

MIDDLESBROUGH COUNCIL

AGENDA ITEM 7

OVERVIEW & SCRUTINY BOARD

11 DECEMBER 2012

<p style="text-align: center;">INTEGRATED OCCUPATIONAL THERAPY SERVICES – FINAL REPORT OF THE SOCIAL CARE & ADULT SERVICES SCRUTINY PANEL</p>
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PURPOSE OF THE REPORT

1. To present the evidence collected by the Scrutiny Panel, following its consideration of the Integrated Occupational Therapy Services.
2. To present a series of recommendations from the Scrutiny Panel.

Consideration

3. Before the Panel could begin to consider the management and operation of local Occupational Therapy Services, it was felt to be important to gain some background as to what is commonly referred to as Occupational Therapy.
4. The British Association of Occupational Therapists & College of Occupational Therapists has the following to say on the matter:
 - 4.1 *A simple of definition of occupational therapy is that it helps people engage as independently as possible in the activities (occupations) which enhance their health and wellbeing*
 - 4.2 *Occupational therapists, with the assistance of OT support staff, help people of all ages who have physical, mental or social problems as a result of accident, illness or ageing, to do the things they want to do. These could be daily activities that many of us take for granted, from grocery shopping or brushing your teeth, to more complex activities such as caring for children, succeeding in studies or work, or maintaining a healthy social life.*
 - 4.3 *Examples of what an occupational therapist's work could involve*

- 4.4 *making sure that homes, workplaces and public places are accessible for people with specific needs, for example wheelchair users or people with walking difficulties or partial sight*
- 4.5 *helping people to learn new or different ways of doing things, for example how do you think you would turn over this page if you couldn't use your hands?*
- 4.6 *adapting materials or equipment, for example what might you suggest if a computer keyboard was difficult to use?*
- 4.7 *advising in schools to help children overcome obstacles such as writing difficulties and other learning challenges*
- 4.8 *heading up a disability management programme for an organisation, or return-to-work programmes for people with anxiety or back problems*
- 4.9 *assisting an ageing couple to care for one another in their own home and remain independent and safe*
- 4.10 *helping someone manage their depression in order to return to work or continue with their studies*
- 4.11 *setting up a rehabilitation programme in a developing or war-torn region*
- 4.12 *working with socially excluded groups, such as the homeless or asylum seekers¹*

Background information on the Integrated Occupational Therapy Services

- 5. According to the IOTS 2011/12 Annual Review, it has been operational for 9 years, as an arrangement between Middlesbrough Council, South Tees Hospitals NHS Foundation Trust, Middlesbrough PCT and Redcar & Cleveland Borough Council. A formal partnership agreement was signed in August 2006.
- 6. The Annual Review outlines that the partnership worked closely with Middlesbrough, Redcar and Cleveland Community Services (MRCCS) until those services were vertically integrated with South Tees Hospitals NHS Foundation trust on 1 April 2011. As a result, the Annual Review states, IOTS is now the main provider of Occupational Therapy Services across health and social care.
- 7. The Annual Review states that although other organisations nationally offer varying levels of integration, the partnership is unique in its

¹<http://www.cot.co.uk/ot-helps-you/ot-helps-you>

management arrangements and whole systems approach to the health and wellbeing of the South Tees area.

8. The Annual Review outlines that the key objectives of the Integrated Services are

- 8.1 Person Centred Services
- 8.2 Using Skilled Resources Effectively
- 8.3 Recruitment & Retention of Skilled & Experienced Staff
- 8.4 Achieving Best Value

Financial Overview 2011-12

9. The Annual Review reports that staffing resources across the four Partners now total 179 staff (circa 150 wte), with an integrated/aligned budget of over £3.6 million.

The aligned budget for IOTS is as follows

South Tees Hospitals NHS Foundation Trust	£1,489,697	41% of total
Middlesbrough Council	£600,660	17%
Redcar & Cleveland Health & Wellbeing	£369,449	10%
Middlesbrough PCT	£214,639	6%
Middlesbrough, Redcar & Cleveland Community Services	£936,872	26%

10. The Annual Review reports that management costs for the partnership are £244,126, which equates to 6.3% of the total budget. Those management costs are apportioned to each partner on the basis of financial contribution to the aligned budget.

11. The Annual Review outlines how during 2011-12, the management team met significant challenges posed by reconfigurations and restructures in the partnership organisations. It records that most significant of those changes was the restructure of wider management within Middlesbrough Council, meaning the loss of an operational management post within Occupational Therapy.

12. To guide the Panel in its work, it identified the following as areas of enquiry in relation to the IOTS.

- 12.1 To establish how the service currently performs
- 12.2 To establish the rationale for its formal partnership model
- 12.3 To establish view of partners on its performance
- 12.4 To establish future pressures facing Occupational Therapy

12.5 To consider where the service area needs to develop.

Evidence from Department of Social Care & Service Director from IOTS

- 13. As a first step in considering evidence, the Panel was keen to hear the views of the Department of Social Care and the Director of the Integrated Occupational Therapy Service. The purpose of this was to receive an initial briefing on the nature of the service and to ascertain further avenues of inquiry for the Panel.
- 14. The Panel was advised that the IOTS was established a number of years ago and it is a partnership between Middlesbrough Council, Redcar and Cleveland Borough Council, South Tees Hospitals NHS Trust and Middlesbrough PCT.
- 15. The Panel learned that all of the occupational therapists, Occupational therapy assistants, discharge facilitators and progress co-ordinators from these organisations worked under the auspices of the partnership and all the costs associated with the management of the partnership were shared between the partner organisations. The Panel was advised that the remit of the IOTS had recently been expanded to encompass the areas Middlesbrough and Redcar & Cleveland Community Services and Hambleton and Richmondshire, in North Yorkshire.
- 16. The Panel was keen to ascertain the costs of the IOTS in so far as Management was concerned. The breakdown of contributions to the management costs of the service by organisation is as follows:-

Middlesbrough Council	15%
Redcar & Cleveland Council	13%
Community Division	27%
South Tees NHS Trust	43%
Middlesbrough PCT	1%

- 17. The Panel was advised that prior to the establishment of the integrated service, the Department Social Care had employed 2 occupational therapists as part of the Social Care Team. It was highlighted that prior to the establishment of the IOTS, a patient who had social care occupational therapy requirements, but who also needed specialist treatment for spinal injuries or problems associated with neurological disorders, would have to have a separate appointment through the health service to access the services of the hospital occupational therapists. It was reported to the Panel that the creation of the IOTS gave flexibility for patients, to access all levels of occupational therapy including health and social care through the same team.
- 18. The Panel was advised that each local authority employs a lead occupational therapist and every occupational therapist in the South

Tees and Hambleton & Richmondshire area, is part of the integrated service. It was confirmed that the service also provides palliative care to hospices, located within the area covered by the integrated service. The Panel heard that, in the view of those presenting, referrals and the provision of occupational therapy equipment through the integrated service, could be handled quickly and the patient would only be required to deal with one point of contact.

19. It was also pointed out to the Panel that patients leaving hospital, in need of occupational therapy, would be monitored for up to 30 days following their discharge from hospital.
20. In terms of ensuring the quality of services provided, the Panel was informed that the Partnership Board regularly reviewed cases, to evaluate whether the service provided was up to the specification as determined in the Partnership's Service Level Agreement.
21. The Panel was interested to hear more on the transition between hospital-based care and social care, specifically when someone returns to Middlesbrough from an out of area of hospital. It was confirmed to the Panel that there was a statutory responsibility for nursing staff to identify if a patient had a social care need and to pass that referral on to the appropriate hospital. It was acknowledged, however, that there was a limit to what the IOTS could do to influence how other hospitals operated. The Panel expressed strong concern about the apparent lack of support provided to patients who had been referred to a hospital outside the area and discharged from that hospital back to their own home, if they were not aware of the services the IOTS could offer.
22. The Panel made enquiries as to who would have responsibilities for the equipment associated with occupational therapy. The Panel was advised that it could be the responsibility of social care or health, whereas adaptations to the home fell within the remit of social care. The Panel was advised that the occupational therapist would remain involved in a case until all the adaptations were completed to ensure they were fit for purpose.
23. In response to queries, it was confirmed to the Panel that the financial contribution from the Department of Social Care to the IOTS amounted to £570,000 with the vast majority being used towards staffing costs. It was the responsibility of the Strategy and Delivery Manager to oversee Middlesbrough Council's contribution to the budget. The Panel heard that regular meetings of the Finance Forum, which was made up from representatives from all the partners, were held to discuss any financial concerns/issues.
24. The Panel made enquiries around whether the IOTS had conducted any surveys in relation to how the service was performing and specifically what service users thought. The Director of the IOTS advised that activity figures with regard to how many cases, the nature

of the assistance provided and how it was provided could be made available to the Panel. Whilst the Panel understood the relevance of this information, the Panel was somewhat concerned that the Annual Review was so heavy in process related data and paid very little attention to outcome related data or outcome related information from a patients perspective. This was something that the panel identified that it would like to revisit as the review progressed.

25. The Annual Review of Performance of the IOTS, also included statistical information in relation to what the issue was, what service was provided in response to the issue and what benefits were achieved by the providing the service. In response to a query from the Panel as to whether there was any cash value in providing a service, the Panel was advised that sometimes monetary savings could be achieved. This would be by providing equipment in order to prevent packages of care and to keep the customer independent or training with regard to managing a particular condition, such as someone with Parkinson's disease. Staff were provided with training about the condition which prevented unnecessary equipment provision and the patient/customer was made aware of how to manage their own condition and when to ask for support.
26. In response to a query whether any surveys had been carried out to ascertain the effectiveness of the integrated service, the Director of IOTS advised that the service had received positive feedback following the results of an annual survey from central Government. It was highlighted, however, that it was more likely that patients who were happy with the service they received would respond to such surveys. The Panel was advised that apparently IOTS receives very few customer complaints.
27. The Panel was keen to ascertain what evidence existed to support the benefits of having an IOTS type model, as opposed to stand alone services, in different organisations that worked closely with each other. The Panel was advised that the benefits of the integrated service and the flexibility for patients to access all levels of occupational therapy, including health and social care through the same team, had not been fully quantified. The Panel was interested to learn that originally there was only one other integrated partnership of this kind in the country, as other organisations had tried to operate a similar model of working and failed. The Panel was advised that the IOTS required a substantial amount of resources and management, but all of the partners were committed to the Partnership.
28. The Panel enquired as to whether the Director of the IOTS envisaged any pressure on costs in the coming year.
29. The Panel was advised that one of the pressures faced by the IOTS was the early discharge of patients from hospital, which meant that some patients needed more care in a community setting. Early

discharge, whilst fundamentally a good thing if it was done appropriately, does cause pressures for community services that need to be managed effectively. As such, the Panel heard that the IOTS needed to ensure that resources were directed in the right areas.

30. The Panel was interested to learn that, in the view of those present, IOTS also faced pressures in relation to the provision of equipment as people were staying in their own homes for longer. In addition the Panel was advised that the equipment for children was expensive, and on occasion the same piece of equipment could be required in two different places in order to support children and their carers.
31. Reference was made to the development of “Virtual Wards” which, the Panel was informed, would facilitate many people receiving health and social care support within their own homes, rather than a hospital. The Panel heard that there was some concern amongst social care and community services staff about the level of consultation between Middlesbrough Council and South Tees Hospitals NHS Foundation Trust. This was concern was specifically around the extent to which community based staff would be appraised and involved prior to a patient being discharged. Fundamentally, the panel heard there would be considerable concern about people being discharged, requiring significant input and there not being sufficient expertise in the community. It was highlighted to the Panel that that nurses and health professionals needed to acknowledge the contribution that social care staff made to the service.
32. The Panel was also interested to hear that due to advancing medical techniques, more children with complex needs would live longer and the service would face pressure from associated paediatric services, as resources were struggling to keep up with demand.

Evidence from South Tees Hospitals NHS Foundation Trust and Redcar & Cleveland Borough Council

33. At its second evidence gathering meeting, the Panel was keen to speak to two organisations that are formal partners to the IOTS. Those organisations are South Tees Hospitals NHS Foundation Trust and Redcar & Cleveland Borough Council.
 - 33.1 In advance of the meeting, the STHFT was asked to consider the following questions.
 - 33.2 How long has the Foundation Trust been a formal partner in the IOTS partnership?
 - 33.3 What is the total financial contribution of the Foundation Trust to the IOTS partnership?
 - 33.4 What is the FT's view on how well the IOTS works in practice?

- 33.5 Is being a contributing partner to the IOTS good value from the FT's perspective?
- 33.6 As a partnership, does the IOTS, in the FT's view, deliver more in total than its constituent parts could do independently?
- 33.7 What, in the view of the FT, are the future pressures facing the IOTS?
34. The Director of Clinical Support Services from South Tees Hospitals NHS Foundation Trust (STHFT) was in attendance at the meeting to present the views of the Trust on how the IOTS was performing, from the Foundation Trust's perspective.
35. The Panel was advised that although the IOTS had been operational for 9 years as an arrangement between Middlesbrough Council, STHFT, Middlesbrough PCT and Redcar and Cleveland Council, a formal service level agreement was finally drawn up in August 2006. It was confirmed that the partnership worked closely with Middlesbrough, Redcar & Cleveland Community Services (MRCCS) until these services were integrated to become part of the IOTS on 1 April 2011.
36. The Panel was keen to establish the extent of the total financial contribution to IOTS from the FT. The Panel heard that for the previous year (2011 - 2012) STHFT contributed £1.49m (41%) to the overall integrated/aligned budget of over £3.6 million and Middlesbrough, Redcar & Cleveland Community Services contributed £937,000 (26%).
37. The Panel was advised that the management costs, which were shared by each partner on the basis of financial contribution to the overall budget totalled £244,126 for the previous year, which was 6.3% of the total budget. The management costs for the current financial year were however expected to be £239,000 which was slightly lower than the previous year.
38. The Panel was keen to gather the FT's view as to how well the IOTS was working. The panel was advised that the service was based upon a patient centred approach and, in the FT's view, the integration of the service had resulted in less duplication of work and tasks, particularly in respect of the ordering and requisition of equipment. Social Care patients with long term conditions also had easier access to acute occupational therapists and patients were monitored for 30 days after discharge.
39. The Panel was pleased to note that the introduction of a Locality Lead for Middlesbrough, Redcar and Cleveland Community Services had resulted in the integration of the rehabilitation and re-ablement services across the whole service under one lead to enable the services to develop together.

40. The Panel heard that, in the view of the FT, being a contributing partner of the IOTS was good value for money. From the perspective of the FT, the patients received a better service than they would if the services were working as separate entities and the joint arrangements presented staff with an opportunity to develop wider skills. The Panel was advised that staff could also react more quickly and flexibly and patients received continuity of care and an enhanced recovery service. The sharing of the different contact bases within all the services was also perceived to be a valuable asset.
41. The Panel was keen to hear the views of the FT representative on future pressures facing the IOTS. The Panel was advised that the financial situation facing the FT, allied to the fact that all the partners were looking to make savings, placed pressure on the future of the IOTS. It was also highlighted to the Panel that the fact that the management costs were not fixed at the outset of the financial year to enable the partners to determine the exact level of costs was also an issue as well as the level of demand and the costs associated with equipment budgets.
42. In response to a Panel enquiry regarding personnel training costs, the Panel was advised that any training costs were met from each Partners departmental/divisional budget. Training could also be reciprocated between the different partners in certain circumstances. Members were advised that dementia training for staff on wards had been highlighted by the Trust as a key priority.²
43. In response to a query from the Panel regarding with regard to what the STHFT would wish to see in terms of the occupational therapy service in the next six months, the Chief of Clinical Support Services advised that the Trust were carrying out a Community Services Review with a view to integrating physiotherapy and occupational therapy in the community.
44. The Panel heard that the purpose of the review was to bring the services closer together as a partnership. It was reported as anticipated that there would be a locality based integrated physiotherapy and occupational therapy service based in both Middlesbrough and Redcar and Cleveland with 4 levels of service; rapid response, virtual wards, high level and low level. The service would operate seven days a week from 8.00am until 8.00pm.

² The Panel has subsequently been advised by the Director of IOTS that "(OTs must provide evidence of continued professional development in order to maintain their professional registration. Training budgets are very low and insufficient to cover all costs. Staff often have to make a financial contribution to their training. By sharing expertise and cascading training received, costs are kept low whilst staff are offered relevant free training at a high quality.)"

45. In conclusion to this section of evidence, the Panel requested that an invitation be extended to the Chief of Clinical Support Services at STHFT to report back to the Panel in 6 to 9 months. This would be to hear more on the Trust's experience with the IOTS and to advise the Panel of any further developments in respect of the occupational therapy service.

Evidence from Redcar & Cleveland Borough Council

46. As part of the same meeting, the Panel also received evidence from Redcar & Cleveland Borough Council's Department of Social Care. Before the meeting, senior representatives were asked to consider their views on the following questions, to be discussed at the meeting.
- 46.1 How long has R&CBC been a formal partner in the IOTS partnership?
- 46.2 What is the total financial contribution of R&CBC to the IOTS partnership?
- 46.3 What is R&CBC's view on how well the IOTS works in practice?
- 46.4 Is being a contributing partner to the IOTS good value from R&CBC's perspective?
- 46.5 As a partnership, does the IOTS, in R&CBC's view, deliver more in total than its constituent parts could do independently?
- 46.6 What, in the view of R&CBC, are the future pressures facing the IOTS?
47. Redcar & Cleveland Borough Council was represented by the Interim Head of Adult Services and the Service Manager - Access and Independence from Adult Services. In addition to outlining their views on the questions outlined above, they presented the views of Redcar & Cleveland Council on how the Integrated Occupational Therapy Service (IOTS) was performing, from a Redcar & Cleveland perspective.
48. The Panel had heard previously that the integrated organisational model of IOTS being used in South Tees, is relatively rare. This suggestion was supported by the Interim Head of Adult Services, who advised the Panel that he had worked in a number of different areas within social services, however this was the first time he had been involved in the operation of a fully integrated occupational therapy service.
49. The Panel was advised by senior representatives from Redcar & Cleveland Borough Council that there was a very strong consensus that working together with partners was best way forward relating to

Occupational Therapy. Nonetheless, the Panel heard that it was legitimate to question just how integrated the IOTS actually was.

50. The panel was keen to gain the view of Redcar & Cleveland on the overall worth of the IOTS and whether R&CBC felt it represented good value for money. The Panel heard that Redcar and Cleveland Council would have difficulties in providing sufficient evidence to prove that the IOTS provided value for money for the authority. Building on that point, the Panel heard that senior staff at R&CBC could deliver a better service for the same amount of money spent, without the need for a formalised partnership arrangement. It was, however, acknowledged that integrated partnership working would still be required.
51. In response to the Panel's questioning, it was advised that there were a number of areas of concern for R&CBC with the IOTS. It was highlighted that there were still two separate waiting lists in operation for community based assessments for Redcar & Cleveland Council and Middlesbrough Council. Further, the waiting time for an occupational therapy assessment in terms of Redcar & Cleveland Council was currently standing at up to 25 weeks. The Panel was left in no doubt that this was seen as unacceptable by R&CBC and was something that the IOTS was expected to tackle very swiftly. The Panel also heard that other improvements that could be made, in the view of R&CBC, concerned the supply of equipment. It was suggested that matters would be improved if the budget was pooled on a 50/50 basis between health and social care.
52. The Panel enquired as to how R&CBC would reduce waiting lists. It was advised that partnership working was key and the fact that R&CBC was not managing the service/resource in a direct way, limited how much influence and the impact the authority could have on improving the service. On clarification, it was highlighted that the waiting list was not for the provision of equipment, it was for the assessment to determine what equipment or resources were required by the patient.
53. The Panel was advised that Redcar & Cleveland had been part of the original arrangement between Middlesbrough Council, STHFT, Middlesbrough PCT and Redcar and Cleveland Council before the formal service level agreement was finally drawn up in August 2006. Middlesbrough, Redcar & Cleveland Community Services (MRCCS) were integrated to become part of the IOTS on 1 April 2011.
54. It was confirmed to the Panel that the contribution to Management Costs from Redcar and Cleveland Council was £25,000 for the year 2011/2012. The staffing costs for staff employed by STHFT were £370,000 and the total staffing budget costs were £435,000.
55. The Panel heard that from a R&CBC perspective, the IOTS had initially worked well. There had been increased rates of recruitment & retention and waiting lists were low. It was highlighted, however, that the

previous year had been less successful and with the current funding and budget pressures, the authority was required to evidence cashable savings as a result of being a partner in the IOTS.

56. The Panel heard that initially the IOTS had employed two Operational Managers, one with a hospital background and one with a social care background.
57. The Panel was advised that a management restructure at Middlesbrough Council had, however, resulted in the deletion of the Operational Manager post for Social Care. The Panel was advised that this had impacted on the IOTS' plans to integrate MRCCS under the management of this post and this had had a detrimental effect on service delivery from a R&CBC perspective. The Panel heard that this development contributed to waiting lists for occupational therapy assessments increasing to 47 weeks.
58. The Panel heard that to counter this loss of capacity, the Service Manager - Access and Independence had stepped in and undertaken part of the duties of the post and waiting lists had been reduced to 25 weeks. It was reported, however, that it should be recognised that this was not a formal arrangement and was likely to be on a temporary basis.
59. The Panel was advised that an advantage of the IOTS was that residents had better access to integrated care pathways, particularly in relation to patients with complex needs such as patients with Parkinson's Disease and stroke patients. The arrangements in respect of the combined blue badge mobility assessments were also identified as a success of the IOTS. Collaborative working practices were evidenced and it was highlighted that this was built on the networking arrangements and the sharing of knowledge.
60. It was, however, highlighted to the Panel that other authorities are able to demonstrate good partnership working on important services, without a formal partnership arrangement. The Panel was advised that R&CBC were currently investigating the possibility of having a tri-borough collaboration of shared services with Darlington, Hartlepool and Redcar and Cleveland, although discussions were at an early stage. During discussion of this point, the Panel heard that the severe financial pressures placed on local authorities meant that they were required to examine whether any joint management arrangements they were involved in, resulted in value for money. Against this backdrop, IOTS is no different.
61. The Panel was interested to explore what R&CBC was doing to address the current waiting times for OT assessments. The Panel heard that R&CBC was currently undertaking an exercise to screen all clients currently on the waiting list for occupational therapy

assessments, to determine whether they should be progressed through the rehabilitation service or the stroke rehabilitation service.

62. In a response to a query from the Panel on waiting list times at JCUH, the Chief of Clinical Support Services advised that the hospital patients were seen within 3 - 5 days as they were usually referred from acute wards.
63. The Panel also made an enquiry about how South Tees residents requiring OT support would be dealt with, should they be repatriated to the area from an out of area hospital. The Panel heard that the hospital to which the patient had been referred had responsibility for notifying the hospital from which the patient was originally referred of their discharge, so that the necessary after care arrangements could be organised.
64. The Panel was interested in ascertaining the view of R&CBC as to what changes Redcar and Cleveland Council would wish to see in terms of occupational therapy in the next six months. The Panel was advised that the authority would like to significantly reduce waiting lists for occupational therapy assessments. In addition, it would like to make some progress towards developing a pooled budget for equipment, split equally between health and social care.

Evidence from the Middlesbrough Department of Social Care

65. At the panel's next meeting, The Panel had extended an invitation to the Assistant Director, Social Care to advise Members with regard to the department of Social Care's view in respect of the operation of the Integrated Occupational Therapy Service. The Assistant Director, Social Care had been unable to attend the meeting, however he had briefed the Strategy and Delivery Manager with regard to his views and the Strategy and Delivery Manager was in attendance at the meeting to present those views.
66. The Panel asked the Department of Social Care to consider the following questions, in advance of the meeting.
 - 66.1 How long has Dept of Social Care been a formal partner in the IOTS partnership?
 - 66.2 What is the total financial contribution of the Dept of Social Care to the IOTS partnership?
 - 66.3 What is the Dept's view on how well the IOTS works in practice?
 - 66.4 Is being a contributing partner to the IOTS good value from the Dept's perspective?

- 66.5 As a partnership, does the IOTS, in the Dept's view, deliver more in total than its constituent parts could do independently?
- 66.6 What, in the view of the Dept, are the future pressures facing the IOTS?
67. The Panel was advised that the Department of Social Care had been part of the IOTS for a period of 9 years. In terms of financial contributions, the Panel heard that the Department of Social Care had an annual budget of £40,600 in relation to the management costs of IOTS. It was reported that initially the IOTS had employed two Operational Managers, one with a hospital background and one with a social care background. As the Panel had heard previously, a management restructure at Middlesbrough Council had however resulted in the deletion of the Operational Manager for Social Care. As a consequence, the Department of Social Care had only been required to contribute management costs of £28,900 for the year 2011/12.
68. The Panel was advised that that the level of management costs paid, was proportionate to the level of activity for that particular organisation. The Department of Social Care did not anticipate any change to the level of activity in the year ahead and as a consequence it is envisaged that the management costs for 2012/13 would be around the same as the previous year.
69. The Panel was advised that in strategic terms, the aim of the IOTS partnership was to encourage the integration of occupational therapy across health and social care, to give flexibility for patients to access all levels of the service through the same team.
70. The Panel was interested to explore the Dept of Social Care's view on the value of the IOTS. The Panel heard that although the IOTS did in some ways achieve the aim outlined in the para above, the Department of Social Care struggled to evidence that the current configuration of the IOTS offered the flexibility required by the Department of Social Care. Or for that matter, the Panel heard, the Department struggled to evidence that the partnership provided value for money.
71. The panel was advised that although IOTS provided a more joined up occupational therapy service, with specialist advice, it appeared disconnected from the priorities of the Department of Social Care. It was highlighted that the priorities of the Department of Social Care changed rapidly over the years. It was, however, difficult to reflect that level of change expediently through the IOTS.
72. The Panel heard that the Department of Social Care was concerned that the Annual Review Performance Report from IOTS, focused too much on the volume of activity and staff sickness levels within the service. It was said that it failed to record or link the activity of the service to the outcome for service users in terms of what improvements

had been made to the service users' quality of life, as a result of receiving the service. This was an area of concern for the Panel.³

73. In terms of ensuring the service was as resilient as possible to the funding cuts, the Panel was advised that the Department of Social Care was currently undertaking a Workforce Reform exercise as a result of a reduction in funding. The exercise involved making changes to the way the department operated by encouraging staff to be more flexible and to operate in a generic way as currently some of the specialised qualified staff were carrying out functions which could be done by lower paid employees.
74. It was confirmed that the Workforce Review was expected to take up to 6 months and the aim of the review was to make sure that what the Department of Social Care was providing in terms of occupational therapy was affordable, value for money and improved the quality of life for individuals.
75. The Panel noted that the future pressures facing the Department included the cuts in social care funding, the changing demographics of the town and the future health reforms.
76. Building on information the Panel received from R&CBC, the Panel was interested to learn about waiting lists for occupational therapy assessments in Middlesbrough. The Panel was advised that the waiting lists could be broken down by 4 different timescales:-
 - 76.1 Care Management and Access Team 14 Weeks
 - 76.2 Physical Disabilities 13 Weeks
 - 76.3 Housing - Staying Put Agency 8 Weeks
 - 76.4 Occupational Therapy through Erimus Housing 9 Weeks
77. It was highlighted to the Panel that people who had a greater or higher priority would receive an earlier appointment. The Panel was advised that there was disparity in the average waiting lists, apparently due to the lack of flexibility of IOTS and being able to meet rapidly changing priorities. The Panel noted that The Department of Social Care advised that they would like more flexibility to move the priorities around and an improved monitoring of the outcomes for service users.

³ The Panel has subsequently been advised by the IOTS that "Tabled at the last Partnership Board (June 2012) was a significant piece of work relating IOTS quantitative and qualitative data to customer/patient outcomes and experiences. The domains also linked to the NHS Outcomes Framework, Adult Social Care Outcomes, Public Health Outcomes in order to ensure that the latest government publications relating to patients/customers were reflected . MBC were not present at that meeting sending apologies. A follow up is tabled for November Board. Acceptance of the IOTS Outcomes Framework would significantly change the reports submitted to the board and would form an addition to the required activity performance reports)"

78. The Panel heard that the existence of the IOTS was attractive to some Occupational Therapists, as staff employed through IOTS have clear career progression opportunities. It was highlighted to the Panel that if the Council withdrew from the IOTS, it could have a negative effect on the recruitment and retention of Occupational Therapists. Further, the Panel heard that there was a reputational concern that the Department of Social Care could be perceived as withdrawing from joined up working with their health counterparts. The Panel considered that problems around recruitment and retention to be of great importance and not something that could be simply labelled as a 'management issue'. Encountering difficulty in recruiting sufficient staff could have very real impacts on access to services and equitable service delivery and therefore the issue could have significant political implications for the authority.
79. The Panel made enquiries as to whether any evaluation had been carried out, in relation to why the Council continued to be a partner in the IOTS. Members also queried that if the Council did make a decision to withdraw from the partnership, what would replace it to ensure security of service and value for money.
80. The Panel was advised that the IOTS, the effectiveness of the service and whether what was being provided met with the Council's requirements, should have been reviewed much earlier and that this point was accepted by the Department of Social Care. The Panel queried whether there was an audit trail in terms of cash benefits, or the intrinsic value of the IOTS. It was confirmed that although the Department of Social Care could determine what had been spent on the occupational therapy service, the Department found it difficult to link it to the outcomes for individual service users.
81. In conclusion, the Panel queried whether the IOTS was value for money for Middlesbrough and whether it was fit for purpose. The Department of Social Care confirmed that it did not have any data to provide evidence that the IOTS, represents value for money. It was suggested that the performance data contained in the IOTS Annual Review Performance Report looked at the number of people who had received a service, but didn't place sufficient emphasis on understanding how that person's life had improved (or not) as a result of receiving that service.
82. It was highlighted to the Panel that demographics had changed and more people were surviving serious injuries. As such, the various partners involved in the IOTS needed to consider whether the service that was currently being delivered, was in line with historical requirements rather than current needs.

Roundtable debate

83. Following consideration of evidence from a number of sources, the Panel was keen to hold a roundtable debate, whereby a number of key issues could be discussed with all previous witnesses in attendance.
84. In advance of the meeting a number, of key questions were identified by the Panel as key to the roundtable debate. Those questions were shared with contributors in advance of the meeting and were used as a guide to the meeting. They are outlined below.
- 84.1 *To what extent is the IOTS service, in its current form, well placed to deal with a prolonged period of public sector budgetary retrenchment?*
- 84.2 *To what extent is the IOTS service, in its current form, well placed to deal with the pressures and demands associated with an (increasingly large) ageing population?*
- 84.3 *To what extent is the IOTS service sufficiently flexible and 'light on its feet' to be able to meet patients' and services' shifting demands and priorities?*
- 84.4 *To what extent does the IOTS provide demonstrable value for money to the constituent members of the partnerships?*
- 84.5 *The Panel has heard that the formal partnership employed by the IOTS is quite uncommon and is not widely replicated in other areas. What are the thoughts of those present as to why that is?*
- 84.6 *Considering the future, where do Occupational Therapy Services go from here? How does the system improve the quality of services whilst dealing with the well-publicised financial reality?*
85. The Service Manager, IOTS, began the discussion and stated that in response to the public sector budget reduction requirements, changes had been occurring across the Occupational Therapy Service over the last two years. The Panel heard that continuous cost adjustments were being made at management level, as well as assessing that access to the service at the point of referral was dealt with at the correct level, by the person best placed to deal with the referral. The Panel was advised that IOTS was looking closely at in-house training opportunities as staff needed to be registered with the Health and Social Care Professional Council and training could be expensive.
86. Following a query from the Panel in relation to management costs, the IOTS Service Manager advised that at the end of each year, management costs were examined to identify whether any efficiencies could be made and those management costs had been reduced over the last two years with reductions in posts. The Panel was also advised that the IOTS is looking to move to a scenario of having fixed

management costs, which will assist partners in planning their budgetary commitment to the service.

87. With the permission of the Panel, the Interim Head of Service, Redcar and Cleveland Borough Council, made an enquiry with the IOTS representative. It centred on what measures had been taken, in terms of the referrals made to the OTs and what action was being taken to minimise use of equipment, where it was not clinically necessary. The IOTS Service Manager stated that the service had delivered training in relation to *fair access to care* so that anyone requesting equipment was dealt with consistently at the point of contact with IOTS. The Panel heard that identifying the correct equipment, where appropriate, for the service users' needs helped to ensure a reduction in costs, ie to ensure that expensive equipment was not issued when not essential. A report in relation to the self assessment process had been produced to ensure that individuals referred to the Service received the appropriate care in the correct way. It was also reported that staff answering initial calls were trained, to help the caller carry out a self assessment to determine whether OT staff were required to carry out an assessment of the caller's needs and for the appropriate care/assistance to be provided. In terms of fair access to care, the Service ensured that all staff were trained in relation to the guidance and to ensure that all partners adhered to those guidelines.
88. The Panel queried who was responsible for determining whether a piece of equipment should be provided to a person, following an assessment. The IOTS Service Manager explained that the request would be submitted to a Panel for decision and it was decided on the basis of assessed need, not a cost need. It was confirmed that this was the process for equipment costing more than £200.
89. The Panel heard that for equipment costing under £200, random retrospective audits were carried out on approximately 10% of assessments. It was confirmed to the Panel that it would need to be evidenced that there was no other outcome, other than the equipment being required for a clinical reason. It was highlighted to the Panel that some pieces of equipment needed to be adapted to meet the specific needs of the individual, therefore, decisions were made not on the basis of cost but on the appropriateness of the equipment for the individual's needs. Following questioning, it was acknowledged that this was not necessarily a way of reducing costs, as the appropriateness of the required equipment would determine the cost.
90. The Panel heard from the Assistant Director Adult Services, Middlesbrough Council, who commented that when the above issues were looked at by the Department, consideration needed to be given as to whether an adult social care specialist was always required. It was stated that there was a proportion of cases where a qualified specialist person, was not required and that their input would only be required in more complex cases. It was also queried as to how IOTS

could always respond to two separate organisations, as it was possible that each had differing views and operated in different ways.

91. The Panel heard that it was important to recognise the role of Occupational Therapy and that there was more re-enablement potential for referrals made via Occupational Therapy. The Panel heard concerns expressed regarding referrals that did not go via Occupational Therapy and the level of integration with Social Workers. The example was given by the Department of Social Care, Middlesbrough Council, of a person who unable to make a hot drink for themselves. They might have a package of care put in place, rather than adapting a kettle by using a tipping device, enabling the individual to make a drink without the need for a care package. It was also queried whether an Occupational Therapist assessment was always necessary to identify equipment for an individual and had concerns that a specialised role was being created, when it was not necessarily a specialised role to identify whether a piece of equipment was required.
92. The Panel heard from the IOTS Service Manager, that work completed around the self assessment process had produced a change in the questions asked when a caller telephoned the service initially.. A matrix system was used with certain triggers in place that would lead to the re-enablement process or rehabilitation process and IOTS would work at different levels to help influence and develop those services.
93. The Panel heard from the Interim Head of Service, Redcar and Cleveland Borough Council, who referred to the assessment process as being very costly in terms of professional input. It was considered that having the correct skills matrix could be further developed within the Service in order to streamline professional input and reduce costs.
94. In support of that point, the Panel heard that the Chief of Clinical Support Services, STHFT, agreed that an appropriate skills matrix needed to be in place and a (payscale) banding review across the Division of Clinical Support Services, including Occupational Therapy was a key priority.
95. Continuing with the theme of matching the right skills to the right situation, the Service Manager, Access and Independence, Redcar and Cleveland Borough Council, argued that in the current format, there was a potential to reduce waste in Occupational Therapy, by ensuring that services did not duplicate each other. It was highlighted that the hospital, GP and Social Services OTs all reached the same conclusion, that the issue was not just about changing Occupational Therapy Services but about changing Social Care and creating independence for service users. The Panel noted with interest, that the first response to a service user should be what services were required to help them get back on their feet and not to keep them within the system for life.

96. The Panel questioned whether a dependency culture would be created by not having service users assessed by qualified OTs, as the OT assessments were very robust. In response, representatives from Redcar and Cleveland, stated that unqualified people tended to have set responses and that self assessment would be critical, particularly in getting people into rehabilitation as this was an under-utilised service.
97. The Panel heard from the Department of Social Care in Middlesbrough that in terms of IOTS, there was very good integration between Health Occupational Therapy and Social Care Occupational Therapy functions, but considered the integration of non-OT functions needed to be developed and strengthened.
98. The Panel was told that there were various models between OT services and care management but input from IOTS in terms of care management in health care was important.
99. As the debate developed a Member of the Panel expressed concern that it was not clear what measures were in place before accessing OT, considered the process to be vague, and also considered there to be no evidence that the process would reduce costs. In response, Middlesbrough's Department of Social Care replied that the a new model was being developed to maximise potential to re-enablement, by ensuring that the person dealing with a service user at the first point of contact, had the knowledge and skills required as this could determine whether the service user went down the pathway to Occupational Therapy or Social Care.
100. The Panel was interested to hear from the Interim Head of Service, Redcar and Cleveland, that a national pilot showed that there would be approximately 40% of people that would not require ongoing support. Of those people, there would be a percentage that did require ongoing support and the re-enablement process now brought people into the system that would not usually be involved, for example those with lower level requirements. In this regard, the Panel heard that it is essential to ensure that assessments were proportionate and should only be carried out on a 'need' basis. There may be cases of low-level need that could be assessed by a non-qualified person and this would produce some savings.
101. The Panel was advised that the National Audit on Intermediate Care had just been published. Redcar and Cleveland and Middlesbrough would have access to those findings and IOTS would examine them to see what could be learned. It was anticipated that within the next 3 – 6 months IOTS would be able to examine how a person was managed and at what point a package of care was triggered or a move into re-enablement or rehabilitation was advised. It was hoped that by examining the pathway of access to health and social care, hospital admissions and provision of care packages could be avoided where they were not essential.

102. The Panel made reference to that perception that neurology and stroke patients, once they were discharged home from hospital, having had an appropriate assessment to access rehabilitation, then experienced a lack of support at home. It was queried whether, in three months time a patient would go from Ward to home, have an assessed need and be followed up appropriately and have a named person to contact. The IOTS Service Manager responded to the Panel that Community Services were being transformed and supported the discharge of stroke patients. It was acknowledged that there was currently little support for stroke patients once at home and there would be a core team from the various services that would provide support via IOTS under the new arrangements. The aim would be to support patients and their families in their own homes to avoid further hospital admissions, for example, patients with COPD. This process was something that IOTS was moving towards in the next 3-6 months and was part of the transforming community services initiative.
103. The Panel was interested to note that the Chief of Clinical Support, STHFT, added that staff would be in place by the end of October 2012, however, the results would not be immediately noticeable to patients. It was pointed out that Stroke patients were quite a different issue and a lot of work was being done in relation to this.
104. The Panel heard from Middlesbrough's Department of Social Care, that all partners had been involved in the Review of Community Services and integration between health and social care needed to be robust. However, at this time it was unclear as to what additional demands this would place on Middlesbrough's Social Care Service.
105. It was acknowledged that Social Care and Health Services were changing constantly and IOTS were actively involved, Occupational Therapy was just a part of the jigsaw. In relation to the Review of Community Services, there would be integration of Occupational Therapy and Physiotherapy Services, with a rapid response element available between 8.00am and 8.00pm seven days a week, from the end of October 2012. The referral system would be restricted initially but would be rolled out.
106. The Panel acknowledged that there were currently a lot of changes ongoing and queried what plans were in place to deal with the changes. The Panel heard from that the biggest challenge for the local authorities would be whether the system approach was keeping people out of hospital and getting them out of hospital sooner as this would impact on Social Care resources. As a result, resources would need to be taken out of Health and placed into the community and social care. There was a real danger of shunting demand, without the appropriate resources following. This was noted as a clear concern for the Panel.

107. It was queried what contingency plans were in place to cope with this. Middlesbrough's Department of Social Care stated that it was aware of the risks and had some re-enablement funding to use where necessary, but would question how IOTS would cope with a fluctuation in demand as it had a defined structure and costs. The IOTS Service Manager stated that IOTS had the flexibility to deploy staff from Health and Social Care and Occupational Therapists had the ability to be deployed across services. This had been done on a number of occasions, for example when there had been vacancies within Intermediate Care IOTS had deployed staff from the Acute Trust.
108. It was highlighted that there was a variation in Occupational Therapy assessment waiting times in different areas, between 9 and 15 weeks, depending on where the person lived. It was considered that the service provided by IOTS, was currently not as flexible as Middlesbrough would like.
109. A Panel Member queried whether there would be any benefit in having a single service for all of the Tees Valley. The IOTS Service Manager advised that this had happened in some parts of the country but there could be issues around waiting lists due to the way in which referrals were accepted. A person may have to wait a considerable period of time following referral for a qualified Occupational Therapy assessment when the person actually needed the rehabilitation service. Representatives from Redcar and Cleveland, considered that it was not a viable solution for all parties to work for a single service and the view had been taken that all staff were professional enough to carry out their roles without the need for a single service. It was pointed out that once an individual was on the waiting list for assessment, they should have already been screened appropriately by Social Care. Redcar and Cleveland and Middlesbrough currently operated a Performance Indicator that aimed to contact the individual within 48 hours of referral and consideration should be given to this target being widened across the board.
110. When the Panel enquired as to what the solution was, the IOTS Service Manager accepted that although it was a longer process, she considered the long term benefits to be the best and was very keen to develop the pathway between rehabilitation and re-enablement. She added that Health and Social Care were working together on a bid for Transforming Communities. The Service Manager felt positive that the direction of travel for the service was right but to be watchful of the risks with continuing changes in Health and Social Care.
111. The Panel queried why the formal partnership employed by the IOTS was not widely replicated in other areas. The IOTS Service Manager advised that other organisations had tried to operate a similar model of working and had failed as the partners were unable to agree on its functions and had pooled budgets. It was said that some of the integrated services in other parts of the country had not fully integrated

with Social Care and other areas had further integrated with physiotherapy in the community, whilst some had integrated with Social Workers but they had been taken out of integrated teams. The Panel heard that it was generally considered that the managers in the Partnership of IOTS were forward thinking and wanted to see results. The Service Manager advised that IOTS had recently expanded to encompass the areas of Hambleton and Richmondshire and their Social Care services were very different. An example was provided to the Panel that within the North Yorkshire area, 49% of neuro-patients stayed in hospital longer as there was no support when leaving hospital, compared with Redcar and Cleveland and Middlesbrough.

112. The Interim Head of Service, Redcar and Cleveland, highlighted that IOTS had the added complexity of two local authorities being involved but considered integration to be the way forward. He considered that the variance in waiting lists for patient assessments and additional impacts on Health and Social Care should be examined.
113. The Panel was keen to enquire of those present, whether IOTS provided demonstrable value for money to the constituent members of the partnership, Middlesbrough's Department of Social Care reported that whilst it understood what the service provided for the individual and for local health services, it was unsure how the Service provided value for money to Middlesbrough Council. It was acknowledged that it provided a better trained Occupational Therapist base, but felt it created disintegration between care management and Occupational Therapy. To build on that point, representatives from Redcar and Cleveland considered that the contribution provided to IOTS from Redcar and Cleveland could potentially be used more effectively to reduce waiting lists for assessments in the Redcar and Cleveland area, but acknowledged that partnership working was the way forward. The IOTS Service Manager advised that the Partnership Board was supportive of the ongoing changes whilst being mindful of the individual requirements of the partners of the IOTS service.
114. It was reported from a Redcar & Cleveland perspective that whilst it was not dissatisfied with IOTS, it would like to improve the benefit to the local authority and would expect to see some financial benefits from the partnership and not additional costs. The Panel heard that changes in re-enablement and in transforming Community Services presented the option for early involvement from key therapist partners and this may impact on ongoing support for patients by reducing it due to a better skill mix. It was added that Redcar & Cleveland welcomed the review of the OT service as there were currently four or more OT pay grades and that the area needed to be streamlined and more effective. Both Redcar and Cleveland and Middlesbrough Councils considered they could possibly deliver services in a better way.
115. In terms of how the system improved the quality of services whilst dealing with financial reality, representatives from Redcar and

Cleveland, summarised that the system required proportionate assessments, a good skills mix at the correct grading and that hopefully the benefits of re-enablement would also have a positive impact. The IOTS Service Manager commented that Social Care needed to provide OT with more time to do direct contact and that benchmarking could be consistent to help take out any steps in the process that were not required.

116. The Panel also heard from Middlesbrough's Department of Social Care Assistant Director of Adult Social Care commented that some systems were needlessly over-bureaucratic, for example, last year two-thirds of Middlesbrough's assessments did not lead to an OT assessment. It was confirmed that Middlesbrough was currently undertaking a review of Social Care systems and was looking at a single system that did not necessarily need to be used by a qualified worker. It was considered important to consider Occupational Therapist caseloads and to strike the correct balance. The Interim Head of Service, Redcar and Cleveland confirmed that Redcar and Cleveland were looking at investing in the same system. The Chief of Clinical Support advised the Panel that the STHFT was also going through a similar process.

Conclusions

117. The Panel would like to highlight that it has been told by both local authority members of the IOTS that they cannot demonstrate, with any tangible evidence, that the IOTS currently offers them value for money. This would be of concern at any time, although in the current economic conditions, this is a stark message that the Panel feels duty bound to amplify. Of concern to the Panel is that the IOTS have been allowed to continue in its current form for a number of years, whilst these concerns have been held.
118. The Panel has heard, from more than one source, that the budget allocated to the IOTS is quite reasonable for the task at hand. The Panel has noted with interest, therefore, that there are considerable concerns with waiting times, particularly for community based OT assessments, that run into months. The fact that these waiting times exist raises the question as to whether IOTS is providing the service that can be realistically expected for the community it serves and for the amount it costs. In addition, the Panel has been told that it is probable that a care model organised differently could provide a better service, with significantly lower waiting times, for less money. Again, the Panel feels duty bound to report this.
119. The Panel has heard that there are a number of questions left facing IOTS, that it is required to answer. The Panel heard concerns expressed that it is not integrated enough to fulfil its duties and that as a model it is insufficiently 'light on its feet' and is unable to adapt quickly enough to its partners' shifting priorities.

120. The Panel has heard that the IOTS works best in connection to the acute hospital environment and certainly the most satisfied partner that the Panel spoke to was the South Tees Hospitals NHS Foundation Trust. The Panel has heard that it provides better access to integrated patient pathways and reduces some duplication. It should also be noted that the current model of care is attractive to Occupational Therapy staff, from a career progression perspective. It seems to provide staff with ample opportunities for development and exposure to different aspects of Occupational Therapy. The Panel considers it important that this is borne in mind, when considering future options for the organisation of Occupational Therapy.
121. The Panel has heard that a significant piece of work is required, to establish whether IOTS and the partner Departments of Social Care, are making the best use of their Occupational Therapy Resource. The Panel has heard at times that the service is far too bureaucratic, with too many unnecessary processes, which are costly and have no tangible benefit. It would appear that there are efficiencies, and financial savings, to be gained by considering processes in more detail. Further, the Panel heard of the importance of the IOTS looking to 're-able' people, as opposed to establishing a package of care that can risk turning someone needing temporary help, into a long term dependent of a care package.
122. On a wider policy point, the Panel feels it is worth pointing out that the drive to keep more and more people out of hospital, or to significantly limit their time as an inpatient, is of course welcome. It should be noted, however, that this will by definition create an additional workload for social care and without the necessary budgetary realignment to cope with this, Social Care is almost bound to struggle. Whilst integrated working is often viewed as the way forward to meeting such challenges, it would be very difficult to mount an argument that IOTS, in its current form, is the way to do that. The Panel has heard directly from two Departments of Social Care that it is relatively expensive and does not provide the service that they would expect.
123. The Panel notes that despite clear frustration, if not dissatisfaction, with elements of the IOTS, it is not at all clear that the Departments of Social Care have a detailed idea as to how it should be improved or replaced.
124. The Panel also heard from Redcar & Cleveland Borough Council that the authority is in early discussions about a tri-borough partnership between Redcar & Cleveland Borough Council, Darlington Borough Council and Hartlepool Borough Council. The Panel heard that if that partnership developed, it may leave Redcar & Cleveland Borough Council's involvement in the IOTS in doubt.

Recommendations

125. That the Department of Social Care critically evaluates the IOTS and its membership of the partnership, in light of expectations it would have of such a partnership for the next five to ten years. Specific attention should be paid to the delivery of high quality and efficient services to clients, value for money and the sustainability of the service.
126. If, after that exercise, the Department's clearly articulated and numerous concerns cannot be dealt with through work to the existing partnership, the Department should withdraw from the partnership. It should then seek to establish a new methodology of integrated working with key partners, that utilises specialist skills more appropriately, improves the service on offer, provides better value for money, reduces waiting times and is able to respond quicker to respond to changing demands and pressures.
127. Whether the outcome of the above work is to develop and change the IOTS, or look to a new model of working, the Panel would like to see patient/client outcome measures taking a more important role in the assessment of the functions work, alongside activity measures. In addition, the Panel would like to see a clear mechanism for the controlling of costs introduced. It has seen no evidence of this so far.
128. The Panel would seek updates on the above work at appropriate junctures.
129. The Local Authority should also be mindful of ensuring that a move towards less people being admitted to hospital, or at least spending less time in hospital, is accompanied by the reassignment of resources within the system, towards community based services. If the local health and social care economy fails to ensure that this happens, the Department of Social Care will be placed, over time, in an impossible position of increasing demand (in numbers and complexity), with a relatively ever dwindling financial allocation. It is recommended that the full weight of the local authority supports the Department of Social Care to ensure that this does not happen.
130. The local authority should also be vigilant to ensure that financial resources allocated to support community services in Teesside are not used to improve community services in North Yorkshire, via the shared service arrangement of the two areas.
131. That the process for Middlesbrough residents requiring Occupational Therapy, being repatriated Middlesbrough from out of area hospitals, is examined to ensure that they are not placed at a disadvantage and that the necessary communication can take place between the out of area hospital and Occupational Therapy. This is particularly true for patients referred to clinical specialities in Newcastle.

BACKGROUND PAPERS

132. Please see meeting papers for the following dates;

5 July, 26 July, 16 August and 6 September, 27 September & 18 October
2012

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