

Children's Occupational Therapy (OT) in Cambridgeshire Children's Community Services (CCS)

To: Children and Young People's Committee

Meeting Date: 29 June 2021

From: Executive Director, People and Communities

Electoral division(s): All

Forward Plan ref: 2021/049 Key decision: Yes

Purpose: What is the Committee being asked to consider?

Support for additional funding for the Cambridgeshire
Paediatric Occupational Therapy Service

Recommendation: What is the Committee being asked to agree?

- a) to note and comment on the contents of the report
- b) to support the requirement for additional permanent funding of £496,000 from 2022/23 onwards.

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1. Background

- 1.1 This paper follows the approval of increased expenditure agreed by Wendi Ogle Welbourn in March 2021. The expenditure was approved following the provision of a report outlining the current pressures on the OT Service in Cambridgeshire, and therefore this paper looks to seek support to secure funding on an ongoing basis. The current additional expenditure was agreed under delegated authority of the Executive Director and the previous Chair of CYP Committee.
- 1.2 Additional spend of £261k is required in 2021/22, with funding of £175,000 being secured from reserves and the remainder to be managed in-year. Permanent funding will be required to be approved as part of the business planning process for 2022/23 onwards in line with the ongoing commissioning and review of the contract between Cambridgeshire County Council and CCS.
- 1.3 This paper is specifically in relation to services for Occupational Therapy in Cambridgeshire, which is currently delivered via CCS under a S75 agreement. This agreement allowed for the provision of funds from Councils to NHS services for the delivery of services on behalf of the Council.
- 1.4 Until March 2021, the service was funded fully by the Dedicated Schools Grant and High Needs Block at a value of £245,000. There were a number of issues identified in relation to the funding arrangement and the use of the DSG, as the service actually provides support to both children and young people with EHCP's but also those known and open to Disabled Childrens Social Care. This is highlighted and explained in section 2.0 in more detail.
- 1.5 The CCG health contribution to CCS OT service is 685k, to support Health OT elements.
- 1.6 This paper sets the scene in respect of the future demand for services that can be expected in Cambridgeshire and therefore recommends a further programme of work that looks to consolidate and understand the totality of resources available across funding organisations once secured and sustainable, with a view to developing an integrated model that benefits from economies of scale, best use of shared resources and seamless access to provision across education, health and social care.

2.0 Main Issues

- 2.1 There was an inequity of funding to support the integrated approach across health, social care and education. Of the £245K from CCC for the social care element of the OT role; £210k currently funds the housing pathway (major adaptation work primarily), leaving £35k to fund staff across the whole county for equipment, moving/handling assessment/review etc. Other funding from CCC included ad hoc payment for tribunal-related work and a SLA for mainstream school staff and school adaptation work.

- 2.2 Specific tribunal pressures – In 2020, CCS had in excess of 52 requests from Education; ranging from tribunal request input into mediation related to tribunals, advice following an independent OT report has been received etc. these could not be managed within the existing case loads set out in 2.1.3 and therefore were additional spot purchase of around £75,000 to the SEND service.
- 2.3 Caseload sizes are up to 50% higher compared with Royal College of Occupational Therapy recommendations with CCS OT's typically carrying a caseload of 47 vs. a recommendation of 23.
- 2.4 The S75 for OT identifies both education and social care support within the scope of delivery, however CCS report that they are currently only providing support for the Social Care service [including the provision disabled facilities grants and housing adaptations] and the budget for this is already pressured
- 2.5 CCS are not currently providing any OT Service for the SEND service, as per the S75 and CCS report the budget to meet the existing provision is not viable financially, let alone with the addition of the originally required SEND provision.
- 2.6 It can be concluded that the funding “topliced” from the High Needs Block for SEND/EHCP purposes as is in fact being redirected to support the 0-25 service’s OT Children’s Social Care Requirement and not covering the service provision needed for the SEND Service.
- 2.7 There is no budget for OT within Social Care or in other Council funded budget and therefore it can be concluded that the DSG and High Needs Block is currently being used for the purpose of Social Care provision, which is not permitted under the S251 guidance. The below clauses make explicit what the HNB can be used for and what is the responsibility of the Local Authority to fund:

2.7.1 High Needs Block

1.2.13 Therapies and other health related services: include costs associated with the provision or purchase of speech, physiotherapy and occupational therapies. Include any expenditure on the provision of special medical support for individual pupils which is not met by a Primary Care Trust, National Health Service Trust or Local Health Board.

2.7.2 Local Authority

3.3.1 Social work (including local authority functions in relation to child protection): Social workers who are directly involved with the care of children and with the commissioning of services for children. Include most of the direct social work costs (except those detailed below), including the processes for assessing need, determining and defining the service to be provided and reviewing the quality of and continued relevance of that care for children. Also include:

- Child protection costs;
- Field social work costs (include hospital social workers);

- Occupational therapy services to children;
- Relevant support staff costs.

2.8 Therefore, the Council are not providing any or sufficient input in the service to meet the statutory requirements and duties for disabled children, for example Section 27 of the Children Act 1989 which encourages Councils to engage other agencies in the assessment of children:

“The guidance places emphasises the importance of involving other agencies - paragraph 5.3 states:

....These ‘agencies’ could include a child’s school, GP, physiotherapist, speech and language therapist, occupational therapist and other professionals they may have had contact with.”

2.9 The OT service provides input to children with an Education, Health and Care Plan [EHCP]. The service should also provide support to children and young people who have SEND needs that may not have an EHCP. However, this is limited due to capacity and funding shortfalls. In 2020, out of the 768 children on the existing/current caseloads, 517 have an EHCP.

2.10 Within an integrated service and the nature of Occupational Therapy, it is impossible to accurately divide a child’s care into what is school, what is home and what is health when collating data. Best practice would view the child holistically and discuss all elements of daily living. The data below from a typical year (2018 and 2019) sets out broadly the primary ‘category’ for input:

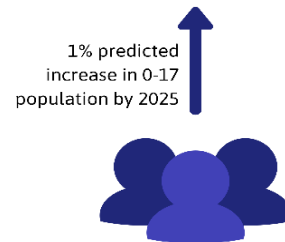
	Percentage of overall number of referrals in (averaged over two years)	
Health	12%	Reason for input linked to Health in 56% of all referrals
Health and Local Authority	36%	
Health and Social Care	8%	
Local Authority	20%	Reason for input linked to Local education authority in 56% of all referrals
Social Care	24%	Reason for input linked to social care in 32% of all referrals

Important to note is that this doesn’t capture the amount of time spent on an average case under each category, which naturally is dependent upon the complexity of the child’s needs related to Occupational Therapy.

3.0 Demand and Growth in Population

3.1 Cambridgeshire are predicted to see a 1% growth in population size of 0-17 year olds in the coming five years.

3.2 In the next five years England overall expects a 2% increase in the 0-17 population. Therefore Cambridgeshire's 0-17 population is predicted to grow just shy of 1%, four more than England in the next five years.



3.3 Cambridgeshire is set to have significant new housing development with a total of 74,000 new homes to be built by 2031 across the five districts. Including a new town, Northstowe, north of Cambridge which will create 9,500 new homes. On top of this single large development there will be multiple smaller developments of around 600 homes each, with each development requiring its' own school and early years/childcare facilities.

3.4 Also in Cambridgeshire, there are a number of interdependent commissioning priorities and capital planning programmes that look to address and respond to growth in population, demand for EHCP's and the increasing complexity of need of children, young people and adults. These are all likely further increase the demand for Occupational Therapy and therapeutic interventions to enable inclusion in Schools, all of which will require full and proper analysis. These include but not limited to:

3.4.1 Enhanced Resource Base Review [ERB] – a review of the cost, quality and provision of ERBs that provide inclusive provision for children and young people with Autism on mainstream school sites.

3.4.2 New School Provision – Development of three new special Schools across the County.

3.4.3 Special School Expansion on two sites and alternations to age range and status on a further site

3.4.4 Extension of Hearing Impairment provision on one site

3.4.5 Inclusion of a secondary provision on one site

3.5 Demand and Growth in EHCPs in Cambridgeshire

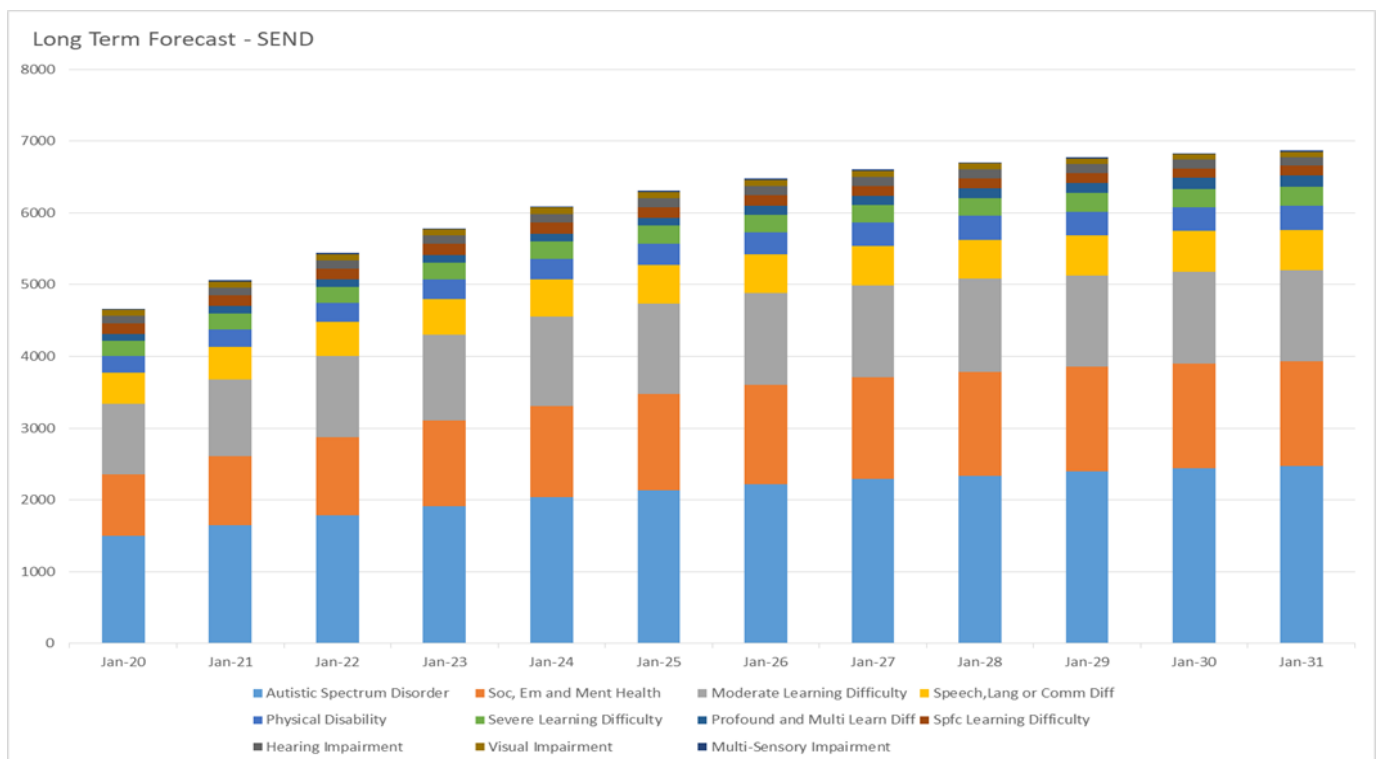
3.6 Cambridgeshire County Council are anticipating a growth of approximately 47% of EHCPs in the next 10 years. Much of this growth occurs in the coming 5 years, with particular notable increased in both Autism Spectrum Disorder [65%], Social Emotional Mental Health [70%] and Profound and Multiple Learning Disabilities [63%]

3.7 There are growth areas and variable financial impacts as a result of this growth, however these figures are specifically pertinent to the provision of Occupational Therapy in Education Settings and in children and young people's homes.

Table 1 is a simple representation of the total growth across all age categories and educational need groups.

Condition	Jan-20	Jan-31	Change	% Change
Autistic Spectrum Disorder	1497	2475	978	65.3%
SEMH	857	1458	601	70.1%
Moderate Learning Difficulty	989	1270	281	28.4%
Speech, Lang or Comm Difficulty	434	561	127	29.3%
Physical Difficulty	228	337	109	47.8%
Severe Learning Disability	209	265	56	26.8%
Profound and Multi Learn Diff	97	159	62	63.9%
Spfc Learning Disability	146	129	-17	-11.6%
Hearing Impairment	110	124	14	12.7%
Visual Impairment	84	71	-13	-15.5%
Multi - Sensory Impairment	11	17	6	54.5%
Total	4662	6866	2205	47.3%

Table 2 represents the same information above, but demonstrates the data over time to articulate the specific growth areas and when they occur.



3.8 Growth and Demand in Disabled Children

3.9 Table 3 outlines the predicted growth of the 0-18 population across Cambridgeshire and Peterborough; the 8% prevalence rate (as per the Department for Works and Pensions Family Resource Survey) has been applied to try and get a better understanding of the

number of children and young people with disabilities across both counties.

Population Forecasting Cambridgeshire & Peterborough 2016-2036

Year	0-4	5-14	15-17	Total 0-17	% increase on 2016	8% prevalence rate applied, indicating number of CYP with disabilities*
2016	53,810	101,870	28,550	184,230	-	14,738
2021	56,630	113,540	30,530	200,700	8.94%	16,056
2026	60,230	119,190	35,580	215,000	16.70%	17,200
2031	59,560	122,650	35,660	217,870	18.26%	17,430
2036	57,670	121,960	36,830	216,460	17.49%	17,317

3.10 The table demonstrates that we can expect to see a rise in children with disabilities of over 17% the next ten years, around 2500 more children than in 2016.

3.11 Table 4 outlines the number of children and young people open to Social Care currently, and the projected increase based on previous years.

	Current CCC	Projected CCC (2036)**
Open under 1989 Children Act	280	333
Open under the Chronically Sick & Disabled Person's Act (CSDPA)	828*	983

* 646 of whom are accessing the Local Short Break Offer

** assuming growth in line with population

3.12 This demonstrates that we can expect a rise of around 18% of children and young people open to social care over the next ten years.

3.13 It is not possible to consolidate the totality of data available that assists us in understanding the exact demand for OT services, as many children may or may not have an EHCP, may or may not have a disability; and there is variance in the level of interventions required at any one time for children and young people.

3.14 However, we know already that the service is not sufficient in meeting the demands of existing cases as set out within Section 2, at least a third of children and young people on existing case loads do have an EHCP and case loads are already over 50% higher than what is considered best practice.

3.15 There are currently around 500 [10% of the total number of EHCPs] children and young people with an EHCP accessing the OT service, we can therefore broadly assume that based on EHCP data alone, if there are 2200 more EHCPs in the next ten years, with significant spikes in 2021-2025 [around 1500 new plans] then in the next three years we can expect around 150 children with EHCPs alone requiring OT support, in addition to the those already accessing the service.

4.0 Funding Options

Year 1: 2021/22 Additional Staffing Requirement

- 2 x Band 7 OTs – Education
- 1 x Band 6 OT – Education
- 1 x Band 7 OT – Social Care

Note “Band is in relation to the NHS pay band.

- 4.1 This funding was already secured, pro rate, as detailed in with section 1.2
- 4.2 The provision of services primarily covers Education Health and Care Plan Assessment, Tribunals and support and training in schools and settings.
- 4.3 It includes the application of a tiered model (universal, targeted, specialist) to make most efficient use of Occupational Therapy services.
- 4.4 The provision of services has reduced unsustainable caseload levels.
- 4.5 The provision of services has increased the training offer to all special schools, further releasing capacity on the targeted and specialist service provided by CCS.

Total for 2021/22 - 260,970

Year 2: 2022/23 Additional Staffing Requirement

- 1 x Band 6 – Education
- 1 x Band 6 – social care
- 2 x Band 4 – education
- 1 x Band 4 – social care

- 4.6 This is new and recurring money as requested by this paper.
- 4.7 It will support the further roll-out of the tiered model – focussing on targeted support within schools and pre-schools.
- 4.8 Create a sustainable service with introduction of further skill mix, support the apprenticeship ‘grow your own’ scheme.
- 4.9 Support clinical delivery.
- 4.10 Sustainable caseload levels for social care elements of the OT role.

Total for 2022/23	235,482
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The total overall additional funding for CCS children’s OT service from Cambridgeshire County Council:	
2021/22 and 2022/23	496,452

4.11 Therefore, the combined increase inclusive of the existing funding of £245k from the Dedicated Schools Grant [DSG] and the additional requested funding will be:

Current Funding	£245k
Requested uplift for 21/22	£261k
Total Funding for 21/22 – which would then be permanent in the base	£506k
Requested uplift for 22/23	£235k
Total Funding for 22/23 – which would then be permanent in the base	£741k

4.12 The funding will be pooled to ensure seamless and efficiency of delivery, under a single service specification between Cambridgeshire County Council and Children’s Community Services, with the existing £245k primarily funding the SEND provision [namely EHCP assessment, advice and tribunal] and the additional funding supporting the social care elements [namely housing adaptations, disabled facilities grants and assessments], therefore ensuring appropriate use of both DSG and Council general funds.

5.0 Summary

5.1 There is already a significant pressure on the existing Occupational Therapy Service across in Cambridgeshire, significantly impacting on the timeliness and efficiency of provision offered to children and young people eligible for service. In addition, there is a growing financial pressure on services as a result of a lack of Occupational Provision in order to assess and provide quality EHCP advice and subsequently robust evidence of provision resulting in expedition of tribunal process.

5.2 There is also an opportunity to conduct a full and proper commissioning exercise that looks to understand the detailed and segmented demand likely to require Occupational Therapy in the future and ensure the totality of resources across all funding services and organisations to deliver efficient, effective, high quality and good value provision through the implementation of an integrated service delivery model across education, health and social care.

5.3 However, the current funding arrangements are significantly stalling the ability to deliver early intervention, prevention and timely provision of advice and support and therefore it is recommended that the identified funding requirement is supported under an interim service specification to address the immediate issues and concerns, whilst allowing for a sufficient pool of resources to be considered as part of an Occupational Therapy review and identification of the correct service delivery model to ensure a robust and sustainable provision in the future.

6. Alignment with Corporate Priorities

Report authors should evaluate the proposal(s) in light of their alignment with the following three Corporate Priorities.

6.1 A good quality of life for everyone

The following bullet points set out details of implications identified by officers:

- Timely and good quality provision of OT for children and young people with and without disabilities and SEND.
- Efficient provision of OT without delay.
- Integrated service to ensure cohesion in assessment and support.

6.2 Thriving places for people to live

The following bullet points set out details of implications identified by officers:

- Access to education and support to live within the home and local community.
- Upskilled workforce to ensure education and social care staff have the skills to meet the needs of their communities.
- A county with good quality of provision and offer, supporting the response to the growth and development of our communities and population.

6.3 The best start for Cambridgeshire's children

The following bullet points set out details of implications identified by officers:

- Early intervention
- Prevention of escalation in need
- Family resilience and skilled parenting and support
- Independence of children and young people and ability to remain in their local schools and communities
- Sufficient funding for a fully integrated model
- Well prepared parents

7. Significant Implications

7.1 Resource Implications

The report above sets out details of significant implications in 5.0

7.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

7.3 Statutory, Legal and Risk Implications

The following bullet points set out details of significant implications identified by officers:

- Adherence to the requirements of s251 on the transfer and manage of the DSG and High Needs Block.
- Adherence to the needs for assessment within the Children Act 1989 and other legislation in relation to children with disabilities.
- Adherence to the SEND Code of Practice in the involvement of professionals in the statutory assessment, review and tribunal process; as well as the provision for health support.

7.4 Equality and Diversity Implications

The following bullet points set out details of significant implications identified by officers:

- Equitable access and support for disabled children and their families.

7.5 Engagement and Communications Implications

There are no significant implications for this category.

7.6 Localism and Local Member Involvement

There are no significant implications for this category.

7.7 Public Health Implications

There are no significant implications for this category.

7.8 Environment and Climate Change Implications on Priority Areas:

There are no significant implications for this category.

Have the resource implications been cleared by Finance? Yes

Name of Financial Officer: Martin Wade

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement? Yes

Name of Officer: Henry Swan

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law? Yes

Name of Legal Officer: Fiona McMillan

Have the equality and diversity implications been cleared by your Service Contact?

Yes

Name of Officer: Wendi Ogle-Welbourn

Have any engagement and communication implications been cleared by Communications?

Yes

Name of Officer: Simon Cobby

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes

Name of Officer: Wendi Ogle-Welbourn

Have any Public Health implications been cleared by Public Health Yes

Name of Officer: Raj Lakshman

8. Source Documents

[National Health Service Act 2006 \(legislation.gov.uk\)](http://legislation.gov.uk)

[Department for Education \(publishing.service.gov.uk\)](http://publishing.service.gov.uk) - Therapies referenced at 1.2.13 (HNB) and 3.3.1 (LA funding).

[Children Act 1989 \(legislation.gov.uk\)](http://legislation.gov.uk)

[Cambridgeshire Education organisation plan 2020-21](#)

[Special schools and specialist provision - Cambridgeshire County Council](#)

Based on the Strategic Forecasting Model for EHCP's in Cambridgeshire