

Adults Community Occupational Therapy Service - Section 75 Agreement

To: Adults & Health Committee

Meeting Date: 5 October 2022

From: Will Patten, Service Director, Commissioning

Electoral division(s): All

Key decision: Yes

Forward Plan ref: 2022/040

Outcome: Adults and Health Committee is asked to note the current status of the Section 75 Agreement for Community Occupational Therapy Services and agree an extension of 1+1 years, under the current terms, for 2022-23 and 2023-34 with an annual value of £1,810,426.

Committee are also asked to note the intention for a service review to be undertaken to inform commissioning decisions going forward.

This will ensure that effective Occupational Therapy services will continue to be delivered to adults across Cambridgeshire to enable them to continue to live as independently as possible in the community whilst also achieving best value for money.

Recommendation: Adults and Health Committee is recommended to:

- a) approve a contract extension of 1+1 years to the Section 75 Agreement for 2022-23 and 2023-24 with an annual value of £1,810,426.
- b) Note the intention to undertake a service review to inform commissioning of the service going forward.

Officer contact:
Name: Diana Mackay
Post: Commissioning Manager
Email: diana.mackay@cambridgeshire.gov.uk
Tel: 01223 715966

Member contacts:

Names: Cllr Richard Howitt / Cllr Susan van de Ven
Post: Chair/Vice-Chair
Email: Richard.howitt@cambridgeshire.gov.uk
Susanvandeven5@gmail.com
Tel: 01223 706398

1. Background

- 1.1 The community Occupational Therapy Service, which delivers support to adults over the age of 18 in Cambridgeshire, has been provided as an integrated health and social care service since 2004. The delivery of the social care element of the 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. The annual value of the current agreement with CPFT is £1,767,994 but is subject to an uplift for 2022-23.
- 1.2 The role of an Occupational Therapist (OT) is to work with people of all ages to assess their level of function in their own environment, develop a therapy plan and support the person to be rehabilitated to reach their optimal level of function. Under the Section 75 Agreement, this may include setting up rehabilitation plans, prescribing people with a range of health and social care equipment, or having adaptations to their home to enable them to manage more independently.
- 1.3 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 is delivered as an integral part of the CPFT Neighbourhood Teams with the OT staff working alongside physiotherapists, community nurses and liaising closely with the County Council's Adult Social Care teams.
- 1.4 The service contributes to the delivery of social value, particularly in the areas of:
 - Promoting healthier, safer and more resilient communities by offering an integrated, community-based service that is focussed on outcomes for people and enabling them to remain independent in their home and community
 - Jobs: Promoting Local Skills and Employment. The service offers apprenticeships and has worked very closely with Anglia Ruskin University over the last year in the development of their new post graduate OT training offer. The service also encourages and supports assistants to go on to train and qualify as an OT. These local initiatives are highly valued as there is a national shortage of qualified OT's
- 1.5 In summary, the integrated OT service delivers a range of health and social care interventions:
 - Rehabilitation programmes within a variety of settings to promote independent function focussing on client's ability to manage a range of daily living activities such as personal care, food preparation and access in and around their home environment
 - End of life support within the home environment
 - Falls prevention, including completion of multifactorial risk assessments
 - Neuro rehab – e.g. following stroke or head injury
 - Supported orthopaedic discharge

- Support and review of people with long term conditions, including specialist assessment of people's moving & handling needs
- Provision of equipment from the commissioned Integrated Community Equipment Service (ICES) to promote independence and reduce, prevent or delay the need for ongoing care and support.
- Assessment and provision of minor and major housing adaptations to keep people in the home of their choice for as long as possible and prevent the need to move into longer term care placement. This involves working collaboratively with the district council Home Improvement Agencies (HIAs)

- 1.6 The service operates a triage and prioritisation process at the point of referral. This ensures that immediate needs are met in a timely manner. However, if people have, what the service deem to be, longer term non-urgent needs, for example major housing adaptation, then these cases are placed on a waiting list. Pre-covid the average waiting time for OT intervention was 4 weeks. Due to the impact of the pandemic and the redeployment of staff to support the acute hospitals, the average waiting time increased to 13 weeks. Once the Covid response was eased and staff returned to their substantive posts, they have been working hard to bring the waiting list back down and it is currently at 8 weeks. Commissioners acknowledge the efforts of all the teams to address the waiting times and also acknowledge the challenges faced in recruitment and retention of staff when there is a national shortage of therapists. However, CPFT have engaged the services of an OT agency and staff from there are due to start working with CPFT to address the waiting list backlog in late September / early October 2022. This has been completed in full collaboration with the Council.
- 1.7 Two case studies have been provided at Appendix A to demonstrate the typical type of interventions and outcomes provided by this service and include examples of the positive feedback received from the service users.

2. Main Issues

- 2.1 The current Section 75 Agreement for 2022-23 is operating under Implied Terms and requires sign off, following approval from Committee. This has been delayed for a number of reasons:
- the NHS pay award for this year (which informs the annual uplift) was not confirmed until June 2022
 - CPFT raised concerns about the sustainability of the current Section 75 service based on the current budget, but have agreed an uplift of 2.4% for 2022-23, based on the budgeted NHS pay award in anticipation of a service review being undertaken. This makes the 2022-23 Section 75 value £1,810,426
- The current agreement allows for an extension of up to two years.
- 2.2 It is felt that now is a good time to review the service, particularly given the approach being taken by the local Integrated Care System (ICS) to the development of integrated services. It has therefore been agreed that it would be beneficial to undertake a service wide review and re-baselining exercise. This will be completed jointly by CCC's internal Resilience Best Value Team plus an independent consultancy who will be commissioned for this project. This will allow us to review and analyse the current funding of the service and the split

between health and social care. It is expected that the review will take at least two months with a final report expected in December. The Council's procurement team have been consulted in preparation for this review to ensure that the appointment of a consultant complies with procurement rules.

- 2.3 The outcome of the review will feed into CCC's Business Planning processes but the timescale for the review and the Business Planning timetable for 2023-24 is unlikely to align. Commissioners are therefore working with finance colleagues to mitigate the impact of any additional investment required for 2023-24. This will be progressed through annual business planning processes which are subject to clear and robust governance which would include the necessary reporting to Adults & Health Committee. Beyond that, any necessary ongoing investment will feed into the 2024-25 Business Planning process, possibly using a staggered approach.
- 2.4 Following the outcome of the review, the intention is that there will be one over-arching Section 75 Agreement with CPFT covering the Mental Health service as well as Occupational Therapy, but with separate schedules specific to the respective services. This approach will secure better services for adults in Cambridgeshire and facilitate more efficient governance from 2024 onwards.

3. Alignment with corporate priorities

3.1 Environment and Sustainability

The report sets out the implications for this priority at 4.8 below

3.2 Health and Care

The report above sets out the implications for this priority in paragraphs 1 and 2

3.3 Places and Communities

The report above sets out the implications for this priority in paragraphs 1 and 2

3.4 Children and Young People

There are no significant implications for this priority

3.5 Transport

There are no significant implications for this priority

4. Significant Implications

4.1 Resource Implications

The report above sets out details of significant implications in paragraphs 1 and 2

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The report above sets out details of significant implications in paragraphs 1 and 2

- 4.3 Statutory, Legal and Risk Implications
There are no significant implications for this priority
- 4.4 Equality and Diversity Implications
There are no significant implications for this priority
- 4.5 Engagement and Communications Implications
The following bullet points set out details of implications for this priority:
- The service review will include engagement with users of the integrated OT service
- 4.6 Localism and Local Member Involvement
There are no significant implications for this priority
- 4.7 Public Health Implications
There are no significant implications for this priority
- 4.8 Environment and Climate Change Implications on Priority Areas (See further guidance in Appendix 2):
- 4.8.1 Implication 1: Energy efficient, low carbon buildings.
Positive/neutral/negative Status: Positive
Explanation: The OT service uses a range of resources to help inform people about how they can adapt their homes so that they are more energy efficient, and will signpost people to agencies who are able to assist with this
- 4.8.2 Implication 2: Low carbon transport.
Positive/neutral/negative Status: Positive
Explanation: The service review will be asked to examine how the service will reduce carbon emissions, particularly in relation to staff travelling to and from people's homes. Where appropriate, the service uses remote assessment software, and the consideration will be given to the use of route-planning software to keep mileage to a minimum.
- 4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Positive/neutral/negative Status: Neutral
Explanation:
- 4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Positive/neutral/negative Status: Neutral
Explanation: The OT Service works closely with the community equipment service to ensure that health and social care equipment is returned and recycled for re-use
- 4.8.5 Implication 5: Water use, availability and management:
Positive/neutral/negative Status: Neutral
Explanation:
- 4.8.6 Implication 6: Air Pollution.
Positive/neutral/negative Status: Neutral
Explanation:

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.

Positive/neutral/negative Status: Neutral

Explanation:

Have the resource implications been cleared by Finance? Yes

Name of Financial Officer: Justine Hartley

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

Name of Officer: Clare Ellis

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: Will Patten

Have any engagement and communication implications been cleared by Communications? Yes

Name of Officer: Matthew Hall

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

Name of Officer: Will Patten

Have any Public Health implications been cleared by Public Health? Yes

Name of Officer: Kate Parker

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?

Yes

Name of Officer: Emily Bolton

5. Source documents guidance

5.1 None

Case studies and feedback (names have been changed)

1. Mr and Mrs Allen (both in their eighties) lived together in their own bungalow. Mrs Allen has severe arthritis and was awaiting knee replacements. Mr Allen was having to assist his wife with transfers in and out of bed, in and out of her chair and Mrs Allen was struggling to access their over-bath shower. They were keen to remain independent and were worried they might have to start having paid carers to assist them. Their GP suggested contacting the Community OT service. The Occupational Therapist visited and undertook an assessment of all Mrs Allen's needs.

Intervention: Advice offered regarding transfer techniques and information on chairs and beds that would ease the strain on them both. Provision of equipment on loan to raise the bed, provide a mattress elevator, and raisers for the chair. Referral to Home Improvement Agency to assess for installation of level access shower, funded by a Disabled Facilities Grant, but in the meantime a shower board was provided so that Mrs Allen could sit while using her over-bath shower. The OT also referred them to the Handy Person Service delivered by Age UK to help them with some minor adaptations to their house and garden in order to make it safer and more accessible.

Outcomes: Mrs Allen can now manage all her transfers with only minimal assistance from her husband and feels safer using her shower. They were advised that there may be a waiting list for the level access shower, but were happy to wait and apply for a grant, as they have limited funds to purchase privately. The OT intervention helped to prevent carer breakdown, reduced the risk of Mrs Allen falling, maintained their independence and avoided the need for a care package, or a move into long term residential care.

2. Mr Cooper was 68 and lived with his wife in their own bungalow. He had lived with Multiple Sclerosis for many years and their bungalow had been adapted to enable wheelchair access. When the OT undertook a review of his needs at home, he was in receipt of a double-up package of care where two domiciliary carers were visiting four times a day to assist him with all his personal care needs and transfers. The carers were struggling to manage as Mr Cooper was quite overweight. He was getting depressed and often choosing to stay in bed all day as it was so uncomfortable being hoisted.

Intervention: The OT provided equipment that promoted single-handed care which meant that Mr Cooper only had to have one carer four times a day, and equipment that was more suitable to his needs.

Outcomes: The new equipment was more comfortable for him and he said it had "given me my life back" and meant he was able to get out of bed, even if he was feeling a bit low. His wife said "the single carer talks with him now – rather than with the other carer". The equipment costs were around £2000 but delivered 14hrs worth of savings per week to the domiciliary care budget.