

CPFT Occupational Therapy Service Waiting Lists

To: Adults and Health Scrutiny

Meeting Date: 9 December 2021

From: Debbie Smith - Director of Operations and System Partnerships, CPFT

Electoral division(s): All

Key decision: No

Forward Plan ref: N/A

Outcome: Review and understanding of the Health and Social Care Occupational Therapy Waiting List

Recommendation: Adults and Health Committee is being asked to review the report.

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1. Background

- 1.1 The Occupational Therapy Service hosted by Cambridgeshire and Peterborough NHS Foundation Trust has been requested to provide a report explaining the current waiting list position for the service.
- 1.2 The report will inform the committee of the background to the situation, give a clear report on current waiting lists and make the committee aware of the actions being taken to improve waiting times.

2. Main Issues

2.1 Background and context:

The community Occupational Therapy Service for Cambridgeshire residents 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

The role of an Occupational Therapist 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 maximum level of function. This may involve prescribing the use of different pieces of equipment or having adaptations in their home to improve their independence.

The Occupational Therapists (OTs) provide a full service from assessment through to rehabilitation, provision of daily living equipment and recommendations for minor or major housing adaptations to facilitate as much independence as possible for people in their own homes. This ensures that one practitioner can support the person through their recovery journey.

The Occupational Therapy Service is delivered in the community as an integral part of the CPFT Neighbourhood teams. The OT staff work alongside Physiotherapists, Community Nurses and Older People Mental Health staff. The delivery of the service includes the use of Therapy Assistants who are integrated across OT and Physiotherapy enabling a truly multidisciplinary and integrated approach to rehabilitation and care delivery. For the social care elements of the service, they work closely with the social workers in the County Council's Adults teams

The OT service works closely with stakeholders from across the health and social care system, and the housing sector. As part of their social care remit, OT's work particularly closely with colleagues in the District Councils and their associated Home Improvement Agencies (HIA's) in relation to major housing adaptations where people may be eligible for a Disabled Facilities Grant (DFG). The grant is administered by each District Council and provides funding towards adaptations such as a level access wet room for a permanent wheelchair user, a stair lift, a through floor lift, or a ground floor extension to a person's property to facilitate level access living area.

There are three HIAs operating across Cambridgeshire :

- East Cambs Home Improvement Agency (covering East Cambridgeshire District Council)
- Cambs HIA (covering South Cambs DC, Cambridge City Council and Hunts DC)
- West Norfolk Care and Repair (covering Fenland District Council)

The grant is means tested and held by Grants Officers in each of the five district councils. The DFG has a maximum limit of £30,000. HIA's are increasingly reporting that this amount often falls short when it comes to funding larger adaptations such as extensions to property. This can lead to delays whilst people try to secure top-up funding to pay for the adaptation. HIA's are also reporting issues with building contractors who are struggling with post-pandemic demand, supply chain issues with raw materials, and recruitment difficulties. These issues are out of the control of the OT service, but obviously affect the time that people have to wait for their needs to be fully met.

2.2 Global pandemic timeline:

When the global pandemic started in March 2020, all services received a directive to redeploy staff to maximise available hospital beds in the wider system and were asked to limit the risk and spread of Covid infection by only completing urgent work. This directive led to the majority of the CPFT OT workforce being redeployed to support the Discharge to Assess (D2A) service, facilitating timely hospital discharges into the community. Throughout this period, CPFT maintained an OT service for urgent referrals only, focussed on the prevention of hospital admission, and to meet end of life needs.

Our services and staff returned to their substantive posts from August 2020 engaging with all new referrals as normal, although still delivering care services virtually, and only seeing patients when necessary, to minimise Covid infection risk for residents and staff alike, during this pre-vaccination period.

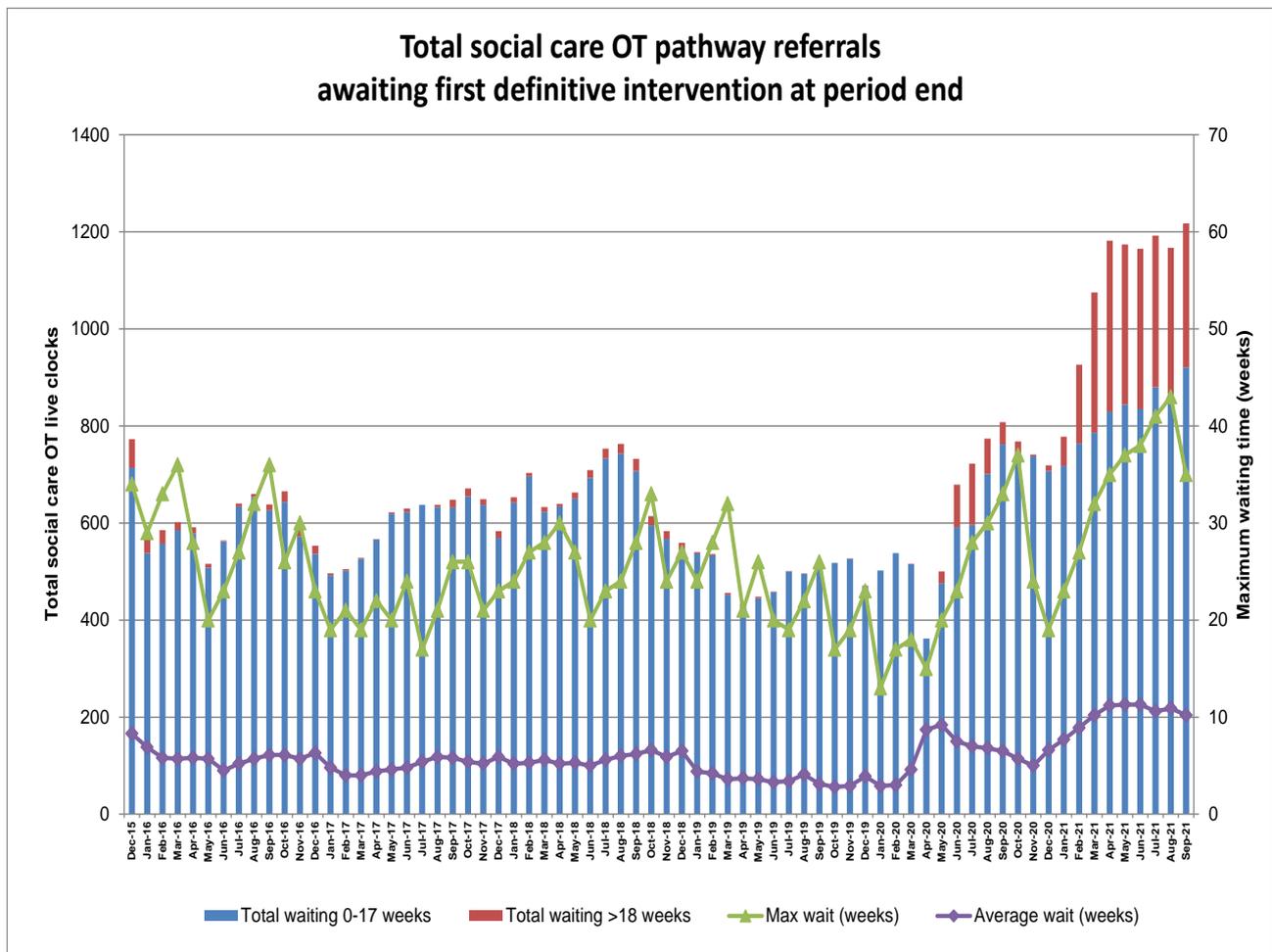
From December 2020 a second wave of the pandemic affected all services once again, with a second spell of re-deployment of staff until March 2021, maximising available hospital beds in the wider system. During this period there were no restrictions placed on new referrals into the OT service.

Our services and staff returned to their substantive posts once again from April 2021 although to the present day are still delivering some care services virtually utilising Attend Anywhere, and only seeing patients in person when appropriate and with consent. This is to sustain management of the Covid infection risk for residents and staff alike, as vaccinations programmes are progressed nationwide, and the virus remains present. The proportion of OT care now delivered virtually has reduced, but this remains an active method to engage with clients when appropriate.

2.3 Current Status Update:

Waiting list data to the end of September 2021, confirms the impact on the total waiting for OT intervention, and the average length of this wait, because of the pandemic.

Chart 1 – Long Term waiting list trend Dec 2016 to Sept 2021



The above trend confirms that the 4 year pre-pandemic period reported relative stability in totals waiting, and average length of wait, with few cases waiting ever exceeding the NHS standard of 18 weeks before intervention.

However the trend confirms since Feb 2020, the following impact is reported:

- Total waiting has increased from 538 to 1217 cases (+126%)
- Total waiting over 18 weeks has increased from 0 to 296 cases. All cases are robustly triaged and have any immediate health needs met and are on the Priority 3 waiting list for major adaptations.
- Average waiting time has increased from 3.0 weeks to 10.2 weeks
- The longest waiter (single case) was reported at 35 weeks at end Sept 2021

Currently, the whole health and social care system remains under extreme pressure with the capacity in all services being stretched. It is particularly difficult to recruit to Occupational

Therapy vacancies and this is a system wide pressure which impacts demand for our service provision.

We are working very closely with system partners to mitigate the risks wherever possible.

2.4 Service Specific Actions and Mitigations:

Throughout the pandemic, the service has been providing an enhanced triage for all referrals, enabling the effective prioritisation of referrals according to need and identification of any immediate risks. Urgent referrals are prioritised for intervention within 72 hours whilst routine referrals are placed on a waiting list.

Where possible and appropriate, some initial need will be met immediately eg by providing small pieces of equipment, before placing the referral back on the waiting list for further, less urgent intervention.

All service users who are put on a waiting list, will receive a letter explaining the current situation with signposting information to other services that may be of benefit, should this be required. The letters also stipulate that if their situation changes, they can contact the service again and they will be re-triaged and priority amended if necessary.

The therapy managers have worked extensively with their teams to identify any new initiatives that might release further clinical time. Several staff members are working extra hours on the bank to assist with clearing backlogs and we continue to attempt to source more staff from agencies, however this has been challenging as a result of the national shortage. Managing staff wellbeing and fatigue remains an ongoing priority and challenge.

The OTs and support staff have all received training on the content of the Section 75 agreement, Strength based conversation training and Technology enabled care training to ensure that we are meeting the required standards of delivery and aligned with the County Council's adult social care offer. Engagement and close working with the Adult Social Care teams is an essential part of the service. Weekly countywide allocation meetings are held to ensure that waiting lists are addressed in an equitable way across the county and monthly operations meetings are held to maintain close working with the County Council operational staff and commissioner.

Extra administrative staff are being sourced to enable clinicians to have more clinical intervention time.

A proposal for outsourcing 250 cases on the waiting list to an external company has been submitted and is undergoing scrutiny within CPFT and by the CCC Commissioners before a decision is reached.

A project model of utilising trusted assessors in the Home Improvement Agencies to pick up routine referrals, has commenced and will be evaluated. However, this does not fully mitigate the point made at earlier in the report regarding the challenges faced by the HIAs.

3. Source documents guidance

3.1 Source documents

- CPFT performance monitoring reports.
- Section 75 Deep Dive
- Section 75 Contract agreement

3.2 Location

Performance Monitoring reports and the Section 75 Deep Dive report are held in teams files with in CPFT.

Section 75 Contract Agreement is held with commissioners in Cambridgeshire County Council and contracts team in CPFT.