partnership with health and social care, and a clear local strategy;
 - A strategy for housing adaptations, which is 'tenure neutral' with a single funding pot;
 - Arrangements enabling people to have control and choice through personalisation and self-directed support;
 - A single point of access with a lead agency – 'one-stop shop' – with clear communication and a single point of contact for service users throughout the process;
 - A broader outcomes-focused service with early consideration of overall housing options;
 - Streamlined local partnership working and governance.
- 2.5 The Scottish Government Joint Improvement Team recognised that the Borders Care & Repair service pilot provided an opportunity to further test some of these principles and as such has provided support via the JIT Action Group.



3. PILOT DETAILS

3.1 Overall aims and objectives were:-

- To enable people to have direct access to an environmental OT assessment in relation to function, and, provision for all adaptations in one place, namely Care and Repair, without having to go through a mainstream social work service.
- To delegate the environmental assessment responsibility from SW locality teams to an Occupational Therapy resource embedded in Care and Repair.
- To explore opportunities with Borders RSLs to link with housing allocation and development for people with disabilities (this was put on hold due to reduced allocation of change fund monies).
- To consider central funding arrangements and whether allocation from Scottish Government can enable a one stop shop model by allocating funding directly to one provision for all adaptations regardless of ownership/tenure over a longer period of time ie three years.

3.2 Implementation Plan

- The proposal was taken to the Scottish Borders Reshaping Care Board and Change Fund monies were secured to fund 1 full time Occupational Therapist for a year.
- It was the intention of this pilot in the original change fund bid to broaden the OT role in Care and Repair further however the role was restricted due to reduced funds to deliver this development.
- The OT started in the post in August 2014 and the pilot ran for 12 months.
- The pilot covered 3 out of the 5 locality areas, Kelso, Galashiels and Peebles and provided further evaluation opportunities in terms of comparison with the 2 'control' areas - Hawick and Duns.

3.3 Evaluation approach

- Appropriate measures and baselines were agreed at the development phase of the pilot to evidence the success of the pilot in terms of the outputs and outcomes supporting the overall aims and objectives.
- In addition to the quantitative measures a series of qualitative outcomes were evidenced by the collection of case examples and person feedback questionnaires.
- A representation of key stakeholders was asked to complete questionnaires to contribute to the evaluation process.
- Monitoring of the pilot throughout its progress provided early indicators that a mainstream OT post should transfer over to Care and Repair on a permanent basis. Monies were therefore secured to enable this to happen.

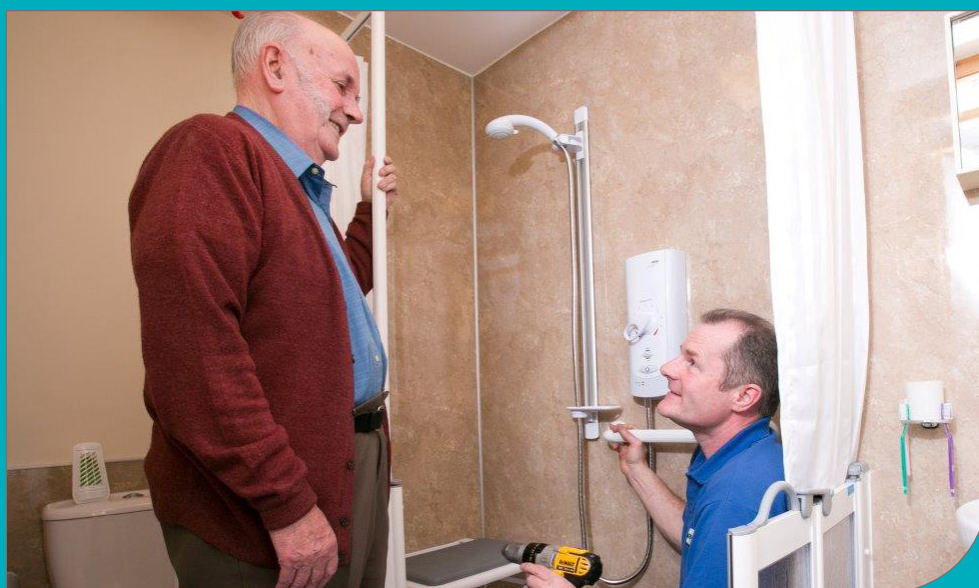
3.4 Governance

- Overall governance of the Care & Repair Service is carried out by Eildon Housing. It was agreed that the pilot would be monitored through CRAG (Care & Repair Advisory Group).
- Highlight Reports were submitted to the RSCB (Reshaping Care Board) as part of the governance of the Change Fund monies.
- A presentation was made to the RSCB demonstrating positive interim results.

4. SUMMARY OF PILOT OUTCOMES

The following benefits were achieved during the pilot:-

- Evidenced based practice demonstrating positive outcomes for people which is measureable in performance and satisfaction
- Prevention of time spent on social work waiting lists
- Faster response times from referral, assessment and completion of adaptation. Consequent reduction in care package costs in some cases.
- Allowing mixed professional group to refer to Care and Repair therefore not dependent on just OT
- Further progression of single point of access and avoiding route through social work
- Delivery of a consistent approach to assessment and service delivery which also reduces practitioner and management time spent on reviewing/ reconsidering cases at adaptation meetings.
- Supporting organisational redesign eg SW OT role shift to reablement using existing resources
- Statistical evidence of cost benefits of adaptations
- Successful delegation of assessment responsibility



5. STATISTICAL DATA

5.1 Referral source pre-pilot 2013/14

There were 306 people referred to Care and Repair during this period. 280 referrals were directly from SW OT services, 2 were from START, 24 were from NHS OTs, figure 1

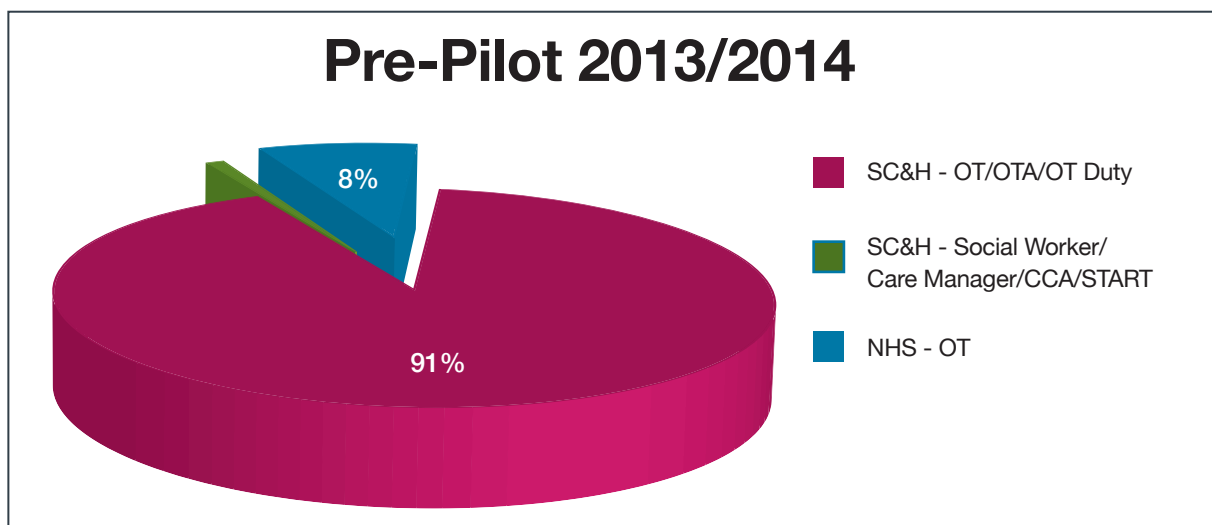


Figure 1

5.2 Referral source Care and Repair 2014/15 – non pilot areas

There were 225 people referred to Care and Repair from the Duns and Hawick locality areas. 197 referrals were directly from SW OT services, 3 were from START, 25 were from NHS OTs, figure 2

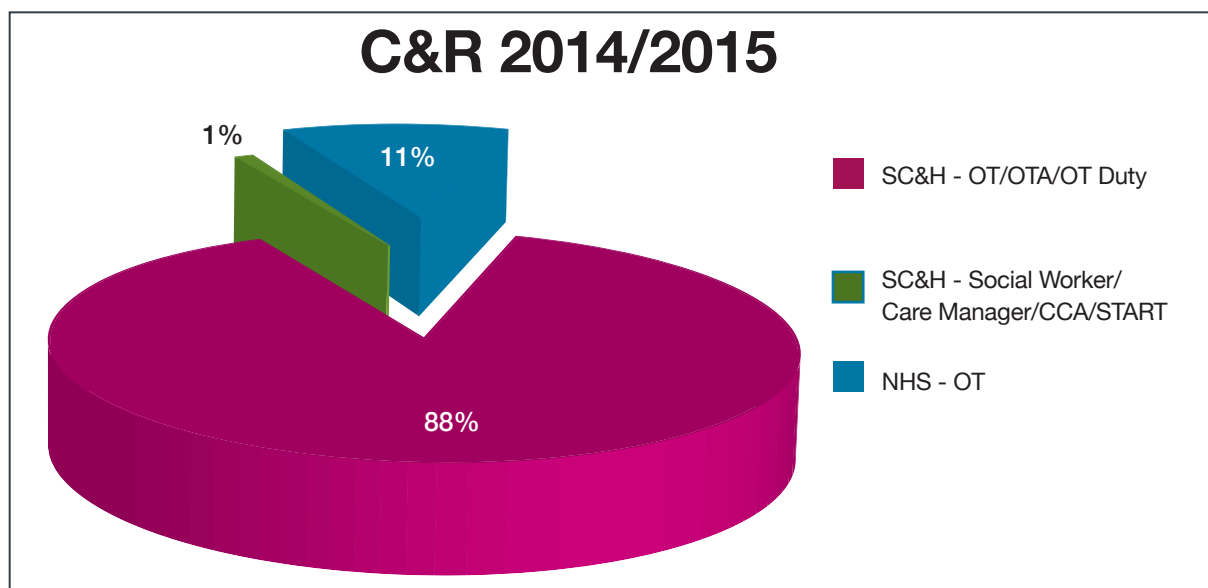


Figure 2

5.3 Pilot areas August 2014 – 2015

There were 135 people referred to the Care and Repair pilot. The referral route has clearly widened. 75 people were referred directly from SW OT service, a significant percentage decrease via this route. 60 people were referred via mixed routes as per figure 3. 17 of those people self-referred.

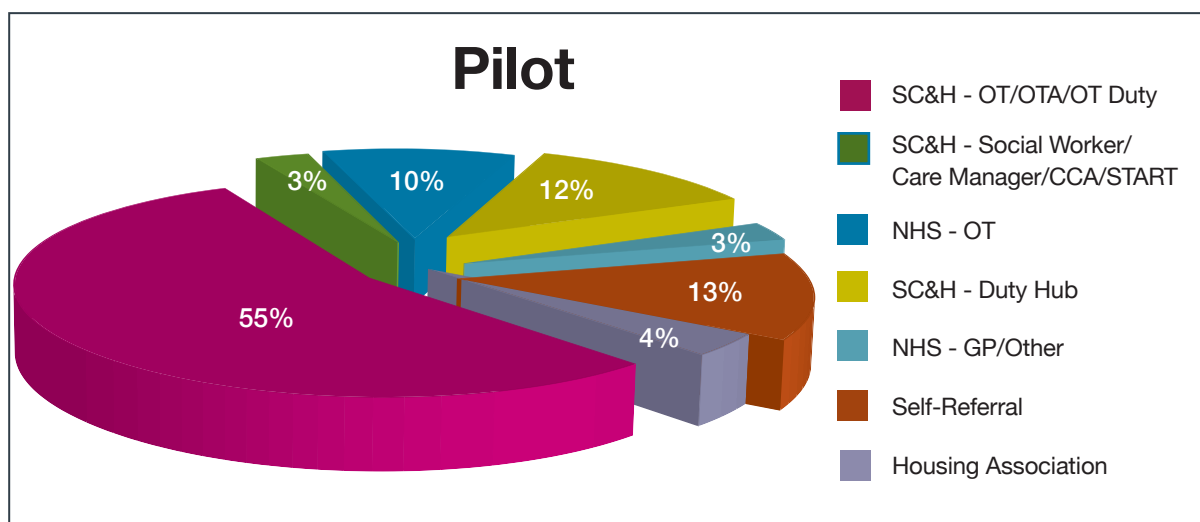


Figure 3

5.4 Data comparison

There was an increase of referrals and completed work overall for the period 2014/15, including the pilot areas. This is despite the setting up time required for the introduction of the paperwork, process/system change and communication activities, figure 4.

In the pilot areas there was a significant improvement in referral time to care and repair and completion time of work including assessment. On average people spent 108 days on a SW waiting list awaiting allocation for assessment pre pilot. This dropped to 0 for those referring directly to Care and Repair. There were some transitional cases which also dropped to an average of 62 days.

The average from referral to completion within Care and Repair also dropped significantly from 143 days to 61 days. The slight increase to 158 days for Care and Repair completion (non- pilot areas) may be explained during the introduction of the pilot setting up period.

Significantly, the pilot cases versus the non-pilot cases referred to Care and Repair, the average completion time dropped overall from an average of 130 days (including SW waiting list time for non-pilot cases) to 54 days. The average completion time for pilot only cases was 54 days.

It should be noted that for period 14/15 there was a period of maternity leave which may have impacted on slightly longer completion times within Care and Repair, figures 4, 5, 6, 7.

	2013/14 (Apr-13 to Mar-14)	2014/15 (Apr-14 to Mar-15)	Pilot (Aug-14 to Jun-15)
No. Referrals	306	225	135
No. completed	220	160	83
No. Cancelled/not taken forward	82	65	1
No. Open	4	0	51
Average Completion Time from Initial Referral to Completion (Days)	251.6	257.56	123.79
Breakdown of completion time			
Average Completion Time (C&R only)	143.6	158.06	61.65
Average Social Work Referral time into C&R	108	99.5	62.14

Figure 4

	Pilot (Aug-14 to Jun-15) via Social Work	Pilot (Aug-14 to Jun-15) Direct
No. Referrals	66	69
No. completed	45	38
No. Cancelled/not taken forward	1	0
No. Open	23	28
Average Completion Time from Initial Referral to Completion (Days)	130.5	54.7
Breakdown of completion time		
Average Completion Time (C&R only)	68.36	54.7
Average Social Work Referral time into C&R	62.14	0

Figure 5

5.5 Types of adaptations

There were a mixed range of types of adaptations. The predominant request was for level access showers followed by stair lifts.

5.6 Waiting List

A concern at the start of this pilot has been that people on SW locality waiting lists do not simply end up on a waiting list within Care and Repair. The original bid to the Change Fund was for 2.5 FTE OTs to manage the demand within the Care and Repair service. Unfortunately only 1 FTE post was funded. This has resulted in the establishment of a waiting list within Care and Repair pilot areas. The shortest waiting time for the pilot, from referral to assessment has been 2 working days. The longest time has been 70 working days (14 weeks). The longest time reflects the build-up on the waiting list as time has gone on. This is reflected in figure 4. Should the pilot sites expand to the whole of the Borders then there is a significant risk that the waiting list will become standard practice if additional OT resource not provided.

5.7 Wider benefits of OT role (future planning/wider housing options)

During the pilot period 18 referrals for adaptation could not be progressed due to unsuitable, limited or no opportunities to future proof the accommodation. The accommodation was a mix of RSL, owner occupier and private let ownership. Due to the restricted OT role in Care and Repair the OT was unable to further explore opportunities for rehousing for those people and their families.

It was recognised in 2009 the wider role that an OT could have in contributing to the housing agenda. Scottish Borders is a hilly rural semi-rural environment and finding suitable accessible housing is problematic. Currently OTs are not involved in either the allocation of housing, matching people with most suitable housing or for the planning of new build housing. Council housing was transferred to Scottish Borders Housing Association in 2004 but no OT role developed. The private sector market has been contentious as people are more likely to move within that sector making future proofing of property difficult.

To demonstrate the benefits of the wider role of the OT to RSLs, the pilot provided Occupational Therapy input into the bathroom upgrade programme at Teviot Court in Hawick owned by Eildon Housing. An OT assessment was carried out with each tenant of the sheltered complex who expressed a preference for a shower instead of a bath. From these assessments, Care & Repair provided plans and specifications to meet the long term needs of the existing tenant and for the suitability of the property as a whole. The OT's also made recommendations for equipment, grab rails and guidance for moving and handling. At the point of completion of each shower the Care & Repair handyperson visited the client and set the shower seat heights and fitted the grab rails.

This has provided personalised solutions to ensure safety with showering and to maximise tenants' individual capacity to remain independent. Positive outcomes for tenants' has highlighted not only the added value of Occupational Therapy skills and knowledge, but also the benefits to registered social landlords in being able to access an OT service at the right time and stage in modernisation programmes and new developments, reducing the need for further costly adaptations in the future and prevented people waiting on social care waiting lists.



6 QUALITATIVE INFORMATION

6.1 Six case studies were completed to demonstrate the outcomes for individuals and cost benefits to the department such as care package reductions and residential care prevention, appendix 1. The case studies were chosen to evidence outcome headings as follows:-

- Self-referral x 2
- Care manager referral
- Reablement outcome
- NHS OT direct referral
- LTC SW referral

It should be noted that a reablement approach case study was included to demonstrate that adaptation itself should not be seen as a means to an end. If a person has the ability to increase their independence such as climbing the stairs safely and confidently rather than being provided with a stair lift then this widens their opportunities in other environments such as visiting relatives, social outings. The knock on effect is that the budget that would have been used for the stair lift can now be used to meet another person's needs.

6.2 Case studies outcomes

All people demonstrated a significant improvement in both their performance and satisfaction scores. Using a professional standardised assessment tool such as the Canadian Occupational Performance Measure (COPM) as used in this pilot, allowed a quantifiable measurement to evidence outcomes for people, figures 8 & 9. A breakdown of people's individual outcome charts can be found in appendix 2

Canadian Outcome Performance Measure (COPM)

	Importance of Task	Before		After		Difference	
		Performance	Satisfaction	Performance	Satisfaction	Performance	Satisfaction
Moir's Story (Shower Adaption)	10	2	2	9	9	7	7
Paul's Story (Wet Floor Shower)	10	1	1	8	7	7	6
Colin's Story (Stair Lift)	10	1	1	9	9	8	8
Billy's Story (Level Access Shower)	10	2	1	9	9	7	8
Graeme's story (Additional grab rail/banister)	10	5	5	8	9	3	4
Alan's Story (Mobility/Confidence Support)	10	1	1	5	7	4	6

Figure 8

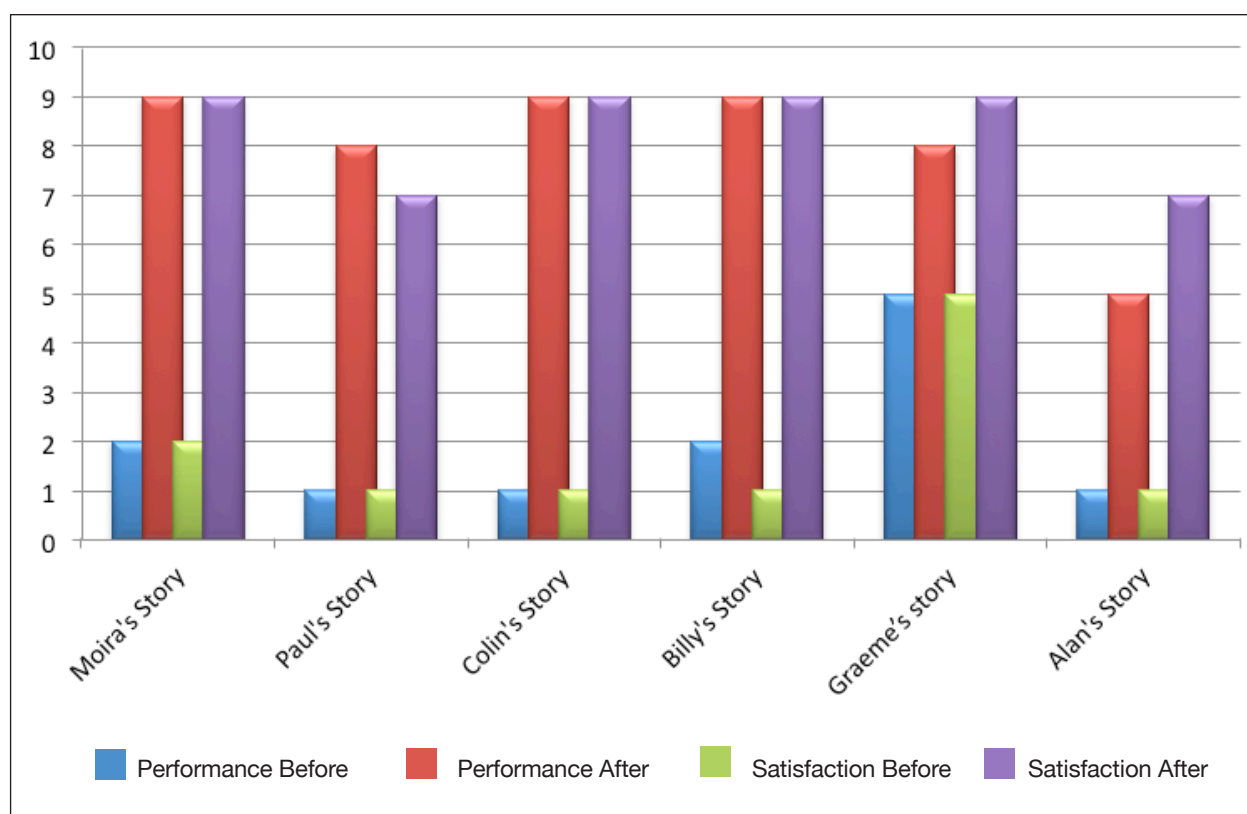


Figure 9

6.3 Cost benefits

	Life Time Cost Prior to Adaption	Post Life Time Cost	Saving
Moira's Story (Shower Adaption)	£56,160	£32,080	£24,080
Colin's Story (Stair Lift)	£49,140	£7,000	£42,140
Billy's Story (Level Access Shower)	£54,600	£5,500	£49,100
Alan's Story (Mobility/Confidence Support)	£17,427	£0	£17,427

Figure 10

The case studies provided an opportunity to carry out some actual and projected cost benefits per person, figures 10 & 11. The adaptations highlighted are typical of what is normally provided. If you applied the same methodology over the 83 cases completed based on the average cost benefits of the four case studies, this would provide a potential overall cost benefit of £2,754,521*.

*= average cost of saving column over 4 case studies = £33,187 x 83 completed cases

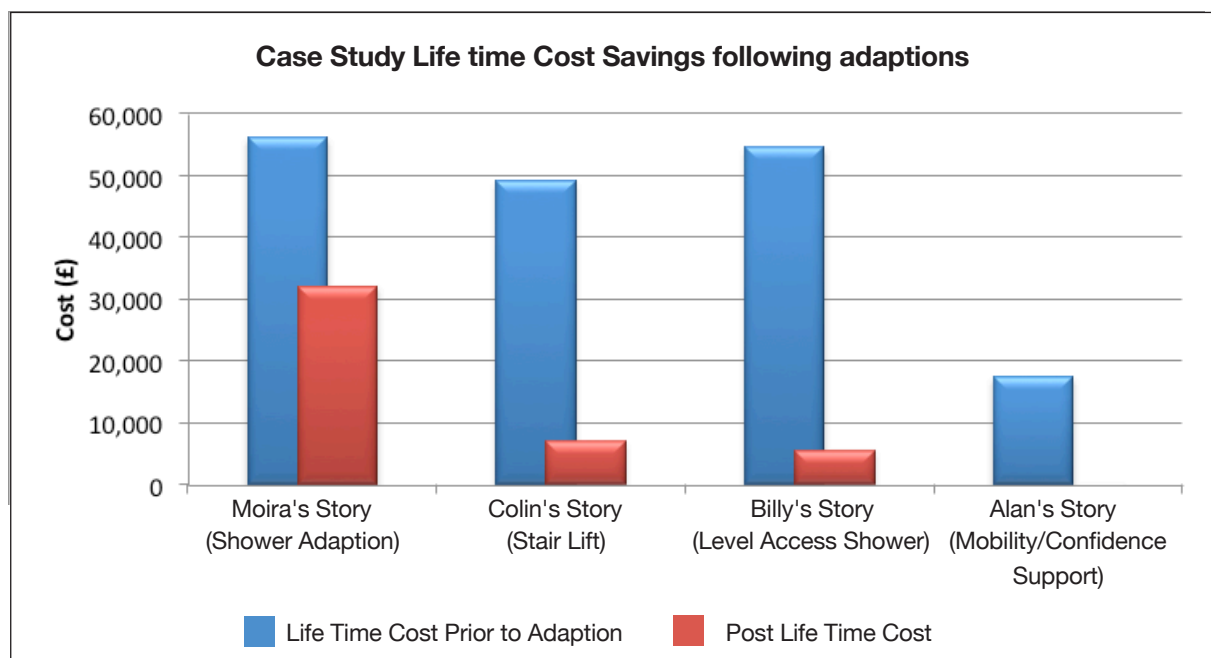


Figure 11

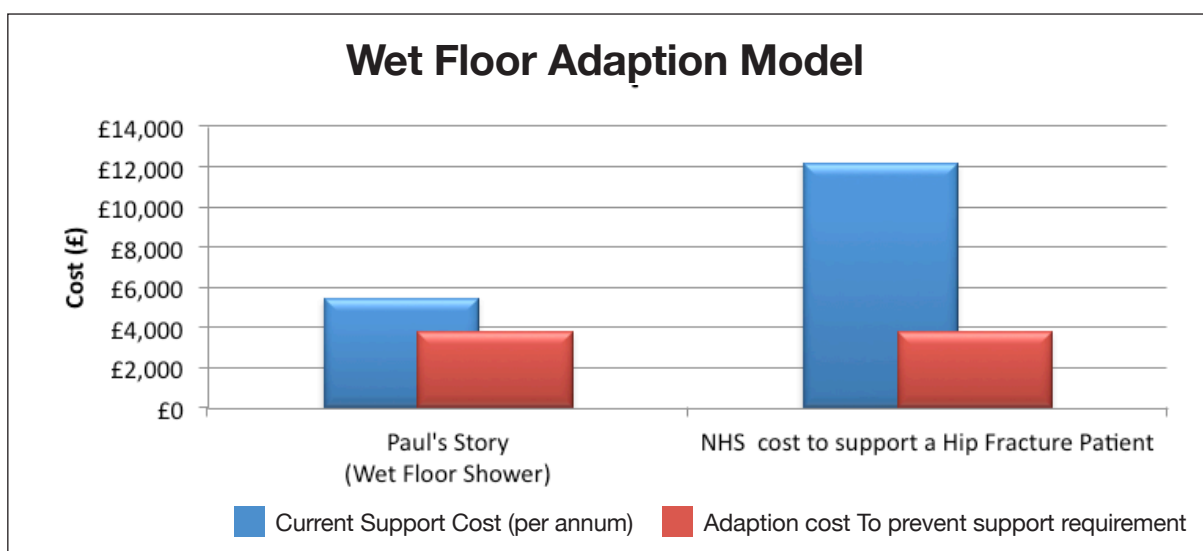
Paul and Graeme's stories, figures 13 & 14, demonstrate the 'hidden' impact that adaptations have on the NHS budget. Care and Repair carry out approximately 1668 minor adaptations a year.

“Older people falling is the biggest accidental injury problem in the Scottish Borders. Falls are the main cause of fatal and serious injuries to older people. People over 75 years of age are most at risk, suffering both the highest mortality rate and the most severe injuries. During the year 2009/10 in the Scottish Borders 10 people over the age of 75 died and 335 suffered serious injuries as a result of a fall. Three out of four of these accidents occurred in the home. But falls are not an inevitable part of getting older and many falls can be prevented. Preventing unnecessary injuries from falls is one of the biggest challenges we face to ensure older people can continue to live safely in their own homes” cited http://www.scotborders.gov.uk/info/1456/older_people/374/safety_in_the_home 2015.

The quote above demonstrates the need for a preventative approach to enable older people to continue to live safely in their own homes. This is further supported by the national falls programme. Graeme's story demonstrates a potential saving of approximately £12,000 to NHS (conservative cost of a hip fracture) and a potential saving of £1647 to the SW budget. If you take these figures and multiply them to the minor adaptations that were carried out by Care and Repair over a 12 month period, figure 12, and assume that a quarter of those adaptations prevented a fracture this would provide a potential cost saving of £6,084,000 to NHS and £835,029 to SW budgets. As prevention is extremely difficult to measure, these figures can be challenged but they are a helpful indication of the value that all adaptations provide for people and organisational budgets that are not generally measured.

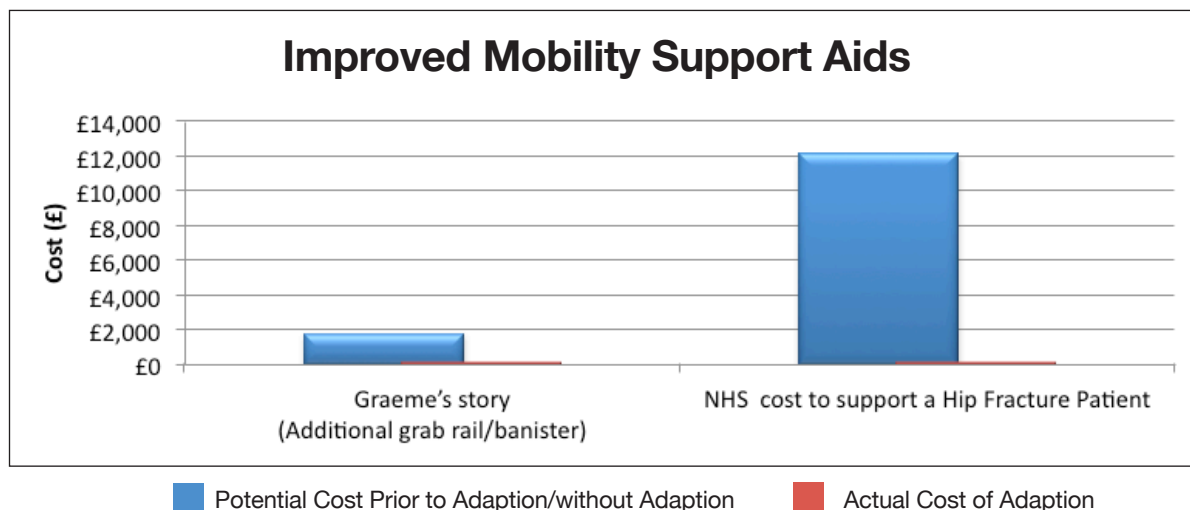
Rail Type	Average Number fitted in 12 Months
Banister Rails	150
External Handrails	210
Grab Rails (all types)	1668

Figure 12



	Current Support Cost (per annum)	Adaption cost to prevent support requirement	Saving
Paul's Story - Wet Floor Shower	£5,460.00	£3,751.50	£1,708.50
NHS cost to support a Hip Fracture Patient	£12,163.00	£3,751.50	£8,411.50

Figure 13



	Potential Cost Prior to Adaption/ without Adaption	Actual Cost of Adaption	Saving
Graeme's story (Additional grab rail/banister)	£1,800	£154	£1,647
NHS cost to support a Hip Fracture Patient	£12,163.00	£154	£12,009.50

Figure 14

6.4 Client questionnaires

Some questions in the questionnaire were more relevant than others to the person completing the form, depending on the assessed need and expected outcome. Overall people were satisfied/very satisfied with the service provided and outcome achieved figures 15 & 16.



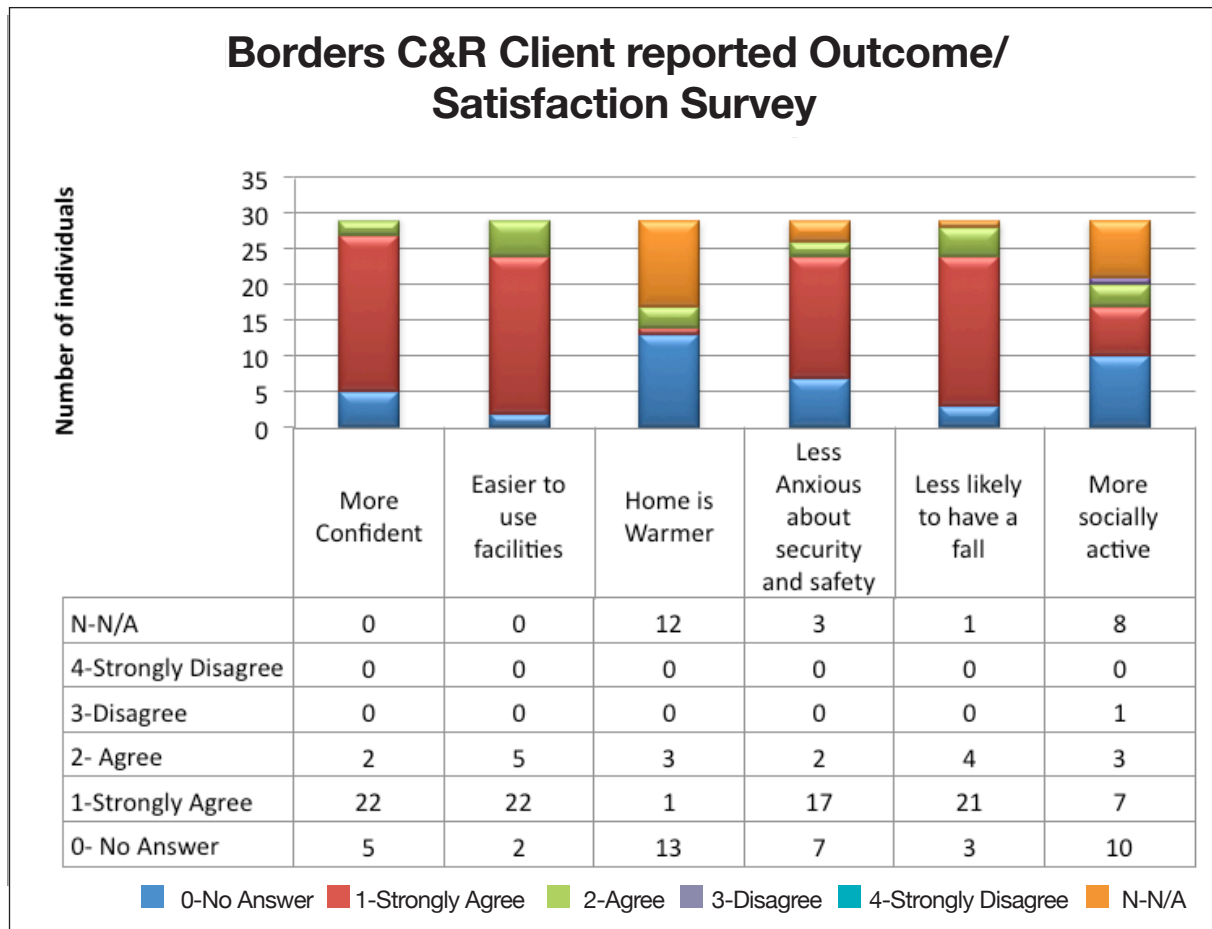


Figure 15

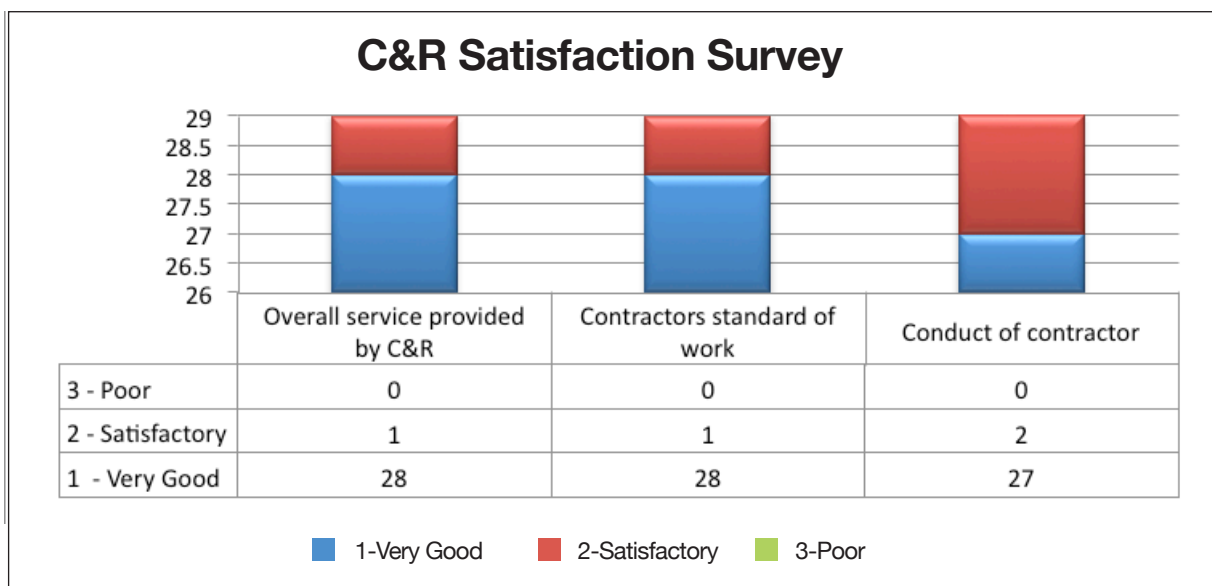


Figure 16

7 SETTING UP AND RUNNING THE SYSTEM

7 Setting up and running the system

- 7.1 The Care and Repair service already have a robust process and paperwork system in place. However this required to be reviewed and tweaked to ensure it supported the delegated professional role of the Occupational Therapist, examples appendix 3
- 7.2 A communication plan was developed to ensure that other professionals in the pilot area understood the changes and process for referring or signposting people to the service.
- 7.3 A new leaflet required to be developed so that people understood the new parameters of the service, appendix 4
- 7.4 Research was carried out by the OT to evidence best practice and role within the housing sector.
- 7.5 It was evident from the start of this process that there was limited administrative support. The OT carried out a time task analysis to evidence how her time was spent which identified use of resource on general administrative tasks eg answering general telephone calls for the wider C&R service. It was also identified that there was need to make better use of the OT time by ensuring clarity of OT role against that of the programme manager.
- 7.6 As part of the evaluation process, a stakeholder analysis form was developed to ensure feedback from others on the impact of the changes occurred, appendix 5.



8. FUNDING

- 8.1 The Scottish Government holds a budget for adaptations in housing association properties. Most housing associations and co-operatives directly receive annual Stage 3 grant funding to deliver adaptations for their tenants.
- 8.2 Funding for adaptations for Private Sector (owners and tenants) is now included in the main local government settlement. Scottish Borders Council allocates grant funding through their corporate capital budget procedures. Scottish Borders Council contracts Borders Care and Repair to deliver adaptations through the Scheme of Assistance.
- 8.3 Adaptations for the larger RSLs in the Borders have been carried out by Care and Repair service since 2011. This has ensured that there is an equitable and consistent approach to adaptations in the Borders regardless of ownership or tenure. This effectively has provided a one stop shop approach for all adaptations. Service level agreements have been put in place to enable this to happen and Care and Repair spend each RSL budget virtually.
- 8.4 It should be noted that there are 6 other national organisations providing housing/care/support for particular client groups in the Borders who do not engage with Care and Repair. Their provision comprises approximately 4% of the 11,600 total RSL stock in the Borders This may have implications for their performance of delivery of Stage 3 funded major adaptations in terms of equity, timing and recommendation/outcome for person.
- 8.5 There is an issue with the funding route via Scottish Government to enable best planning and spend of Stage 3 funding. A direct route for the allocation of budget direct to Care and Repair would streamline this process further providing better control and flexibility of budget.
- 8.6 The timing of allocation of Stage 3 funding by Scottish Government hinders planning and spend arrangements as it is on an annual basis. This typically means that end of year spend and invoicing is frantic and reactive and does not enable forward planning.
- 8.7 The significant benefit of managing Stage 3 funding within a one stop shop model is the equitable approach this allows to all people of the Borders regardless of tenure or ownership. There is now an agreement in place that should one RSL have a shortfall in funding in response to need and another RSL has budget available, then the budget can be transferred to meet that need within the system. This evidences a strong partnership approach based on trust and respect across each housing provider within the Borders.

9. SINGLE PATHWAY

- 10.1 An early concern of this pilot was to ensure that people requiring adaptation did not 'bounce' across services. Some people who are referred for an adaptation provision may find that their needs are met through equipment and/or a reablement programme giving the person greater flexibility in other environments. If the reablement benefit is related to their functional needs in their own environment and is of a short term nature then, rather than forward or return people back to SW services where they may very well sit on a waiting list, this should be carried out within the Care and Repair service. It was identified at an early stage that the service would benefit from an Occupational Therapy Assistant (OTA) role to carry such activities out.

An example of this would be a person who is referred for provision of a stair lift. The assessment has identified that the person has the ability to climb the stairs with the correct techniques through a reablement programme. An OTA can carry out stair practice with the person thus skilling the person up to be able to climb stairs in other environments. This increases the person's independence and safety and avoids use of adaptation budget which can benefit someone else.

- 10.2 A further benefit for the OTA role in this service is that they can carry out bathing assessments which may prevent provision of level access shower. The OTA can link directly with Borders Ability Equipment Store for equipment provision again preventing a person 'bouncing back' to SW locality team.
- 10.3 A successful bid was made to the national Technology Enabling Care fund by the National Adaptation Sites, of which Scottish Borders is one. The monies are intended to purchase Smartcare, a web based system that enable people to self-assess and if required signpost to a clinic for provision. It is intended that the OTA role will pick this up with regard to bathing once it is in place. This is dependent on also finding additional funding from other resource.
- 10.4 To ensure a direct flow between Care and Repair and the SW locality teams, paperwork and processes have been developed to enable as streamlined a system as possible. The Care and Repair OT has direct and full access to Frameworki (SW recording system) to upload assessments and associated documents for relevant professionals to see. This also enables assessments to be continued for reporting purposes.
- 10.5 To evidence the service developments within Care and Repair, a pathways history was developed to succinctly show the changes that have occurred over the past decade, Appendix 6.

10. STAKEHOLDERS FEEDBACK

Source of Feedback	The impact on the person from your perspective	The impact on you in your professional role	The impact on the service in which you work
NHS OTLD Professional	<ul style="list-style-type: none"> • Speedy and efficient service is excellent 	<ul style="list-style-type: none"> • Streamlines the service, provides a knowledgeable professional service of a high standard. • Saves the professional time and reduces joint visit • Ability to do the work to a high standard efficiently. 	<ul style="list-style-type: none"> • Best service development in regards to adaptations and greatly reduces stress as the pilot carries the work from the start.
Occupational Therapists	<ul style="list-style-type: none"> • Rapid response to referral. • Completed quickly promoting and supporting independent living. • Prompt and professionalism of the service. • Cut down on the duplication of questions and assessments. • Referred a client straight to care and Repair pilot, no other need for involvement, it meant the client was signposted to the correct place as quickly as possible 	<ul style="list-style-type: none"> • Easy process • Provides the best solution quickly and efficiently. • Provides specific advice in a timely way is invaluable • Reduced workload and left space for another client to be allocated 	<ul style="list-style-type: none"> • It saves me time and makes best use of the skills of both the Occupational Therapist and the technicians • Helps to reduce our waiting lists • Takes some of the pressure of the Occupational Therapists and helps to reduce the stress to clients who are waiting. • Enabled me to work with another client, maybe more quickly than if full assessment and CAAD had had to be completed for the original client.
Sheltered Housing Manager	<ul style="list-style-type: none"> • Assessed promptly from the point of referral, completed within a much quicker time-frame. • Helped to maintain confidence of clients. • Contribute to client's ability to maintain personal care individually and without the need to arrange for carer support. • Allowed clients to feel safer and reassured, making personal care a much more pleasant experience with the carers. 	<ul style="list-style-type: none"> • Ability to reassure clients that the process "could" happen sooner than originally anticipated. • Knowing the adaptations are progressing quicker lessens the anxiety for the residents 	<ul style="list-style-type: none"> • Didn't have to wait too long before getting the work done. I have seen residents in the past become very despondent and losing confidence in themselves and their ability to maintain their independence whilst waiting for an assessment. • Increased options for service users
Team Leader Social Care and Health	<ul style="list-style-type: none"> • Assessed quicker with client not needing to wait on waiting list for potentially 18 weeks. • We have had feedback to care manager in at least one instance saying they found the project worker helpful and outcome had made a huge difference in their life increasing their independence 	<ul style="list-style-type: none"> • Gave me something else to consider and greater options within the service. • It assisted with screening and allowed a more effective response 	
Tenancy Sustainment Officer	<ul style="list-style-type: none"> • Ease of own self-care, therefore no need for additional care 	<ul style="list-style-type: none"> • Less/reduced input required from the Team 	<ul style="list-style-type: none"> • From a broader housing perspective, the works allow the tenant to remain in her current home

Figure 17

11. RECOMMENDATIONS

- 13.1 That the service is rolled out across all locality areas in the Borders by spring 2016.
- 13.2 Provide 1 additional full time OT.
- 13.3 Provide 1 additional full time administrator
- 13.4 Widen OT role to include contribution to management of voids, medical needs assessments, new build planning in relation to new diagnosis and need within communities, rehousing advice, link with Help to Adapt national scheme, Smartcare outcomes
- 13.5 Engage with Scottish Government to discuss allocating funding directly to Care and Repair for all adaptations in the Borders and over a minimum 3 year period.



APPENDIX 1

Graeme's story

Graeme's son, Mark, contacted Borders Care and Repair to find out where he should go to request an assessment for his 95 year old father. Mark doesn't live locally and was unsure where to go for help. He was aware of Care and Repair as his father was already a subscriber of the handyperson service and thought this would be a good starting point as the main difficulty his father was experiencing was with managing the stairs. Mark felt that his father could not remain at home any longer without a stair lift. He felt strongly about this and admitted that living out of area meant he worried about him a lot and felt a sense of responsibility that he should take whatever steps are necessary to keep him safe.

Graeme was happy to be assessed via the pilot and an appointment was arranged for the following week. Information gained from the assessment visit provided valuable information on the importance of remaining independent for Graeme. He has minimal support at home and has found his own strategies including purchasing ready-made meals from the butchers and using a mobility scooter to go to the shops nearby. He stated that he lacked confidence on the stairs now and demonstrated how he managed. The lack of a second banister meant he was trying to steady himself on the wall, whilst he was placing both feet on each step going up, he tended to rush going down putting himself at risk of falling. The bathroom and bedroom were situated upstairs.

A second banister was supplied and feedback from this was very positive – Graeme reported feeling much more confident now and had taken on board advice re being more mindful and rushing less when coming down the stairs. Mark was pleased with the quick response and commented that he couldn't believe the difference such a small thing had made to his father. Graeme's assessment also indicated the need for an external grab rail at the front door, this further reduced risk of falling.

At the time of Graeme's assessment, his self-assessed COPM scores were as follows:
Importance (in relation to being able to feel confident in managing the stairs): 10/10
Performance: 5/10
Satisfaction: 5/10

Potential savings: the cost of a stair lift: £1,800

Graeme reported age related frailty and other health conditions. He sometimes experienced problems with his knee but at time of assessment this had not been problematic for some time. Graeme felt that his health was okay given his age and that lack of confidence was the main issue – provision of the second banister helped greatly in this respect. The cost of the second banister and grab rail compared with the cost of an emergency hospital admission and stay in the event of a fall is very small. The following evidence highlights the significant cost of falls in over 65s in Scotland:

- Falls and fractures, in people aged 65 and over, account for over 18,000 unscheduled admissions and 390,500 bed days each year in Scotland (Scottish Govt. 2012).
- In the over 65 population, falls cases are the largest single presentation to the Scottish Ambulance Service (over 35,000 presentation each year). (SAS, 2011).
- Falls are implicated in over 40% of Care Home admissions. (AGS, BGS, 2001)

In 2003 the average hospital cost for a patient over 60 years of age undergoing surgery for a hip fracture was retrospectively estimated at £12,163 (SHFA 2009).

As there are over 6,000 hip fracture patients each year in Scotland and the vast majority are treated surgically (96.3%) the estimated annual hospital cost for NHS Scotland is around £73 million (Scottish Govt. 2012).

Compared to the average cost of a hand rail: approximately £150 and/or the average cost of a grab rail: approximately £3.50 per rail which can be fitted by the Care and Repair Handyperson service

Graeme's follow-up COPM scores:

Performance: 8/10

Satisfaction: 9/10

This shows a significant increase of +3 in Performance and +5 in Satisfaction

References:

American Geriatrics Society, British geriatrics Society (2001) Guideline for the prevention of falls in older persons. Journal of the American Geriatrics Society, 49 pp.664-672.

Information Services Division Scotland, 2010.

Lawrence T, White CT, Wenn R, Moran CG The current hospital costs of treating hip fractures. Injury 2005;36(1):88-91.

Scottish Ambulance Service Data Warehouse. 2011.

Information Services Division. 2007. Scottish Hip Fracture Audit Report. Available from url: www.shfa.scot.nhs.uk [Accessed July 07 2015].

The Scottish Government. 2012. Falls Mapping Report. Available from: <http://www.gov.scot/Publications/2012/05/6979/3> [Accessed July 07 2015].

Colin's story

Colin is a 74 year old gentleman who is supported at home by his wife. He was recently diagnosed with a progressive degenerative condition. The Occupational Therapist at the outpatients department which Colin attends, contacted Care and Repair to request an Occupational Therapy assessment as Colin was experiencing difficulties managing the internal stairs safely. Regular contact with the outpatients department has assisted Colin in maintaining his mobility. Direct referral to Care and Repair has saved valuable time as Colin has not had to wait on a social work waiting list for an assessment.

It was not possible for Colin to relocate downstairs due to the layout of his home and special conditions placed on the property due to its listed status. Colin needs to be able to access the toilet and washing facilities and his bedroom during the day. A period of rapid deterioration impacted on Colin's mobility resulting in several falls at home. This was causing considerable concern to both him and his wife particularly with regard to mobility on stairs. Colin's wife felt compelled to be with him all of the time to ensure he did not attempt the stairs on his own. The situation was becoming untenable as she felt an increase in stress in caring for Colin.

Outcome:

Colin's desired outcome: 'to be as independent as possible and to continue to get around at home'.

Colin's wife's desired outcome: 'to feel confident enough to leave Colin alone for short periods of time in the knowledge that he will be safe'.

Colin's self-assessed COPM scores:

Importance of 'outcome': 10/10

Performance: 1/10 (N.B. During the assessment period Colin experienced several falls in close succession leading to a further loss in confidence).

Satisfaction: 1/10

Colin's occupational therapy assessment took account of the interaction between his physical health condition and prognosis; the home environment and the activities which are important to Colin. This along with consideration of his wife's needs as his sole carer, and an assessment of the physical risks to both of them, resulted in a recommendation for the provision of a stair lift.

The adaptation for Colin has relieved considerable carer stress allowing his wife to continue to care for Colin without formal care at home.

"It makes him feel far safer and more independent! ...the improvement - in both our lives - is incomparable."

Colin's follow-up COPM scores indicate a significant increase in relation to safety and confidence:

Performance: 9/10

Satisfaction: 9/10

Potential savings:

Life expectancy for MSA can be up to 9 years (MSA Society 2015); A mean survival ranging between 6 and 9 years.

Assuming a life expectancy of 80, home care support at a minimum of three times per day for 30 minutes each time = 10 hours 30 minutes per week at a cost of £15.00 per hour (April 2014-31 March 2015 tariff). This equates to £157.50 per week and £8,190.00 per year.

Over 6 years this would cost £49,140.00.

Compared with:

One set of adaptations (stair lift) at £7,000.

A saving of around £42,140.00 could be achieved.

Further, without the adaptation, the risk of injury to Colin and the need for hospital care far outweighs the cost of the adaptation. Colin may need formal support to live independently in the future however assistance with a home adaptation delays the input of more costly health and social care. This is a very conservative estimate of home care support. Realistically this would not adequately meet Colin's needs. If the caring situation were to break down completely it is possible that Colin would need 24 hour support.

24 hours support in a residential care home at a cost of £505.46 per week, equates to £26,283.92 per year and £157,703.52 after 6 years.

Compared with:

One set of adaptations (stair lift) at £7,000.

A saving of around £150,703.52 could be achieved.

References:

The Multiple Systems Atrophy Society. 2015. Online Available at: <https://www.multiplesystematrophy.org/prognosis-outlook> Accessed 18 Mar 15

Damon-Perriere N, Tison F, Meissner WG; [Multiple system atrophy]. Psychol Neuropsychiatr Vieil. 2010 Sep;8(3):179-91. doi: 10.1684/pnv.2010.0212

Billy's story

Billy is a 60 year old gentleman. He had a severe stroke some years ago whilst undergoing surgery to remove a brain tumour. Despite considerable reablement, his health has gradually deteriorated. He has experienced frequent chest infections and pneumonia. He has a right sided weakness which impairs his mobility and ability to use his right hand to steady him.

Billy and his wife needed to move from their previous owner occupied property as it was a split level design which involved 2 sets of stairs which were becoming difficult to manage. It was also remote which was making travel to appointments difficult and adding to Billy's feelings of isolation as he became less and less able to get out independently.

Billy and his wife applied to rent a house with a charitable trust based centrally in a nearby town. Although not ideal, this property was level throughout and provided a quick solution to their housing needs at the time. A one stop shop with information on appropriate accommodation in the Borders enables better let/relet of adapted accommodation and provide an opportunity to highlight unmet need, informing the planning process for new builds. Billy and his wife would have benefited from this service when moving from their previous home became a necessity. This would have enabled them to make an informed choice about their housing options. During the assessment process housing options were discussed however the couple decided that they did not want to move again.

At the time of their move Billy was referred to social work for an OT assessment, after 5 months on the waiting list he was referred to the newly set up pilot project. Billy received his assessment within 6 weeks of being referred to the pilot.

Before Billy moved into his privately rented property, he and his wife arranged for a shower to be installed privately. At this time Billy was in hospital and his wife was experiencing considerable stress due to the house move and the circumstances. The resulting shower cubicle was not as he had expected, having a 10" step into it. He struggled to manage this step and required physical assistance from his wife to access the shower. An additional grab rail was not successful in helping him to step up due to his left sided weakness and the layout of the shower. Billy felt strongly that the most intimate of personal care tasks were becoming almost impossible and with this even more reliance on his wife.

Billy's desired outcome:

'to be as independent as possible with personal care'. This was especially important to him as he has very limited ability to participate in other tasks at home now.'

Billy's self-assessed COPM scores:

Importance of 'outcome': 10/10

Performance: 2/10

Satisfaction: 1/10

Billy's wife's desired outcome:

'to reduce the risk of falls for Billy and to give him back some dignity and independence'.

Billy's occupational therapy assessment took account of the interaction between his physical health condition and prognosis; the home environment and the activities which are important to him. This along with consideration of his wife's needs as his sole carer, and an assessment of the physical risks to both of them, resulted in a recommendation for the provision of a level access shower adaptation.

Potential savings:

Life expectancy following stroke is difficult to predict due to the high number of variables. It is noted, however, that life expectancy following stroke has increased over the past 3 decades. A cohort study found that in the <65 age group, 28% survived up to 15 years (Boysen et al 2009). Billy's stroke occurred 5 years ago, therefore the following figures are based on an assumed life expectancy of a further 10 years.

Assuming a life expectancy of 70, home care support to strip wash every day for 1 hour each time = 7 hours per week at a cost of £15.00 per hour (April 2014-31 March 2015 tariff). This equates to £105.00 per week and £5,460.00 per year. Over 10 years this would cost £54,600.00.

Compared with:

**One set of adaptations (level access shower) at £5,500.
A saving of around £49,100.00 could be achieved.**

Since the level access shower has been installed, Billy is able to use the shower with minimal support from his wife. Although he still needs some assistance with getting dressed, the shower has relieved stress for both of them. He is able to take his time with the process of showering and getting dressed.

Billy's follow-up COPM scores indicate a significant increase in relation to safety and confidence:

Performance: 9/10

Satisfaction: 9/10

References:

Boysen, G., Marott, J.L., Gronbaeck, M., Hassanpour, H. and Truelsen, T. 2009. Long-term survival after stroke: 30 years of follow-up in a cohort, the Copenhagen City Heart Study. *Neuroepidemiology*, 33(3), pp. 254-60.

Paul's story

Paul is an 85 year old gentleman with partial sight. He lives alone in a 2 bedroom bungalow which he owns. Paul's son who lives out of area, made a referral to the Pilot. He was concerned that his father refused any formal support at home. In particular he continued to access the bath holding onto a rope that he had attached to the ceiling, and standing in the bath to use the over bath shower.

Paul had experienced a fall in the bath, and had been unable to access help. He lay in the bath for 24 hours before the alarm was raised. He was admitted to hospital for assessment and returned home several days later, being very lucky to sustain only minor injuries.

After the experience of his fall and following discussion with his son, Paul agreed that he needed some support to ensure he was able to remain at home for as long as possible. He had consented to a referral to social work (whilst in hospital) but insisted that he did not want any support with personal care such as washing. A bath lift was discussed as an option he could use independently and safely however he explained that he had become used to showering and declined to trial this. Paul's son was concerned that his father would return to stepping into the shower and that he would eventually fall again.

Potential savings:

Paul's main outcome is to be able to remain at home for as long as possible:

- **Main goal being to return to showering independently and safely.**

Using the Canadian Outcome Performance Measure (COPM), Paul provided the following self-assessed scores:

Importance (of the above outcome to Paul): 10/10

Being independent with showering is about maintaining dignity and self-esteem for Paul, as well as maintaining personal hygiene.

Performance (following his fall it was recommended that Paul strip wash, he based his score on not being able to attempt to use the shower and the experience of his recent fall): 1/10.

Satisfaction: 1/10 – Having showered independently for several years, Paul felt very dissatisfied with having to strip wash at the sink.

Taking account of all of the information from Paul's assessment the outcome is to replace the bath with a wet floor shower.

The cost of home care support to assist with a strip wash every day for 1 hour each time = 7 hours per week at a cost of £15.00 per hour (April 2014–31 March 2015 tariff). This equates to £105.00 per week and £5,460.00 per year.

Compared with:

Follow-up COPM scores:

Performance: 8/10

Satisfaction: 7/10

This shows an increase of +8 in Performance and +7 in Satisfaction

Paul's son feels much happier knowing that his father will not be putting himself at avoidable risk whilst he is unable to be there every week. Assessment via the Pilot has resulted in quick response allowing his assessment to be completed timeously. The alternative would be a potentially lengthy wait on social work waiting list

Other outcomes from this assessment have been to provide information to Paul's son and Paul about installing a border care alarm, a key safe and arranging for the shopping service. Due to Paul's visual impairment it was suggested that they contact social work to discuss the need for support with completing a shopping list.

The cost of home care support to assist with a strip wash every day for 1 hour each time = 7 hours per week at a cost of £15.00 per hour (April 2014-31 March 2015 tariff). This equates to £105.00 per week and £5,460.00 per year.

Compared with:

One set of adaptations (wet floor shower) at £3,751.50.

This highlights a potential saving of £1,708.50.

Changing demographics in Scotland has seen an increase in the number of over 75s of 14% between 1999 to 2009, and a 12% increase in those age 60-74 years for the same period Current projections indicate a 50% increase in the over 60s by 2033. (Scottish Govt. 2010). This has an impact on the cost of hospital care in the event of a hip fracture.

In 2003 the average hospital cost for a patient over 60 years of age undergoing surgery for a hip fracture was retrospectively estimated at £12,163 (SHFA 2009).

Compared with

The cost of one set of adaptations (wet floor shower) at £3,751.50.

This highlights a potential saving of £8,411.50.

References:

The Scottish Government. 2012. Falls Mapping Report.

Available from: <http://www.gov.scot/Publications/2012/05/6979/3> [Accessed July 07 2015].

The Scottish Government. 2010. Demographic Change in Scotland.

Available at: <http://www.gov.scot/Resource/Doc/332379/0108163.pdf> [Accessed July 07 2015].

Alan's story

Alan is a 71 year old gentleman. He has degenerative lung disease and lives alone in a first floor housing association flat. Alan has other health conditions and a stoma. He receives home care x4 daily (30 minutes assistance in the morning with having a wash, and a further x3 visits at 15 minutes to assist with preparing lunch, tea and getting ready for bed). Alan recently experienced a fall in his living room. He did not have his Bordercare alarm on and he lay for over 2 hours before getting help. He did not sustain any bony injury and was not admitted to hospital however his knee has been sore since then and this has affected his confidence. He did not leave his bedroom in the subsequent weeks. Alan reports panic breathing when he attempts to get up and walk from the bedroom. Prior to his fall Alan was managing to get to the door although this took some time. Alan's initial thoughts were to see if the door entry system could be relocated next to his bed. Alan became housebound.. He was unable to use his adapted bathroom as he found the experience of showering affected his breathing. Previous adaptations include stair lift over stairs in communal stair well and shower adaptation.

Alan's self-assessed COPM scores:

Importance (Alan's main outcome was to be able to take delivery of his essential medical supplies): 10/10

Performance: 1/10

Satisfaction: 1/10

Alan's assessment involved a discussion of alternative options, including arranging delivery times for when someone else is with Alan at the flat and also the potential for Alan to regain some of his mobility and to manage his feelings of panic.

Although unsure of his abilities Alan was open to the option of regaining some mobility – he was able to see how this could benefit other areas of his life. Alan had already shown some commitment to this prior to his fall by arranging for a support worker. A wheeled walker had been obtained from the physio for this purpose however since his fall he was struggling with motivation. Alan and his support worker had already worked together to ensure he had the confidence to manage his stoma care independently – he no longer needs support with this. This was a positive example for Alan of how he can regain greater choice and control over certain aspects of his life. Alan agreed to trialling the alternative options and to work with his support worker on his mobility.

Potential savings:

- The cost of relocating the door entry system = £535.00
- Reduction in home care if Alan can regain some mobility and manage to do more for himself.

If Alan is able to maximise his mobility and maintain this, it would be possible that the x3 15 minute home care visits would not be needed. This would save 5.25 hours per week at a cost of £15.00 per hour (April 2014-31 March 2015 tariff). This equates to £78.75 per week and £4,095 per year. Based on average male life expectancy in Scotland of 76.8 for males (National Statistics 2011-13, The Scottish Govt.), this would result in a saving of £16,891.87
Total saving: £17,427.87

Outcome of assessment / benefits for Alan

- Improved quality of life.

Follow-up COPM scores:

Performance: 5/10 (Alan is happy that he now has a plan in place to enable him to plan when his medication will arrive, allowing him to have someone there to give entry; he continues to work on his mobility).

Satisfaction: 7/10

References:

The Scottish Government. 2014. Life Expectancy in Scotland. Online. Available at: <http://news.scotland.gov.uk/News/Life-expectancy-in-Scotland-1160.aspx>
Accessed 30 Oct 15.



Moira's story

Moira has a co-ordination and anxiety disorder. This can impact on her eczema and psoriasis leading to skin breakdown. Moira is a tenant of a housing association, having recently moved to her current ground floor bungalow. This has been a positive move allowing her to benefit from level access accommodation and to be nearer to her family who are very supportive. Moira's support plan includes contact with a support worker x1 weekly.

Moira's social worker was aware of difficulties she experienced using bathing equipment – this included difficulties with positioning herself on a bath lift, struggling with her balance whilst trying to lift her legs over the sides of the bath. This had a significant impact on her overall health and wellbeing. Moira had become reluctant to attempt to wash and was aware that her skin condition and personal hygiene had suffered. This had a knock on effect on other daily activities which keep her well, such as going out with her support worker and feeling well enough in herself (self-esteem) to enable her to live independently.

The social worker referred Moira directly to the pilot. Moira's assessment resulted in a recommendation to remove the existing bath and to replace this with an easy access shower

At the time of assessment Moira rated the importance of being able to have a proper wash, feeling confident and safe, as 10/10. She rated her performance as 2/10; and satisfaction with this as 2/10.

On completion of the shower adaptation, Moira provided follow-up scores: Performance: 9/10 and satisfaction: 9/10. This highlights a significant increase of +7 in both performance and satisfaction and reflects the positive impact this has had in terms of confidence and being able to overcome anxiety to enable her to be independent.

Potential savings:

Moira currently receives 2 hours of support x 1 weekly at a cost of £15.00 per hour (April 2014-31 March 2015 tariff) = £30.00.

It is anticipated that this will be reduced to 1 hour per week = £15.00, saving £15.00 per week.

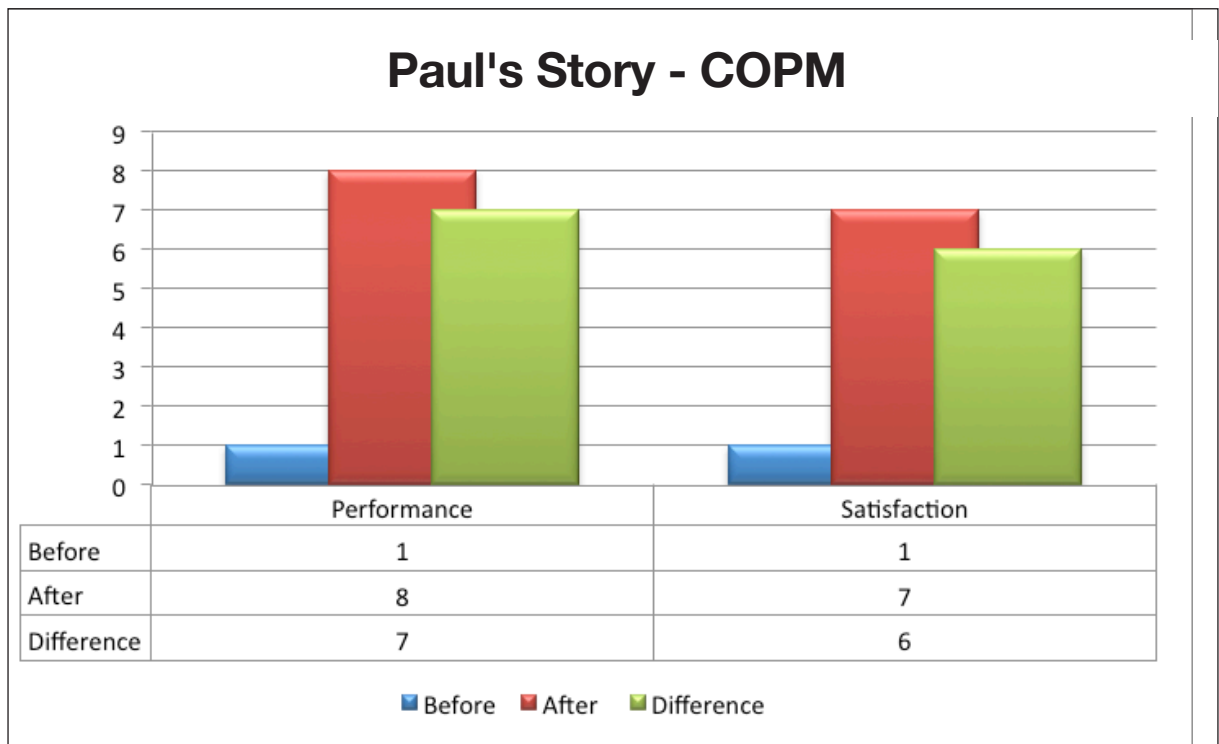
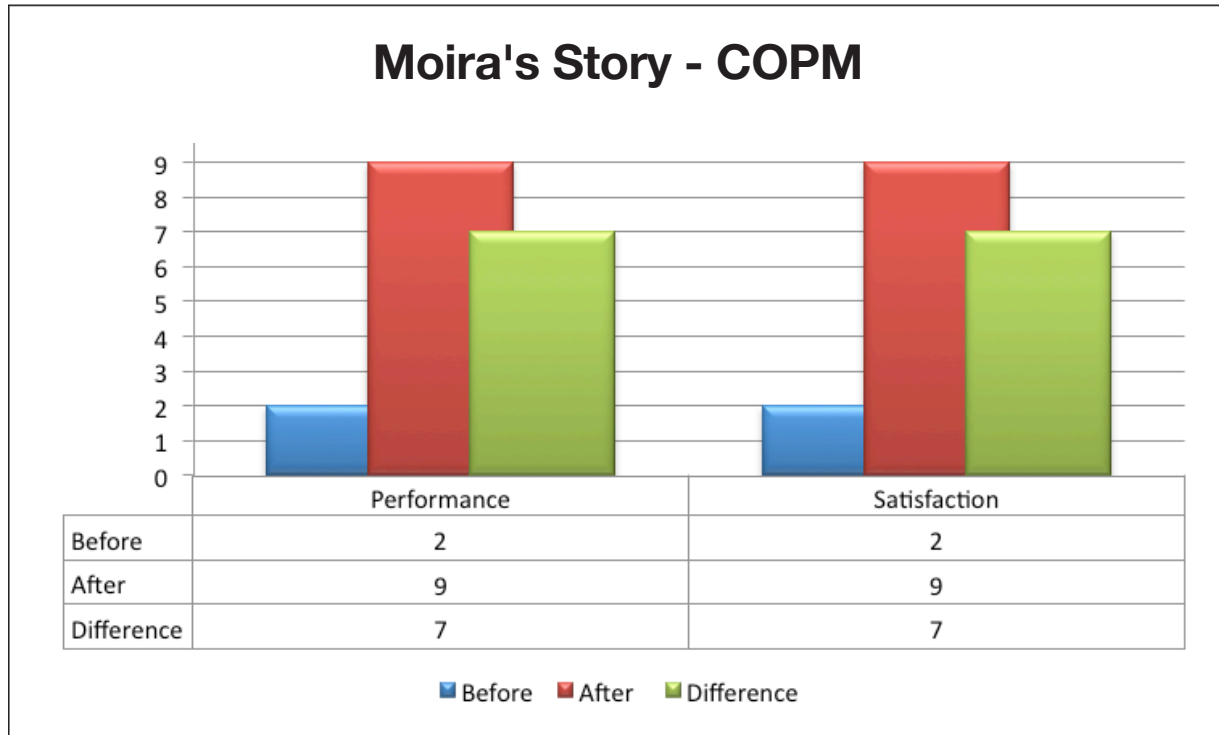
Moira is 44 years old, her health conditions are long standing therefore based on an average life expectancy of 80, this could potentially save £15.00 p.w. x 52 weeks = £780 p.a. This equates to £28,080 over Moira's lifetime.

This does not take account of other cost savings based on maintaining skin integrity for Moira i.e. the cost to NHS of managing skin conditions (prescriptions for creams and ointments, dressings, GP and community nurse time, hospital admissions).

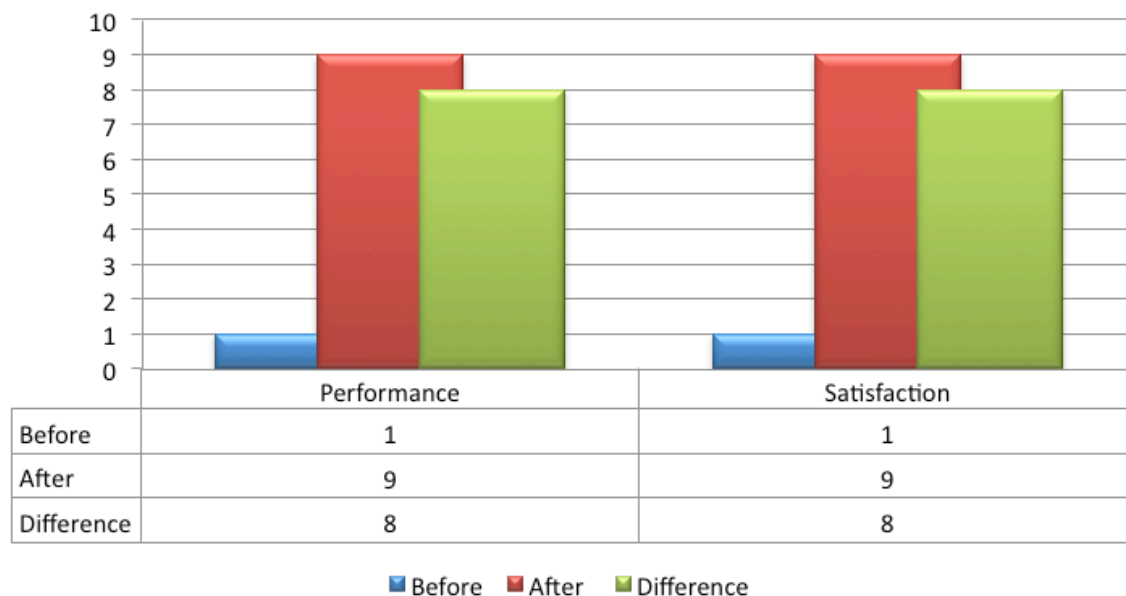
Compared with the average cost of a shower adaptation: approximately £4,000.

APPENDIX 2

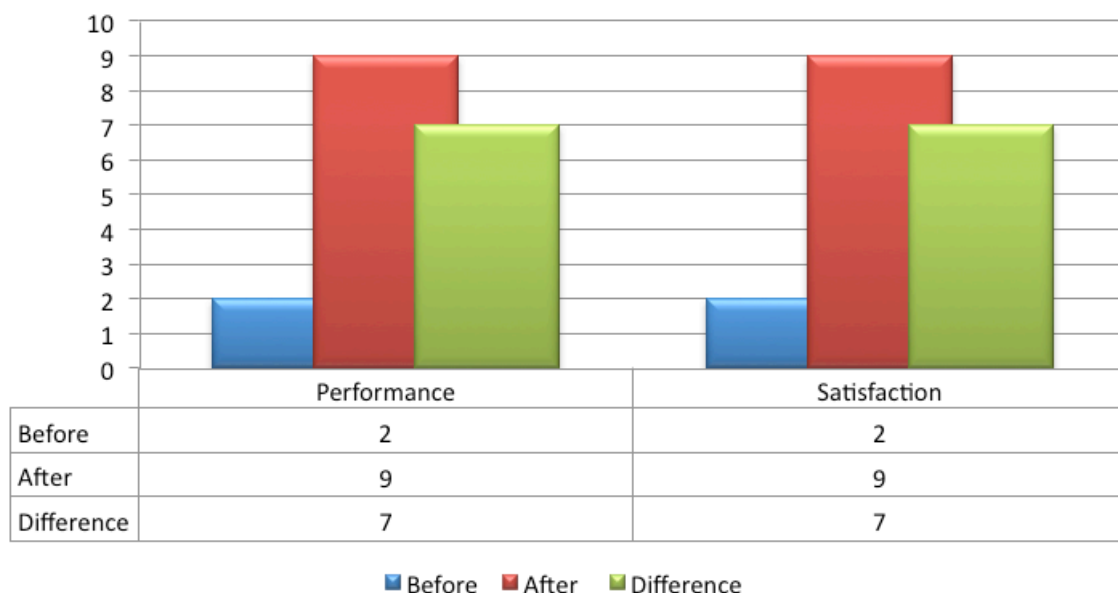
Individual Outcomes



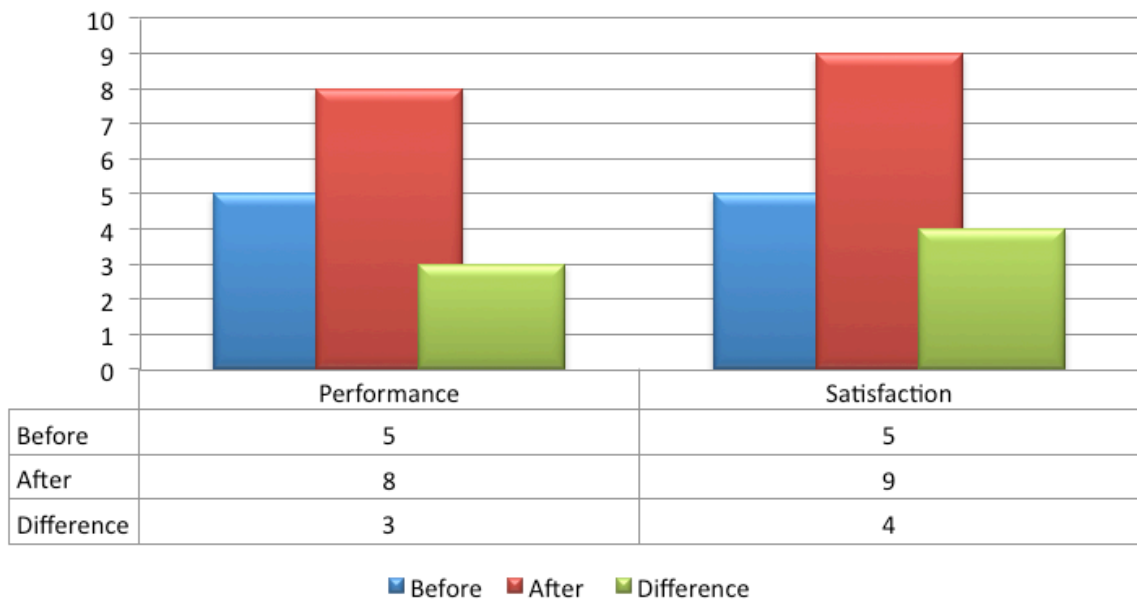
Colin's Story - COPM



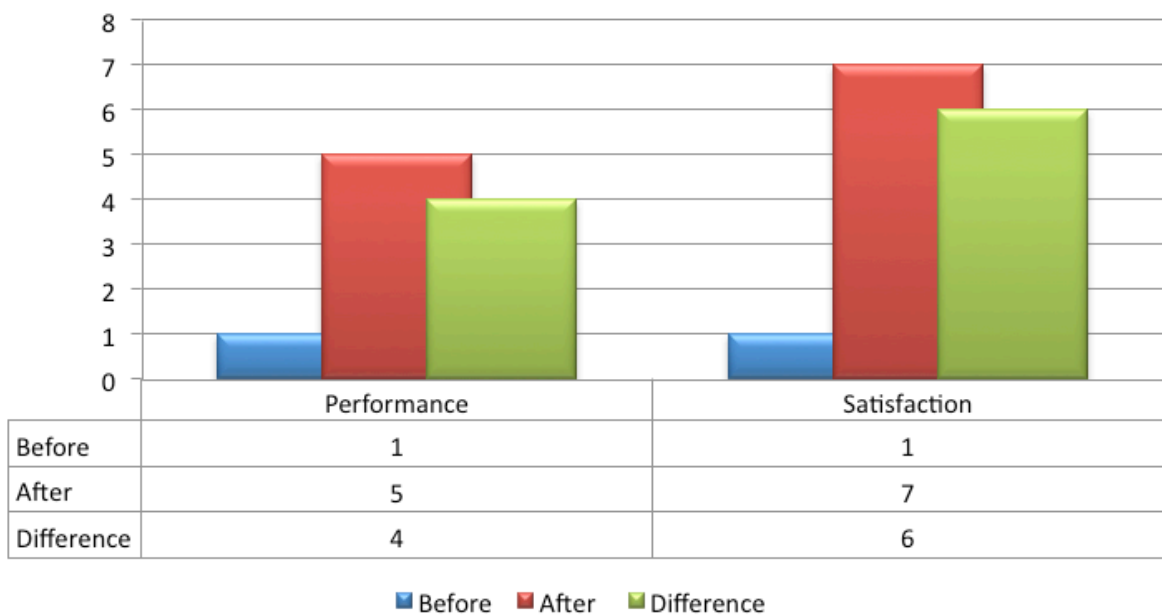
Billy's Story - COPM



Graeme's Story - COPM



Alan's Story - COPM






APPENDIX 3

Referral for assessment by Care and Repair

Client Name: Telephone No: Mobile:	Access Arrangements/Directions:
Address: Post Code:	Tenure: O-O Private tenant RSL: Eildon SBHA Waverley Berwickshire <i>Please highlight</i>
Date of Birth:	Safety Alert:
Medical/health condition relating to need for assessment:	
Identified need for assessment (brief description):	
Options appraisal (has equipment, minor adaptation, reablement already been considered?):	
Is the client aware that they are being referred to C & R for a screening assessment: <div style="text-align: right;">Yes No</div>	
Assessment requested by: Address: Telephone No: Date:	Designation:
<div style="display: flex; justify-content: space-between;"> <div> <p>To: Borders Care & Repair The Weaving Shed Ettrick Mill Dunsdale Road Selkirk TD7 5EB</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>Care & Repair Use Date added to Waiting List: Date Actioned: Case Ref No:</p> </div> </div>	

Email: enquiries@borderscareandrepair.org.uk
 (Remember to encrypt with the agreed password)

 Caring, Committed, Connected, Creative	Date received:																																	
	Accept:	Case no:																																
	Unable to accept:	Reason:																																
	Action:																																	
Screening Form																																		
Title: Mr / Mrs / Miss / Ms	Date of birth:	M / F																																
Surname:	First name:																																	
Address:	Telephone:																																	
Postcode:																																		
Property details: Owner Occupier <input type="checkbox"/> Private rented <input type="checkbox"/> Housing association (please state):																																		
Type of property (bungalow, flat, sheltered housing etc):																																		
Which rooms do you have: <table border="0" style="width: 100%;"> <tr> <td></td> <td>Kitchen</td> <td>Kitchen/Diner</td> <td>Dining room</td> </tr> <tr> <td></td> <td>Lounge/Diner</td> <td>Lounge</td> <td></td> </tr> <tr> <td>Bathroom:</td> <td>Same floor</td> <td>Downstairs</td> <td>Upstairs Both</td> </tr> <tr> <td>Toilet:</td> <td>Same floor</td> <td>Downstairs</td> <td>Upstairs Both</td> </tr> <tr> <td>Bedrooms:</td> <td>1 2 3</td> <td>4</td> <td></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Stairs:</td> <td>Straight</td> <td>Curved</td> <td></td> </tr> <tr> <td>Stair rails:</td> <td>None</td> <td>One side</td> <td>Both sides</td> </tr> </table>				Kitchen	Kitchen/Diner	Dining room		Lounge/Diner	Lounge		Bathroom:	Same floor	Downstairs	Upstairs Both	Toilet:	Same floor	Downstairs	Upstairs Both	Bedrooms:	1 2 3	4		Other:				Stairs:	Straight	Curved		Stair rails:	None	One side	Both sides
	Kitchen	Kitchen/Diner	Dining room																															
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Bathroom:	Same floor	Downstairs	Upstairs Both																															
Toilet:	Same floor	Downstairs	Upstairs Both																															
Bedrooms:	1 2 3	4																																
Other:																																		
Stairs:	Straight	Curved																																
Stair rails:	None	One side	Both sides																															
Do you live alone? Yes/No	If No, who with?																																	
Disability or long-term medical condition, please specify:																																		
Do you receive any care at home? Yes / No																																		
Is this a formal package of care? Yes / No	If Yes, how many hours per week?																																	
Is this informal care? e.g. family member, neighbour etc. Yes / No	If Yes, can you estimate how many hours per week?																																	
What kind of help do you receive? e.g. help with personal care, domestic tasks etc.																																		
Do you use a mobility aid or wheelchair? Yes / No Please specify:																																		

Do you have any equipment or adaptations to help at home? Please specify

Let us know which activities are a problem for you and which you can manage.
 Please TICK the column which applies to you most.

	Not applicable	Able to do	Able to do – with help from another person	Able to do with equipment	Unable to do / have difficulty doing
Walking indoors					
Up/downstairs indoors					
Outdoors steps/stairs					
Going to the toilet					
Getting on/off the toilet					
Getting to your bed					
Getting in/out bed					
Getting in/out chair					
Getting washed					
Getting in/out bath					
Using walk-in shower					
Getting dressed					

Have you fallen recently? Yes / No

If yes, please provide details:

Any other relevant information:

Process for referring clients to Care and Repair for assessment via the pilot project:



Is the identified need a structural housing issue? (bathroom adaptation, stair lift, ramp etc)	If yes, go to next question. If no – not appropriate for Care and Repair pilot scheme
Has equipment provision been considered as a potential solution?	If yes – go to next question If no – go to locality SC&H
Is reablement appropriate?	If yes – go to locality SC&H If no – go to next question
Is there a need for a wider OT assessment?	If yes – go to locality SC&H If no – consider referral to Care and Repair pilot scheme

Borders Care & Repair Pilot Project



Discharge summary

Name:
Address:
Date of referral:
Assessment date:
Completion date:
Reason for referral:
Outcome of assessment:
Other actions required:
Signed:
Date:

Pilot project - assessment process:



Referral received	Allocate case no.	
Initial client contact	Appropriate – yes/no	
Screening form	Sent out for completion or home visit	
Assessment	Home visit; gathering other relevant information; collaboration with health professionals etc. (consent required)	
Risk assessment	Complete risk assessment: include interim recommendations on client assessment.	
Outcome	Major adaptation	OT/ Projects Officer: C&R process
	Rehabilitation	Refer to SC&H
	Trial of equipment	OTA at C&R*
	Minor adaptation	OTA at C&R*
	Advice; information; signposting	OT at C&R
Objectives agreed with client	Scores obtained using COPM	
Assessment to client for sign off	Include interim recommendations.	
Base line data recorded	Using ACT and XL spreadsheet	
Adaptation process	OT/Projects Officer: C&R process	
Completion of works		
Review – re-assess	Scores obtained using COPM	
Follow-up data recorded	Using ACT and XL spreadsheet	
Discharge summary	Any other actions/ forward referrals	



ADAPTATIONS

BORDERS CARE & REPAIR

Delivered by Eildon Housing Association

NEW ADAPTATION ASSESSMENT SERVICE

If you would like information and advice regarding this service, you can contact Borders Care & Repair direct. An occupational therapist within Care & Repair can assess both your need for adaptation and if you are eligible for this service. You no longer require to be referred to an occupational therapist in social work service. If your needs are wider than adaptation provision the Care & Repair occupational therapist will signpost you to the relevant services.

The service is currently open to the Pilot areas of Peebles, Galashiels and Kelso. Full evaluation is underway.



WHAT WE CAN DO FOR YOU

Are you able to safely access your bath?

If not we can help by fitting grab rails through to complete level access shower adaptations.

Do you feel safe on the stairs?

You may qualify for additional banister rails up to stair-lift installation

Do you need a wheelchair and struggle to access your home?

You may qualify for temporary or permanent ramping

You may qualify for funding towards an adaptation you need.

IF YOU THINK YOU QUALIFY, GET IN TOUCH

Get in touch and we'll ask some questions to see if there is anything we can help you with.

Address: Borders Care & Repair
The Weaving Shed
Ettrick Mill, Dunsdale Road
Selkirk TD7 5EB

Telephone: 01750 724895

Email: enquiries@borderscareandrepair.org.uk

Website: www.borderscareandrepair.org.uk



THE ADAPTATION PROCESS

If the outcome of the assessment indicates that a major adaptation is required to meet your needs, Care & Repair will oversee the process from drawing up of plans to arranging for the work to be completed.



Borders Care & Repair
is a service provided by:
Eildon Housing in partnership
with Scottish Borders Council



**The copy content of this brochure is available at a larger size
and in different languages on request.**

APPENDIX 5



Care & Repair Pilot Stakeholder questionnaire

You have been sent this questionnaire as you have made a referral to the C&R pilot service on behalf of a person you have had contact with. A key feature of the pilot has been the ability for a person to get direct access to the C&R service either by self-referral or by a wider professional group (not just OTs), and, have the assessment and provision for all adaptations carried out by one team in one place, effectively a one stop model.

Please describe the impact of having the assessment carried out by the C&R pilot service for the person you have referred; the impact on you as a professional person; the impact that it has had on the service that you work in

A : The impact on the person from your perspective	
B: The impact on you in your professional role	
C: The impact on the service in which you work	
D: Any other comments	
Name:	Role:
	Contact No:

As a key stakeholder your contribution to the overall evaluation is valued and greatly appreciated. Many thanks for taking the time to complete and return this questionnaire.

Please return to alloyd-jones@scotborders.gcsx.gov.uk by 23rd October 2015

Previous pathways

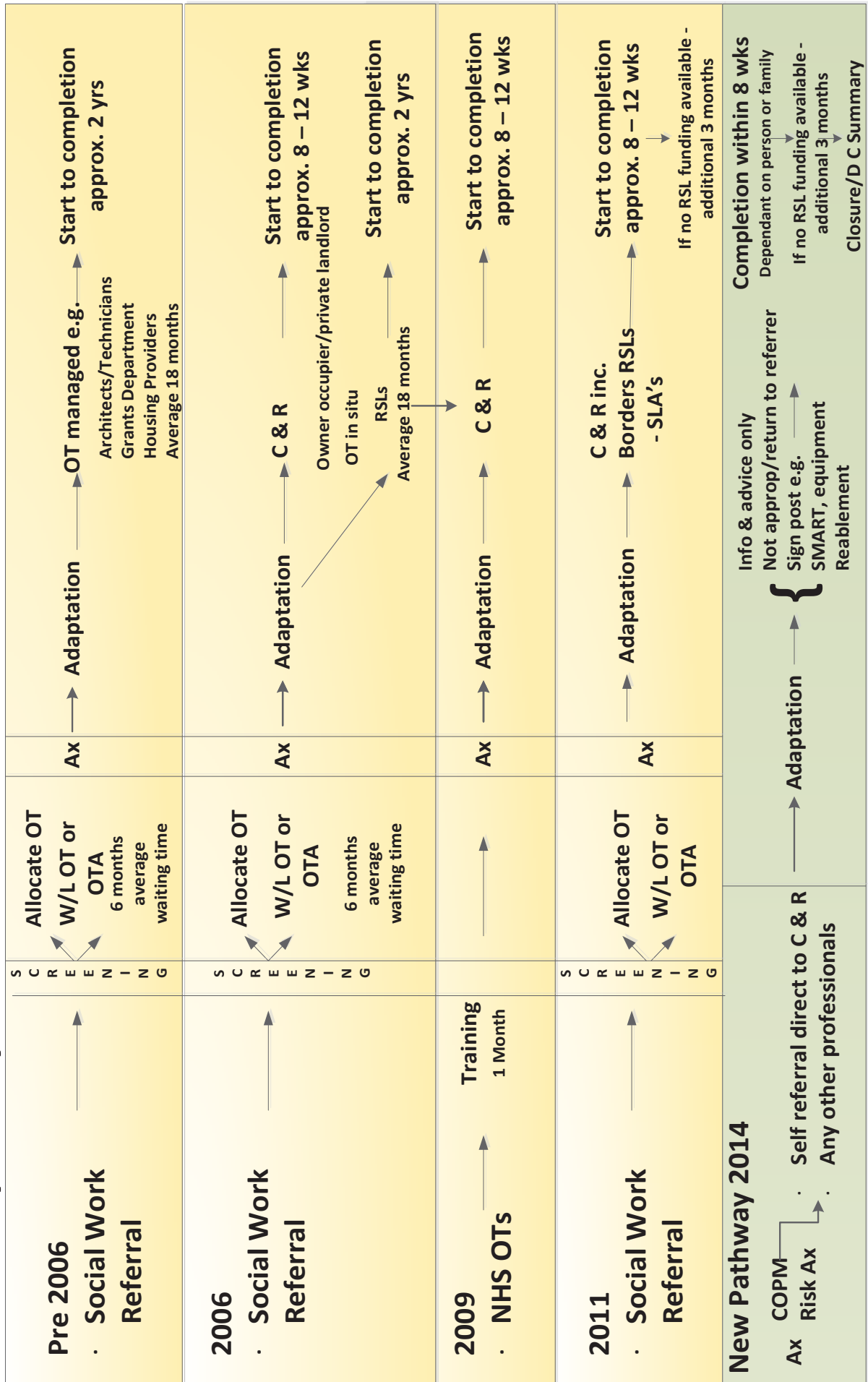


Diagram 1

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