Agenda Item No: 4

Occupational Therapy Section 75 Agreement

To: Adults and Health Committee

Meeting Date: 7 March 2024

From: Executive Director, Adults, Health and Commissioning

Electoral division(s): All

Key decision: Yes

Forward Plan ref: 2024 / 007

Executive Summary: The paper is seeking agreement for the County Council to enter into a new Section 75 Agreement with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) for the provision of community Occupational Therapy services for adults and older people.

This will continue to be a public sector partnership and will not be procured through a commercial tender process.

Having a new and refreshed Section 75 Agreement will mean that the service can continue to provide a sustainable and high quality integrated Occupational Therapy service to the people of Cambridgeshire, ensuring that people remain as independent as possible in the home of their choice.

Recommendation: Adults and Health Committee is asked to approve:

a) The new budget of £2,038,663.
b) That the council enters into a new and refreshed Section 75 Agreement for the delivery of an integrated Occupational Therapy service, for a contract term of 3 years, plus the option to extend by a further 1 year and then a final 1 year (5 years in total) for a total contract value of £10,193,315 (plus annual uplifts)
c) Delegated authority for awarding and executing a contract for the provision of an integrated Occupational Therapy service starting 1st April 2024 and extension periods to the Executive Director Adults, Health, and Commissioning, in consultation with Chair and Vice Chair of the Committee.

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1. Creating a greener, fairer and more caring Cambridgeshire

1.1 The integrated Occupational Therapy service delivers interventions which are relevant to the following ambitions from the Council's Strategic Framework

i) **Travel across the county is safer and more sustainable environmentally**. The service endeavours to undertake remote / online or telephone assessment when appropriate so as to reduce travel across the county. The annual work plan for 2024-25 will include an expectation of commitment to reducing carbon impact

ii) **Health inequalities are reduced**. The service offers equitable access to its services across the population of adults with physical disability and older people. The service works closely with district councils and housing providers to ensure that disabled people have homes that are as accessible as possible.

iii) **People enjoy healthy, safe and independent lives through timely support that is most suited to their needs**. This ambition is central to the service offered as all occupational therapy interventions are undertaken with the primary outcome to facilitate as much independence as possible for people within the homes of their choice.

2. Background

2.1 The community Occupational Therapy (OT) Service, which delivers support to adults and older people, has been provided as an integrated health and social care service since 2003. Prior to that it was delivered in-house and entirely focussed on meeting social care needs. This meant anyone with health and social care needs was required to follow two different occupational therapy pathways. The move to an integrated service was driven by a need to improve the customer journey and deliver better outcomes for people including a reduction in waiting times for assessment. The delivery and funding of the social care element of the integrated service is governed by a Section 75 Agreement with the provider, Cambridgeshire & Peterborough NHS Foundation Trust (CPFT). Section 75 Agreements were legally provided by the NHS Act 2006 to enable budgets to be integrated and pooled between local health and social care organisations and authorities.

2.2 In 2022 an independent review of the service was undertaken which focussed on sustainability and delivery and will form the basis of the renewed approach and reflected in any new contractual arrangements.

2.3 Under the current Section 75 agreement, the Occupational Therapists and Therapy Assistants provide a full service from assessment through to rehabilitation, provision of daily living equipment and recommendations for minor and major housing adaptations. This ensures that, in the majority of cases, one practitioner can support people through their health and social care journey and avoid hand-offs between health and social care. The OT service receives around 700 referrals per month and is working with around 2,458 cases (as at end November 2023). The service is part of CPFT's Community Rehabilitation service, where the OT staff work in locality-based teams alongside physiotherapists and community nurses. Being aligned to a

designated geographical area enables them to work in a more place-based way. The OT service also liaises closely with the County Council's Adults, Health and Commissioning teams to facilitate a coordinated approach. This includes engagement with the County Council's own OTs that work within Adult Early Help and Reablement, together with the in-house Technology Enabled Care (TEC) service.

2.4 The assessment and provision of minor and major housing adaptations involves the service working collaboratively with the district council Home Improvement Agencies (HIAs) supporting the Disabled Facilities Grant (DFG) process. This relationship is very constructive and the process works well. The service also has strong working relationships with the County's Integrated Community Equipment service (ICES).

2.5 The OT service operates an enhanced triage and prioritisation process at the point of referral which ensures that immediate needs are met in a timely manner. Those people triaged as having most urgent needs will be assessed within 3 working days.

The table below summarises the situation regarding waiting times for assessment:

Average waiting time pre-covid	Longest average waiting time during the pandemic	Current average waiting time
4 weeks	14 weeks	7 weeks

The improvement in the average waiting time post-Covid has been possible due to CPFT engaging an independent OT agency (at NHS expense) to assist in taking the longest waiting cases from the waiting list. This agency continues with this work and will do so into 2024-25. It has been challenging to achieve the pre-pandemic average waiting time due to increased demand on the service, against a backdrop of a national shortage of OT's, which has meant difficulties with recruitment and retention to meet service needs. However, CPFT have recently reported that they have had success in recruiting to eight posts, some of which, had been vacant for many months. Once these staff are in post and fully inducted, there should be a positive impact on waiting times and outcomes for people.

2.6 The service delivers positive outcomes for people, which are robustly monitored as part of the governance process – See appendix C Schedules 4 and 5. The case studies in the appendix provide insight into the outcomes that can be achieved for, and with, people:

- Preventing and reducing the need for long term care and support and improving outcomes for people which, in turn, deliver a saving on long term care
- Through the provision of equipment people's functional ability is maintained or improved and reduces the need for more costly long term care, for example reducing the need for double-up care through provision of effective moving and handling equipment
- Enabling people, and their family carers to remain in the home of their choice for longer through the provision of housing adaptations.
- Seamless provision of OT through a wholly integrated service delivery model and working closely as part of the multidisciplinary team.
- Partnership working with the district councils in relation to the provision of major housing adaptations via the Disabled Facilities Grant (DFG) process.

- A co-production approach to all case work, working with people to agree goals and desired outcomes in a strengths-based way focussing on well-being outcomes as required under The Care Act.

The service receives very few complaints but, when they do, these are thoroughly investigated and managed through the appropriate governance process, reporting into the council accordingly.

3. Main Issues

3.1 Sign-off of a new Section 75 Agreement was delayed in 2022 because CPFT raised concerns about the sustainability of the Section 75 Agreement budget at that time. A paper was presented to Adults and Health Committee on 5/10/2022 which approved the commissioning of an independent review of the service, to include a re-evaluation of the budget. A new agreement, that reflects the outcome of the review, changes to the specification and additional investment, is now being presented for sign off. This will ensure the service continues to be sustainable.

3.2 *SHA Disability (SHA),* an independent therapy-led consultancy, were engaged to undertake the review, which was completed in February 2023. The County Council's Diligence & Best Value team were also engaged to support the project and worked alongside *SHA* on the financial elements of the review.

SHA consulted with service users, OT staff, CCC commissioners and others. In summary, they found that the service was delivering positive outcomes for people through the integrated service delivery model whereby health and social care interventions could be provided as a single offer so as to avoid hand-offs between health and social care. A number of case studies offered insight into the positive outcomes for people in receipt of the services and two of these are provided at Appendix A to demonstrate the typical type of interventions and outcomes delivered by the service.

The review considered the impact of the redeployment of staff to support the D2A pathway during the pandemic and noted that this had an impact on the waiting times for assessment, particularly those people waiting for non-urgent social care interventions, primarily those awaiting housing adaptations.

The review included a benchmarking exercise, comparing the Cambridgeshire service with other local authorities. However, this was difficult as there were no like-for-like comparable integrated services and where there were integrated services, these tended to involve unitary authorities.

3.3 *SHA's* final report made a number of key recommendations which are detailed in Appendix B which includes updates on progress. The recommendations included an acknowledgement that the OT service needed to have sufficient capacity to be able to track and report on Care Act outcomes and also to implement a new more intensive triage process that would improve efficiency.

3.4 The new Section 75 Agreement includes some key developments and amendments when compared to the current agreement:

- Updated data processing and information sharing schedule which offers more detail and clarity regarding the sharing of personal data between the two organisations.
- Revised Service Specification which better reflects the County Council's Strategic Framework, Cambridgeshire's Integrated Care Strategy and the requirements of the Care Act 2014
- Requirement for formal annual work plan that can be tracked as part of the governance process. This is in place and actively monitored.
- Revised terms of reference for the governance forums
- Clarification of roles and responsibilities regarding the investigation of complaints
- Revised Key Performance Indicators (KPI) with specific focus on performance around the early identification of needs through the enhanced triage process.
- Revised KPI which will track demand management through care hours reduced, prevented and delayed as a result of OT interventions.

3.5 As well as the amendments detailed above, the new Section 75 has flexibility built into it which will allow for any future service developments by varying the agreement. There are a number of ongoing, and planned, service developments that demonstrate how the service is advancing in terms of innovation. For example, there is reference to the possibility of a needing additional OT input to the discharge planning, and post discharge process. The discharge planning process is being reviewed as part of Business Planning and it will be important that OT involvement is factored into that review. In addition, the service has introduced a new and improved triage process to ensure that new referrals to the service are handled in the most efficient way to meet people's needs as soon as possible. The service is also about to trial an electronic design tool to assist with drawing up plans for housing adaptations under the DFG process. This will make the housing work more efficient and mean that cases are processed more quickly.

3.7 **Section 75 Budget Investment**

SHA worked in liaison with CPFT finance team , CCC's finance lead and CCC's Diligence & Best Value team. At the time of the review the annual contract value for 2022-23 was £1,810,426.

SHA used a range of methods to enable them to provide a recommendation for a new contract value, this included using data provided by CCC and CPFT, shadowing OT's, collecting feedback from practitioners, caseload analysis and workshops. The estimate fell within an indicative contract value of between £2m and 2.1m. Subsequent negotiations resulted in CCC proposing an uplift to the contract price amounting to £228,237 and this was funded from the Council's Uplift budget allocation for commissioned Adult Social Care services 2023-24.

In summary, following the benchmarking and re-baselining exercise, the baseline budget is now adjusted to £2,038,663. This will be subject to annual uplifts informed by various factors which will be fed into annual business planning processes and uplift budget allocation. This will enable the service to remain sustainable, flex to absorb an increase in demand and tackle recruitment and retention challenges,

A new Section 75 Agreement will be finalised (see draft at Appendix C) with a proposed new contract term of 3 + 1 + 1 years, giving a total contract value over five years of £10,193,315 (plus annual uplifts).

The new Section 75 Agreement will continue to be monitored through a comprehensive governance structure consisting of the Section 75 Governance Board, Section 75 OT Finance & Performance meeting, and an Operational Group. See Appendix C for detail regarding the Governance forums and Performance monitoring requirements and KPIs.

The agreement includes a standard notice period of 12 months to ensure that the Council has an ability to reconsider the arrangement should there be a requirement to consider alternative operation and delivery models for this service in future. We also have the ability to issue a contract variation in collaboration with CPFT where additional opportunities arise or improvements are identified.

4. Alternative Options Considered

4.1 Over the twenty years of the integrated service CCC have considered alternative options for service delivery as outlined in the table below. CCC have concluded that the best way forward is to continue to invest in the current service by having a new Section 75 Agreement.

	Option	**Benefits**	**Risks**
1.	Do nothing		In terms of the budget re-baselining, doing nothing was not an option as it could have led to the service becoming unsustainable and would have had a direct impact on service users, the waiting list and the ability of the service to meet growing demand
2.	Outsource to independent sector	Possible cost saving	- Very small market, consisting of small, often specialist, services - Service is likely too large to attract interest from independent sector - Likely to be more costly and would require additional investment - Would have to tender jointly with NHS if wished to maintain integrated model - If outsourced only the social care element then that would

			disrupt the current care pathways and mean hand-offs between health and social care - Costly TUPE implications as staff are on NHS terms and conditions and NHS pensions - Disruption to the service would likely result in increased waiting times
3.	Insource into CCC	- Closer links with CCC operational teams (but this is addressed as part of the Section 75 governance process) - Could solely focus on social care interventions and outcomes.	- Disruption of care pathway – no longer single point of access to address social care and support needs - Loss of skill mix between health & social care as may only be able to insource the social care element, which would be extremely complex as the service is so well integrated - Hand-offs from health to social care would impact the experience of people and outcomes achieved - Two processes may lead to confusion on the part of customers, resulting in complaints and high levels of service dissatisfaction - Development of very different referral routes which would be more difficult for customers to understand and navigate - Adds complexity to pathways of care - Increased waiting times - Costly TUPE implications as staff are on NHS terms and conditions - Recruitment and retention challenges as would be competing for same workforce, which would drive up costs - Additional investment required in management infrastructure, IT and other

			- equipment, mileage costs and office space within/ buildings etc
4.	Continue to invest in current integrated service via Section 75 Agreement	- Maintain service within the public sector - Improved waiting times - Robust governance process - Simple single point of access pathway for service users - Delivery through Neighbourhood Teams aligns with CCC's wider priority for place-based delivery - Value for money through skill mix - Aligns with principles of the integrated care systems (other local authorities are looking at options for integration) - The service has demonstrated it is able to respond to growing demand - Nationally recognised model	- Less control over day to day delivery but this is managed through a robust governance structure and close working between CCC Commissioning and Operational leads in CPFT.

5. Conclusion and reasons for recommendations

5.1 In conclusion, the service review undertaken by SHA Disability was a comprehensive piece of work which has informed the production of a new Section 75 Agreement, Annual Work Plan and robust governance processes. The Committee are asked to approve the recommendations, as detailed at the top of the report.

6. Significant Implications

6.1 Finance Implications

Some implications as detailed in paragraph 3.5.

6.2 Legal Implications

Some implications. Commissioners have worked with Pathfinder Legal to draw up the new agreement using the latest Section 75 template available from Central Government – see Appendix C

6.3 Risk Implications

There are no significant risks arising from the proposed recommendations in this report

6.4 Equality and Diversity Implications

An Equality Impact Assessment is attached at Appendix D

6.5 Climate Change and Environment Implications (Key decisions only)

There are no significant implications.

7. Source Documents

None.

Appendix A

Case Studies

These case studies are real people who have given their consent for their stories to be shared. Names have been changed in both cases.

Joy was first referred to the Occupational Therapy (OT) service in her fifties, which was over ten years ago. At that time, she was working full time in South Cambridgeshire and lived with her husband and her 2 children in their own 4 bedroom house. Joy developed a progressive, inflammatory muscle disease, particularly affecting her hands and knees.

Joy was having difficulty standing from a sitting position and found she was dropping things. This was affecting her confidence and ability to work and manage at home. She referred herself to the OT service.

Her case was triaged as a Priority 2 case which meant she was assessed within three weeks of referral.

The OT worked with the community physiotherapist and drew up a rehab programme to improve her mobility and maintain her muscle strength. The OT ordered some adaptive equipment for her from the Integrated Community Equipment Service, which is the service commissioned by the County Council and the ICB. She was also given information on the access to work scheme so that she could get support at work from her employer.

As her condition deteriorated she re-referred herself to the OT service a number of times. The OT provided assessment and prescription of a vertical rise postural support chair and toilet riser as well as supported her with a referral for a powered vertical rise wheelchair to maintain her independence with her transfers.

During this time she unfortunately had had to stop work due to reduced dexterity in her hands. She was unable to cook and had difficulty maintaining her own personal hygiene. She became reliant on her husband for care and support.

Joy then deteriorated to the point that she was no longer safe to transfer by herself despite her vertical rise wheelchair, chair and toilet seat. She became reliant on a hoist and the OT trained Joy's husband and her daughter on how to use this as well as advice on adaptive clothing to maintain her dignity as much as possible.

This soon became too much of a strain on her family and Joy was assessed by the Council's social care team and provided with a domiciliary care package of two carers four times a day.

The OT recommended that Joy's garage was converted to a ground floor bedroom / wet room with overhead tracking hoist, plus some additional overhead tracking within the house. This was undertaken with the help of a Disabled Facilities Grant (DFG) from the District Council. The OT worked closely with the Home Improvement Agency (HIA) in relation to the DFG and the adaptations required. This allowed for the social care support to be reduced to one carer.

Joy continues to enjoy living at home with her family and remains in receipt of the domiciliary care package.

Joy's story demonstrates a number of positive benefits and outcomes as a result of intervention from the integrated OT service:

- The role played by OT in the **prevention and delay in the need for formal care and support**
- **Seamless OT provision** throughout the client journey from rehab to long term care and support
- Value in **joint working** with physiotherapy
- Positive **engagement with District Council HIA and the County's social care team**
- Reduction in level of care required – ie **reduction of double-up care package to single handed care**
- Cost effectiveness provision of **equipment and housing adaptations** to reduce and prevent need for long term care

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Anne was first referred to the integrated community OT service in her early fifties. She lived with her husband who was her main and only carer in a ground floor one bedroom housing association flat. Anne has a number of long term health conditions which make her at high risk of developing pressure ulcers.
Anne was referred to the OT service by her specialist community nurse. Anne had taken to her bed in order to try and reduce swelling in her legs but found that she could not get out of bed, and remained there for three weeks.

The OT referral was prioritised as a P1 High Priority case which meant she was seen at home within 3 days. The OT completed a joint assessment with the specialist nurse and the community physiotherapist to assess Anne's ability to stand and rehabilitate. It took all three practitioners to assist Anne to sit on the side of the bed but she was still unable to stand and transfer.

Her bedroom had limited space for specialist moving and handling equipment, so Anne remained cared for at home in a profiling 'hospital' bed with a high-risk pressure relieving mattress. Her care was provided by her husband with visits from community nurses.

The main priority for the OT was to support Anne and her husband to be rehoused to more suitable accommodation.

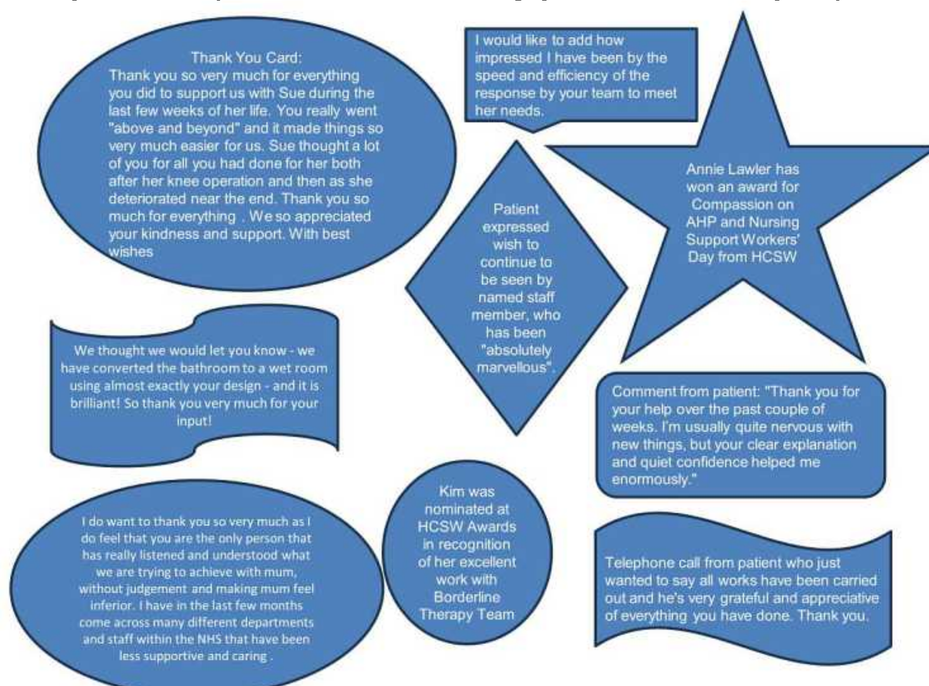
A suitable property was found and the OT arranged for ceiling track hoist with suitable sling for Anne's weight requirements. To improve access within the property, the doorways were widened, and ramps installed prior to Anne moving in. The OT also assessed for and ordered a specilaist plus sized bed and shower chair. Once she had moved in, the OT trained Anne's husband to use the new equipment so that he could continue to be her main, and only, carer.

As a result of better accommodation, and specialist equipment, Anne’s independence and wellbeing improved as she was able to transfer in and out of bed with the support of her husband. Anne and her husband continue to manage at home without the need for formal care and support. Anne’s husband was also referred for a carer’s assessment to ensure he was getting all the support he was entitled to.

Once again, this case study highlights the benefits of the integrated OT service through:

- **Joint working** with other health practitioners
- **Prevention** of the need for long term social care package
- Delivery of **demand management savings** through maintenance of single handed care
- OT role in **working with housing providers** to facilitate necessary adaptations

Compliments (from recent monthly performance report)



Appendix B

Recommendations from SHA Disability Report. February 2023

	Recommendation from SHA's report Feb 2023	Progress / Update
1.	Ensure all working practice, and practitioner training, reflects the principles of The Care Act 2014 and that interventions and outcomes demonstrate **Care Act compliance** with a focus on how they are recorded.	This has been addressed so that Care Act compliance and outcomes are now clearly recorded on the County Council's database Mosaic
2.	Review and update the **Service Specification and Key Performance Indicators (KPIs)** to ensure there is more clarity around social care functions and outcome measures.	This work has been concluded and has involved reviewing all of the schedules that sit with the Section 75 Agreement. The final draft of these is at Appendix A ii). The Service Specification and the KPI's were given the greatest focus and the Service Specification now has more clarity around the important role played by CPFT's Enhanced Triage process. Triage involves contacting all people referred to the service within 3 working days of referral. This delivers more efficiency in response to referrals for urgent or simple needs that can be met straight away as well as the appropriate prioritisation of cases that will be placed on the waiting list. With regard to the KPI's these have been amended to better reflect the triage process and the point at which people receive their first post-triage clinical contact. Both the Specification and the KPIs will be approved at the Section 75 Governance Board
3.	Maintain the average **waiting times** for assessment at pre-pandemic levels by streamlining systems and processes, and introducing innovation in order to achieve more efficiency within the service delivery.	Pre-pandemic, the average waiting time was 4 weeks. The service has seen significant increase in demand since then but despite that, the average waiting time is currently 6 weeks and is constantly under review as part of the annual Work Plan and regular performance meetings.

4.	Implement new approach to the delivery and **calculation of savings** through reduced packages of care; and avoided costs through delivery of early intervention and prevention activities.	The service's performance reporting now requires that they report on cases where their intervention has delivered a reduced number of commissioned hours of domiciliary care, or where they believe their intervention has prevented an escalation of need. A selection of these are presented to the performance meeting as case studies
5.	Ensure there is **effective interface** and coordination between the Section 75 OT service, the in-house OT service, and the wider adult social care teams.	This has been addressed through the refresh of the Service Specification with regard to the role of the Council's in-house OT service and the interface with the S75 service. In addition, CPFT managers are invited to attend the County Council's Practice Governance Board, and managers from the social care teams attend the S75 Operations meeting. This maintains good working relationships across all services

Appendix C

Section 75 Agreement (final draft) – see separate documents

The schedules will be added at the end of the agreement, but are currently in a separate document to ease reference and final editing.

Appendix D

Equality Impact Assessment – See separate document.