

Part 1 - Open to the Public Part 2 – Closed to the Public	ITEM NO.
--	----------

REPORT OF THE
MANAGING DIRECTOR OF ADULT SOCIAL CARE (NCA)

TO

Health and Social Care Lead Member Briefing

{DATE} 14th November 2022

TITLE: Independent Living Service Update, including Occupational Therapist Assessment waiting times

RECOMMENDATIONS:

The report has been produced and shared with the Lead Portfolio Holder to provide an update on the Independent Living Service investment. This will be in the form of a specific update on the investment into the provision of aids and adaptations. The paper will set out the current issues, challenges and work being undertaken by the Northern Care Alliance and Salford City Council Commissioners specifically to address risks associated with the wait times for an occupational therapist assessment.

The Lead Portfolio Holder for adult social care is asked to note the content of this report and advise on any additional actions that they believe adult social care can reasonably undertake to address issues arising from significant capacity and demand concerns.

EXECUTIVE SUMMARY:

The Independent Living Service received significant investment in January 2022 to increase staffing levels to all aspects of the service to meet current increasing demand, reduce excess waiting times for community Ot assessments, associated risks to quality and safety of support to individuals, and costly care packages, which negatively impacts on Adult Social Care spend. This included investment in specific workforce posts agreed by Lead Member for Adult Social Care (total £294K) from the disabled facilities grant.

The report is to provide an update on the waiting times, the work completed to date to address these and discuss the issues and risks associated with occupational therapy assessment wait times. This has been escalated through internal governance and assurance meetings within the Northern Care Alliance and through the monthly ICO-ASC commissioning meetings with Salford City Council, which are chaired by the strategic Director for People.

The service has experienced ongoing challenges with the recruitment of Occupational Therapists due to the national shortage and the Salford Board of Directors have agreed an interim action plan in place to address this. It was agreed that the team could utilise Flex 360, an agency to take 50 of the longest waiting individuals from the waiting list, which commenced in August 2022. The agreement has been extended to support an additional 100 community OT assessments, which will be targeted at those with the longest wait times.

Due to ongoing capacity and demand issues the occupational therapy assessments are based on clinical assessment at an individual level and not solely how long a person has been waiting for the assessment, with priority provided to urgent referrals.

The following work has been undertaken to try and address the recruitment of additional occupational therapists on both an interim and permanent basis, but this has had minimal impact on staffing levels to date:

- Rolling advertisement and recruitment events
- Next recruitment event is on 19th Nov with 30 individuals registered expressing interest in OT positions across the NCA. This event is to be hosted at Burrows House, Swinton
- Flex 360 supporting 150 of the longest waiting cases
- Physio positions advertised for within the team and support from Physio professional lead in place
- Secondment to band 6 OT position from SCO for 18months, commenced in October 2022
- Supporting non-qualified staff to undertake the Occupational Therapy degree apprenticeship, which is a longer-term sustainability action.
- Working with AHP and Healthcare Science Resourcing Lead and Human Resources to develop new ways to attract and recruit to the OT workforce

DETAILS:

1 Background

- 1.1 In December 2020 a review of the Independent Living Service was completed by the AHP lead, Service leads and commissioners. The purpose of the review was to explore the Independent Living Services current delivery model and complete an options appraisal to explore the preferred future model in Salford, to best support people to remain in their own homes, reduce reliance on 24 hours care placements, whilst supporting admission avoidance and rapid discharges allowing people to go straight home from hospital. The paper presented detailed options, including the benefits, challenges and an outline of actions required to reach the proposed model.
- 1.2 Following the above review, a business case was developed and presented. Significant investment was approved in January 2022 to increase staffing levels to all aspects of the service to meet current increasing demand, reduce unacceptable waiting times, risks to quality and safety to individuals, and costly care packages, which negatively impacts on Adult Social Care spend.
- 1.3 Project Management Support has been sourced from within Salford Care Organisation to develop a project plan with the ILS managers and commissioners for the investment and service transformation plans.

- 1.4 On 5th May 2022 a briefing paper was presented to Lead Member specifically detailing the Occupational Therapist Assessment waiting times, followed by an Occupational Therapy Recruitment Action Plan presented to Lead Member on Wednesday 29th June 2022 (**Appendix A**)
- 1.5 The Independent Living Service continues to experience ongoing challenges about waiting times for a community OT assessment, although it is positive to note that the longest wait time has reduced from 91 weeks in April 2022 to 77 weeks in October 2022, having reduced to 72 weeks in both August and September 2022.

KPI13 - OT assessment waiting time in weeks						
April	May	June	July	August	September	October
91 (OT)	83 (OT)	85 (OT)	83 (OT)	72 (OT)	72 (OT)	77 (OT)
22 (CAO)	CAO (23)	21 (CAO)	25 (CAO)	27 (CAO)	29 (CAO)	25 (CAO)

- 1.6 It is important to note that the waiting times are taken at a point in time each month and refer to the longest wait at the time. This can change monthly dependent on when cases are taken off the waiting list and whether work concluded in months, exceeds new referrals, or vice versa.
- 1.7 Current performance data, (manually collected due to a current gap in liquid logic) reported for the Occupational Therapy service focuses on the waiting times and does not consider the numbers of referral per month, increasing number of priority cases, activity completed, and cases managed and closed.
- 1.8 The AHP and OT lead are working with Business Intelligence and commissioners to develop an improved data set for the service, showing a full picture of performance, demand, and capacity, which requires further development within Liquid Logic.
- 1.9 The table below gives a further breakdown of the 3 waiting lists within the OT service and demonstrates when the 4 cases with the longest wait are taken off the Complex OT waiting list, the waiting times will reduce from 62 weeks to 52 weeks.

Waiting list	Waiting Times/Numbers	Type of caseload
Complex OT	<p>Date of longer wait – 31st August 2021 (62 wks)</p> <p>There are 57 highly complex cases in total on the waiting list</p> <p>When the next 4 cases are taken the waiting time will reduce to 52 wks:</p> <ul style="list-style-type: none"> • 1 August 2021 • 1 September 2021 • 2 cases in November 2021 	<p>Flex 360 now have a specialist paediatric OT who is supporting the team with the highly complex cases, many of whom are children.</p> <p>These are highly complex cases, requiring specialist intervention, and often support from other specialist teams, ie paediatrics, neuro, etc</p>
Standard OT	<p>Date of longest wait - 16th June 2021 (77 wks)</p> <p>40 cases have been passed to Flex 360 for assessment, but when Flex</p>	<p>Cases that required a qualified OT, with complex presentation, ie complex disability, requiring wash/dry toilets, extensions, adapts, and specialist advice, etc</p>

	360 have seen these cases, the waiting time will reduce to 55 wks. There are 151 cases waiting	
Community Assessment Officer	Date of longest wait – 10 th May 2022 (26 wks) There are 231 cases waiting	The Community Assessment Officers have completed Trusted Assessor Training and can complete stairs assessment, access issues, transfer issues, bathing, etc)

1.10 Significant activity is completed with the OT Duty team and this information is not reported currently through BI.

1.11 Analysis for 1 month data from October 2022

Total of 440 new referrals in month

- 41 where inappropriate referrals and referred on to relevant service (28 of which were sent to CSNRT/community rehab)
- 279 referrals were actioned at the Duty Desk
- 110 email contacts were dealt with directly at the Duty Desk
- 50 cases were priority cases
- 1 case put on the Complex OT waiting list
- 28 cases put on the Standard OT waiting list
- 57 cases put onto the CAO waiting list

The above data demonstrates that out of 440 new referrals in October, 86 referrals were placed on a waiting list and 279 referrals were actioned and completed at Duty.

1.12 When a referral is received by the service, a full OT Duty Assessment is completed over the phone with the client. This assessment highlights the current level of need and support required and the therapist will prioritise the response time required accordingly, ie 5 days priority, 28 days priority, or routine case. Please see appendices B for case examples.

1.13 The increased number of priority cases impacts negatively on the ability to target the longest waiting patients on the waiting list.

1.14 The OT Duty Desk do maintain contact with service users whilst waiting to ensure they “wait well” and if the circumstances change that they receive timely input. Individuals are also advised to contact the team if they feel their needs change and the team will reassess how they can help to meet these changing needs, eg advice, prescribing a piece of equipment, etc.

1.15 Significant work is ongoing in relation to recruitment, including recruitment events, advertising physiotherapy posts to work with OTs, rotational therapy posts into the team from the hospital, an apprenticeship OT position within the team. Please see Appendix A with update Recruitment Action Plan.

1.16 **Flex 360**

1.8 WTE (5 x OTs) have taken 50 cases from the OT standard waiting list during the period of August and September 2022 (9 weeks). 39 of the 50 cases

assessed by Flex 360 have resulted in referrals for a DFG as major adaptations are required for these cases.

There has been a delay of 6 weeks from October where no further cases were allocated to Flex 360, as further financial approval was required, however as outlined above a further 40 cases have now been allocated.

- 1.17 The current priority is to reduce the waiting times for the service users, but as outlined in the ILS business case, as the OT positions are filled from the additional investment, the plan is to target “therapy first” and to support reduced carer handling and training with the provider market.
- 1.18 The issues and risks associated with these wait time have been escalated through internal governance and assurance meetings within the Northern Care Alliance and through the monthly ICO-ASC commissioning meetings with Salford City Council.
- 1.19 Significant work has been undertaken which was aimed at mitigating the risks to individuals and wait times (set out below), however, it is recognised that the overriding factor that has contributed to this area of concern has been a significant mismatch between the demand placed on the service (including responses which are not set out in the long-established contract) and the capacity of the service to respond.
- 1.20 In addition to work to address the OT waiting times, the team are developing a project plan which outlines further area of development following the investment from the ILS business case which include:
 - Childrens equipment
 - Developments within the Accessible Accommodation team. Process Mapping of current service, Quality Improvement involvement to ensure maximising DFG spend and improving the customer journey. improvement work,
 - Development of Liquid Logic for Accessible Accommodation and development of BI/KPI information
 - Care on call – digital upgrade,

KEY COUNCIL POLICIES:

EQUALITY IMPACT ASSESSMENT AND IMPLICATIONS: None identified by service area.

ASSESSMENT OF RISK: Assessed as High as controls available to Northern Care Alliance to address risk will not be ameliorated until additional capacity is brought into the service.

LEGAL IMPLICATIONS Supplied by: (Mark Albiston Managing Director ASC) No specific legal challenges identified at this time. However, during the financial year 2021

to 2022 it is noted that the service area received several MP enquires and some additional LGSO judgments of fault, which identified waiting times and communication issues as a recurrent area of concern.

FINANCIAL IMPLICATIONS Supplied by: (Mark Albiston Managing Director ASC) the service area has been required to provide minimal remedy payments in line with LGSO judgments and its is also noted that occupational therapy assessment waiting times will impact on ASC spend, which creates additional capacity in the home care market.

PROCUREMENT IMPLICATIONS: Contract value to bring in additional capacity is likely to require a waiver from the Director of Finance due to the value of contract.

HR IMPLICATIONS: None noted

OTHER DIRECTORATES CONSULTED: Paul Walsh Assistant Director of Commissioning in production of the ILS business case which this report heavily relies upon. This specific report has not been discussed and agreed with Paul Walsh.

CONTACT OFFICER: Mark Albiston **TEL NO:**

WARDS TO WHICH REPORT RELATES: All Wards

Appendix A - OCCUPATIONAL THERAPY RECRUITMENT ACTION PLAN – Updated November 2022

The Community OT service has seen an increased demand year on year, owing to the greater drive to support care closer to home, with an increase of 44% referrals from 2018/19 and 2019/20 directly to the team at Burrows House and an increase of 36% referrals being sent through from the ASC contact team (ASCCT).

The increased demand with no increase in capacity has resulted in significant waiting times. Funding from the approved business case, has allowed the opportunity to recruit the necessary staff to address the gaps and challenges identified such as the OT waiting list, however this has resulted in further challenge.

This document will highlight the main issues relating to the recruitment of further Occupational Therapists, an at-risk workforce nationally, to support the reduction of the OT waiting times.

Current Challenge – OT recruitment					
Identified Areas of Work	Issues Highlighted	Actions completed to date	Outcome	Actions to be taken	RAG Status, Timescales, and updates
Advertising	Unable to entice OT workforce/limited number of applicants	<ul style="list-style-type: none"> -Pictorial Advertising -Links with universities to receive placements -Raising social media profile -Recruitment event (This approach is deemed as good practice in relation to 	<ul style="list-style-type: none"> -All new adverts to go out with pictorial advertising -Ongoing links, students are taken throughout the year (currently have one OT student in place and future student planned). Team attends the university sessions to undertake mock interview with final year students. -Recruitment team send relevant advertisements through several different media channels. Number of 'hits' is logged and monitored -Recruitment event 	<ul style="list-style-type: none"> -Develop recruitment events (face to face) -Ongoing dialogue and links with Uni -Once a baseline has been established, push to move the reach further afield -Ongoing recruitment events, advertised on Eventbrite 	<ul style="list-style-type: none"> Recruitment event took place Aug 22 and a further session planned for 19th November Ad hoc First event completed Aug 2022 and further event on 19th Nov.

		<p>recruitment and has been successful in Speech and Language therapy, which has been a difficult to recruit to profession)</p> <p>-Exploring and working with agencies to attempts to source locum OTs -Paper prepared for Execs around utilising Flex 360 (agency) – 24.06.22</p> <p>Terms and Conditions comparison to other GM areas Pay for OTs and Physios are Agenda for Change pay scales, which would be preferable to staff working in council settings. Structural employment of Social Care staff is protected in GM ie LA terms and conditions. This is not reflected out of GM, so may put OTs off applying for posts. This is linked within the Peoples Strategy</p>	<p>-Raise the profile and attract further applicants</p> <p>-Widening the reach -Awaiting approval and funding agreement to progress with agency support to address the OT waiting list</p>	<p>-Continue to work with the AHP Workforce Lead and Digital Resourcing officer within HR recruitment to further develop the approach.</p> <p>-Ongoing links with agencies -Await outcome of the paper for Flex 360 to ascertain if funding is agreed. -Agreement to utilise agency to initially support with 50 cases from the waiting list (longest waits)</p>	<p>All posts on TRACS</p> <p>Flex 360 commenced in August 2022 and took 50 cases of the waiting list to date.</p> <p>Nov - A further 100 cases have been approved for Flex 360</p>
	Standard of applications poor	N/A	N/A	<p>-Explore band 5 posts to take more newly qualified with a mentoring/development package -Develop mentoring and preceptorship package</p>	<p>Links with OT lead in acute to scope out adding this to the band 5 OT rotation</p> <p>1 Band 5 post has been offered and</p>

				building on what the organisation already has in place.	going through recruitment. 1 CAO pending outcome of apprenticeship
OT Apprenticeship Scheme	1 Community Assessment Officer (CAO) from the team applied for the OT apprenticeship degree, but was unsuccessful in September 2021	-x3 staff have been offered a place and commenced the OT apprenticeship across whole of Salford Care Organisation (SCO)	-Allow OT apprenticeship placement hours being spent in ILS thus opportunity to entice new staff -Linked in with the Uni to ensure the CAO can be successful in application in September 2022	-Continue to work with AHP workforce lead/Uni to ensure CAOs are able and ready to apply for next intake.	CAO currently going through application process for OT apprenticeship
Upskilling CAOs	CAO waiting list was much lower than OT waiting list	-Reviewed the OT waiting list to establish which elements of work were more routine cases, allowing these to be passed over to the CAOs -All CAOs undertook Trusted Assessor training allowing CAOs to undertake an element of the assessment process -Developed competencies and provided support and on the job training for CAOs and they began taking on new responsibilities.	-Helped with handling the waiting list The upskilling of CAOs has allowed approx. 10 additional cases to be seen and go through DFG each month (ie for level access showers/stairlifts). It is anticipated that this number will increase, as currently the CAOs are working through competencies and developing their skill set, as this is a much higher level than they are used to be working at, requiring increased OT support and oversight. However once fully competent/confident expect the numbers to increase having a further positive impact. The CAOs within the service have significant experience (min 8 years), which is why they can take on this additional role and will contribute to positive outcomes for the client and reduce spend on packages of care.	-Monitor and review the need for additional CAOs in the medium term. Additional recruitment to CAO posts has not been explored further to date due to the complexity of cases being referred and the skill set required to manage these cases, however once the current CAOs are fully confident and competent with the additional skills set, this will be reviewed.	Completed

			<ul style="list-style-type: none"> -Job satisfaction for CAOs can learn a new part of the process and undertake more -Supports DFG spend 		
Recruiting Physios	OTs are an at-risk workforce nationally.	<ul style="list-style-type: none"> -Copy of a job description devised -Working with the AHP resource lead and recruitment to put posts out to advert -Exploring a secondment to move things along quicker -Physio role included in the recruitment event on 25th June -Linking in with Physio lead in the acute trust to ascertain if any current physios are interested in a secondment opportunity to the team, which may be a quicker option 	-In a position to advertise for physios to support the OT case load.	<ul style="list-style-type: none"> -Physios are easier to recruit to than OTs -M&H is included in their skillset -Explore skill mix physio into other areas of the OT/wheelchair team. 	Posts out to advert and to be shortlisted.
GM Workforce Expansion	OT is an at-risk profession nationally	<ul style="list-style-type: none"> -Linking in with GM -Contact with locum agencies -Explored overtime -NCA exploring overseas OTs -Exploring a return to practice scheme 			-Ongoing

Appendix B – Prioritisation and case examples

5 days priority

Case example – a lady with Osteoarthritic metabolic syndrome, which means when she coughs, she can break ribs, or another bone.

The lady lives with husband, and she is his carer

The lady walks with 2 sticks and is struggling to stand up. Her husband is trying to help with transfers, but he is at risk of causing her injury, ie a fracture by helping and he also has complex needs.

There is significant risk to both Mr and Mrs

An urgent visit is arranged to complete an assessment, provide equipment to support transfers and reduce the risk of injury, reduce risk of admission to hospital and / or breakdown of the current situation – i.e. care package/ admission to 24 hours care

28 days priority

High priority case

A gentleman with Motor Neuron Disease was previously working but has been required to stop work due to his health.

The Neuro team are involved, he can no longer manage stairs and his home cannot be adapted.

The OT needs to complete an assessment to support application to the housing register to bid for properties.

The gentleman will be provided with any equipment, advice to support his needs at this time and will be kept well on the OT waiting list with input when rehousing opportunities arise. The OT will monitor when support is required, ie regarding housing, further assessment and input.

High numbers of 28 days cases are palliative cases with - carer stress, difficulties with transfers and stairs, etc.

