CCC SOUTH EAST NETWORK

Children with disabilities who receive CCC input

How children’s occupational therapy services are provided to them

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Purpose of this conversation

A regional comparison, not a claim that one model fits every system

1. **Describe the Surrey social care OT model**
2. **Show where CCC and OT responsibilities meet**
3. **Make the operational risks visible**
4. **Test four questions across the region**

Desired outcome: identify practical features of a clearer, safer and more sustainable interface between CCC and children's OT.

Why the interface matters



CCC starts where usual provision is not enough

Continuing care is needed when needs arising from disability, accident or illness cannot be met by universal or specialist services alone.

The package is inherently multi-agency

Health, education and local authority children's services may all contribute to a child's care package.

OT sits across daily life and care delivery

Equipment, moving and handling, home adaptations and environmental risk reduction can enable the care package to work safely at home.

Surrey: how children's social care OT is provided

One countywide community service, delivered through two linked teams

CwD OT Assessment Team

First contact and triage
Child-focused assessment
Advice and risk reduction
Basic or specialist equipment
Minor adaptations and rehousing input

CwD OT Complex Intervention Team

Complex moving and handling
Complex seating and specialist equipment
Major home adaptations
Housing projects
Long-term multi-agency case management

Both teams assess. Children move according to the complexity and duration of the intervention required.

The Surrey CCC–OT interface today



Current working expectation in Surrey

Future work with CCC children should be undertaken jointly with CCC nurses, including equipment reviews and new equipment assessments.

Unresolved system question

Who commissions, funds and owns the recurring OT capacity required to support a growing and increasingly complex cohort?

Where the current model is under strain

Capacity

CCC-related work is absorbed into the wider social care OT establishment.

Role clarity

Health OT, social care OT and CCC nursing remits can be misunderstood or assumed to be interchangeable.

Funding

Equipment and adaptation decisions can proceed without an agreed recurring mechanism for health contribution.

Continuity

Some children are not known to the community CCC provider, including those with personal health budgets or agency packages.

The core risk is not simply “who provides OT?” It is whether there is a shared pathway with clear accountability, timely access and sustainable funding.

What published models suggest

Public information is incomplete, but it demonstrates that different commissioning patterns exist

Nottingham & Nottinghamshire ICB

A commissioned Community Children and Young People's Service includes a specific sub-specification for community physiotherapy and occupational therapy. The specification expects collaboration across health, social care, education, third sector and commissioners.

Regional public information

ICB continuing-care pages commonly describe multi-agency assessment and packages, but public pages do not consistently state whether OT is commissioned specifically for CCC, provided by an ICB-employed OT, or accessed through an existing therapy service.

Therefore, the four questions for this network are evidence gathering questions, not assumptions about other areas.

Questions for the South East network

1. **Are any service-level agreements in place between ICBs and local authorities for children's OT input?**

2. **Is children's OT input commissioned specifically for children receiving CCC?**

3. **Do any ICBs employ their own children's occupational therapists for this cohort?**

4. **What OT input do CCC services expect, and from which organisation?**

Please share: model • employing organisation • funding route • referral pathway • review expectations • what works / what does not

A possible regional minimum standard

Clear access

A named referral route and response expectation for CCC-related OT needs.

Joint working

CCC nursing and OT assess together when care delivery depends on equipment, handling or the home environment.

Funding rules

A written route for deciding health, social care or joint funding.

Review & escalation

Named ownership for reviews, changes in need and disputes.

Suggested discussion proposition

Every area should be able to explain the pathway in one page to families and professionals, including who assesses, who funds, who reviews and how disagreements are resolved.

What should good look like across the South East?

One clear pathway. Shared expectations. Sustainable OT capacity. Better outcomes for children and families.

DISCUSSION

Thank you

