



Complete Agenda

Democratic Services
Swyddfa'r Cyngor
CAERNARFON
Gwynedd
LL55 1SH

Meeting

CARE SCRUTINY COMMITTEE

Date and Time

10.30 am, THURSDAY, 14TH JANUARY, 2021

NOTE: A BRIEFING SESSION WILL BE HELD FOR MEMBERS AT 10.00AM

Location

Zoom Virtual Meeting

Contact Point

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(DISTRIBUTED 07/01/21)

CARE SCRUTINY COMMITTEE

MEMBERSHIP (18)

Plaid Cymru (10)

Councillors

Menna Baines
Alan Jones Evans
Linda Ann Jones
Dafydd Owen
Linda Morgan

Annwen Daniels
Gareth Tudor Morris Jones
Olaf Cai Larsen
Berwyn Parry Jones
Rheinallt Puw

Independent (5)

Councillors

Richard Medwyn Hughes
Beth Lawton
Angela Russell

Eryl Jones-Williams
Dewi Wyn Roberts

Llais Gwynedd (1)

Councillor
Anwen J. Davies

Gwynedd United Independents (1)

Councillor
Vacant Seat - Gwynedd United Independents

Welsh National Party (1)

Councillor Peter Read

Ex-officio Members

Chair and Vice-Chair of the Council

Other Invited Members

A G E N D A

1. APOLOGIES

To receive any apologies for absence.

2. DECLARATION OF PERSONAL INTEREST

To receive any declarations of personal interest.

3. URGENT MATTERS

To note any items that are a matter of urgency in the view of the Chair for consideration.

4. MINUTES

4 - 8

The Chairman shall propose that the minutes of the previous meeting of this committee held on the 26th November, 2020 be signed as a true record.

5. OCCUPATIONAL THERAPY SERVICE IN GWYNEDD SOCIAL SERVICES 9 - 18

Cabinet Member – Councillor Dafydd Meurig

To consider a report on the above (attached).

CARE SCRUTINY COMMITTEE 26/11/2020

Present: Councillor Dewi Roberts (Chair).
Councillor Beth Lawton (Vice-chair).

Councillors: Annwen Daniels, Anwen J Davies, R. Medwyn Hughes, Berwyn Parry Jones, Gareth Tudor Morris Jones, Eryl Jones-Williams, Olaf Cai Larsen, Dafydd Owen, Rheinallt Puw, Angela Russell

Ex-officio Member: Councillor Edgar Wyn Owen

Officers present:

Bethan Adams (Scrutiny Advisor), Vera Jones (Democracy and Language Services Manager) and Einir Rhian Davies (Democracy Services Officer)

Present for item 7:

Councillor Dafydd Meurig (Cabinet Member - Adults, Health and Well-being and Relationship with the Health Board), Aled Davies (Head of Adults, Health and Well-being Department) and Mari W Jones (Senior Adults, Health and Well-being Service Manager)

Present for item 8:

Councillor Dilwyn Morgan (Cabinet Member for Children and Young People) and Marian Parry Hughes (Head of Children and Supporting Families Department)

1. ELECTION OF CHAIR

RESOLVED to re-elect Councillor Dewi W Roberts as Chair of this Committee for 2020/21.

2. ELECTION OF VICE-CHAIR

RESOLVED to re-elect Councillor Beth Lawton as Vice-chair of this Committee for 2020/21.

3 APOLOGIES

Councillors Menna Baines, Linda A Jones and Linda Morgan

4. DECLARATION OF PERSONAL INTEREST

Declarations of personal interest were received as follows in relation to item 7 on the agenda:

- Cllr R Medwyn Hughes – Member of the Betsi Cadwaladr University Health Board

The member was of the opinion that it was a prejudicial interest, and he did not participate in the discussion on the item.

- Cllr Eryl Jones-Williams - Has a relative who is a wheelchair user
- Cllr Rheinallt Puw - Employed by Betsi Cadwaladr University Health Board
- Cllr Dewi W Roberts - Member of the Working Group
- Cllr Angela Russell - Member of the Working Group

The members were of the opinion that these were not prejudicial interests and they participated fully in the discussion on the item.

5. URGENT ITEMS

None to note.

6. MINUTES OF THE PREVIOUS MEETING

The Chair signed the minutes of the previous meeting of this Committee held on 30 January, 2020 as a true record.

7. PROGRESS REPORT ON THE RECOMMENDATIONS OF THE SCRUTINY INVESTIGATION: SUPPORTING THE DISABLED PEOPLE OF GWYNEDD (WHEELCHAIR SERVICE)

Gratitude was expressed for the progress report, following the submission of the matter to the Scrutiny Committee in September 2019. A request was made for comments on the actions as a result of the recommendations, and it was noted as follows:

It was confirmed that the Cabinet Member had written to Vaughan Gething in 2019, drawing attention to the report, but he noted that no response had been received, however it was felt that the matters arising from the recommendations were for local action. He noted that the work had highlighted the collaboration between the Council and the Health Service and it was felt that a number of the recommendations in the Report were directed to the Health Service. Consequently, the importance of keeping communication live with the Health Board was expressed. The Senior Adults, Health and Well-being Manager confirmed that the response of the Health Service to the recommendation was in the report.

A report on matters specific to the Health Service was given (see below), which showed a shift in the matters; however, progress had slowed down due to COVID.

It was confirmed that the Regional Partnership Working Group was yet to be established but that local arrangements had been established between the Posture and Mobility Service and Gwynedd Council to improve collaboration.

The appointment of an Occupational Therapy Leader for Gwynedd Council has facilitated communication and collaboration with the Health Service.

Electronic referral documents were currently being trialled by Health Service and it is intended to introduce an electronic referral procedure soon.

Joint training is taking place between the Posture and Mobility Service and the Gwynedd Community Resources Team.

Concern was expressed regarding the delay in terms of home environment assessments, along with a concern that occupational therapists were not receiving training, and it was questioned whether this had been resolved? It was confirmed that it is the responsibility of the Council's Occupational Therapists to carry out a home environment assessment and that it is the responsibility of the Posture and Mobility Services' occupational therapist's to complete assessments for specialised equipment. There is no further developments regarding an agreement by the Health Service for Occupational Therapists from Local Authorities to receive specialised training. Nevertheless, there has been an increase in the joint visits between the Local Authority's therapists and the Posture and Mobility Services' which improves collaboration and reduces the delay in ensuring suitable and timely equipment. It was confirmed that any developments would be shared with the Committee.

It was confirmed that the members of the working group had spoken with some patients about the impact/shortcomings and confirmation was received that the Working Group had been able to improve the service and that the Health Board had moved on, and that much had changed, for the better, whilst the investigation had been in progress.

Pride was expressed when reading the recommendations; however, the substantial difference between North and South Wales was noted. It was noted that it was important not to forget the recommendations, to continue to receive updates and continue to improve in order to move forward. It was confirmed that the assessments were better in the South and that there was room to improve the Service in the North and that this required the attention of the Health Board and the Health Council.

A question was asked of the equipment being issued to the patients and it was noted that it was not always suitable and it was questioned whether that problem had been resolved. It was noted that this was important for the well-being of individuals and the Senior Adults, Health and Well-being Service Manager confirmed, in relation to the individuals coming through the Council's Social Services, that they had not received concerns regarding suitability of equipment that has been provided. The example where some individuals required a special chair was shared; without a special chair, they deteriorated and there were problems with the health service's storage facilities.

The message of the Senior Adults, Health and Well-being Manager was reiterated by the Head of Adults, Health and Well-being Department who sympathised with the message, and he noted that he would like to reassure the councillor, however, this was a question for the Health Service and therefore, was it possible to send a letter to Health? It was agreed that the relationship with the Health Service had vastly improved, that there was a lot of shift and that there were ideas for the future, and he confirmed that the Councillor's comments would be addressed.

The Working Group and officers were thanked for adhering to Gwynedd Council's policy of putting people first.

RESOLVED to accept the content of the report and associated documents, noting the comments. Assurance was sought that the Service was keeping an eye on what was happening.

8. LOOKED AFTER CHILDREN AND YOUNG PEOPLE

It was noted that the report was being submitted with pride in the staff and foster parents. A report was given on how the Service had responded to continuing with the

Service during this difficult period and responding to the demand during the lockdown period.

It was confirmed that there were 294 looked after children at the end of September 2020, and that they were being looked after for various reasons. It was noted that placing a child in care was the last resort, but sometimes, there was no other choice.

Reference was made to the figure of 27 first-time looked after children in the period between April and September - i.e. they were not known to the Council prior to this period, whilst accepting also that anonymous referrals had increased to 71%. On the other hand, it was confirmed that 24 had left the service during the period. In relation to the children who were the subject of a Care Order, it was confirmed that collaboration had taken place with the parents.

Reference was made to the attachment, which detailed numbers and placements, noting that some children were at home with family or members of the extended family.

In terms of fostering resources, it was noted that 72 placements had been registered that had the capacity to offer placement for 139 children, along with 60 other fostering placements by means of extended family. It was confirmed that additional placements had been registered during the period, and that the method of holding meetings had changed and that a recruitment campaign had taken place.

It was confirmed that it was difficult to obtain placements for a small percentage, which was the Council's responsibility, and that the real last resort was to place in unregulated placement. It was confirmed, during the past five years, that seven such arrangements had taken place for a period of three weeks at the longest.

Reference was made to Welsh Government policy to reduce the number of looked after children. The Committee was reminded that the policy direction was given the highest priority some years ago and the Government had been informed at that time that Gwynedd would not set a target, and avoid previous targets: this was not an easy stance.

It was noted that Covid had introduced new challenges and that the workforce had been incredible in adapting quickly, and had dealt with matters such as:

- Continuing to carry out Assessments
- Continuing to keep in contact with parents
- Closing Hafan y Sêr
- Collaborating with the Education Department
- Virtual Reviews for Looked After Children
- Establishing a Helpline
- Assistance to access materials such as medicines and baby food

Later on, matters such as the following were dealt with:

- Re-opening Hafan y Sêr
- Re-commencing contact arrangements between children and parents (with PPE of course)
- Continuing to work from home

Concern was noted about staff and it was noted that the Service executed its responsibilities in full, albeit in a different way.

In relation to the staff, it was noted as follows:

Health and Safety Procedures were tight
Managers were in regular contact
The management team and managers had had three sessions, giving an opportunity to report on challenges and concerns

Gratitude was expressed for the extensive report and questions were asked as follows:

In terms of the point 'At times, the ability to find a suitable residential placement is impossible', it was questioned whether this was a major risk for the staff? It was also questioned how the risk to staff could be reduced.

It was noted that some individuals needed a response to their special needs. Unfortunately, not only could private providers name their price, but also, placements were not always available. It was confirmed that the solution was very difficult. It was noted that when the situation arose, there was never a lack of staff who were prepared to volunteer to do the work.

It was questioned, if this was a national problem, then shouldn't the Government be challenged, accepting that it would not be easy? Was there possibly a work stream here to consider the matter and proceed with it nationally; despite the fact that the issue was an old problem? The Committee was glad that the Head of Children and Supporting Families Department was Chairing the discussion Group on this.

Concern was expressed about the pay-freeze, especially when staff were doing their best. It was noted that the high care figures showed that the Service looked after children and pride was expressed that the children were in good hands.

In terms of the Government's target of reducing the number of looked after children, support was expressed to Gwynedd's stance of not setting a % target, confirming there would be no more children in care than those who were in genuine need of being looked after. In addition, it was also noted that setting a target was not the answer, but rather to improve, and it was confirmed that there was a need to show clearly and regularly what improvements had been made and what barriers had been overcome.

The fact that more children had come into care now as a result of telephone calls from individuals was questioned - why was this? In response, it was noted that the individuals maybe had concerns, people were working from home and they saw or heard more or there were more eyes in our communities. It was noted that the Service continued to see anonymous referrals.

The Cabinet Member gave thanks for the work, and he referred to the challenges, including:

the government's target and the fact that Gwynedd had come under pressure, but continued to refuse to set a target.

A Care Inspectorate Inspection was in the pipeline, which had come at a difficult time
Staff well-being matters

Financial challenges, where no stone was left unturned to see whether a saving could be made, although safety was paramount

It may be interesting, and useful, to submit a case study of an individual in the system to the Committee in the future

The Head and the Department were thanked for the way they had responded to the situation.

RESOLVED to accept the report and note the comments.

The meeting commenced at 10.00 and concluded at 11.45

CHAIR

Meeting	Care Scrutiny Committee
Date	14th of January 2021
Title	Report on Occupational Therapy (OT) Service in Gwynedd Social Services.
Author	Matthew Hawes, Occupational Therapy Leader
Member	Dafydd Meurig, Cabinet Member, Adult, Health and Wellbeing

1. Purpose of the Report

1.1 The purpose of this report is provide an overview of the contribution of Occupational Therapists within Gwynedd Local Authority

2. Introduction

2.1 The purpose of the Community Resource Teams is to “Help Me Live My Life as I want to Live It”. Occupational Therapy has a very important role helping the citizens of Gwynedd to achieve their personal outcomes by promoting independence.

2.2 (OT) is the assessment and treatment of physical & psychiatric conditions using specific, purposeful activity to prevent disability and promote independent function in all aspects of daily life. OT is a client centred practise that places a premium on the progress towards the client’s goals. This is a fundamental aspect of The Social Services and Well-being Act 2014, which ultimately delivers “What Matter’s”. We work with clients of all age groups from birth to death and with all types of conditions and impairments.

3 Developments in the Service

3.1 Prior to February 2020 there was no OT within the Learning Disability Service with the generic OT’s within the Department supporting the service. It was identified that a dedicated OT was required within the service. An OT has been recruited into the Learning Disability service, and this has made a significant difference as this person is able to focus solely on the service and work closely with individuals who have complex care needs to achieve what matters to them. This post is temporary, as it is funded with short term monies. The Department is eager to ensure long term funding for the post and can demonstrate the effectiveness of having a specific OT in within the Learning Disability Service.

3.2 The service has also been successful in recruiting 0.5 post to the Children’s Department to support the 1 Paediatric OT for the whole of Gwynedd Local Authority. This will make a significant improvement in this area.

- 3.3 OT is one of the only professions - allied to Health; that are employed by both the Local Authority and also the Health Service. The roles between the two organisations at times can be confusing and blurred. It has been a priority to work in partnership with colleagues in Health to strengthen joint working, removing historical barriers and have a clearer understanding of the roles within the community, and how best we can work together moving forward. A new referral pathway has been developed jointly with health colleagues that identifies which organisation will be responsible for the various referrals. We have also helped cover gaps between services during the pandemic to ensure service users receive a service. There is more work to be done to work in partnership with the health service and develop an integrated OT service.
- 3.4 Recruiting OT's to Gwynedd has been a major challenge in the past. The OT service within Gwynedd Local Authority is now fully staffed and we have been successful in covering maternity leave. The service has been proactive in encouraging student placements in association with Glyndwr University, as this is not only good practise, but also helps with recruitment of qualified staff. We now have OT's interested in joining our team.
- 3.5 OT's currently make up approximately 3% of the overall Gwynedd Local Authority Social Care workforce. However the Local Authority OT's work with approximately 35-40% of all referrals into the local authority. (Royal College of OT's).
- 3.6 We are anticipating an increase of 15% in terms of referral rate for OT intervention from the local authority in 2021-2022. The main reason for this is a loss of confidence / mobility and deconditioning from vulnerable individuals that have been shielding and not exercising, walking to the shops and losing their independence. OT's will have a crucial role in supporting individuals with Post Covid 19* Recovery (Long COVID). There is a big driver from Welsh Government on everyone's Rights to Rehabilitation and Occupational Therapy provision and intervention will be at the forefront in making this happen.
- 3.7 OT interventions focus on adapting the environment, modifying the task, teaching new or alternative skills, educating clients / families and care staff in order to increase the participation & function in the performance of daily living activities. The OT service deal with a wide range of issues. This list is not exhaustive but provides an idea of the range of work.
- Provision of equipment to keep people safe and in their own homes and as independent as possible,
 - Make recommendations for the provision of suitable home adaptations,
 - Provide manual handling risk assessments, and provide training in the use of the equipment to families and care staff.
 - Safeguarding of vulnerable adults and service users.
 - Prevention of hospital admission,
 - Facilitating hospital discharge,
 - Supporting clients in residential care settings, providing support to home care staff.

- Assisting with rehabilitation.
- Learning Disabilities-
- Paediatrics

4 Next Steps

4.1 The vision is to continue with the work of OT's enabling individuals to live as independently as possible in the community and to develop a proactive service rather than reactive. This is challenging due to the limited numbers of OT staff.

4.2 There are a number of approaches that can be taken that will promote independence and achieve what matters to the residents of Gwynedd and at the same time reduce costs to the local authority moving forward. If we do nothing and stand still, it is anticipated that care costs will increase. Not only that, there is a risk that individuals will become more dependent.

4.3 Right Sized Care and Moving and Handling

Moving and Handling has been identified as an area that needs to be improved to support individuals and the people caring for them. The vision is to create moving and handling OT posts within the Community Resource Teams. This will enable a designated person to focus on Right Sized Care and Safer Moving and Handling. These cases are more complex and time consuming but when delivered effectively can have significant impact on the personal outcomes of individuals as well as savings on current care packages. Some recent cases in Gwynedd have demonstrated savings of up to £18,000 per annum in care costs on each care package (see case study in Annex 1). These posts can provide more effective training to care staff and informal carers and provide better links with nursing and residential care homes. They could also facilitate timely discharges from hospital by following individuals into hospital, organise the equipment and training for discharge and undertake a post discharge follow up. This will significantly reduce the numbers of failed hospital discharges.

4.4 Applications are currently being made for additional funding to trial this project.

4.5 Rehabilitation and Enablement

As stated previously, there is a big emphasis from Welsh Government on promoting people's Rights to Rehabilitation and we anticipate an increase in demand of 15-20% on the service this year.

4.6 The service will strive to focus more on the enabling and rehabilitation role of the OT's During the next financial year. There are significant benefits in having therapy led enabling services where therapists work closely with individuals and care providers to set clear achievable goals and monitor outcomes. The OT service is currently working with one care agency to pilot this way of working and initial results are positive.

4.7 Prevention of Hospital Admission and facilitate timely discharges from hospital (discharge to assess)

Our aim is to keep people living independently and safely at home for longer. OT has a crucial role in achieving this aim and in working closely with hospitals to ensure that individuals can return home as soon as possible after a period of being unwell. We will also need access to rapid access to suitable equipment. A review of the provision of equipment across North Wales has been delayed due to the pandemic. In the interim, Gwynedd have worked closely with Byw Bywyd Company who install and hire equipment to ensure timely delivery of equipment to all parts of the county.

4.8 OT involvement has been integral in a pilot scheme in the North of Gwynedd during the pandemic, working closely with Ysbyty Gwynedd and Gofal Seibiant Care Agency to facilitate timely discharges from hospitals and providing short term enabling support to individuals.

4.9 The aim and ambition is to have an effective OT service to allow us to achieve our purpose for the benefit of the residents of Gwynedd.

Appendix 1

Pen picture - JW

Gofynion y Client / Client Needs

Darlun y Client / Pen Picture

- Client known to Social Services OT for several years
- Admitted to hospital
- Social services OT worked with hospital OT to solve problems with client moving and handling and arranged adaptations in the home.
- Social services OT aided the discharge by meeting the ambulance to help with access and helped the Carers for their first two visits.
- On going work to improve moving and handling and work on her other goals.

Amgylchiadau blaenorol cyn ymlygiad / Circumstances prior to involvement

before hospital admission

J lived alone in a bungalow. She had had mobility difficulties for a long time due to her obesity and other health problems. She had always tried to be as independent as possible. She was able to go to the toilet independently and walk around her bungalow. J only needed a carer once a week to help her to shower. J had a good support network; a niece who lives nearby. She enjoyed doing different crafts and spending time with her niece's children. Cyngor Gwynedd OT, knew her well, having worked with her previously to adapt her bathroom, her raiser-recliner chair and provide her with aids for bed transfers.

The critical incident

J fell and broke her thumb and ribs in April 2020. She was in Hospital until the end of May when she was transferred to a community hospital. Physios worked hard to give her rehab but progress was limited due to low oxygen levels in her blood and her poor general health. J did not manage to return to weight bearing, she could only tolerate sitting in a chair for a couple of hours.

J was proving challenging to care for on the ward due to her size. Often four members of staff were used to roll her on the bed. The ward sister was keen that her discharge from hospital was not delayed; she was taking up an entire 4 bed bay.

Beth sydd yn bwysig iddynt / What they said mattered

Primarily, what mattered to J was that she could go home from hospital as soon as possible. It was also important that she remained in control of her discharge plans. She needed to be involved in making all the decisions and be kept fully informed as to what was going on. J wanted to ensure she could have the same care agency she had before

going to hospital as she considered them to be her friends. She wanted to be treated with dignity and not have to see her cares struggling to manage her weight.

Canlyniad / Outcome

Be wnaeth nhw/ni / What they did/We did

Joint working with the hospital OT and other multi agency working

Community OT offered to help the hospital OT. The hospital OT, was grateful for the assistance, particularly as she was new in the role, having been seconded to work in the hospital during the first Covid19 wave. The community OT felt that her knowledge of J's personality and home environment would help J meet her goal of getting home safely as soon as possible.

Adaptations

June 2020 Community OT did a joint visit with hospital OT to J's bungalow to see what adaptations would be needed. It was concluded that J would need H track hoist ceiling track hoist, with four point spreader bar, in the lounge, to allow her to be hoisted to her chair. After discussion with J, it was agreed it would be better for her to have a bariatric bed in the lounge rather than adapting her bed room. J was expected to spend a lot of time in bed and she thought she would prefer to be at the front of the house and able to watch her TV.

In the following weeks, community OT organised joint visits to arrange the details of the adaptation, which was to be paid for with a Physical Adaptation Grant. Joint visits included the OT from the local disability company and the officer from Canllaw who was working for the housing agency. In addition to the ceiling track hoist, the bedroom door was changed to a double door and the built in cupboard was removed to make the room bigger. New hard flooring was laid to make moving the bed easier and safer for the carers. J was kept fully updated, as the community OT spoke to her on her mobile.

One of the major issues was getting J in through the front door. It was realised that J's wheelchair was too wide to fit through the door. The only way to get it through was to take the door off its hinges. The door could not be widened unfortunately due to the structure of the building. J has a right to be able to access her home safely. The living room window could have been changed to French doors to give her full wheelchair access. This could have been organised in a timely manner as all the agencies involved were very keen to help. J however, was insistent that she did not want this. It was more important to her to keep her window as it was. She likes to sit next to the window, with all her things arranged on the sill, and pass the key through the window to visitors. Having all her things in arms reach of her chair has always been really important to J. J had capacity to make this decision even though professionals felt that this may be unwise. J was adamant that this was her decision. The fire service and the ambulance service were informed of the situation.

Moving and Handling

Community OT went to the hospital to help the hospital OT to select and assess for a suitable sling. (This was because the hospital OT was low in confidence due to being new in post and her colleagues were extremely busy). J's large size meant that a standard slings were not suitable.

Moving J on the bed was very difficult due to her size. In order to get her a care package, the number of carers required for each call needed to be reduced to two. Community OT arranged an assessment with the Vendlet; this assessment involved the rep from an equipment service, community OT, the hospital OT, the ward staff. The Vendlet consists of rollers which are attached on each side of the bed which raise and lower. They allow a person to be rolled as the sheet is wound on to the roller. It takes the physical strain from the carers. J loved the Vendlet, she said that it was '*bloody brilliant*'. It turned her in a safe dignified way. It was far more comfortable than being turned by carers.

The care package was arranged with the council 'in house' carers; the carers that J knows and was so keen to have. These cares are very experienced at using the Vendlet so this was a great help.

The discharge – 28th July 2020

On the day of discharge the community OT met J as she arrived Home. She was very happy to be home.

On going work.

Community OT has continued to work with J since discharge to help keep her safe and comfortable and to help her achieve her goals. Making sure J remains at the centre of all interventions is as important as ever. All work has been done in conjunction with J and the carers. The community OT is in regular contact with the DNs and the care supervisor. The sling and chair has been changed her so that she is more comfortable and can tolerate sitting out longer. This would give J more opportunity to engage in crafting and other activities that are meaningful to her.

Potensial y canlyniad yn yr hen drefn / Potential outcomes in the old system

Reflection:

Positives about the way of working

Council OTs rarely go in to hospitals to help with discharges as this is the hospital OTs responsibility. The Council OTs would however usually be involved where more major adaptations are required. The joint working in this case resulted in many positives

- Good continuity of care and client centred.

My knowledge of J's character and what has been important to her over the last few years helped me better understand her situation. I knew that the only way to progress on the case was to ensure she was in the driving seat. J has always been reluctant to take advice but when she is able to be part of a decision, she can take ownership of it and can be very determined to get things to work out.

- Shared work load.

The hospital OT was dealing with many pressing cases and needed to be out on the ward. Being office based (well working at home), I was well placed to do the vast amount of research needed through web searches, phone calls and emails in order to problem solve issues around the case.

- Close multiagency working.

As I am experienced in working in the community and organising adaptations I was able to quickly make contact with the relevant people to enable the work to be completed in a timely manner. Everyone involved went above and beyond to help J. They all made her a high priority and cut red tape where necessary to get the job done quicker.

- Good team working with Stores.

It was frustrating to have to complete lengthy forms to request each piece of equipment from stores however, with the great cost of some items, I can see why they wanted full justification. The stores E-panel was effective in cutting time before panel made a decision. The arrangement between Stores and Byw Bywyd to deliver equipment, and to fit and service the Vendlet, helped me organise everything to be ready at the same time.

These positives in the way of working, resulted in a positive outcome for J: she achieved her goal of getting home without excessive delays. J has the carers she wanted, who are providing excellent care. The Vendlet and ceiling track hoist have considerably reduced the strain on carers and, as a result, J can look forward to their visits without worrying she is going to hurt them.

There has been a positive in terms of a cost saving. Care costs £23 / hour for one carer. Without the Vendlet 4 carers would be needed for each call. She would need about 2hrs 30mins a day. Over a week her care bill would be £1,610. With the Vendlet the care can be reduced to £805 / week. The Vendlet paid for its self in less than 14 weeks.

There is still more work to be done and I expect to continue to work with J for a long time, supporting her as her needs change.

Things that could have been done better

If the hospital had taken up the OT offer sooner then we may have managed to get J home a week or two earlier. This may however have been unrealistic as, she was still doing rehab, it may have been too early to see if when J's functional; ability would be on discharge.