

**SOCIAL CARE AND ADULT SERVICES SCRUTINY PANEL
INTEGRATED OCCUPATIONAL THERAPY SERVICES – ACTION PLAN**

DATE: 12th FEBRUARY 2013

SCRUTINY RECOMMENDATION	PROPOSED ACTION	BY WHOM	BUDGET COST	TIMESCALE
<p>1. 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.</p>	<p>Review to be undertaken in line with the areas identified. Review will commence in January 2013.</p>	<p>Erik Scollay</p>	<p>Nil</p>	<p>Review complete by 31st March 2013</p>
<p>2. 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.</p>	<p>If the review should conclude that withdrawal from the partnership is the appropriate course of action then this will be effected in line with the terms of the partnership agreement. The partnership agreement requires notice of 12 months to be given prior to withdrawal from the partnership.</p> <p>If notice of withdrawal from the partnership is given then the future methodology for delivery of OT services will be developed within the on-going W,C&L workforce review.</p>	<p>Erik Scollay</p>	<p>Nil</p>	<p>If withdrawing from IOTS, notice would be given in April 2013 to be effective in April 2014.</p>

<p>3. 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.</p>	<p>Development of an outcome measures framework for service users and an improved financial reporting mechanism to be undertaken as part of the overall review.</p>	<p>Erik Scollay & Barbara Stoker</p>	<p>Nil</p>	<p>31st march 2013</p>
<p>4. The Panel would seek updates on the above work at appropriate junctures.</p>	<p>Updates will be provided as and when appropriate.</p>	<p>Tony Parkinson</p>	<p>Nil</p>	<p>Ongoing</p>
<p>5. 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</p>	<p>Reablement monies provided by the Government will be utilised to fund social care services which support early discharge or avoidance of hospital admissions.</p>	<p>Tony Parkinson</p>	<p>Nil to the Council. Funds provided by Health equate to approx £950,000</p>	<p>2011/12 and in future years</p>

this does not happen.				
6. 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.	Thjs will be achieved through the Council's active involvement in the South Tees Reablement Group.	Tony Parkinson	Nil	2011/12 ongoing
7. 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.	Issue to be explored and addressed as an element of the overall review.	Erik Scollay & Barbara Stoker	Nil	31 st march 2013.