

OT Section 75 2024 Schedules

(to be added to end of agreement, once finalised)

SCHEDULE 1

Aims & Outcomes

The Aims and Outcomes of this Agreement are:

1. To provide a framework under which the Authority shall delegate to the NHS Body the exercise of its functions in relation to the provision of adult community occupational therapy services to adults with physical impairments, and older people
2. To specify the conditions by which the NHS Body (or its successor body) shall take the lead for providing adult community occupational therapy services to adults with physical impairments, and older people
3. To describe the accountability and Governance arrangements that accompany the Partnership Agreement

In addition to the above, the Parties to this Agreement aim to secure better outcomes in respect of the occupational therapy services for adults and older people through the provision of an integrated service that provides both health and social care occupational therapy interventions. This will be achieved in line with the Authority's responsibilities and vision for adult social care, integrated services, and within the resources allocated by the authority for this purpose, as set out in Schedule 3. The Parties shall work together in the context of the strategic governance arrangements, set out in Schedule 4, to ensure that the aims and objectives of the Agreement are met.

By this agreement the parties aim to deliver an integrated occupational therapy through a combined health and social care service. This service will deliver assessment, rehabilitation, information and advice, equipment provision and housing adaptations for those people with functional impairments thereby enabling them to live as independently as possible in the home of their choice.

The service excludes the provision of occupational therapy to children up to the age of 18, people with mental health needs and learning disabilities.

Schedule 2

Service Specification

Occupational Therapy Section 75 Service Specification

Service	Community Occupational Therapy Service for Adults with Physical Impairment & Older People delivered as part of CPFT Older People and Adult Community (OPAC) services
Commissioner Lead	Diana Mackay, Commissioning Manager (Adults, Health & Commissioning), Cambridgeshire County Council
Provider Lead	Sarah Fridd, Deputy General Manager, OPAC Directorate
Implementation Date	1 st April 2024

1.	Overview of the Section 75 Occupational Therapy Service
1.3	<p>The Community Occupational Therapy service is provided to people who live within the county boundary of Cambridgeshire. People who are residents of Cambridgeshire, but who have a GP outside the C&P ICB are entitled to OT interventions from the CPFT service where that person has social care needs as defined by this Service Specification.</p> <p>The service will be provided as part of the multidisciplinary team with the promotion of skill mix in order to provide as flexible a service as possible. The service will consist of a mixture of registered occupational therapists (Band 7, Band 6 and Band 5), unregistered clinical staff (Band 4 and Band 3) and administrative staff.</p> <p>It is acknowledged that, in the spirit of integrated working, the unregistered clinical staff will be trained in a range of skills which means that they can support both OT and Physio services and can combine these competencies in their interventions with service users, to avoid unnecessary hand-offs.</p> <p>The service will be available within the core hours of 8.30 to 4.30 Monday to Friday, but it is expected that staff will work flexibly to meet client and service needs. The administrative staff will be expected to provide daily administrative support to the service and update the IT system of both organisations; SystemOne for CPFT and MOSAIC for CCC.</p>
2.	Strategic Context

2.1	<p>Cambridgeshire County Council has a Strategic Framework Business Plan Section 1 - Strategic Framework - 2023-28 (cambridgeshire.gov.uk) which sets the vision for the council with seven ambitions to be delivered over the next six years (2023-2028). This vision to ‘create a greener, fairer and more caring Cambridgeshire’ guides the approach to relationships with partners, communities and residents. Delivering these ambitions involves the Council working with all partners including the voluntary sector, businesses, and communities to tailor services around people, families and the communities they live in.</p> <p>The seven ambitions:</p> <ol style="list-style-type: none"> 1. Net zero carbon emissions for Cambridgeshire by 2045, and our communities and natural environment are supported to adapt and thrive as the climate changes 2. Travel across the county is safer and more sustainable environmentally 3. Health inequalities are reduced 4. People enjoy healthy, safe and independent lives through timely support that is most suited to their needs 5. People are helped out of poverty and income inequality 6. Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised 7. Children and young people have opportunities to thrive
2.2	<p>Health & Wellbeing Integrated Care Strategy 2022-2030 produced by the joint Health & Wellbeing Board for Cambridgeshire</p> <p>This strategy has three main goals:</p> <ul style="list-style-type: none"> • To increase the number of years people spend in good health • To reduce inequalities in preventable deaths before the age of 75 • To achieve better outcomes for our children <p>To help achieve these goals, there are four priorities:</p> <ul style="list-style-type: none"> • Priority 1 – Our children are ready to enter and exit education prepared for the next phase of their lives • Priority 2 – Create an environment for people to be as healthy as can be • Priority 3 – Reducing poverty through better employment, skills and housing • Priority 4 – Promoting early intervention and prevention measures to improve mental health and wellbeing <p>Further information on the Integrated Care Strategy can be found at: Cambridgeshire & Peterborough Insight – Health and Wellbeing – Public Health – Health and Wellbeing Integrated Care Strategy (cambridgeshireinsight.org.uk)</p>
2.3	<p>The Care Act 2014</p> <p>The County Council requires that all social care services are delivered in a way that meets the requirements of The Care Act 2014</p> <p>Key to this delivery are:</p> <ul style="list-style-type: none"> ➤ Integrated health and social care services that include a ‘Rehab first’ approach ➤ Services that facilitate people’s well-being, as defined by the Care Act ➤ Providing information and advice to enable people to make informed choices about their care and support ➤ Preventative and early intervention services ➤ A duty to assess carers’ needs and provide services that specifically meet those needs ➤ Services that address people’s housing / accommodation needs ➤ Individual Service Funds (ISFs)

	➤ Safeguarding
2.4	The priorities for adult social care services continue to be driven by demographic changes, including a growing older population and more people with complex needs supported to live in the community, against a backdrop of reducing budgets. The Council needs to reduce demand on traditional social care services and continue to increase community capacity to deliver support closer to home with a focus on the service users' strengths so that care and support promotes and maintains independence for individuals and their carers. The OT service is key to delivering on these strategic and local system-wide approaches.
3.	Integrated Occupational Therapy Service Requirements
3.1	<p>The OT service will deliver a range of health and social care interventions. These will be delivered in an wholly integrated way – for example, technology enabled care, equipment and housing adaptations (generally accepted as part of the social care provision) will not be considered for individuals until rehabilitation programmes have been considered, and delivered, first. Interventions will be delivered by a single practitioner whenever possible so as to avoid unnecessary hand-offs between health, social care and housing services.</p> <p>In summary, it is generally accepted that:</p> <p>Health interventions are short term and rehabilitative in nature. They consist of functional assessment of people's daily living needs resulting in the provision of community rehabilitation and end of life support. Community rehabilitation encompasses supporting people to stay well and maintain independence, prevention of escalation and restoration of previous function and supporting hospital/community interface. Assessment for Environmental Control Systems (ECS) are also part of Health provision. This is currently (2023) being reviewed by NHS England with a view to setting up a regional ECS service.</p> <p>Social care interventions are longer term and consist of functional assessment of people's daily living needs that meet the statutory requirements and outcomes of The Care Act :</p> <ul style="list-style-type: none"> • Support and review of people with long term conditions, including specialist assessment of moving & handling needs • Provision of equipment, including assistive technology, to promote independence and reduce, prevent or delay the need for social care and support • End of life support where there are specific equipment or housing adaptation needs that enables someone to die at home if that is their choice • Assessment and provision of minor and major housing adaptations to keep people at home in the community for as long as possible and prevent a move into residential care or prevent the need for a social care and support package or admission to hospital.
3.2	The OT service will work closely with the County Council's social care teams and CCC's internal OT service, to provide a pathway which allows people to move fluidly between the health and social care functions to ensure that their pathway is driven by, and co-ordinated to, their individual needs. The needs and expectations of health and social care will be given equal priority.
3.3	<p>The service will provide / deliver:</p> <p>a) An annual work plan that sets out the service priorities for the coming 12 months. This will be developed in collaboration with the local authority commissioner and agreed at the Section 75 Governance Board. The delivery of the work plan will be monitored by the Finance and Performance Meeting</p>

- b) An **integrated service within which staff understand their responsibility** in delivering outcomes for social care as well as health. A programme of induction will be agreed with the County Council so that OT staff have an opportunity to spend time with County Council social care colleagues across the operational directorate.
- c) A responsive service which delivers the requirements of **The Care Act** including wellbeing outcomes. OT interventions will promote and maintain independence in activities of daily living and reduce reliance on long term care and support through provision of triage, information and advice, rehabilitation, provision of equipment, Technology Enabled Care (TEC) and housing adaptations.
- d) A high quality **triage** service which ensures peoples immediate / urgent needs will be met before being placed on the waiting list for longer term provisions, eg housing adaptations,
- e) **Close working and liaison with the County Council's Social Care Teams**, including the CCC OT Team within Prevention & Early Intervention. The Council and CPFT will work together to agree the most appropriate approaches to this which may include CPFT attendance at the Council's Adults Leadership Forum, Practice Governance Board and other forums as appropriate. Close working might also include joint working of cases where appropriate and problem solving operational issues at the Section 75 Operational Meeting
- f) An **outcomes based** model using standardised outcome measures that are easily reportable. Specific Care Act outcomes will be recorded in all cases, on agreed systems, so that they may be audited as part of performance monitoring. Outcomes will also be measured in terms of prevention of escalation of needs and where interventions have led to a reduction in other care provisions. These outcomes will capture care hours avoided, prevented and / or reduced. OT Discharge Summaries will be loaded onto the Council's I.T. system in all cases. Performance reporting will include the provision of case studies which demonstrate the delivery of outcomes for people
- g) In relation to **moving & handling**, the service will promote and facilitate **single-handed care** whenever possible and will respond to urgent moving and handling needs as per the P1 referral criteria. People whose moving and handling needs, relating to single-handed care, are not urgent (eg, request for review from domiciliary care agency) will be assessed by the Council's OT team . To clarify, the Council's OT service is for:
- People referred to Adult Early Help for swift resolution of short term needs where there is no long term care package in place
 - People undergoing a period of Reablement (excluding bridging cases)
 - People whose needs are not urgent but where OT intervention may help to facilitate single-handed care
- h) Services that support **end of life** pathways
- i) **Information and advice** to people who might prefer to self fund and signposting to alternative services eg NRS Safe & Well or AskSARA.
- j) Interventions that utilise **on-line virtual assessment** software, where this is appropriate

	<p>k) Investigation of formal complaints. Complaints that relate to social care provisions will be reported to the Council as part of performance monitoring. A summary of the complaint, investigation and outcome will be provided in all cases</p> <p>Note (Jan 2024): Discharge to Assess funding may be available for OT resource within the County Council's Post Discharge Review Team with effect from April 2024. Awaiting confirmation.</p>
4.	Staffing Profile & Accountability
4.1	CPFT will provide OT Professional Leadership. The Operational and Clinical Service Managers will support the delivery of the Section 75 Agreement and ensure all OT staff are aware of, and work to, the requirements of this agreement. The Operational and Clinical Service Managers will attend the Governance forums for this agreement. They will also be required to work closely with the OT Clinical Advisor for the Integrated Community Equipment Service to ensure that high quality equipment prescribing practice is embedded within the CPFT therapy workforce.
4.2	All qualified OT staff will be registered with the Health & Care Professions Council and will undertake continuous professional development activities in order to maintain their registration.
4.3	All unregistered clinical staff will be trained in relevant competencies.
4.4	All staff will participate in procedures for appraisal and reflective practice.
5.	Access to the Service & Routes of Referral
5.1	<p>It is imperative that in terms of customer experience, the number of hand-offs need to be kept to a minimum so that customers receive a consistent response no matter how they access the service. There will be two key routes of referral to the OT Service:</p> <ol style="list-style-type: none"> 1. <u>Cambridgeshire County Council's Contact Centre</u> A referral for OT can be made to the service directly by the public via the CCC contact centre <ul style="list-style-type: none"> • If the presenting needs are for OT only (and not also a request for care and support) the referral will be passed directly to the OT service. • If the person is requesting care and support and is at imminent risk of harm regarding moving & handling – the care and support will be addressed by Adult Early Help Team and an urgent referral to community OT at the same time. • If the presenting needs are for both care & support and OT – the case will be passed to the Adult Early Help Team in the first instance. 2. <u>Professional to Professional Referral</u> <ul style="list-style-type: none"> • Social care staff will be able to refer directly to the service via Mosaic. NHS practitioners internal to CPFT will be able to send an electronic referral to the OT service via SystemOne. Those external to CPFT can do so via email to the Service using the referral form. <p>Clients who are open to the OT service will be able to have direct access to the service via the CPFT Admin Hubs.</p>
6.	Referral Prioritisation

6.1	<p>Eligibility for social care interventions will be in line with the requirements of The Care Act 2014 and the Council's strategies, as per section 2 of this specification. Practitioners delivering interventions in the community will also need to abide by Cambridgeshire's Criteria for the Provision of Equipment and Minor Housing Adaptations. Practitioners undertaking assessments for major housing adaptations will need to comply with the requirements of The Housing Grants, Construction and Regeneration Act 1996 which governs the Disabled Facilities Grant process.</p>
6.2	<p>The OT service will allocate referrals based on three levels of prioritisation which will be consistently applied across all parts of the County and will be :</p> <ul style="list-style-type: none"> • Priority 1 (P1) First post-triage clinical contact within 3 working days of allocation • Priority 2 (P2) First post-triage clinical contact within 4 weeks of allocation • Priority 3 (P3) First post-triage clinical contact within 18 weeks of allocation
6.3	<p><u>Triage</u></p> <p>All new referrals will be triaged within 2 working days of receipt of referral. Where the referrer is a therapist or member of social care staff from another organisation, triage decisions will reflect the concerns, risks and professional opinion of the referrer.</p> <p>All referrals will be robustly triaged as part of the agreed triage process. Information, advice and signposting to other services will be provided if appropriate.</p> <p>Following triage, people deemed to be P3 priority will be sent a letter advising them that they may have to wait for an assessment. The letter will also advise them that if they do not wish to wait they may choose to contact the <i>NRS Safe and Well</i> service for information and advice on private purchase / self-funding options. An <i>NRS Safe & Well</i> leaflet will be enclosed with all letters.</p> <p>People who are triaged as P2 will be sent an appointment letter within a week of triage.</p> <p>Following triage, people who present with 1 or 2 simple equipment needs will have these equipment needs met within a P2 response time, whilst they are waiting for a more comprehensive assessment of their long-term needs. If the equipment provided at the point of triage meets the person's needs, such that they do not require further assessment, they will be discharged and will avoid being added to a waiting list. This means that people will not be waiting unreasonable lengths of time for basic/simple needs and will only be placed on the P2 & P3 lists if they have longer term / lower priority needs that cannot be met straight way.</p>
6.4	<p>Priority 1</p> <ul style="list-style-type: none"> • <ol style="list-style-type: none"> i. Service users / carers who are at imminent risk of harm who are unable to cope with essential activities of daily living ii. People whose condition is of recent onset and whose functional abilities have changed, where a response can prevent admission to hospital / care home or risk to carers. iii. People who are in hospital and where the Transfers of Care and / or the acute therapists require community OT intervention to ensure timely discharge can take place iv. People who have been recently discharged from acute or community hospital and are unable to cope without prompt community OT intervention. v. People who are on an end of life pathway and where a responsive service will support them with their end of life wishes vi. People who have been offered a property and require a time critical Housing Needs Report

6.5	<p>Priority 2</p> <ul style="list-style-type: none"> i. People that have complex packages of care where OT input could significantly reduce or delay care & support needs (inclusive of nursing / residential home residents who require input to return home) ii. Where OT intervention is crucial following discharge from an acute hospital to improve their independence with essential activities. iii. Where people have a confirmed diagnosis of Motor Neurone Disease or other long term condition where a response is time critical to access essential facilities iv. People who are at serious risk of harm and experiencing significant difficulty managing essential activities of daily living and where this is placing significant strain on informal / family carers v. People who have fallen and are at imminent risk of further falls who have not been assessed as having non-modifiable falls risk vi. People in receipt of palliative care where a responsive service is required to support their life choices
6.6	<p>Priority 3</p> <p>People who require rehabilitation, preventative interventions, education, equipment or housing adaptation to maximise or maintain independence, functional ability and wellbeing and where the person and/ or their carer are not at risk of substantial harm if not seen sooner. This includes people whose immediate needs have been met at triage, or by another service eg the Age UK Handy Person Service</p>
7.	<p>Discharge Protocols</p>
7.1	<p>Service users will be discharged from the service when :</p> <ul style="list-style-type: none"> ➤ They are signposted to Safe & Well ➤ Their goals have been achieved ➤ Their condition improved or their functional difficulty has been resolved ➤ No further improvement possible or service user non-compliant with recommendations ➤ The service is declined by service user ➤ The service user requests discharge ➤ The service user has moved out of the area ➤ The service user has died
8.	<p>Interdependencies and Working Relationships</p>
8.1	<p>The OT service will be person-centred, proactive, and provided through flexible in-reach and outreach services. In order for these to operate effectively, the OT service needs to work in close liaison with, and be fully accessible to, many different partner organisations and stakeholders:</p> <ul style="list-style-type: none"> ➤ Cambridgeshire County Council. This includes the Adult Early Help Team, social care teams, Technology Enabled Care Team, and Reablement. Where there are cases that have active

	<p>involvement from both CCC and CPFT, practitioners will make every effort to ensure lines of communication are as open as possible, for example by sharing mobile phone numbers</p> <ul style="list-style-type: none"> ➤ Other teams within Cambridgeshire County Council as part of the Prevention & Early Intervention strategies ➤ The Integrated Community Equipment Service (ICES) provided by NRS Healthcare, including the OT Clinical Advisor to the equipment service ➤ Intermediate Care services including interim bed facilities commissioned by both the CCG and / or the County Council ➤ Independent sector domiciliary care providers ➤ Care Homes ➤ Home Improvement Agencies ➤ District and City Councils ➤ Registered Social Landlords and Housing Associations ➤ The County-wide Handy Person Service provided by <i>AgeUK</i> ➤ Cambridgeshire Fire & Rescue Service ➤ Children’s therapy services and transition teams ➤ Independent OT services ➤ Health services including: Inpatient therapy services in acute and community hospitals, GP’s, Neighbourhood team practitioners, Specialist teams (eg Tissue Viability Nursing), CHC out-patient rehab services, the NHS wheelchair service

This service Specification will be reviewed on an annual basis as part of the Annual Work Plan

Schedule 3

Financial Contribution

The Authority’s Financial Contribution 2024-25

Following a review and re-baselining of the financial contribution for the service, a re-baselined budget of £2,038,663 was agreed for 2023-24.

Commissioner	Full-year baseline budget agreed for 2023-34	Full-year allocation for 2024-25	Description
Cambridgeshire County Council	£2,038,663		<p>The allocation will be utilised by the NHS Body to provide the service as per the Service Specification at Schedule 2. The full amount shall be inclusive of management costs. Payments will be made by quarterly instalments, within 30 days of receipt of an invoice from the Provider.</p>

The NHS Body will agree a notional uplift with the Authority by December 31st of each year to inform the Authority's business planning process for the coming year. Following receipt of national guidance, the uplift will be adjusted based on NHS pay awards and the agreement will be amended by contract variation to reflect the revised amount.

Schedule 4

Governance

The Section 75 Agreement has three layers of Governance:

The **Section 75 Governance Board** meets quarterly and is chaired by Director or Head of Adults Commissioning CCC and includes membership from senior managers across CCC & CPFT. This is a high level meeting overseeing the finance and performance of the agreement.

Note: at the time of preparing the new Section 75 Agreement for 2024, the Terms of Reference were under review following the CCC / PCC split. These will be appended here once finalised.

The next level of governance is the **Section 75 Finance and Performance Board**. This Board meets monthly and is chaired by the Head of Adults Commissioning for CCC. Membership includes CCC Commissioning Manager and senior operational managers from CPFT. This forum scrutinises the monthly performance reports against the Key Performance Indicators (see Schedule 5). This forum also oversees progress against the Annual Work Plan which sets targets against service developments to be completed within the year, including the consideration of any new business cases that may need to be taken to the Governance Board.

Note: at the time of preparing the new Section 75 Agreement for 2024, the Terms of Reference were under review. These will be appended here once finalised.

Finally, there is the **Section 75 Operational Meeting**. This forum provides an opportunity for operational teams to share news and problem solve any specific cases or issues that are causing concern, including the Moasic process. The membership includes operational team members from across Adults and Commissioning CCC and from the Locality Teams in CPFT. Terms of Reference for this forum were updated in 2023.

Schedule 5

Performance Management

1. This schedule details the agreed monthly reporting based on a set of indicators. Measures calculated using data recorded on the Authority's IT System (Mosaic) will be gathered by the Authority. Measures calculated using data recorded on the NHS Body's IT system (SystemOne) will be populated by the NHS Body's Information & Performance team. Performance commentary will be added and will cover remedial actions undertaken or planned, with an appropriate resolution timescale.
2. The NHS Body's Information & Performance team will provide the Authority with an updated report each month using data held in the NHS Body's information systems. Each month's report will be provided by the fifteenth working day of the following month.
3. Where there is particular concern regarding underperformance, the NHS Body will supply the Authority with additional information and evidence that remedial action has been completed. If the Authority is not assured by the NHS Body's actions then this will be escalated through the governance process outlined in the Agreement (Schedule 4)
4. The monthly report will be presented by the NHS Body at the monthly OT Section 75 Finance & Performance Board meeting. This report will also be used by the NHS Body to inform internal reports to team managers.
5. Where operational practice is deemed to be impacting on service delivery, this will be taken to the Section 75 Operational Group, which will then report back to the Finance & Performance Board

6. Performance Indicators & Management Information Requirements

a)	Number of Referrals for OT Assessment		
Measure	Referrals for Occupational Therapy assessment split by locality (Huntingdon ; East Cambs & Fenland ; Cambridge City & South Cambs) and showing trend over last two years.		
Frequency	Monthly	Target	n/a

b)	OT Referral Trend by Source of Referral		
Measure	Referrals for Occupational Therapy assessment over the last 12 months showing source of referral.		
Frequency	Monthly	Target	n/a

c)	Triage		
Measure	Percentage of OT referrals triaged within two working days of referral registration. Triage is the first contact with the client or their proxy and involves data gathering, confirmation of reason for referral, confirmation of referral acceptance or rejection, case prioritisation (P1, P2, P3), resolution of simple immediate needs, and allocation. Case becomes active at this point.		
Frequency	Monthly	Target	90%

d)	P1 Allocations		
Measure	Percentage of P1 cases who received their first post-triage clinical contact (face to face) within three working days of allocation. Report to include trend for previous 12 months		
Frequency	Monthly	Target	80%

e)	P2 Allocations		
Measure	Percentage of P2 cases who received their first post-triage clinical contact (by any method) within four weeks of allocation. Report to include trend for previous 12 months		
Frequency	Monthly	Target	75%

f)	P3 Allocations		
Measure	Percentage of P3 cases who received their first post-triage clinical contact (by any method) within 18 weeks. Report to include trend for previous 12 months		
Frequency	Monthly	Target	75%

g)	Average OT waiting time, from point of referral, across all priorities		
Measure	Average number of weeks waiting		
Frequency	Monthly	Target	Less than 6 weeks

h)	OT Waiting times (number of people waiting) trend across localities		
Measure	Total number of adults waiting for first post-triage clinical contact by locality : Huntingdon ; East Cambs & Fenland ; Cambridge City & South Cambs. To show trend for the last twelve months		

Frequency	Monthly	Target	n/a
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j)	Demand Management Outcomes		
Measure	<p>i) The number of hours of Council funded domiciliary care where, as a result of OT intervention, a reduction in Council funded domiciliary care package has been achieved</p> <p>ii) And estimate of the number of hours of domiciliary care avoided or prevented as a result of OT intervention</p>		
Reporting requirement	<p>Where a reduction in Council funded care hours is being claimed, CPFT will liaise with the Council's social care teams to ensure that the care package is reduced in line with their recommendation and will not report the reduction until the care package has been re-commissioned. CPFT will provide the Council with Mosaic numbers for all cases where a reduction in care hours is claimed so that these can be audited by the Council. All 'reduction' cases will be written up as case studies and included in the performance report.</p> <p>Where an estimated prevention of care hours is claimed, CPFT will provide the Council with Mosaic numbers each month that can be audited at six months to validate the claim of prevention of care hours.</p>		
Frequency	Monthly	Target	n/a

k)	OT as only involvement		
Measure	<p>The proportion of total open cases on Mosaic where CPFT OT is the <u>only</u> involvement thereby demonstrating the OT role in avoiding people needing long term packages of social care and support.</p> <p><i>This will be reported via CCC Mosaic and not CPFT</i></p>		
Numerator	The number of open adult cases on Mosaic where CPFT OT is the only involvement		
Denominator	The total number of open adults cases on Mosaic		
Frequency	Upon request	Target	n/a

l)	Qualitative reporting (Community Dependency Index and case studies)		
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Measure	The variance of CDI scores pre and post OT intervention where a score of 100 represents total independence.		
Reporting requirement	- CDI report for OT caseload		
Frequency	Monthly	Target	n/a

m)	Qualitative reporting (EQ-5D Index)		
Measure	The variance of EQ-5D Index scores where level 1 indicates no problems with managing at home and level 5 indicates extreme problems		
Reporting requirements	- EQ-5D Index report for OT caseload		
Frequency	Monthly	Target	n/a

n)	Formal Complaints		
Measure	Formal complaints relating to social care will be reported in line with Clause 30 of the Section 75 Agreement		
Reporting requirements	The number of formal complaints relating to provision of social care related OT service received. Nature of complaint, outcome of investigation and resolution.		
Frequency	Monthly	Target	n/a

o)	Compliments		
Measure	Compliments received relating to social care received in month		

Reporting requirements	The number of compliments relating to provision of social care related OT service received in the month		
Frequency	Monthly	Target	n/a

7. Performance Monitoring

- 7.1 In the event of a target being breached, an exception report will be produced and a remedial action plan presented to the monthly Finance and Performance Meeting. If improvements are not made, the issue will be escalated to the Section 75 Governance Board for resolution
- 7.2 Where targets do not exist, a trend report with a supporting commentary will be presented to the Finance and Performance Meeting. If issues arise, these may be escalated to the Section 75 Governance Board for resolution

8. Mechanism for Amending, Suspending and Introducing New Measures and Targets

- 8.1 Either party can propose an amendment, suspension or new performance measure or target at any time throughout the year. The case should be presented to the Section 75 Governance Board for sign off by both parties
- 8.2 Both parties also recognise that a number of other local and national issues / developments may impact on the agreed list of performance measures. The mechanism detailed above could therefore be applied by either party at any time throughout the year.

9. Ad Hoc Report Requests

- 9.1 Both parties recognise that there may be a requirement for specific one-off analysis and ad hoc reports drawn from both Authority and NHS Body systems. Requests of this nature can be made at any time, but should be formally agreed by both Parties at either the Finance and Performance meeting, or the Section 75 Governance Board.

Schedule 6

Data Processing

Part A

Shared Personal Data, purposes of processing, details of processing and data subjects

Community Occupational Therapy Service Section 75 Agreement between Cambridgeshire County Council (Council)

&

Cambridgeshire and Peterborough NHS Foundation Trust (NHS Body)

1. The contact details of the Council's data protection officer are: **Ben Stevenson**
ben.stevenson@peterborough.gov.uk
2. The contact details of the NHS Body's data protection officer (or duly authorised officer are): **[Kay Taylor]**

Description	Details – Council is Data Discloser	Details – NHS Body is Data Discloser
Controller/controller data sharing	The Council as the controller is the Data Discloser and the NHS Body as controller is the Data Recipient in accordance with clause 23	The NHS Body as the controller is the Data Discloser and the Council as controller is the Data Recipient in accordance with clause 23
Subject matter of the processing	The processing is needed in order for the NHS Body to effectively deliver the services and comply with its obligations under this Agreement.	The processing is needed in order for the NHS Body to effectively deliver the services and comply with its obligations under this Agreement.
Duration of the processing	Term of Agreement : From 1.4.2024 for a three year term which may be extended for a period of up to 2 years,	Term of Agreement : From 1.4.2024 for three year term which may be extended for a period of up to 2 years,
Nature and purposes of the processing	Nature: The Council will be collecting, recording, organising, structuring, retrieving, disclosing data. Purpose: <ul style="list-style-type: none"> - To receive referrals for Occupational Therapy via CCC Contact Centre. - To load referrals onto Moasic - To disclose referral details to the NHS Body - To record data on Mosaic - To retrieve data from Mosaic - To receive case notes and Discharge Summary from the provider - To receive case notes and Discharge Summary from the provider 	Nature: The NHS Body will be collecting, recording, organising, structuring, retrieving, disclosing data. Purpose: <ul style="list-style-type: none"> - To receive referrals from the CCC Contact Centre - To receive referrals from other sources (GP ; other health practitioners ; Voluntary section organisations) - Load cases onto SystemOne & Mosaic - Record interventions on SystemOne - Record case notes and load Discharge Summary on Mosaic - To retrieve data from Mosaic
Type of personal data	<ul style="list-style-type: none"> - Name - Address - Date of birth - Telephone numbers (land line and mobile) 	<ul style="list-style-type: none"> - Name - Address - Date of birth - Telephone numbers (land line and mobile)

	<ul style="list-style-type: none"> - Next of kin name - Next of kin contact details - Reason for referral - GP 	<ul style="list-style-type: none"> - Next of kin name - Next of kin contact details - Reason for referral - GP
Special category personal data (as defined in the data protection legislation and see in particular Article 9 of the UK GDPR and section 10 of the 2018 Act).	<ul style="list-style-type: none"> - Racial or ethnic origin - Disability or impairment - Gender 	<ul style="list-style-type: none"> - Racial or ethnic origin - Disability or impairment - Gender - NHS number - Other health data
Categories of data subject	Service users	Service users
Plan for return and destruction of the personal data once the processing is complete UNLESS requirement under union or member state law to preserve that type of data	<p>The NHS Bodyl shall return all the Shared Personal Data to the Council within two (2) months of the earlier of the termination or expiry of the Agreement or the completion of the Agreed Purpose (set out in this table at “Nature and purposes of the processing” and as further set out at the table at Part B to this Schedule 6 at “Nature and purpose of the processing”) or otherwise upon being requested to do so in writing by the Council, unless the NHS Body is required by Law to retain the Shared Personal Data. The NHS Bodyr shall send a written notice to the Council (marked for the attention of the data protection officer, with a copy marked for the attention of the Director of Governance), confirming that the data has been returned (with all copies deleted) within such two (2) month period as the Council may have required or that the NHS Bodyr is required by Law to retain the Shared Personal Data, providing details). For the avoidance of doubt, destruction and deletion includes the destruction of all hard copies of the Shared Personal Data and the wiping of digital copies of the Shared Personal data from all media, devices and systems on which it has been stored.</p>	<p>The Council shall return all the Shared Personal Data to the NHS Bodyl within two (2) months of the earlier of the termination or expiry of the Agreement or the completion of the Agreed Purpose (set out in this table at “Nature and purposes of the processing” and as further set out at the table at Part B to this Schedule 6 at “Nature and purpose of the processing” or otherwise upon being requested to do so in writing by the NHS Body, unless the Council is required by Law to retain the Shared Personal Data. The Council shall send a written notice to the NHS Body confirming that the data has been returned (with all copies deleted) within such two (2) month period as the NHS Body may have required or that the Council is required by Law to retain the Shared Personal Data, providing details). For the avoidance of doubt, destruction and deletion includes the destruction of all hard copies of the Shared Personal Data and the wiping of digital copies of the Shared Personal data from all media, devices and systems on which it has been stored.</p>

Schedule 6 Part B

Requirements of Processing, Personal Data and Data

Description	Details
Subject matter of the Processing	Community Occupational Therapy (OT) Service provided by the Cambridgeshire & Peterborough NHS Foundation Trust (CPFT), commissioned by Cambridgeshire County Council (CCC), under a Section 75 Agreement
Duration of the Processing	From 1/4/2024 for a three year contract term which may be extended for a further period of up to two years
Nature and purposes of the processing	<p>CCC is renewing its Section 75 Agreement with CPFT to provide the community occupational therapy service for adults with physical impairment, and older people.</p> <p>The OT service is delivered as an integrated health and social care provision but this agreement specifically covers the provision of OT that meets statutory social care needs under the Care Act 2014. The service provides information and advice, community rehabilitation, falls assessments, assessment for equipment and housing adaptations to adults and older people across Cambridgeshire to enable them to remain as independent as possible in the home of their choice.</p> <p>The service receives referrals from a number of sources:</p> <ul style="list-style-type: none"> - Service user / self referral (via CCC Contact Centre) - GP / Primary Care - Other NHS health professionals - Voluntary sector organisations - Adult social care practitioners <p>People referring on behalf of the service user are responsible for gaining their consent before making the referral.</p> <p>The service's primary I.T. case management system is SystemOne, but referrals, case notes and discharge summaries are also loaded onto Mosaic by the OT service's admin team. The Occupational Therapy staff themselves do not use Mosaic.</p> <p>Referrals are received by CPFT and loaded onto SystemOne and Mosaic. The referrals are then triaged by CPFT therapists to determine the priority of need. Cases are allocated to the OT staff and appointment letters are sent to the service user. The OT undertakes an assessment of need with the clients in their own</p>

	<p>homes. This may also include assessment of carers' needs in relation to the client that has been referred. Following assessment, the OT staff agree a therapy plan detailing therapy goals and outcomes to meet the assessed needs. A hard copy of this is signed by the client / carer to address the assessed need. The therapy plan may include:</p> <ul style="list-style-type: none"> - A programme of rehabilitation - Prescription of equipment from the Integrated Community Equipment Service (ICES) operated by NRS Healthcare - Referral to other NHS services, eg physiotherapy - Referral to District Council Home Improvement Agencies (HIA) for people needing major housing adaptations - Referral to other services, eg the Handy Person Service delivered by AgeUK under a contract with the County Council. <p>The Therapy plan and detailed cases notes are stored on SystemOne.</p> <p>While the case is open to the OT, If the therapist needs to liaise with the Council's social care team – for example, regarding the client's social care and support plan, then CPFT admin team are tasked to place a case note on Mosaic. The OT's may also liaise with the social care teams by email and phone.</p> <p>Following completion of the OT's intervention, the OT's complete a Discharge Summary. This is shared with the client and a copy is loaded onto Moasic.</p> <p>At this point the case is closed.</p>
Type of Personal Data	<ul style="list-style-type: none"> - Name of client & contact details - Next of kin & contact details - Client's date of birth - Address - Reason for referral - Medical history and presenting health condition / disability - Social history
Categories of Data Subject	<ul style="list-style-type: none"> - Clients / service users
Plan for return and destruction of the data once	<p>Data will be retained on SystemOne and Mosaic and kept for the statutory retention periods for adult social care data.</p>

<p>the processing is complete UNLESS requirement under union or member state law to preserve that type of data</p>	
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Schedule 7 – Exit (Succession) Plan

This plan details the principles that will apply to those circumstances in which either party terminates the Agreement, or any service under the Agreement.

The purpose of the Plan is to ensure the delivery of the applicable requirements of this Agreement and to:

- Enable the NHS Body to cease providing all relevant aspects of the Services affected and for any successor provider to assume responsibility to perform the relevance Services
- Enable the transfer of all information and data relating to the delivery of the Services and relevant users of the Services

Planning

No later than one month after the intention not to renew the Agreement or a Service, or after Notice of termination is given, the Parties, through a convened planning group, shall produce a draft Succession Plan which shall set out proposals for implementing transfer of responsibility for provision of the affected Service in whole or in part. The membership of the planning group shall be determined according to the nature and extent of the Services being terminated. The planning group will report to the Section 75 Governance Board.

The Parties shall agree that the Succession Plan shall be in accordance with the following principles and shall include, but shall not be limited to, provisions setting out:

- A timetable for the handover of the affected Service(s) by the NHS Body to any successor Provider
- Procedures for the safe and secure transfer of all data and confidential information relating to the delivery of the affected Service(s) between the Parties
- Arrangements for the migration of any patient / service user data held by either party which is required to be migrated
- Arrangements for the return to the other Party any of the Party's assets used solely in the provision of the Service(s)
- Arrangements under Transfer of Undertakings Protection of Employment Rights (TUPE)
- Confirmation that the NHS Body shall continue to provide the Services until handover of the Services to the Authority, or it's nominated Successor Provider, or until the expiry of the notice period

The Parties shall cooperate in agreeing the Succession Plan.

Within two months of the intention not to renew or Notice of termination is given the Parties shall agree the Succession Plan. Monitoring of progress in the development and agreement of the Succession Plan shall be reported to the Section 75 Governance Board, who shall escalate as required.

If the Succession Plan cannot be agreed within this period or otherwise at/by the Section 75 Governance Board, the matter shall be resolved through the procedure for Dispute Resolution set out in the Agreement (Clause 32).

The NHS Body will notify the Authority of any actual or likely limitation in Service provision which become apparent in the transitional period. If both parties agree that a variation to Service provision is appropriate, a Contract Variation will be agree in line with the Variation clause in the Agreement (Clause 18)