





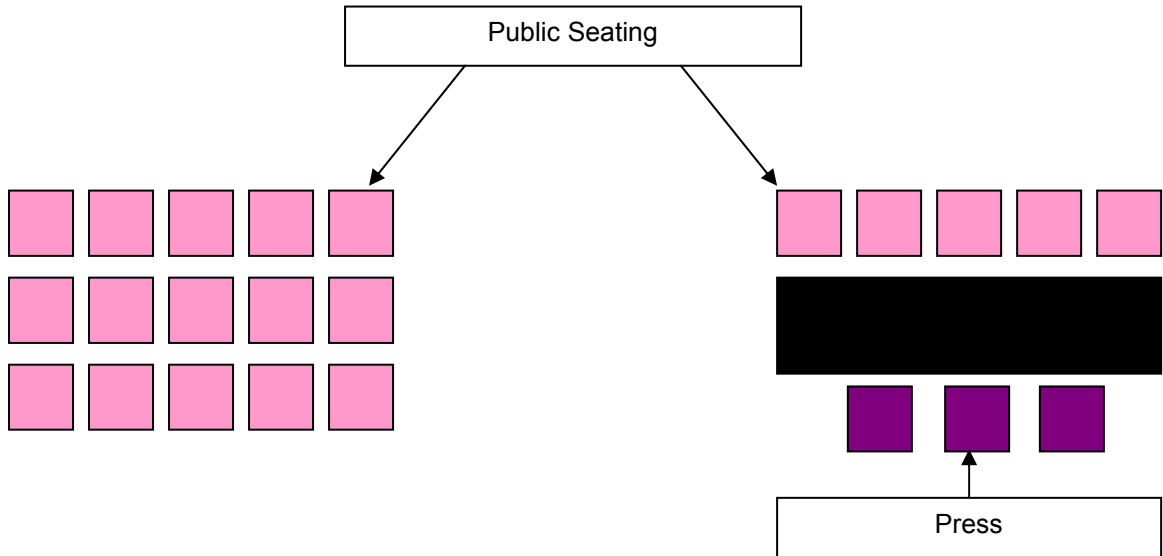
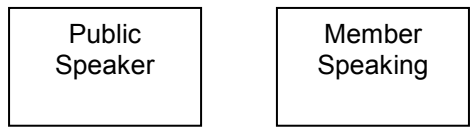
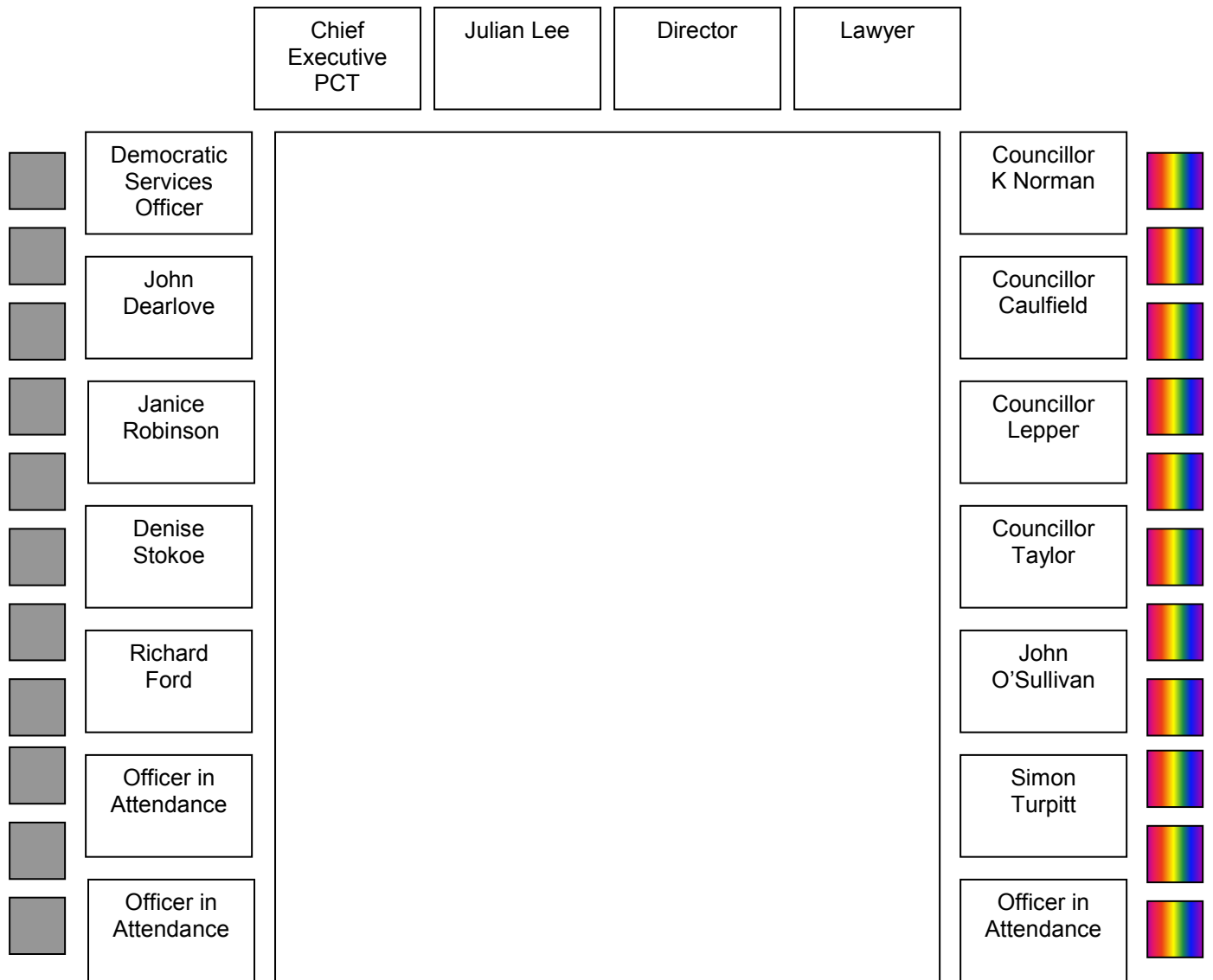
**Brighton & Hove
City Council**

Brighton and Hove City 
Teaching Primary Care Trust

Joint Commissioning Board

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|----------|--|
| Title: | Joint Commissioning Board |
| Date: | 8 December 2008 |
| Time: | 5.00pm |
| Venue | Committee Room 3, Hove Town Hall |
| Contact: | Caroline De Marco Democratic Services Officer 01273 291063 caroline.demarco@brighton-hove.gov.uk |

| | |
|---|---|
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JOINT COMMISSIONING BOARD

The following are requested to attend the meeting:

Brighton & Hove City NHS Teaching Primary Care Trust Representatives:

Julian Lee (Chairman), John Dearlove, Janice Robinson and Denise Stokoe

Council Representatives:

Councillor Maria Caulfield (Cabinet Member For Housing) and Councillor Ken Norman (Cabinet Member for Adult Social Care & Health)

Co-opted Members:

Councillor Jeane Lepper, Brighton & Hove City Council
Councillor Keith Taylor, Brighton & Hove City Council
Richard Ford, Sussex Partnership Trust
Simon Turpitt, South Downs Health NHS Trust
John O'Sullivan, South Downs Health NHS Trust

AGENDA

24. PROCEDURAL BUSINESS

- (a) Declaration of Substitutes - Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.
- (b) Declarations of Interest by all Members present of any personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct.
- (c) Exclusion of Press and Public - To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: Any item appearing in Part 2 of the Agenda states in its heading either that it is confidential or the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.

A list and description of the categories of exempt information is available for public inspection at Brighton and Hove Town Halls.

25. MINUTES OF THE PREVIOUS MEETING

1 - 10

Minutes of the meeting held on 15 September 2008 (copy attached).

26. CHAIRMAN'S COMMUNICATIONS

27. PUBLIC QUESTIONS

(The closing date for receipt of public questions is 12 noon on 1 December 2008)

No public questions were received by the date of publication.

28. FINANCIAL PERFORMANCE REPORT - MONTH 2

11 - 16

Report of Director of Finance, Brighton and Hove PCT (copy attached).

Contact Officer: Michael Schofield Tel: 01273 545312
Ward Affected: All Wards

29. REVIEW OF LEARNING DISABILITY COMMISSIONING STRATEGY AND 3-YEAR FINANCIAL PLAN

17 - 92

Report of Director of Adult Social Care & Housing (copy attached).

JOINT COMMISSIONING BOARD

Contact Officer: Diana Bernhardt *Tel:* 292363
Ward Affected: All Wards

30. DEMENTIA CARE AT HOME - REVIEW OF PERFORMANCE AND SUGGESTED WAY FORWARD **93 - 96**

Report of Director of Strategy, Brighton & Hove City, PCT (copy attached).

Contact Officer: Charlotte Marples, Kathy Caley *Tel:* 01273 545433, *Tel:* 545467
Ward Affected: All Wards

31. CAMHS (CHILD AND ADOLESCENT MENTAL HEALTH SERVICE) COMMISSIONING AND SERVICE DEVELOPMENTS **97 - 104**

Report of Director of Children's Services and Director of Adult Social Care & Housing (copy attached).

Contact Officer: Sally Wadsworth *Tel:* 295060
Ward Affected: All Wards

The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to committees and details of how questions can be raised can be found on the website and/or on agendas for the meetings.

The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fifth working day before the meeting.

Agendas and minutes are published on the council's website www.brighton-hove.gov.uk. Agendas are available to view five working days prior to the meeting date.

Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

For further details and general enquiries about this meeting contact Caroline De Marco, (01273 291063, email caroline.demarco@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

Date of Publication - Friday, 28 November 2008

JOINT COMMISSIONING BOARD

Agenda Item 25

Brighton and Hove City NHS
Teaching Primary Care Trust
Brighton & Hove City Council

BRIGHTON & HOVE CITY COUNCIL

JOINT COMMISSIONING BOARD

5.00PM 15 SEPTEMBER 2008

COMMITTEE ROOM 3, HOVE TOWN HALL

MINUTES

Present: Brighton & Hove City Primary Care Trust representatives:
Julian Lee (Chairman), John Dearlove, Janice Robinson and Denise Stokoe;

Council representatives:
Councillor Maria Caulfield, Cabinet Member For Housing
Councillor Ken Norman, Cabinet Member for Adult Social Care & Health;

Co-opted Members:
Councillor Keith Taylor, Brighton & Hove City Council
Richard Ford, Sussex Partnership Trust

Apologies: Councillor Jeane Lepper (Brighton & Hove City Council), Simon Turpitt (South Downs Health NHS Trust) and John O'Sullivan (South Downs Health NHS Trust)

PART ONE

14. PROCEDURAL BUSINESS

14 (a) Declarations of Substitutes

14.1 Jonathan Reid, Deputy Director of Finance, Brighton and Hove City PCT reported that he was attending on behalf of Michael Schofield, Director of Finance, Brighton and Hove City PCT. Amanda Fadero, Director of Strategy, PCT reported that she was attending on behalf of Darren Grayson, Chief Executive, PCT.

14 (b) Declarations of Interests

14.2 There were none.

14 (c) Exclusion of Press and Public

14.3 The Committee considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to

the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in Schedule 12A, Part 5A, Section 100A(4) or 100 1 of the Local Government Act 1972 (as amended).

14.4 **RESOLVED** - That the press and public be not excluded from the meeting.

15. MINUTES OF THE PREVIOUS MEETING

15.1 **RESOLVED** – That the minutes of the Joint Commissioning Board Meeting held on 28 July 2008 be agreed and signed by the Chairman subject to amendments to the list of apologies. Councillor Keith Taylor and Denise Stokoe should have been recorded as having sent their apologies.

16. CHAIRMAN'S COMMUNICATIONS

16.1 There were none.

17. PUBLIC QUESTIONS

17.1 There were none.

18. FINANCIAL PERFORMANCE REPORT - MONTH 4

18.1 The Board considered a report of the Director of Finance (PCT) presented by the Deputy Director of Finance, that set out the financial position of the pooled budgets at the end of Month 4, and the forecast year-end outturn. It highlighted emerging pressures and set out measures to address these. The report also set out information about progress on developing and including Key Performance Indicators for the services within the pooled budgets (for copy see minutes book).

18.2 Janice Robinson asked for more information about the Integrated Equipment Store. It was excellent news that this budget was forecasting an underspend this year but she worried that the budget might start to increase in the winter. She asked if anything was being done to manage the store more effectively.

18.3 The Deputy Director of Finance PCT replied to say that additional funding was provided last year of around £400,000. This was made concurrent for this year, and the PCT were expecting that this should mean that the service would meet its financial targets. However, the management of the overall financial envelope at South Downs Health was monitored carefully by the PCT at the Commissioning Board, and this included the Equipment Store. The Director of Strategy, PCT reported that a meeting was being arranged to review the Equipment Store budget, which had been highlighted as a risk.

18.4 Councillor Taylor asked if the report was taking for granted that the learning disability budget would be achieved. The Deputy Director of Finance PCT explained that there were two pooled budgets. One was for mental health and

other care services within the section 75 agreement and was “lead commissioned” by the PCT and a separate one for Learning Disabilities, which was “lead commissioned” by the City Council. However, the two partners worked closely together to manage the financial positions within both pooled budgets. The forecast outturn variance for Learning disabilities at month 4 was £163,000, but the aim was to bring this figure down to zero by the end of the year through the delivery of the financial recovery plan. The PCT and the Council were carefully monitoring progress against the recovery plan and would report any variance on a timely basis to the JCB. In response to a specific question, the PCT confirmed that it was not planning to provide further additional funds to the learning disabilities pool at this point, given the strong progress made by the Council as against the recovery plan.

18.5 **RESOLVED** – (1) That the financial position of the pooled budgets as at month 4, which indicates a breakeven forecast, and the actions underway to manage the pressures within the system, be noted.

(2) That the ongoing work to develop medium-term financial plans for the pool be noted.

19. LEARNING DISABILITIES FINANCIAL RECOVERY PLAN 2008/09

19.1 The Board considered a report of the Director of Finance & Resources, Brighton & Hove City Council, which provided an update on the Financial Recovery Plan progress for the Learning Disability Service for 2008/09 (for copy see minute book).

19.2 Councillor Taylor noted the variance at month 4 as being £704,000 and stressed that the budget would continue to be under great pressure. He stressed that plans needed to be made to avert a financial crisis. He requested a report on Adult Social Care funding.

19.3 Denise Stokoe also express concern. She did not see evidence of specific strategies in the report and requested a breakdown of the budget for the next meeting. She asked what specific strategies would be put in place.

19.4 Councillor Caulfield stressed that savings of £1000,000 had been made in the past year. The service was on track in a difficult time to meet the financial plan. Meanwhile a transport review was taking place this month. Councillor Caulfield acknowledged the service had high unit costs, but a strategy for meeting the budget would be set out in reports presented over the next financial year. There had been short term achievements and a longer term three year plan would be presented in due course.

19.5 The Director of Adult Social Care & Housing stressed that the whole health economy would struggle next year. The Council was already considering next year’s budget. She stressed the need to consult with people who used the services. She acknowledged that costs were high but the quality of services was high. There was a need to continue consultation and to finalise the commissioning strategy.

19.6 The Head of Supporting People & Lead Commissioner for Learning Disabilities reported that the new commissioning strategy would provide the long term plan which was in the

final stage of consultation. The key themes in the draft strategy were the expansion of individualised budgets which had over the past 18 months provided more choice for people and their families and improved value for money. In learning disabilities there are now 27 people on self directed support. The strategy will also seek to enable people currently out of area to be supported locally and to set out how services would be set up for the future in a more flexible and personalised way. On this basis a tendering exercise had just started to enable a group of people to move back into the city from out of area.

- 19.7 Denise Stokoe expressed concern that Self Directed Support could lead to a national strategy where costs would increase instead of decrease. The Director of Adult Social Care & Health agreed and shared these concerns. However, in the long term prevention would save some money.
- 19.8 Councillor Taylor raised the issue of the £191,000 staff efficiency savings. He asked for more evidence on how these savings could be achieved. The Head of Housing Needs and Social Inclusion stressed that there was a shortfall in funding and if budgets were not achieved there would be a need to restructure the service.
- 19.9 The Director of Adult Social Care & Housing explained that the proposals were out for consultation with the unions and staff. This was an extremely sensitive area but officers were confident the proposals could be achieved. If proposals could not be achieved a report would be submitted to the Board.
- 19.10 John Dearlove stressed that he wanted to see a realistic budget to enable the PCT to plan sensibly to meet the shortfall. The Director of Strategy, PCT assured Board members that conversations about the budget pressures were taking place. The Director of Adult Social Care and Housing informed Members that the Council were holding vacancies and were not making any redundancies.
- 19.11 **RESOLVED** - That the progress on the Financial Recovery Plan be noted.

20. RE-TENDERING OF VOLUNTARY SECTOR MENTAL HEALTH PROVISION

- 20.1 The Board considered a report of the Director of Assurance and Development, PCT, presented by Simon Scott, Strategic Commissioner for Mental Health and Substance Misuse at the PCT, regarding options for managing the voluntary sector market for mental health services (for copy see minute book). The report addressed the conclusions of the day services review, routine market testing services to ensure best value and the impact of Self Directed support on these contracts. The report further addressed thirteen small mental health contracts many of which will not have been market tested for 5 years by March 2009.
- 20.2 Councillor Norman commented that he was aware that the recommendation in paragraph 2.3 had already happened. The Strategic Commissioner Mental Health & Substance confirmed that this was the case. Richard Ford stressed that quick changes had had to be made concerning the process of the Sussex Partnership Trust re-providing Aldrington House Day Centre at the Allen Centre. 40 extra staff had to be accommodated in November. The Sussex Partnership Trust would be upgrading facilities in Aldrington House for psychological therapy.

20.3 RESOLVED – (1) That approval be given to holding the tendering of the services described in appendix one, pending a review of Self Directed support described in agenda item 21.

This will require the Directors of the Local Authority and PCT to approve the continuation of existing contracts for a further 12 months from the 1st April 2009. It is recommended that commissioning intentions for these WAMHS contracts be developed in line with the principles established for other care groups for Adult Social Care, and that the review work is undertaken by Adult Social Care staff, liaising as appropriate with PCT WAMHS Commissioners.

(2) That approval be given to Sussex Partnership Trust (SPT) working with service users to develop a User Lead Wellness Centre at the Allen Centre.

This service may be subject to the Self Directed Support agenda over time.

(3) That the Board confirm their approval to the process of SPT re-providing Aldrington House Day Centre at the Allen Centre.

SPT have already provided assurance to the Board that individual support will be provided to each service user affected.

(4) That Buckingham Road Day Centre continues as it currently is provided.

This service may be subject to the Self Directed Support agenda.

(5) That the Preston Park Day Centre continues to be provided by the Current Provider.

This service may be subject to the Self Directed Support agenda.

(6) That the remodelling of accommodation services for adults with mental health problems be deferred, pending the wider accommodation services review due for report in January 2009.

Brighton and Hove housing department, in collaboration with Sussex Partnership NHS Trust are progressing a comprehensive review of accommodation and Adult Social Care provision for those with mental health problems. It is recommended therefore that the following contracts are extended until March 2010 and the recommendations from this review are considered at a later date.

- Brighton Housing Trust First Base Day Centre
- Brighton Housing Trust Route 1 Project
- Care Co-ops Floating Support
- Brighton Housing Trust Sackville Gardens registered care home
- Brighton Housing Trust Portland Road registered care home

- Brighton Housing Trust Westbourne Gardens supported accommodation

21. RE-TENDERING AND RE-CONFIGURATION OF SUBSTANCE MISUSE SERVICES

- 21.1 The Board considered a report of the Director of Assurance and Development, PCT presented by Simon Scott, Strategic Commissioner for Mental Health and Substance Misuse at the PCT, concerning the re-configuration of drug treatment provision (for copy see minute book). Simon Scott set out the context for the re-tendering exercise, which was driven by a requirement to “market test” services on a regular basis, rather than by any quality or service provision issues. The service would however, see some change as the National Guidance on substance misuse services had been changed, and the new provider would be expected to meet these new standards. Simon Scott highlighted the extensive consultation undertaken as part of the preparation for the tender process, and indicated that the period May-July 2008 had been taken up with developing a robust service specification, in consultation with key parties – particularly the drugs and Alcohol Action Team.
- 21.2 Richard Ford stressed that Sussex Partnership Trust was the current provider for this service. He expressed concern that the tendering process was being started late in the year and there would be a risk of lack of continuity if contracts were not commenced by 1st April 2009.
- 21.3 The Deputy Director of Finance, PCT agreed that the process was slightly later than anticipated – given the extensive consultation on the service specification - but there was still sufficient time to run an open and transparent tender exercise. The tender would take place under the EU guidance, for Part B services, and the PCT had undertaken a number of significant tendering exercises in the past year and had built up a robust process. The PCT was, therefore, reasonably confident of the success of the tendering process which was likely to be completed early in the new year to allow time for the new service provider to set up in time for service commencement in April 2008. The Deputy Director of Finance noted that a number of recent market testing exercises had been undertaken recently in other areas which indicated a robust and experienced range of potential providers. The Deputy Director of Finance also noted that the key concern of the PCT was to ensure continuity of a safe and effective service and that the initial stage of the tender process (the PQQ) would identify if there was a risk of “market failure”. The PCT would, as with any tender, take a decision at that stage – likely to be in October – concerning any risks to the continuity of the service. The Deputy Director of Finance noted the challenges that market testing brought to the current provider and thanked Richard Ford for his support in working with the PCT through the process.
- 21.4 **RESOLVED** - (1) That it be noted that the majority of investment in drug treatment services is derived from the Drug and Alcohol Action Team (DAAT) pooled treatment budget. It is further noted that the recommendations below are subject to DAAT joint commissioning group approval.
- (i) That the tendering of clinical aspects of drug treatment in line with NICE guidance be approved.

- (ii) That the City Council work with the new provider and the Primary Care Trust post tender award to agree the best model of working, for those activities currently delivered by staff seconded from the local authority to Sussex Partnership NHS Trust.
- (iii) That approval be given to the introduction of contingency management schemes within drug treatment to promote abstinence from illicit drugs and improve outcomes for health based interventions. The DAAT JCG, DAAT Chair and the JCB should approve the precise detail of any voucher or other individual incentive scheme before it is introduced, after the contract has been awarded.
- (iv) That approval be given to the re-profiling of community based voluntary structured day care provision from voluntary sector providers, with the exception of Drug Rehabilitation Requirement programmes and the programme for substance misusing parents of children at risk. Providers delivering other group based interventions will ensure that existing care planned commitments are fulfilled, before re-profiling is completed. Commissioners will support the development of self help groups, should current levels of provision prove inadequate.
- (v) That approval be given to the re-profiling of existing voluntary sector provision (CRI and Brighton Oasis Project) from structured day care and counselling to increased Keywork capacity (5.3 whole time equivalent staff providing 100 places), family support (one whole time equivalent), and cognitive behavioural interventions to treat depression and anxiety (30 places). Services delivered by voluntary sector providers were tendered in 2005 and new contracts established in April 2006. Further market testing of these services is not therefore required at this stage.
- (vi) That approval be given to sustaining group based approaches within residential drug treatment services.
- (vii) That an analysis of need and potential uptake of Behavioural Couples Therapy is undertaken from April 2009, with a view to introducing this component subsequently, as this is yet to be introduced to the UK.
- (viii) That it is agreed, in line with NICE guidance, to cessation of group based psycho-educational approaches to harm reduction, such as the group based hepatitis training provided by MIND. Individualised approaches should be developed within services, in particular homelessness services, pharmacies and drug treatment services to replace these.
- (ix) That the contract for substance misuse treatment be let with treatment for alcohol dependency as a component part. Existing alcohol treatment provision carried into this contract alongside additional PCT investment, but that a separate contract is let for a new alcohol brief interventions service.

22. SELF DIRECTED SUPPORT STRATEGY

- 22.1 The Board considered a report of the Director of Adult Social Care & Housing which explained that Self Directed Support was a new way of delivering social care which formed a major part of the three year Adult Social Care personalisation programme. It

was based on a new national policy initiative that was being piloted nationally. Self Directed Support was a way of redesigning the social care system so that the people eligible to receive services take control of them (for copy see minute book).

- 22.2 The Director of Community Care paid tribute to David Nicholls, the author of the strategy.
- 22.3 Board Members agreed that principal of self directed support was an excellent idea but concerns were raised about the lack of resources to deliver services.
- 22.4 The Director of Adult Social Care and Health stated that a great deal of work had been achieved nationally on Self Directed Support. There was a nationally reduced social care budget, and officers were waiting to see what a government green paper would say on Self Directed Care. There was pump priming money and officers were using this wisely. Home care services were being reconfigured to enablement. There were areas where significant savings could be made. There was a need to do business modelling and case testing. Self Directed Care was the right route to go down and there was a need to shift the direction of travel by shifting resources.
- 22.5 **RESOLVED** (1) That the strategy is agreed.
- (2) That work in developing an implementation plan is taken forward to deliver the strategy in stages over a three year period, with evaluation and review of each stage as it proceeds. A draft project outline is attached as an appendix.

23. FAIRER CONTRACTING

- 23.1 The Board considered a report of the Director of Adult Social Care & Housing, Brighton & Hove City Council and the Director of Strategy, Brighton & Hove PCT concerning work to produce a joint PCT/Council contract for residential care homes and care homes with nursing, in order to drive up quality of care, and to cease placing service users in poor homes. Clinical standards, additional to CSCI standards would be used to rate nursing homes (for copy see minutes book). There would be a separate process for setting fee levels.
- 23.2 Janice Robinson agreed that the recommendations were to be welcomed but expressed concern that people could be placed in poor homes at the present time. The Director of Community Care (Adult Social Care) explained that no-one wanted to place people into poor homes. However, the quality of homes could go up and down. When officers became aware that a home was in the poor category, they worked with the home and the Commission for Social Care and Inspection (CSCI) to drive up quality. Meanwhile, more homes would become available in the next 6 to 12 months.
- 23.3 Janice Robinson suggested it would be useful if the Board received information when officers knew they were placing people in a poor home which was receiving support. The Board agreed to this suggestion. The report would be considered in Part 2 of the agenda as an exempt item.
- 28.4 **RESOLVED** (1) That there be agreement to the proposals listed below:

- a) The new Joint Council and PCT pre placement contract for both residential care homes and care homes with nursing from 1 April 2009
- b) The Preferred Provider Scheme which is included in the contract
- c) Individually negotiated fees
- d) The Incentive Scheme

(2) That Part 2 reports be received by the Board when officers were aware they were placing people in poor homes that were receiving support.

The meeting concluded at 5.50pm

Signed

Chair

Dated this

day of

JOINT COMMISSIONING BOARD

Agenda Item 28

Brighton and Hove City NHS
Teaching Primary Care Trust
Brighton & Hove City Council

Subject: *Financial Performance Report – Month 6*
Date of Meeting: **8th December 2008**
Report of: *Director of Finance, Brighton and Hove PCT*
Contact Officer: Name: **Michael Schofield** Tel: **01273-545314**
E-mail: Michael.Schofield@bhcpct.nhs.uk
Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report sets out the financial position of the pooled budgets at the end of Month 6, and the forecast year end outturn. It highlights emerging pressures and sets out plans to address these.

2. RECOMMENDATIONS:

- 2.1 (1) Board members are requested to note the financial position of the pooled budgets - forecast at breakeven – and the actions underway to manage the pressures within the system;
- 2.2 (2) Board members are particularly requested to note the change in the underlying position on the budgets for working age mental health services, and the implications of the agreed risk share; and
- 2.3 (3) Board members are requested to note the ongoing work to review the value for money of the Dementia at Home service.
- 2.4 (4) Board members are requested to note the progress on the substance misuse and community alcohol services tender.
- 2.5 (5) Board members are requested to note the arrangements for the transfer of PCT funds to Local Authorities in 2010/11 in respect of social care for adults with learning disabilities, and the proposed figure for transfer.

3. RELEVANT INFORMATION:

Year End Forecast 2008/2009

- 3.1 The table below sets out the budget for the financial year. As a reminder, the report now shows the 'lead commissioning' arrangements, with two 'pooled funds' held within the overall pool. This reporting format is intended to highlight lead responsibilities and to support the production of the interim and year-end financial statements including balance sheets.

| Pool Contributions by Client Group: | SDH | SPT | PCT | BHCC* | Total |
|--|---------------|---------------|--------------|---------------|---------------|
| | £000 | £000 | £000 | £000 | £000 |
| PCT Pool: | | | | | |
| HIV/AIDS Services Client Group | 720 | 300 | - | - | 1,020 |
| Intermediate Care Services Client Group | 3,452 | - | 323 | - | 3,775 |
| Older People's Mental Health Services Client Group | - | 13,140 | - | - | 13,140 |
| Substance Misuse Services Client Group | - | 2,683 | - | - | 2,683 |
| Working Age Mental Health Services Client Group | - | 27,874 | - | - | 27,874 |
| Integrated Equipment Store | 1,322 | - | - | - | 1,322 |
| | 5,494 | 43,998 | 323 | - | 49,815 |
| Council Pool: | | | | | |
| Learning Disabilities Services Client Group | 6,396 | - | 927 | 21,707 | 29,030 |
| Total Contributions to the Pooled Budgets | 11,890 | 43,998 | 1,250 | 21,707 | 78,845 |

*£83,000 investment by BHCC still to be allocated.

- 3.2 The table below sets out the forecast outturn for each of service areas within the pool. As noted previously, the forecasts around the Mental Health service lines need to be interpreted with caution, given the ongoing work around the 'baseline contract' – expected to be completed in December 2008 – and the forecasts are those of the PCT, drawing on information provided by the provider bodies, rather than those of Sussex Partnership Trust. Indicative information from the baseline contract review does not suggest that the analysis of spend across service lines is materially different from the current understanding of the situation, and the discussion between Commissioners and SPT is primarily around strengthening efficiency and productivity, although the PCT is anticipating resource savings to emerge from this process for future years.

| M6 Forecast Outturn Variance by Client Group: | SDH | SPT | PCT | BHCC | Total |
|--|-------------|--------------|-------------|--------------|--------------|
| | £000 | £000 | £000 | £000 | £000 |
| PCT Pool: | | | | | |
| HIV/AIDS Services Client Group | - | - | - | - | - |
| Intermediate Care Services Client Group | (188) | - | - | - | 188 |
| Older People's Mental Health Services Client Group | - | 341 | - | - | 341 |
| Substance Misuse Services Client Group | - | 120 | - | - | 120 |
| Working Age Mental Health Services Client Group | - | 450 | - | - | 450 |
| Integrated Equipment Store | 132 | - | - | - | 132 |
| | (56) | 911 | - | - | 855 |
| Council Pool: | | | | | |
| Learning Disabilities Services Client Group | - | - | - | 165 | 165 |
| Total Pool Forecast | (56) | 911 | - | 165 | 1,020 |
| Application of Risk Share to OPMH Savings/ Recovery Plans | n/a | (300) | n/a | n/a | (300) |
| | 56 | (611) | 0 | (165) | (720) |
| Forecast Outturn at Month 6 | - | - | - | - | - |

- 3.3 The position on the South Downs Health-led services has improved, with a move to a net underspend of £56,000. In particular, the pressures around the Integrated Equipment Store – discussed at the last Commissioning Board - have significantly improved and are anticipated to be offset by a forecast underspend on intermediate care services. HIV is reporting breakeven, reflecting agreement reached between the PCT and the service on the additional costs of contraception reported in the last paper.
- 3.4 The position on Learning Disabilities has remained consistent with the Month 4 forecast, with a forecast overspend of £165,000. However, the City Council remains confident of delivery of the year end position of break-even and is actively exploring options to reinforce delivery of the financial recovery plan for the service. Neither the City Council nor the PCT are anticipating the contribution of additional funds to this service.
- 3.5 The position on mental health and substance misuse services is complex, and has not improved since the last forecast, although arrangements for the operation of the risk share arrangement are now clearer.
- 3.6 In its role as Lead Commissioner for this pool, the PCT has agreed that the underspend in 2007/2008 can be returned to Sussex Partnership Trust, enabling investment across a range of services, in exchange for a risk share agreement and a focus by SPT on maintaining the overall financial position for 2008/2009. This means that the overall overspend has technically increased by £499,000 – as the forecast assumes that SPT will receive this funding. However, SPT has already committed to meeting a £300,000 forecast overspend in Older Peoples Mental Health and to ensuring that service pressures are constrained.
- 3.7 This leaves, however, the remaining key risk area for the Partnership Trust in respect of Adult Mental Health Services, which is anticipated at Month 6 to overspend by £450,000 by the year end and on Substance Misuse, which is anticipated to overspend by £120,000. The key driver for this overspend is in respect of spot purchase costs for clients placed in a specific nursing home – the initial plan anticipated that these costs would not be incurred.
- 3.8 This does place a remaining pressure of £611,000 with the provider. Putting in place and implementing a financial recovery plan for these two service lines is a key priority for the provider trust, working closely with the PCT and the City Council, and the Trust have recognised the need to act on this issue. The Directors of Finance of the Trust, the PCT and the City Council have agreed to meet to review this position again at Month 9 and the need for any revisit to the risk share agreement to ensure that the pooled budget breaks even as planned at the year end. At Month 6, both the PCT and SPT are anticipating break-even on these budgets, and the PCT is not anticipating contributing additional funds directly to this budget. Draft Month 7 financial information suggests that this pressure has already reduced by £330,000 leaving a net risk with the provider of around £281,000.

Dementia Care at Home

- 3.9 Commissioners have been reviewing the Dementia Care at Home service, which was envisaged as a pilot. A separate report is anticipated for the JCB. It is clear, however, that the Dementia Care at Home service is not operating with the level of activity anticipated, which significantly increases the unit costs. This raises significant issues around value for money – and commissioners are working with the provider to review options for strengthening the value for money of the service, and ensuring that appropriate lessons are learned from the pilot.

Procurement of Substance Misuse Service

- 3.10 The PCT is continuing to procure the Substance Misuse Service as discussed at the last Committee. The market response to the initial stage of the procurement was healthy, and the PCT issued an Invitation to Tender to accepted bidders in the w/c 17th November. The Service Specifications have been developed after detailed consultations with key partners, who will be invited to join the evaluation stage of the procurement.

Valuing People Now: Changes in Commissioning Responsibility

- 3.11 The Department of Health has informed the PCT that responsibility for commissioning social care services for adults with learning disabilities will be passed to the City Council (a process repeated across the country) from 1 April 2009. The funding will be passed from the PCT to the City Council in 2009, and 2010, and it is anticipated that the baseline funding will then transfer directly to the City Council from the Department in 2011.
- 3.12 This is a relatively uncontentious development, given the operation of the current section 75 pooled budget arrangements. The large majority of the funding from the PCT is passed (via South Downs Health) to the City Council within the current section 75 arrangements. In future years, this will pass directly from the PCT to the City Council until the Department for Health arranges a permanent transfer.
- 3.13 PCTs and Councils are obliged to agree on a figure for transfer by 1 December 2008, based on 2007/2008 outturn, and to notify the Department of Health. The PCT and the Council have been working closely on this calculation, and the anticipated transfer of funding is £6.1m. This includes funding already within the section 75 arrangements, as well as some funding for support of premises held by South Downs Health and used for these services. This transfer of funding and responsibility will not significantly impact on the current arrangements, as the City Council is currently the Lead Commissioner for the Learning Disabilities pooled budget. The transfer will, however, have the merit of simplifying the funding streams.

4. CONSULTATION

- 4.1 In determining levels of planned expenditure across the client group areas, both the PCT and the City Council have completed extensive consultation exercises. The PCT has prepared an Annual Operating Plan, which highlights the processes for prioritising investment across the range of healthcare, and sets out how new monies will be spent. The City Council engages in an extensive public consultation process in the run up to the budget-setting process.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 The financial implications of the report are found in the text, highlighting the performance against the pooled budgets for 2008/2009.

Finance Officer Consulted: Michael Schofield/ Nigel Manville Date: 25/11/08

Legal Implications:

- 5.2 There are no specific legal implications which arise out of this report as it is for noting purposes only and there is nothing in the projected financial position which suggests that the Council and its partners will not continue to be able to meet their statutory duties to service users.

Lawyer Consulted: Hilary Priestley

Date: 25/11/08

Equalities Implications:

- 5.3 There are no direct equalities implications arising from this report.

Sustainability Implications:

- 5.4 There are no direct sustainability implications arising from this report.

Crime & Disorder Implications:

- 5.5 There are no direct crime and disorder implications arising from this report.

Risk and Opportunity Management Implications:

- 5.6 There are no direct risk and opportunity management implications arising from this report. Both organisations have extensive risk management frameworks which address the risks arising from the section 75 agreement.

Corporate / Citywide Implications:

- 5.7 There are no direct corporate/ citywide implications arising from this report.

JOINT COMMISSIONING BOARD

Agenda Item 29

Brighton and Hove City NHS
Teaching Primary Care Trust
Brighton & Hove City Council

| | | | |
|-------------------------|---|--------------------------------------|----------------------------|
| Subject: | Learning Disability Commissioning Strategy | | |
| Date of Meeting: | 8 December 2008 | | |
| Report of: | Director of Adult Social Care and Housing | | |
| Contact Officer: | Name: | Diana Bernhardt | Tel: 29-2363 |
| | E-mail: | Diana.bernhardt@brighton-hove.gov.uk | |
| Key Decision: | Yes | Forward Plan No. JCB 5506 | |
| Wards Affected: | All | | |

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 The attached Learning Disability Commissioning strategy for Brighton and Hove 2009 -2012 sets out how we will commission social care and specialist health services for people with learning disabilities over the next 3 years that are funded through the S75 agreement. The Commissioning strategy and 3 year plan is attached as Appendix 1
- 1.2 This strategy reviews the Learning Disability Commissioning Strategy 2006-2009 for Brighton and Hove in the light of recent strategic developments such as the self directed support strategy for the city and Valuing People Now.
- 1.3 This Commissioning strategy has been developed through the Learning Disability Partnership Board (LDPB) and sub groups and has been consulted on during a 12-week formal consultation, the outcomes of which are reported below.
- 1.4 The LDPB will oversee the implementation of the strategy and the sub groups will be responsible for the day to day implementation of project work plans. Progress will be regularly monitored and progress will be formally reported on an annual basis to the LDPB, Cabinet member meeting and Joint Commissioning Board.

2. RECOMMENDATIONS:

- 2.1 That the Learning Disability Commissioning Strategy for Brighton and Hove 2009-2012 attached as Appendix I be agreed.
- 2.2 That it be noted that the amount estimated by the council for the transfer of learning disability social care funding and commissioning from Brighton & Hove City Teaching Primary Care Trust to Brighton & Hove City Council of £6,150,498

in 2007/8 (as set out on page 25 of Appendix 1) has been submitted to the Department of Health as required on 1st December 2008.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 The government's 'Valuing People Now' which is due to be launched early in the new year, is expected to recommend an expansion in self directed support and increased personalisation, choice and control; improved access to housing, better health and support to participate in the community as equal citizens. This government paper is an update of the 'Valuing People: A New Strategy for Learning Disability for the 21st Century' White Paper that was issued in 2001).
- 3.2 Valuing people Now also proposes the transfer of social care commissioning for people with learning disabilities to local authorities from 2011. As part of this proposal the local authority and PCT are required to submit to the Department of Health on 1st December 2008 a calculation of the health contribution to the costs of: providing social care services, the capital value of properties owned for people with learning disabilities, the costs of commissioning and anticipated projected costs for young people coming through transitions. The PCT and the local authority will be required to make a further more accurate submission to the Department of Health the following year prior to the transfer in 2011. The amount for 2007/8 has been estimated to be £6,150,498 and it is proposed that this figure be used for the 1st December submission.
- 3.3 This strategy reviews the Learning Disability Commissioning Strategy 2006-2009 for Brighton and Hove. A review of the strategy was considered necessary to reflect national policy developments on social care reform and local developments such as the self directed support pilot in learning disabilities and the council's plans to modernise and personalise services across all social care groups.
- 3.4 The 15 key objectives in the commissioning strategy are:
- Increased independence
 - The choice of self directed support
 - Keeping people safe
 - Work with commissioners in Health to ensure services meet the needs of people with learning disabilities
 - Ensure people with learning disabilities can access mental health services
 - Increase housing options
 - Increased choices for what people do during the day
 - Increasing the range of services available locally
 - Improve Value for Money
 - Make plans early for young people

- Plan services for people as they get older
- Improved information on local need
- Provide services for people early on, rather than waiting until they are in crisis
- Make sure that we are listening to people with learning disabilities, their families and carers
- Making sure that learning disability services are accessible to all groups in our community

4. CONSULTATION

4.1 The formal 12-week consultation was undertaken between 14th July and 10th October. The consultation involved group and individual meetings with all key stakeholders: such as service users, family carers, the Learning Disability Partnership Board, local advocacy groups, internal and external providers of services. In addition a consultation document was distributed widely and was available on the Learning Disability Partnership Board website.

4.2 Responses received:

Service Users: 5 individual responses and approximately 30 people contributed to group work (some people contributed to a collated response as part of their advocacy groups).

Carers and families: 6 individual responses and 16 people contributed to group work

Staff: 4 individual responses and 1 collated response from in-house day services. 1 collated response from the leading independent sector provider. 21 people contributed to group work.

Other organisations and groups: Learning Disability Partnership Board and sub groups Better Lives sub group, Healthy Lives sub group, Provider Forum, Place to Live sub group, Person Centred Approaches sub group, Brighton and Hove Primary Care Trust, Sussex Partnership Trust, Carers Centre, Speak Out network, Amaze, all local independent, private and voluntary sector service providers.

CONSULTATION FINDINGS

4.3 The feedback we received is summarised in the strategy according to the following key headings:

- Housing
- Health
- Day Services

- Self Directed Support
- Work/Learning/Leisure
- Health
- Transitions
- Involving People

5. FINANCIAL & OTHER IMPLICATIONS:

5.1 **Financial Implications**

The pooled Learning Disabilities budget for the next 3 financial years is approximately £30m each year. The commissioning strategy will focus on the continued use of individualised budgets and self directed support which will manage growth more effectively and will be used to commission and remodel services so that they are more personalised and flexible and so achieve improved outcomes and value for money. This strategy will help contribute to the reduction of the existing high unit costs across the service.

Senior Finance Officer consulted Neil Smith 14/10/08

5.2 **Legal Implications**

The review of the existing Learning Disability Commissioning Strategy is necessary to reflect national and local policy developments on social care reform.

The Strategy aims to personalise services to enable statutory duties to be met in accordance with individual needs and best value principles, taking into consideration the outcome of the consultation process.

Lawyer Consulted: Hilary Priestley 22/10/08

5.3 **Equalities Implications:**

The aims of the commissioning strategy are to increase the personalisation of services through the expansion of self directed support and the commissioning of local personalised and flexible services. In this way the varying needs of individuals can be more effectively met and address inequality. The strategy also supports the work of the Primary care Trust to reduce health inequality for people with learning disabilities. An Equalities Impact Assessment has been carried out as part of the development of the strategy.

5.4 **Sustainability Implications:**

The aims of the commissioning strategy are to reduce the number of people placed out of area, particularly those placed out of Sussex which will reduce

the need for review staff in the authority, family and friends to travel long distances to visit placements.

5.5 **Crime & Disorder Implications:**

The aims of the commissioning strategy are to promote social inclusion through increased access to mainstream services and participation as equal citizens in the community.

5.6 **Risk and Opportunity Management Implications:**

The aims of the strategy will meet the council's strategic priorities and reflect the move towards increased personalisation which will feed into the council's self directed support strategy for the city

5.7 **Corporate / Citywide Implications:**

The aims of the commissioning strategy are to enable people with learning disabilities to participate as equal citizens in the city of Brighton & Hove.

6 EVALUATION OF ANY ALTERNATIVE OPTIONS

- 6.1 This strategy reviews the Learning Disability Commissioning Strategy 2006-2009 for Brighton and Hove. It was considered necessary to bring forward the development of a new strategy in order to produce a vision and plan that reflected recent strategic developments such as the self directed support strategy for the city and Valuing People Now.

7 REASONS FOR REPORT RECOMMENDATIONS

- 7.1 The strategy is presented for approval by the Cabinet member for Housing to provide an effective plan and vision for learning disability services in the city for the next 3 years. The estimated figure of £6.1 million contribution from the PCT to the pooled budget for the provision of social care services for people with learning disabilities will enable the council and the PCT to make a submission to the Department of Health by the required deadline.

SUPPORTING DOCUMENTATION

Appendices: Learning Disability Commissioning Strategy 2009-2012

Documents In Members' Rooms: None

Background Documents

1. Valuing People White Paper 2001 & Valuing People Now (draft).
2. Putting People First 2007
3. Services for People with Learning Disabilities and Challenging Behaviour or Mental Health Needs Mansell (2007)
4. Commissioning Specialist Adult Learning Disability Health Services
5. Health Care for All – Jonathan Michael (2008)
6. Independence, Wellbeing and Choice (2005)
7. Our Health, Our Care Our Say (2006)



Brighton & Hove

Brighton and Hove City



Teaching Primary Care Trust



The Learning Disability Commissioning Strategy

'Learning Disability Commissioning Strategy' - a plan for how money is spent on services for people with learning disabilities.



plan for buying services

Our Plan for 2009-2012

| <u>Contents.</u> | <u>Pages</u> |
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| 1. Introduction by the co-chairs of the Learning Disability Partnership Board. | 3-4 |
| 2. Summary. | 5-6 |
| 3. What has happened since the last plan? | 7-9 |
| 4. What do the government and other people say? | 10-13 |
| 5. What services do we have? | 14-21 |
| 6. What do people need? | 22-24 |
| 7. How much money do we have? | 25-28 |
| 8. What do local people say? | 29-40 |
| 9. The Plan. | 41-52 |
| 10. How we work. | 53 |
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| 12. 3 year Financial Plan. | 57-59 |
| 13. Needs Information. | 60-69 |
| 14. Contacts. | 70 |

1. Introduction by the Co-Chairs of the Partnership Board



We are very pleased to introduce the new 3 year plan for learning disability services.



plan for buying services

This plan sets out how the money available will be spent on services for people with learning disabilities.



Under our new plan we will give more people the opportunity to know how much money there is to provide their support and the choice to organise the support for themselves, or to arrange for the council to buy the service for them.



We need to set up new services so people have more choices locally and also to reduce the number of people placed out of area. The new services we set up will need to be flexible so that they can be adapted to meet the needs of the person. We will also expect staff in services to be flexible and to work well with other people so that all of our needs can be met in the best possible way.



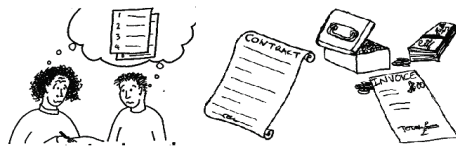
Finally, we want people with learning disabilities to have the same rights as other people. Through the work of the Partnership Board we will make sure that other services such as housing, health, education and work opportunities are accessible to people with learning disabilities.

Councillor Maria Caulfield

Matthew Hellett
Elected Representative for people
with Learning Disabilities.

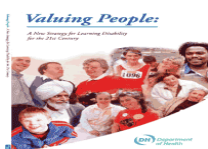
2. Summary

The Learning Disability Commissioning Strategy is a plan for how money is spent on services for people with learning disabilities.

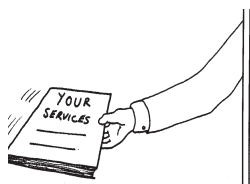


plan for buying services

To write a plan we need to look at a lot of information:



- ✓ What the government and other people say



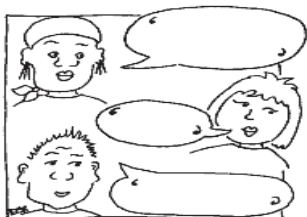
- ✓ What services we have now



- ✓ What people need



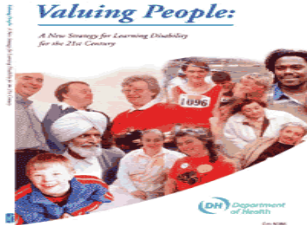
- ✓ How much money we have



- ✓ What local people say

3. What has happened since the last plan?

The last plan was written in 2005. A lot has changed since then.



Valuing People Now and a lot of other important papers that affect people with learning disabilities have been written.

We have also learnt a lot more about the services we have and the people that use them.

Since the last plan we have done a lot of work to improve people's lives and services, but we know much more needs to happen.



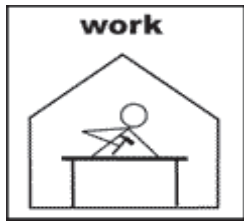
More people have Person Centred Plans. We have put it in contracts that providers must support people to have Person Centred Plans. We did a survey and more than 70% of services who replied said people had a plan or had started one. (61% of people replied).



We have reduced the number of people living 'out of area' (outside of Brighton and Hove) by 5 since last year and have started to help another 10 people to move back.



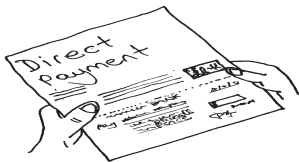
The quality of some services has also improved. In particular the council run registered care homes now all meet the 'good' standard.



There have been year-on-year increases in the number of people in paid work (up from 13 to 20 in the last year) and numbers of people in voluntary work (up from 53 to 75 in the last year).



We have completed reviews of Day Services and Accommodation Services and have started a review of the Care Management Team. These reviews aim to make sure services are fair, good value for money and meeting peoples' needs and we will use action plans from these reviews to make improvements.



We have worked to help people get Self Directed Support to give them more choice and control. There are more people with learning disabilities with Self Directed Support – up from 15 in 2007 to 67 in 2008.



To improve information and advice about housing we had a Housing Event in July 2007, in partnership with the Carers Centre.

We also have a new worker in the Housing Options team to work with people with learning disabilities to improve their housing choices and help them move on to more independent living.



To improve access to health services we have a new 'Health Facilitator' for people with learning disabilities. Her job is to work with GP practices to improve the service they offer people with learning disabilities. About two-thirds of them have agreed to provide an 'enhanced' service, which means a better service, including health checks every year.



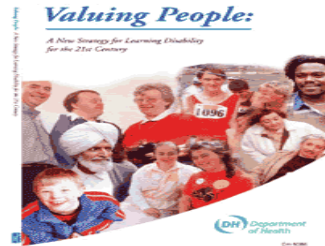
Also, two 'Liaison Nurses' have been recruited to work at the local hospitals. Their job is to make sure people with learning disabilities get the treatment they need if they have to go to hospital.

Key Points

What has happened since the last plan?

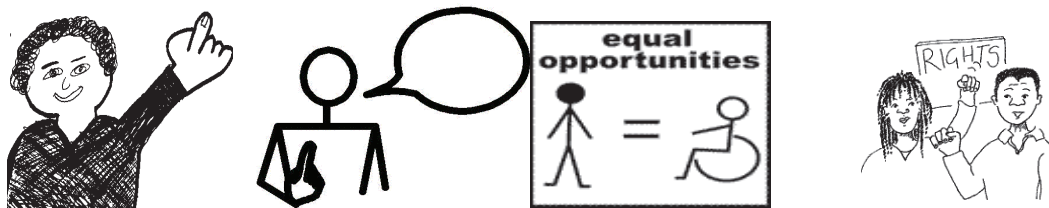
1. There have been a lot of important papers, like Valuing People Now, that tell us how services should be in the future.
2. We have worked to improve services and have reviewed services to see where we can make positive changes.
3. We have new workers to help people access health and housing.
4. We have been helping people have Self Directed Support, which gives people more control about what services they get.

4. What do the government and other people say?



Valuing People Now is an update of Valuing People and aims to improve the lives of people with learning disabilities.

Valuing People Now will be available in January 2009. We expect it to tell us that services should be personal to people's needs and should offer choice and control, especially in important areas like housing, health and activities.



People with learning disabilities should have equal access to services and should have the same rights as any other person.

We have to meet the aims of Valuing People Now by spending the money we have in the best possible way – **Value for Money**.

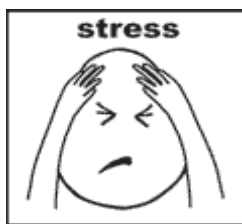
'Value for Money' – this is how we measure if a service is good quality and is fairly priced compared to other services.

Other important guidance includes 'Independence, Well Being and Choice', 'Our Health, Our Care, Our Say', 'Putting People First', and the 'The Mansell Report'.

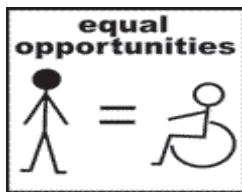
They covered different areas but the messages are similar – we need to make sure services are personal to peoples needs and allow all people to have choice, control, equal access and independence.



They say services should be provided locally for people with high needs. Organisations (like the council, the NHS and service providers) need to work together to make sure this happens.



They also all say we need to make sure we meet people's needs as early as possible, so that we can avoid people having a crisis.



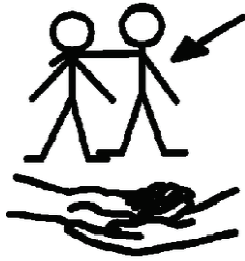
They say that we need to make sure that people with learning disabilities have the same rights and access to other services – like housing, health, education and employment - as other people.



More recently, the national health care report 'Healthcare for All' found that people with learning disabilities find it much harder than other people to access health services they need and parents and carers often find their opinions ignored.



'Healthcare for All' has 10 actions that people in health need to follow to make sure that people with learning disabilities are treated equally. One of these actions is to make sure that we collect information on the needs of people with learning disabilities.



We also have national and local guidance about working together with carers. 'The National Strategy for Carers, 2008' aims to make sure carers are respected as experts and get the support they need. 'Brighton and Hove Multi-Agency Carers' Strategy 2006-9' says that we must make sure we work with carers when we plan and make sure we provide them with information and support.



There are links to all key papers on the next page. If you would like more information or to get a copy of the guidance, please contact the Commissioning Team (see details at the end of the plan).

Key Points

What the government and other people say

1. Valuing People Now says people should have more choice, control and greater independence.
2. Valuing People Now says services should be personal to people's needs.
3. Other important papers say people should have fair access and equal rights.
4. Self Directed Support can help make services more personal and increase choice and control.

Links to key papers.

Valuing People Now

Independence, Well Being and Choice

Our Health, Our Care, Our Say

Putting People First

The Mansell Report (revised)

Heath Care for All

The National Strategy for Carers

Brighton and Hove Multi-Agency Carers Strategy

Supporting People Strategy

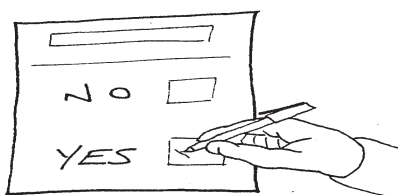
5. What services do we have?



There are 702 people who use a learning disability service at the moment (September 2008). These are all people whose social care services are paid for by the Brighton and Hove City Council and Brighton and Hove Primary Care Trust budget. In addition there are 70 people supported by the specialist learning disability health team who are placed here by other councils.

People who get a specialist learning disability service from us need to meet the council's 'eligibility criteria'.

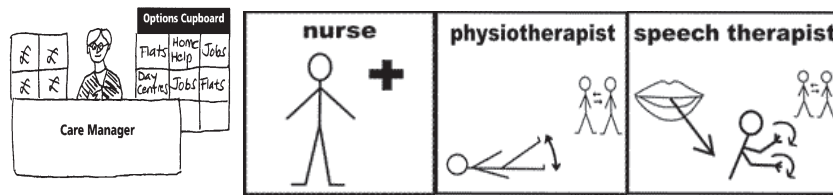
'Eligibility criteria' – this is what the council uses to decide if someone can get services paid for by the council. People with higher needs will get services and people with lower needs will not, but they can still get advice and information about support they can get.



To get more information, look at the contact details at the back of this book.

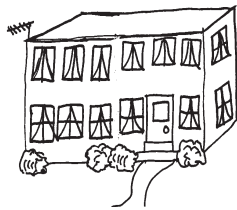
The services they get include:

The Community Learning Disability Team:



- Care Managers who assess people to see if they can get support and work with carers.
- Reviewing Officers who make sure people are getting the right support.
- Social Workers who make sure people are supported safely.
- Health workers to support people with health needs.

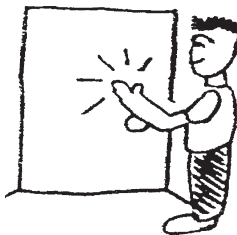
Support at home:



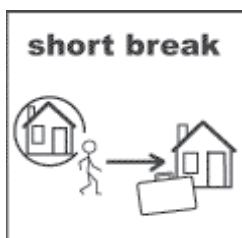
257 people live in residential care (March 2008), where they get accommodation as well as support with their daily lives, often living with other people in a shared house. This includes 3 people in nursing care.



91 people live in Supported Living accommodation, where people often have their own flat, but still get support at home.



97 people get floating support, where support staff come and visit them in their own home.



Some people use respite services – 93 people had a short term respite break in 2007-8.

Respite is when a person with learning disabilities has time away from their carers and is supported by some one else.



37 people live in an Adult Placement, which means they live with a family who support them.

Other Support:



261 people use learning disability day services, which provide activities and learning for people with learning disabilities.



We have two independent advocacy services in Brighton and Hove for people with learning disabilities. Advocacy means speaking up for your rights and for what you think and want. Advocates are people who can help you to change things that you do not like.



The Employment Support Team supports 105 people in paid employment. 75 people are also supported locally to do voluntary work.

Self Directed Support:



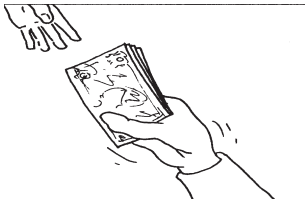
There are 67 people with learning disabilities who have Self Directed Support which includes people receiving Direct Payments. There is an explanation of what Self Directed Support is on the next page.



What is Self Directed Support?

Self Directed Support is when:

- You know how much money you can get for support
- You choose the support yourself
- You can have help to choose support services and to look after the money



You get the money for your services.



You can choose your support

Direct Payments and Individual Budgets are different types of Self Directed Support.

So far, people have spent their money on things like:

- Staff to support them
- Drop In sessions at Day Services
- Doing voluntary work
- Buying things that help (e.g. a CD player that helped someone stay calm)
- Holidays, instead of normal respite breaks
- Learning new skills for a more independent life

For more information use the Contacts list (part 14 of this book)



We review the contracts and agreements we have about the services we fund.

= Assessment-monitor-checking

We have also reviewed different types of services helps us make sure we make the right decisions about the future of services.

Accommodation Review (looking carefully at our accommodation):



= Report.

In 2006 we asked people what they thought about accommodation services in the city. We used this information to produce our Learning Disability Housing Strategy in November 2007.

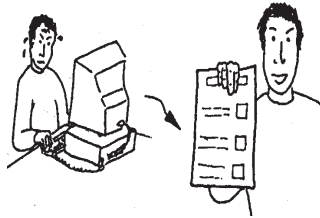
More recently, in 2008 we did a review of 30 different accommodation services from three of our biggest providers. We wanted to find out if there were any differences in cost and quality.

We found that some of the buildings were no longer suitable for people who lived there.

We also found that the cost of some services was not linked to the level of support provided.

This information will be used to develop a plan to improve services.

Care Management Review (looking carefully at the care management team):



= Making a report.

There is work being done now to look at how the Care Management Team can work best to support people with learning disabilities.

This is because we want to give people more choice and control over how their support is organised.

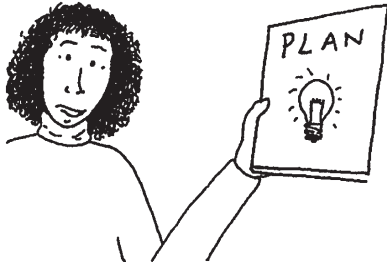
This means we need to change the way the council's care managers work.

We do however think that some things will remain the same, especially to support people with high or complex needs and to work on keeping people safe.

Each year the team needs to review people's needs as sometimes people's needs increase and sometimes they reduce. The government says the council must review three quarters of people (75%) each year. Last year for the first time the team did even better than the government target by reviewing 77% of people.

There are more people each year needing a service and this review will look at how best the team can manage this increase.

Day Services Review (looking carefully at our day services):



= Plan - Idea

We looked carefully at the council's day services and we think we can make services:

More person-centred

More flexible

More efficient

More widely available to learning disabled citizens of Brighton & Hove.

To do this we would have two different teams or services:

1 - A 'Day Options Team' giving advice, guidance and coordination to help people explore day activity options and help people make a person-centred timetable of activities using the support they have available. The team would arrange some work skills training as well as volunteer work, paid work, business opportunities and lots of other day activities.

2 - A 'Day Support Service' that is flexible and supports people to do day activities including work, education, socialising, etc. Special buildings (day centres) could be used, but only when people need and want them. Day support would be given to some people by their home staff or other services if that is possible.

We will take forward this idea through the 3 year plan.

Key Points

What services do we have?

1. The Community Learning Disability Team assesses people's needs and offers specialised health care.
2. To support people at home we have residential care, supported living and floating support.
3. During the day there are Day Services, Employment Support and Advocacy services.
4. We have done reviews of Accommodation services, Day services and Care Management and will use the information to make positive changes.
5. Self Directed Support has helped people to have more choice about what services they have.

6. What do people need?



For us to be able to plan what services people with learning disabilities should have in the future, we have to know what people will need in the future.

We know that there will be more people with learning disabilities in the future. Over the last year the number of people needing a service has increased from 647 to 702. In 2009/10, we expect there to be 724 people needing a service, in 2010/11 we expect 750 and in 2011/12 we expect 775.



We also expect that there will be more people needing a service who have higher needs. For example, there will be more young people with learning disabilities who become adults over the next 3 years and they are more likely to have complex and higher needs.

'Complex Needs' – this is when people have other needs as well as a learning disability. This can be needs like mental health problems, physical disabilities, long term health problems and challenging behaviour. People with complex needs will need carefully planned services that can meet all of their needs.

We need more services that are flexible and can support complex and high needs.



People living with older carers, will need more social and health care services as their carers get older. There will also be more older people with learning disabilities, who may also have dementia or have difficulty walking or need a wheelchair.



People with learning disabilities also need to be treated as equal citizens who have the same rights to access housing, health, learning and work. We need services that support people to help them to achieve these goals and to make sure they take account of people's communication needs.



Finally, we also need to think about people who do not meet our 'eligibility criteria' and make sure that we can offer them good advice and support to access community services.

In part 13 of this book, called 'Needs Information', you can read the detail about what we know about these things. We know we need to know more to improve our planning and that is why we have aims about better information in our plan.

Key Points

What people need

1. We have to look at what people might need in the future to help us plan services.
2. We know that we need to plan for more older people in the future.
3. We know that we need to plan for more people with higher and complex needs in the future.
4. We need to make sure that people have equal rights in the future and can have fair access to all services.
5. We need to make sure we can give people good information and advice.

7. How much money do we have?



Last year just over £29 million was spent on specialist services for people with learning disabilities.

- £27.65 million is made up of £21.5 million from the local authority, £6.15 million health funding from the Primary Care Trust (which includes £593,000 paid to Sussex Partnership Trust to provide specialist health services)
- £1.6 million Supporting People funding
- £238, 000 Learning Disability Development Fund

In December 2008 we will be telling the government how much money Health pays to support people with learning disabilities and also how much it pays to develop and take action on plans such as this one.

This is because from 2011 the Health money will come direct from the government to local councils.

We will be telling the government about the health funding that has been identified so far and also the 5 houses that Health provide for people with learning disabilities.

We will also be telling the government that this health money is not enough to pay for meeting the needs of people with learning disabilities, particularly for young people with learning disabilities whose needs are increasing.

What is the money spent on?

Of the £27.65 million from the council and health, 81% is spent on accommodation services.

11.5% is spent on day services.

Most of the remaining 8.5% pays for support to people in their own homes, short term respite breaks for family carers, and for assessment and other support services.

Over the next 3 years the amount of money will increase (see page 57) but we need to think about what is the best way to spend the money to make sure we are providing the right services for new people who need services (such as young people who are becoming adults, people who are getting older and people who are living with older carers).

Some of this can be done by making improvements in services, so that more is achieved for the money. Sometimes it is by making changes to services and sometimes it is by helping people to move into new services e.g. by helping people to move back to the city.

Supporting People

Of the £1.6 million of Supporting People funding – just over half (56%) is spent on supported living and the rest (44%) is support for people living in their own homes. The Supporting People 3 year strategy sets how this money will be spent between 2008 and 2011. It says it wants to spend more on helping people to move on to be more independent and to support more people to live in their own home.

Learning Disability Development fund

Learning Disability Development Fund (LDDF) is money given to the Learning Disability Partnership Board to spend on meeting the aims of Valuing People. Each year the Partnership Board decides how the LDDF money is divided up across different areas. This year money is being spent on carer support, the Travel Buddy scheme, advocacy, working with young people with learning disabilities, helping people get work and many other things.

The Learning Disability Partnership Board has just voted on what 'Priority Areas' to spend the money in 2009/10. Different sub-groups of the Learning Disability Partnership Board will look after each area and will decide how the money is spent.

How this money will be spent is set out in the next page.

How the Learning Disability Development Fund (LDDF) will be spent in 2009-2010.

| Priority Area | Percentage of LDDF | Sub Group of partnership board who will spend the money |
|---|--------------------|---|
| Partnership with Families | 15.5% | Chairs Planning |
| Better Health | 9% | Healthy Lives |
| Transitions | 10% | Transitions Forum |
| Staff that Support People | 4% | Workforce Development and Provider Forum |
| Better Housing to Live In | 2% | A Place to Live |
| What People do in the Day | 13% | Taking Part In the City and Work & Skills |
| Advocacy & Rights | 20.5% | Chairs Planning |
| Choice & Control (Personalisation) | 11% | Person Centred Approaches |
| Making It Happen & Including Everyone | 10% | Chairs Planning |
| People as Local Citizens (community safety and fighting hate crime) | 5% | Taking Part In the City |

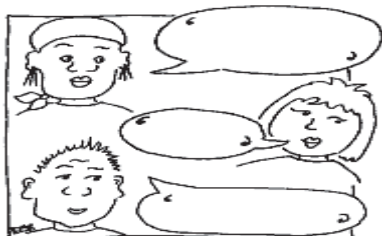
Key Points

How much money we have

1. There is £29 million for learning disability services.
2. Most of it is spent on accommodation and day services.
3. Some government money to spend on learning disabilities goes to the Primary Care Trust (Health), but in 2 years time it will go to the Council.
4. There is a special pot of money to make improvements, called Learning Disability Development Fund and the Learning Disability Partnership Board decides how it is spent.

8. What do local people say?

From July to October 2008 we asked people what they thought should go in our plan.



On the 14th July we held an event to talk about our plan.

Over 60 people came, including people with learning disabilities, service providers, advocates, family members and health & social care workers. People were shown information about the plan and then asked to comment by asking questions, talking in groups and reading information we gave out.

Out of the people that came to the event, 14 filled out our feedback form.

10 people thought it was good, 4 people thought it was OK and nobody thought it was bad.

People said they liked the talks and chance to ask questions and discuss issues, but they said some parts were not made easy to understand and the room was too small.

Information was also sent out to a lot of people who are involved in learning disabilities including people who work in health and at the council. Organisations we contacted include:

- Brighton and Hove City Councils Learning Disability Services and Community Learning Disability Team
- Brighton and Hove City NHS Teaching Primary Care Trust
- Sussex Partnership Trust
- Southdowns Health NHS Trust
- Southdown Housing Association
- Downland Housing Association
- The Grace Eyre Foundation
- Brighton Mencap

- Speak Out advocacy
- Interact advocacy
- The Frances Taylor Foundation
- Downs View Link College
- Care Management Group
- Amaze
- Brighton and Hove Community and Voluntary Sector Forum
- Care Co-ops
- Tamarisk Housing

We also invited people to drop-in sessions for family carers and the public

We also talked to the sub-groups and forums of the Learning Disability Partnership Board, who are:

- The Link group – links to Advocacy Groups
- Chairs Planning
- Transitions Forum
- Workforce Development
- Person Centred Approaches
- A Place to Live
- Healthy Lives
- Work and Skills
- Taking Part in the City
- The Providers Forum
- Carers Link Group – links to Carers Centre and Amaze

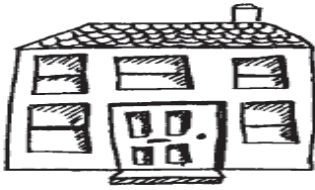
We know, however, that we did not ask everybody what they think, but we will keep asking and continue to find better ways to talk to people in the future.

All the information given to us was collected to help us make this plan. The ideas we got from you came in writing, by email, in phone conversations and discussions in meetings and drop-ins.

We have thought about this information along with all the other information we have collected for this plan and tried to make sure the plan includes people's ideas, needs and wishes.

This is a summary of what you told us:

Housing



See what we will do about these things in Part 9 of this book - 'The Plan': Aim Six

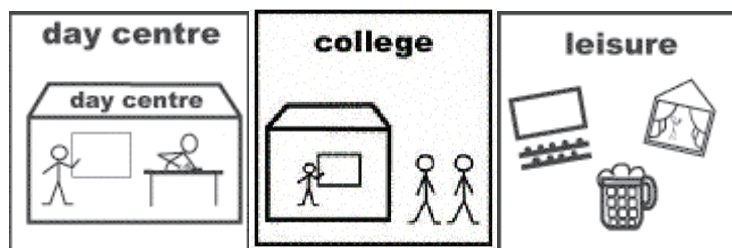
You Said:

- People need more accessible housing
- Some people can't get into the kitchen or choose their own food
- People need to learn the skills they need to live more independently
- We need to have more than one pathway to independence
- People need more accessible information
- We need houses in locations people want
- We must involve carers and professionals
- We must improve current properties
- We must talk to people with learning disabilities
- We need to invest in more learning disability housing
- People want independence - access to their own key and access and control over their own facilities.
- People want choice over who they live with.
- People need support with difficult neighbours
- There are not enough choices for people - we need more shared ownership and individual flats
- Change age limit on sheltered housing
- We should make links with private landlords
- We should make long term plans for flexible services
- We should share information with providers so they can develop the right services
- We need a clear tendering process
- Not all people want to move on
- Living alone can mean people get isolated

"New + more flats + houses in the middle of Brighton"
- Person with a learning disability

"More in-house accommodation for older people" - Staff member

Day services/Learning/Leisure



See what we will do about these things in Part 9 of this book - 'The Plan': Aim Seven

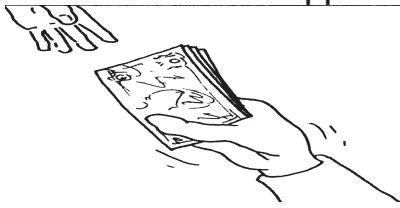
You said:

- Families need a long time for consultation about changes to adjust
- Continue to focus on making links in the community but make sure that social and emotional support is given priority
- Staff need time and to be fully involved and engaged in change
- Long transitions are needed from old to new services
- We will always need specialised, skilled day service staff and safe places for people to learn and practice life skills
- We need more supported employment schemes
- Employers need to do more to help
- There are transport issues & we need to expand travel buddy scheme
- The right courses are needed
- We need different courses to try out - new courses - ask people with learning disabilities what they want
- You want courses that lead to qualifications/are vocational
- Courses must be at the right level - don't patronise people
- Tutors need to better understand people with learning disabilities
- People want more support with funding (recent changes mean they now pay for college courses)
- We need alternatives to respite
- We must risk assess activities
- Support people in social activities
- Channel peoples' energy positively
- Support people to access mainstream services
- Use ideas of friends and influence day centres
- People need social and emotional support as well as practical
- We want courses to help us to get qualifications to help us get a job
- We want new courses e.g. working with animals, becoming a DJ and apprenticeships rather than the same courses every year

"There are no courses for me because of my poor eyesight. They should have courses for everyone"

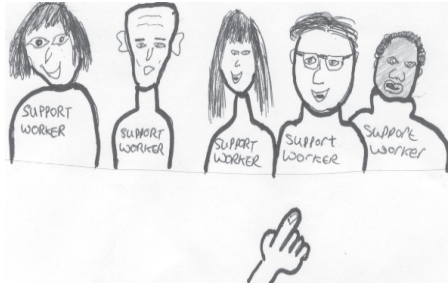
- Person with a learning disability

Self Directed Support:



= Getting your money

See what we will do about these things in Part 9 of this book - 'The Plan': Aim Two



= Choosing a Support Worker.

You said:

- You need more accessible info
- I think it's a good idea but we need to know more about this. People need training and information so they can make choices
- We should provide self directed support for young people in particular
- Housing is a barrier to self directed support
- You want to know how brokerage will work
- You need more information generally - people with learning disabilities, families, carers and professionals
- You want self-directed support to be more available
- You are worried about more pressure being put on families
- You think advocates need to support people make choices about support
- We need to check more closely if others are spending the money
- You need support worker time to help sort it out
- We need to train staff to prepare for future services
- Will one 'Family Support Worker' be enough?
- How will we prepare services for self directed support and how will we 'shape the market'?
- We need to make sure change is gradual
- People need to be well supported to make choices
- Service providers need to respond to what people want
- Staff need to be well trained to understand and meet peoples choices
- There are worries about people's money and who will look after it
- People will need support if they are 'employers'

Work



See what we will do about these things in Part 9 of this book - 'The Plan': Aim Seven

You said:

- We need staff to support people to work
- We need to support people to get work experience
- We need to create volunteering opportunities
- Use the employment support team
- You want apprenticeships
- Job Centre Plus need to work better with people with learning disabilities
- People want to work but are worried about losing benefits
- We think employers do not understand the needs of people with learning disabilities
- Brighton & Hove City Council should support more people with learning disabilities to work for them
- Brighton & Hove City Council should insist that people they contract with have supported employment schemes for people with learning disabilities
- The Supported Employment Team should have a part that works particularly with people with severe learning disabilities.
- Support in employment should be for as long as it is needed, not just a few visits
- Create a post to look at creative ways to support people into employment and to campaign for better opportunities in work for people with learning disabilities.

"Encourage entrepreneurship of people with learning disabilities and those caring for &/or working with them, e.g. working with the colleges to turn their fledgling schemes into operative businesses, cafes, restaurants, artwork, horticulture etc."

- Family member of a person with a learning disability

Local services



Brighton & Hove

**See what we will do
about these things in
Part 9 of this book -
'The Plan': Aim Eight**

You said:

- There must be clear processes
- People need to be involved in long term plans now because it can take a long time to develop local services for people who are out of area
- Use Person Centred Plans to see who wants to move back and what they need
- Be person centred - involve circles of support
- Make sure people can get the right support locally - health/housing/mental health needs - an holistic approach
- People should have choice of provider
- Monitor those out of area carefully
- We need services for 'dual diagnosis' - e.g. people with learning disabilities and physical disabilities and/or mental health needs
- We need to joint fund assessment and treatment centres with other authorities
- We need to train local staff to support complex needs and challenging behaviour
- We should employ brokers to help move people back into the area
- There needs to be long term planning, involving providers, so that we can develop the right services

Health



You said:

See what we will do about these things in Part 9 of this book - 'The Plan': Aims Four & Five

- People need Health Action Plans and health checks
- People need more community nurse support
- You need more information & advice
- Health Action Plans should be incorporated into Person Centred Plans so that they consider all people's needs
- We need more training and skills for support workers about health care
- People need more support around health - 'health advocates'
- Some people with learning disabilities felt more in control and had few complaints
- We need to plan strategically for people with 'dual diagnosis'

"Doctor's understanding learning disabilities more"

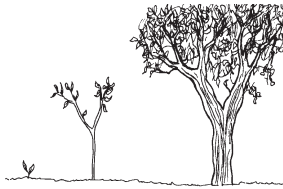
- Person with a learning disability

"I went to the Doctors. They had a screen that you had to use to sign in. I did not know how to use it. The receptionist got really narked with me in front of everyone. They should know that people won't know how to use it"

- Person with a learning disability

People with learning disabilities think things are 'looking up' - Advocacy group.

Transitions



**See what we will do
about these things in
Part 9 of this book -
'The Plan': Aim Ten**

You said:

- Work closely and plan well with children services and families
- Prepare families and work with them as equal partners
- Use person centred transition reviews
- Use information in young people' support services to plan adult services
- We need to talk and meet with people in children's services
- Work with young people to have Self Directed Support and involve providers so they know what people want and can develop the right services
- Make sure we support young people into work, learning and leisure with the right staff support

Voice



See what we will do about these things in Part 9 of this book - 'The Plan': Aim Fourteen

You said:

- We need to do carer's assessments
- How will we tell people what we have done?
- We need more advocacy available for people with complex needs
- Information should be distributed in other ways than web or email - hard copies and accessible formats
- Advocacy should be available for all vulnerable adults
- More advocacy - again
- Fund advocacy services
- Monitor communications
- Make sure all people with learning disabilities and their families are contacted for important developments

"Ask me more"

-Person with a learning disability

"Increased funding and information on becoming an advocate"

- Staff member



Information - for people

See what we will do about these things in Part 9 of this book - 'The Plan': Aim Fourteen

You said:

- You want a menu of services
- You want us to improve the way we communicate with people with learning disabilities
- You want to know where to get help - information about support, assessment and eligibility
- You want more signposting for service users and carers
- You want a one stop shop for information
- There could be leaflets at GP surgeries and schools
- You want more information about charges for services and benefits



Information - about people

See what we will do about these things in Part 9 of this book - 'The Plan': Twelve

You said:

- We need to do more research about people's needs
- Use the resources of professionals, families and carers to understand people's needs
- Develop a system to collect the information for commissioning
- Use Person Centred Plans to plan services!!! - a lot of people said this.
- Care managers are too busy to keep up with all the information and share it with people

Other things



See what we will do about these things in Part 9 of this book - 'The Plan': particularly Aims One, Eleven, Thirteen,

You said:

- Respite for those that need it
- We need to change attitudes of people in the population
- Many staff still do not understand person centred plans
- Early intervention for people who suffer from anxiety
- Support for those that do not meet eligibility criteria
- Stop waiting until people get into a crisis
- Provide free basic skills training to those people who don't meet eligibility criteria to help maximise independence and provide a good prevention service
- How are we planning for older people with learning disabilities
- We need to communicate more accessibly
- 'if it's not broke...don't fix it'
- We need to support people to manage risks in their lives and not over protect them, as well as provide training for staff to support people in this way
- We need to change attitudes to people with learning disabilities and offer training to help with this when needed
- We need to training for staff that looks at ways to promote independence and interdependence for people with learning disabilities and their families.
- Safeguarding Adults procedures must protect vulnerable adults who might have allegations made against them.
- If the OT service changes who will not be getting a service?
- We should not commission profit-making providers
- What will be *our* procedure to learn from complaints, Safeguarding Adults reports and other procedures

9. The Plan.



This table shows what we plan to do.

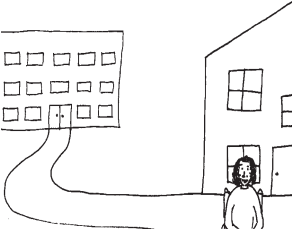

The first column, 'Our aims', shows what our main aim is. There are 15 aims in the plan. We have written in here the names of the any recent national guidance that the aims link to.

The next column 'What we will do' lists what things we will do to make our aims happen.

The last column shows 'Who will make sure it happens'. The 'Lead Group' in this column will make a work plan to show how they will do the work and by when. We will check that people are following the plan three times a year.

They will also report to the Learning Disability Partnership Board on the work every year.

There are also groups listed who will need to help get the work done.

| Our aims | What we will do | Who will make sure it happens. |
|--|---|--|
| <p>Aim One:</p> <p>We want people with learning disabilities to be more independent</p>  <p>= Independent</p> <p>Putting People First</p> | <ul style="list-style-type: none"> ✓ The Occupational Therapist in the learning disability team will help people to learn daily living skills and signpost people needing adaptations to mainstream OT services. ✓ Make sure staff working in services will help people to do things for themselves. ✓ We will use equipment and assistive technology to help people to be independent. ✓ We will help people move on from services when they are ready. ✓ We will continue to make sure family carers are supported and involved. | <p>Lead:</p> <p>Community Learning Disability Team</p> <p>Other groups:</p> <p>Workforce Development</p> <p>Provider Forum.</p> |
| <p>Aim Two:</p> <p>We want people to be able to choose self-directed support</p>  | <ul style="list-style-type: none"> ✓ Build on the work in self-directed support in learning disabilities and across adult social care. ✓ Set up a Family Support Worker to support people with learning disabilities and their families to plan their own support ✓ Help staff and services to make their services more personalised and flexible to prepare for self directed support. ✓ Develop learning and development options to support the changes in how support is delivered. | <p>Lead:</p> <p>Person Centred Approaches.</p> <p>Other groups:</p> <p>Workforce Development.</p> <p>Commissioning Team.</p> <p>Provider Forum</p> |



Valuing People Now
Big Priority 1:
Personalisation

Putting People First

- ✓ Make information more available on services, cost and brokerage and ensure it is available in a variety of formats.
- ✓ Collect outcomes so that we can use the learning to improve how things work and inform our plans
- ✓ Provide more information for people on self directed support and what options are available to them.
- ✓ Make sure that people have person centred plans and set up ways to check the quality of these plans
- ✓ Make sure that carers are supported and involved with good information and advocacy available.

Aim Three:

We want to make sure people are kept safe and risks are minimised



= Keeping Safe

- ✓ Safeguard people with professional social work and the Sussex Multi-Agency Policy and Procedures for Safeguarding Adults.
- ✓ Give people with self directed support the information, advice and support they need to keep safe.
- ✓ Continue to support providers to balance keeping people safe and supporting people to take risks
- ✓ Make sure we continue to involve carers

Lead:

Care Management Team

Other groups:

Provider Forum.

Aim Four:

We want to make sure health services meet the needs of people with learning disabilities.



Valuing People Now
Big Priority 3: Better Health

Healthcare for All

- ✓ Support our Health Facilitator who is working with GPs to improve their service to people with learning disabilities.
- ✓ Work with the Primary Care Trust and health service staff to improve understanding and access for people with learning disabilities.
- ✓ Work closely with the hospitals to support people with learning disabilities to access the hospitals.
- ✓ Support the work of two liaison nurses and follow a new learning disability policy at the hospitals.
- ✓ Work closely with Health Care Commissioners to make sure health service planning will meet the needs of people with learning disabilities.
- ✓ We will take action from the recommendations in national policy and guidance, including Healthcare for All, the Death by Indifference report and inquiry and High Quality Care for All.
- ✓ Improve what we know about the health needs of people with learning disabilities so we can offer them the right services.
- ✓ Create learning and development options so support staff can support people with learning disabilities in healthy living.

Lead:


Healthy Lives

Other groups:

Community Learning Disability Team

Commissioning Team

Workforce Development'

| | | |
|---|---|--|
| <p>Aim Five:</p> <p>We want to make sure people with learning disabilities can access mental health services and that we meet the needs of people with autistic spectrum.</p>  <p>Valuing People Now Big Priority 3: Better Health & The Wider Agenda: Including Everyone</p> | <ul style="list-style-type: none"> ✓ Write a joint policy with mental health services so that there is a clear path for people with learning disabilities. ✓ There will be a nurse based in Mental Health services who is trained to support people with learning disabilities. ✓ Work more closely with Older People's Mental Health services to make them accessible to people with learning disabilities. ✓ Use the 'Green Light' toolkit that assesses how well mental health services support people with learning disabilities. ✓ Set up a working group to draw up a plan to meet the needs of people with autistic spectrum. ✓ Set up services for people with mental health and learning disabilities ('dual diagnosis') ✓ Work with local services to meet the needs of people with learning disabilities who have dementia. | <p>Lead:</p> <p>Healthy Lives</p> <p>Other groups:</p> <p>Community Learning Disability Team</p> <p>Commissioning Team</p> |
|---|---|--|

Aim Six:

We want people to have more choice over where they live and more people to have their own home.






Valuing People Now
Big Priority 4:
Improving People's
Housing Situation



- ✓ Increase the options people have, with more extra care, supported living, adult placements and floating support.
- ✓ All new services to have some accessible units.
- ✓ Improve information on housing options for people with learning disabilities, making key information available in accessible versions.
- ✓ Work with services to improve how they meet people's needs and improve value for money.
- ✓ Develop the opportunities for people with learning disabilities to learn the skills they need to live more independently.
- ✓ Make sure that carers are involved in making plans and can access support and information.



Lead:

A Place to Live

| | | |
|---|---|---|
| <p>Aim Seven:</p> <p>We want there to be more choice for people in what they do – in work, education, training and leisure.</p>  <p>Valuing People Now Big Priority 2: What People do during the day</p> | <ul style="list-style-type: none"> ✓ Make sure there are day services for people with learning disabilities who live with family carers. ✓ Support the Day Options idea for council day services that supports people to access work, education, training and leisure. ✓ Work with community services to improve their accessibility to people with learning disabilities. ✓ Support more people with learning disabilities into work, including people who have high needs. ✓ Create different ways for people to get work including helping people to set up their own business. | <p>Lead:</p> <p>Taking Part in the City</p> <p>Other groups:</p> <p>Work & Skills</p> |
| <p>Aim Eight:</p> <p>We want to have services to support people to live locally, including those people with complex needs.</p>  <p>Brighton & Hove</p> | <ul style="list-style-type: none"> ✓ Increase the range and flexibility of local services to meet more people's needs. ✓ Support providers to train staff to work with people with complex needs; including challenging behaviour, mental health problems, sensory impairments and complex physical impairments. ✓ Work with people in health to set up services for people with complex needs ✓ Support people who are living out of city and ensure we are aware of those that want to move back and those that do not. | <p>Lead:</p> <p>Out of Area Working Group</p> <p>Other groups:</p> <p>Workforce Development</p> <p>Commissioning Team</p> <p>Primary Care Trust</p> |

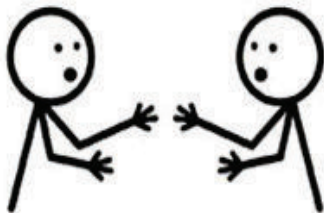
| | | |
|---|--|---|
| <p>Valuing People Now The Wider Agenda: Including Everyone Mansell Report</p> | <ul style="list-style-type: none"> ✓ Work with people who want to move back to the city and support them in a person centred way to access services locally. ✓ Work with local providers and their staff to develop local services for people who are living out of the city. ✓ Aim for 10 people to move back to the city every year over the next 3 years. | |
| <p>Aim Nine:</p> <p>We want to make sure all services are Value for Money – this means they are good quality and meet the needs of the people that use them at a fair price.</p>  <p>Valuing People Now Making It Happen: Better Commissioning</p> | <ul style="list-style-type: none"> ✓ We will work with providers to find savings in their services. ✓ Give incentives to providers who can improve their Value for Money and provide clear guidelines on how we are measuring 'Value for Money'. ✓ Ask people with learning disabilities, their families and carers what they think about the services we fund, especially when people have complex needs. ✓ Make sure we check that people in accommodation services are supported to do things during the day. | <p>Lead:</p> <p>Commissioning Team</p> <p>Other Groups:</p> <p>Adult Social Care Contracts Unit</p> |

| | | |
|---|---|--|
| <p>Aim Ten:</p> <p>We want to make plans early with young people, so services are ready for them when they leave home.</p>  <p>Valuing People Now The Wider Agenda: Making transition to adulthood a positive experience</p> | <ul style="list-style-type: none"> ✓ Use joint assessments of health and social care to meet the needs of young people from age 14. ✓ Improve what we know about young people so we can plan services for them. ✓ Follow the action from the transitions pilot. ✓ Make better links between children's health services and adult health services ✓ Fully involve parents as equal partners in the planning for a young person's transition to adulthood and adult services. ✓ Use the information from Person Centred Transition Reviews to plan services that will meet the needs of young people becoming adults. | <p>Lead:</p> <p>Transitions forum</p> <p>Other groups:</p> <p>Care Management Team.</p> <p>Commissioning Team.</p> |
| <p>Aim Eleven:</p> <p>We want to plan services for people with learning disabilities who are getting older.</p>  <p>Putting People First</p> | <ul style="list-style-type: none"> ✓ Use joint assessments of health and social care to meet the needs of older people with learning disabilities. ✓ Plan an extra care service that can meet the needs of older people with learning disabilities. ✓ Make sure we plan for people who are living with older carers. | <p>Lead:</p> <p>Community Learning Disability Team</p> <p>Other groups:</p> <p>Commissioning Team.</p> |

| | | |
|--|--|--|
| <p>Aim Twelve:</p> <p>We want to understand more about what all people with learning disabilities need, not just those people who get a service.</p>  <p>Valuing People Now Making It Happen: Better Commissioning</p> | <ul style="list-style-type: none"> ✓ Research the information needed for the Joint Strategic Needs Assessment and Local Area Agreement. ✓ Start a Learning Disability register to help offer people the right services and plan future services. ✓ Collect information more carefully from our health and social care systems, from schools and directly from people, families and carers. ✓ Collect information from Person Centred Planning Reviews and use it to plan services. ✓ Collect better information about carers and carer's needs. | <p>Lead:</p> <p>Commissioning Team</p> <p>Other groups:</p> <p>Community Learning Disability Team.</p> <p>Transitions Forum.</p> |
| <p>Aim Thirteen:</p> <p>We want to provide services early, before people have a crisis.</p>  <p>Putting People First Mansell Report</p> | <ul style="list-style-type: none"> ✓ Work with services to offer fast responses to crisis situations to avoid placement breakdowns and hospital admissions where possible. ✓ Provide clear advice and information to people with learning disabilities and their families including those who do not get a learning disability service. ✓ Explore options to provide drop in services for people with learning disabilities. | <p>Lead:</p> <p>Community Learning Disability Team</p> |

Aim Fourteen:

We want to make sure we are listening to people with learning disabilities and their families and carers, and we want to act on what they tell us.



Communication

Valuing People Now
The Wider Agenda:
Advocacy and
Rights &
Partnership with
Families

- ✓ Support our advocacy services.
- ✓ Involve people in planning services and in writing strategies.
- ✓ Use Person Centred Plans and their outcomes to plan for future services.
- ✓ Use what we can learn from complaints and Safeguarding Adults procedures to improve services.
- ✓ Improve how we ask people what they think and let them know how we act on what they tell us.
- ✓ We will start a 'Commissioning Newsletter' which will keep people up to date with what we are doing and give them a chance to share their views with us.
- ✓ We will use the Learning Disability register as a way to contact people about future plans and changes.
- ✓ We will set up a working group to improve the way we communicate with people with learning disabilities

Lead:

Commissioning Team

Aim Fifteen:

We want to make sure that learning disabilities services are accessible to all groups in our community.



- ✓ We will do an Equalities Impact Assessment of all the parts of this plan and make sure we take action if there are risks of a negative impact to groups.
- ✓ We will continue and improve our monitoring of people using learning disabilities services to make sure that we can take action where we find inequalities.

Lead:

All within their areas

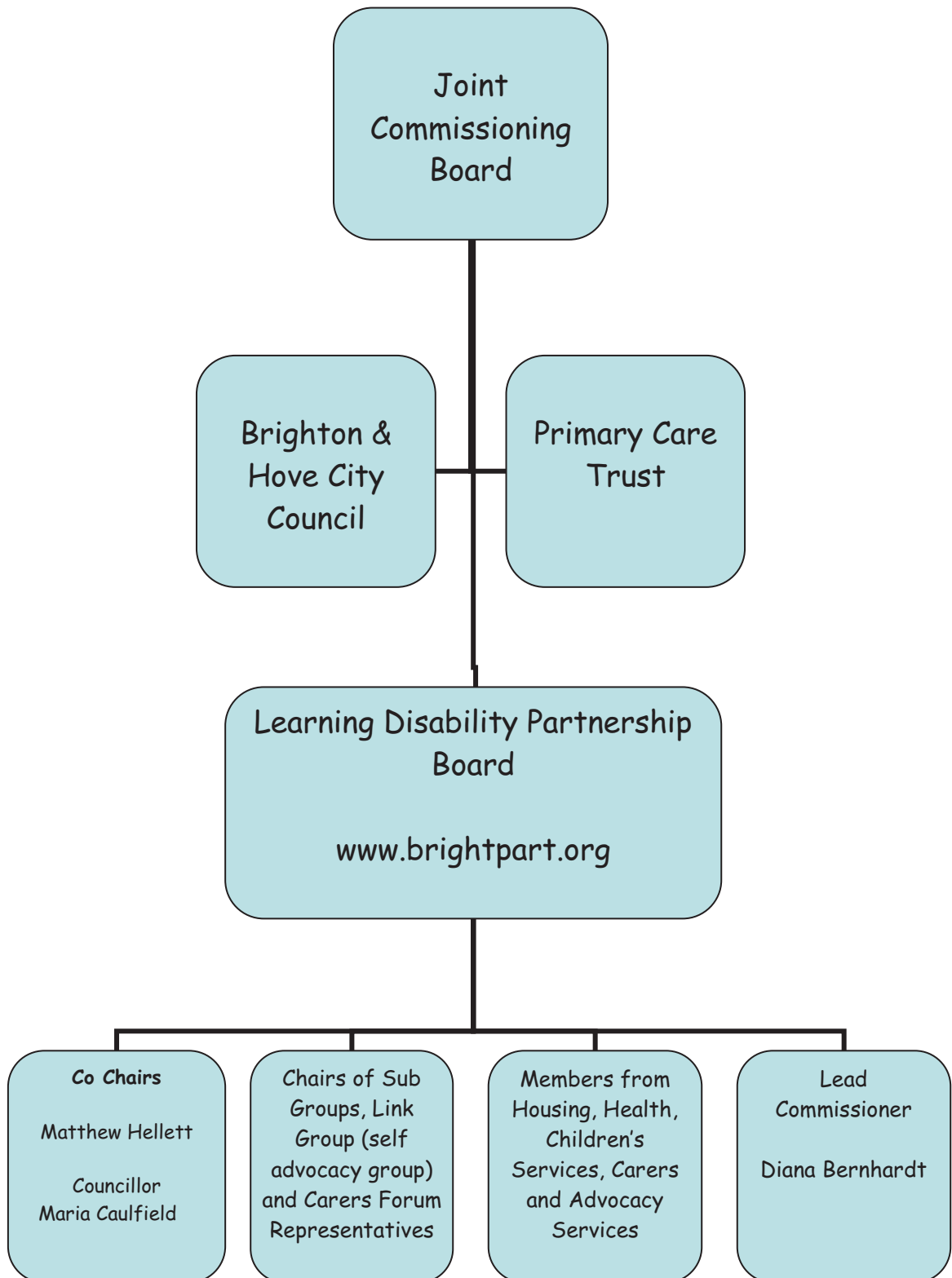
Other groups:

Commissioning Team

Community Learning Disability Team

10. How We Work

This chart shows what the structure is for making the decisions about spending the Learning Disability budgets.



11. Words List.

Advocacy - this means speaking up for somebody and representing their best interests. Advocates can help you change things that you do not like and work for your rights.

Assessment - this means measuring something for example measuring someone's support needs

Brokerage - this is when someone finds services for you and helps you buy the ones you want. Sometimes you pay a 'broker' to do this, but lots of people could do this for you.

Carer - carers look after family, partner or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid.

Care Management Team - this team assesses people to see if they are eligible for support and also review people's support to make sure it is at the right level. This team also makes sure people are kept safe.

Challenging Behaviour - behaviour that is a physical safety risk for the person or other people or that can seriously limit or delay access to community services.

Commissioning - this is about buying new services, making sure services are right for people and making changes to services. It also includes working with services in the community that all people use, to make sure that they are accessible to people with learning disabilities. Commissioners who do this job must make sure that people with learning disabilities and their carers are involved in any changes and are listened to.

Community Learning Disability Team - this team includes the Care Management Team as well as health staff who specialise in working with people with learning disabilities.

Direct Payments - this is a type of Self Directed Support where you get money to spend on a particular service or to employ staff.

Equalities Impact Assessment - this means measuring any affect something has on particular groups to make sure that people are not more disadvantaged. .

Floating Support - this is when staff come and visit you at your home to support you instead of being there all the time.

Learning Disability - this includes;

- a significantly reduced ability to understand new or complex information (impaired intelligence), with;
- a reduced ability to cope independently (impaired social functioning) and;
- which started before adulthood, with a lasting affect on development.

Residential Care - this is when you get care, support and accommodation together and the service you get is checked by the Commission for Social care Inspection (CSCI).

Respite - this means having a break. This can be a break for people with learning disabilities or their carers.

Review - this means looking at something carefully and saying if it is working well. It usually involves writing a report.

Safeguarding - this means taking action to keep people safe who are being abused or are at risk of being abused. This is

work done by social workers who are specially trained to do this and who work to national and locally agreed guidelines.

Self Directed Support - this is when people are told how much money they can get for services and they have choice and control over how the money is spent. This is sometimes called Individual Budgets.

Strategy - this is a plan setting out what services will look like in the future.

Supported Living - this is where you have your own tenancy or you own your own home

12. 3 year Financial Plan, Targets & Timescales

| What we will do | Current Spend: | April 2009 to March 2010 | April 2010 to March 2011 | April 2011 to March 2012 | Things we will measure to see how well we are doing |
|--|--|----------------------------|----------------------------|-----------------------------|--|
| | £29,064,000 | £30,102,000 | £31,173,000 | £31,940,000 (Estimated) | |
| Make services more personalised | Self Directed Support: £1.1m (3.8%) for 67 people | £5m (16.5%) for 120 people | £7.5m (24%) for 180 people | £10.5m (33%) for 260 people | Numbers of people with learning disabilities on self directed support Percentage of people with a person centred plan |
| More choices for what people do during the day | Day Services: £3.2m (11%) for 261 people | £3.075m (10%) | £2.95m (9.5%) | £2.825 (9%) | Number of people in paid employment Number of people using Self Directed Support for their day activities |

| What we will do | What we spend now | April 2009 to March 2010 | April 2010 to March 2011 | April 2011 to March 2012 | Things we will measure to see how well we are doing |
|--|---|---|--|--|---|
| Increase Supported Housing and extra care | Supported Living: £1.8m (6%) Number of people: 91 | Target: 2.1m (7%) Number of people: 105 | Target: £2.5m (8%) Number of people: 125 | Target: £3m (9.5%) Number of people: 150 | Number of adults with learning disabilities in settled accommodation |
| Reducing the number of people placed out of Area | Out of area: £9.3m (32%) Number of people: 115* | Target: £7.5m (25%) Reduce by 10 p.a. | Target: £7.2 (23%) Reduce by 10 p.a. | Target: £6.4m (20%) Reduce by 10 p.a. | Numbers of people who are out of area and number placed out of Sussex |

*(includes £4.2m/46 people outside Sussex and £5.1m/69 people within Sussex)

| What we will do | What we spend now | April 2009 to March 2010 | April 2010 to March 2011 | April 2011 to March 2012 | How we will measure how well we are doing |
|---|---|---|---|---|---|
| Reduce numbers in residential care | Current: £22.3m (77%) Number of people: 257 | Target: £20.8m (69%) Number of people: 240 | Target: £20m (64%) Number of people: 230 | Target: £19.1m (60%) Number of people: 220 | Number of people in residential care |
| Making sure people are as independent as possible | People helped to live at home: 358 (aged between 18 and 64) | Target: Number of people: 440 | Target: Number of people: 455 | Target: Number of people: 470 | Number of people waiting to move out of hospital Number of people 'helped to live at home' Number of people moving on |
| Improve Value for Money | Unit Cost: £865 | Unit Cost: £800 | Unit Cost: £800 | Unit Cost: £793 | Number of GP surgeries with an 'enhanced service' Reduction in unit costs |
| Make sure services are accessible | Improve monitoring | Improve monitoring | Improve monitoring | Improve monitoring | 100% monitoring of ethnicity in services |

13. Needs Information.

As we have said, 702 people use a learning disability social service at the moment.

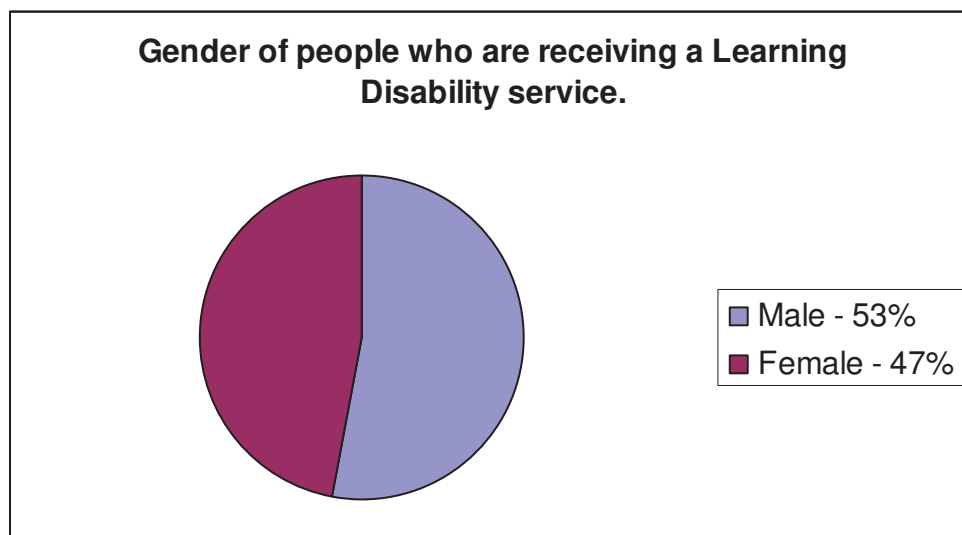
These are the people we know most about.

Their needs include:

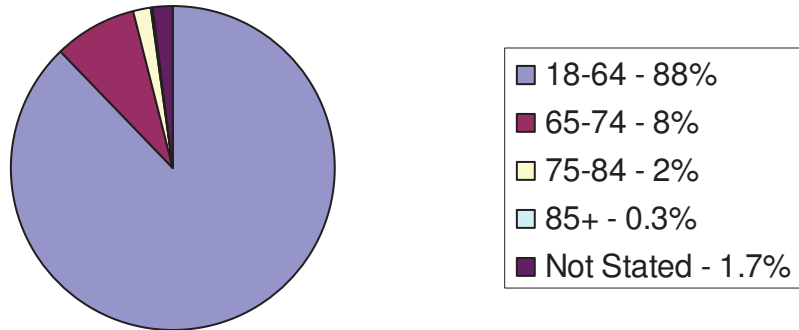
| Needs of people with learning disabilities getting a service now | |
|---|-----|
| Downs Syndrome | 14% |
| Autistic Spectrum | 21% |
| Mobility problems | 20% |
| Wheelchair users | 10% |
| Mental Health | 15% |
| Sensory impairment | 12% |
| Epilepsy | 18% |
| Diabetes | 3% |
| Challenging Behaviour | 25% |

The number of people needing services is expected to rise to 724 in 2009, to 750 in 2010 and to 775 in 2011. Many people have more than one need, so they will need a very individual package of support.

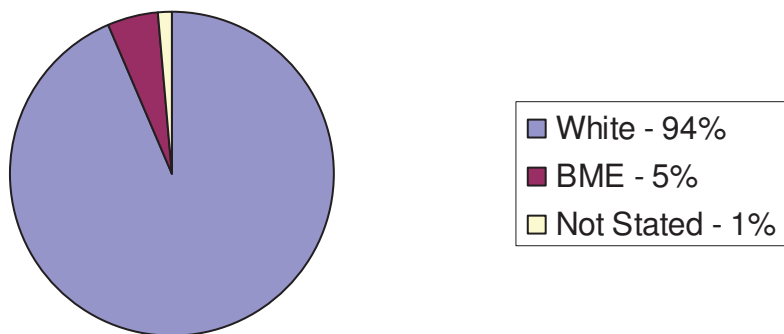
For example, we need to also know about their gender, age and ethnicity to check that services are meeting people's needs fairly.



Age of People receiving a Learning Disability Service



Proportion of People receiving a Learning Disability Service who are from an Ethnic Minority



As well as those people getting a service now, we need to think about all people in the city with a learning disability.

This includes a number of groups.

1. Young People:

There are 63 young people who will be 18 in the next 3 years and are likely to need a specialised service. Our transition team has helped us look at their needs and possible support needs over the coming years.

Needs of 63 young people with learning disabilities needing a service in the next 3 years

| | |
|-----------------------|-----|
| Downs Syndrome | 21% |
| Autistic Spectrum | 37% |
| Mobility problems | 3% |
| Wheelchair users | 16% |
| Mental Health | n/a |
| Sensory impairment | 11% |
| Epilepsy | 24% |
| Diabetes | n/a |
| Challenging Behaviour | 27% |

We can see that a number of support needs are more common in this group of young people. There are signs that young people have more complex needs that we need to plan for.

Predicted support needs of 63 young people with learning disabilities needing a service in the next 3 years

| Year | Help to live at home with respite | Supported Living | Residential Care | Adult Placement | Day Activity |
|---------|-----------------------------------|------------------|------------------|-----------------|--------------|
| 2008/9 | 12 | 0 | 3 | 3 | 0 |
| 2009/10 | 10 | 2 | 4 | 2 | 2 |
| 2010/11 | 11 | 8 | 4 | 1 | 6 |
| 2011/12 | 1 | 5 | 6 | 1 | 4 |
| 2012/13 | 0 | 3 | 0 | 0 | 1 |
| 2013/14 | 0 | 0 | 0 | 0 | 6 |
| 2014/15 | 0 | 2 | 1 | 0 | 4 |

Number of people who might be interested in Self Directed Support = 30

We can also see that those young people will need a range of support options, over a number of years.

We need to work closely with the teams that support young people and children, to make sure we are ready to support them as adults.

One of the groups we work with is Amaze, who support families with children who have disabilities, including learning disabilities. Amaze collect information using a register called the Compass. Reports from the Compass suggest that children with disabilities are more likely to live in the more deprived wards of the city. We need to make sure we are available to support those families, who might need extra support to get information and advice as their young people become adults.

This is something that is also seen in national research, Valuing People said there is a link between mild to moderate learning disabilities and deprivation (source: Valuing People, 2001).

2. Other people with higher needs:

National research tells us there could be about 870 people in Brighton and Hove with a moderate/high learning disability, more than the 702 that are getting services.

Some of these people might have support from families now, but might need a learning disability service in the future.

For example, Valuing People said that one third of adults with learning disabilities living at home are living with carers over 70. In Brighton and Hove this could be about 150 people.

For people who do not get a learning disability service now, there might be a time when their carers get to old to support them and we need to be ready to provide services.

3. People with lower needs.

National research tells us there could be about 5000 people in Brighton and Hove with a mild/moderate learning disability. Most of these people will not be getting a service, but we need to make sure they can get good advice, information and help to get support they need.

We do not know much what these people need and we need to find ways to improve on that so we can support them.

We need to make sure there are easy ways for them to get information and that community services are easy to access for them.

4. People's changing needs.

The adult learning disability population is growing. This is because people with learning disabilities are living longer and healthier lives and of course we want to make sure this carries on. It means that we need to prepare services for more people who are coping with more complex needs.

Also, we know that we need to make plans as people get older and have some of the health problems that can come with old age, like dementia and difficulty walking. As support for people with learning disabilities improves then people will live longer and will need different kinds of support in their later years.

5. People with very complex needs.

We know that the number of people with complex needs will increase each year.

We can provide support for many people locally. But some people need to move out of the city to be supported - 115 of the 702 people that get a service paid for by Brighton and Hove City Council actually live outside of Brighton and Hove.

However, Brighton and Hove is quite small and most people (69) live within Sussex. It can, however, be difficult for the 46 people who live further away.

We are therefore going to try to help people who live further away to move back if they want to. Sometimes, people are living away from Brighton and Hove because we do not have the right services to meet their complex needs. This might mean they have learning disabilities as well as needs such as mental health problems, physical or sensory impairments and 'challenging behaviour'.

We will therefore set up new services to meet these needs and set up these services so that they are flexible so that they can adapt to people's needs.

We also want to get better at planning for people with very complex needs by looking carefully at what their support needs are and working with other authorities and other departments such as Health to set up services.

6. Person centred reviews

The best way to get information about people's needs is from people themselves in Person Centred Reviews. We have started to ask people to send information from their reviews to our Community Learning Disability Team so we can then use the information to plan services. In the first year of this work 71 people responded.

We looked at what this information could tell us about what services we need more of in the city.

In the future we will get many more responses and we will use this information to make sure we know what people want and need. We also will use information from young people and other people who may need services to plan future services.

A summary of what we know from the 71 people who responded this year is included below.

Summary of Results from Person Centred Feedback Form.

Work:

- 40% of people, who did not have a job, wanted one.

People said the main barriers to getting a job were getting the right support and finding the opportunities.

Learning:

- Most people were involved in supported learning.
- About one third of people wanted more learning opportunities.

Some of the barriers to change included; issues about access and transport, availability of courses, staff support and funding/costs.

Leisure and Fun:

- People were involved in a wide range of activities.
- 30% of people wanted more leisure opportunities.

The barriers to change included staff support, finances, information and transport.

Feeling Well and good about self:

- About 25% wanted an improvement in this area.
- Specific areas included improvements in communication, mobility and health (e.g. smoking, epilepsy).

Few people described barriers, but the most common one was access to NHS services.

Friends, Family and Relationships:

- 35% of people wanted an improvement in this area.
- These people expressed a desire for more relationships, more contacts with friends and family and more control over their social activities.

Barriers were said to be lack of staff or lack of service/funding.

Where and How I Live:

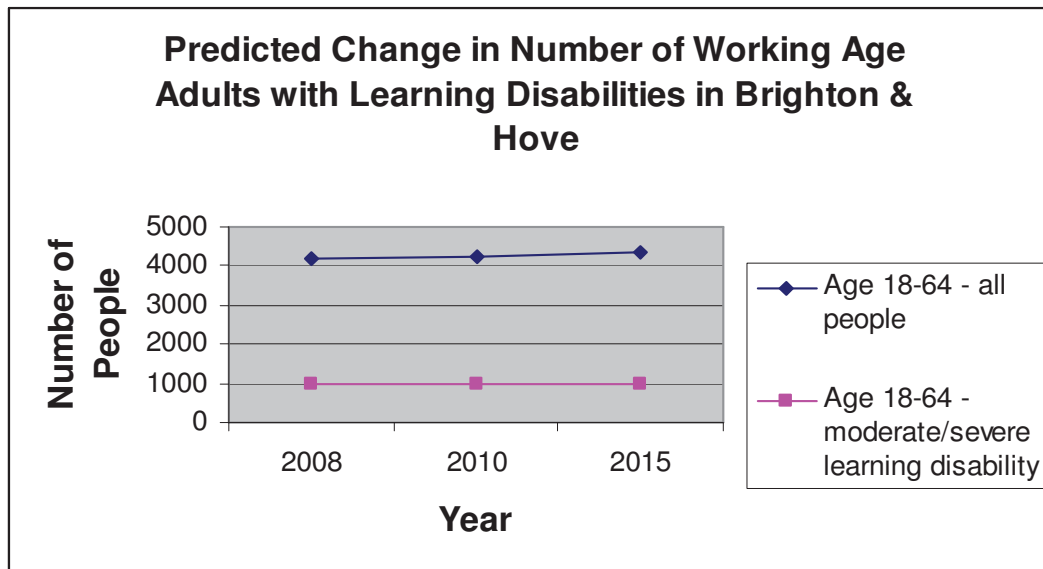
- 12% of people said they wanted to move
- Some people also said they wanted better and access in their homes and better relationships with their fellow residents.

The main barrier to change was waiting for alternative housing.

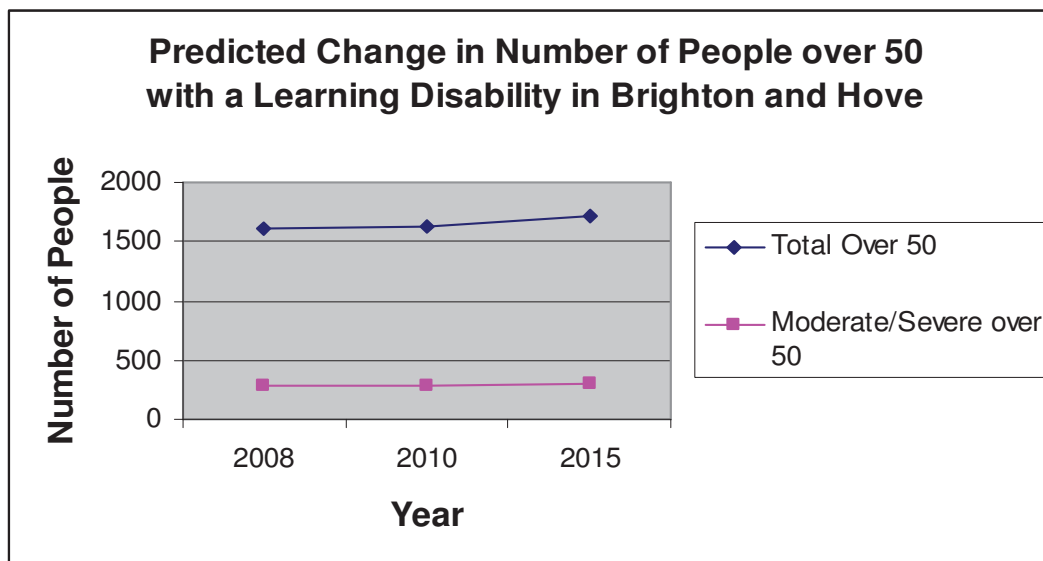
General Population Trends for Adults with Learning Disabilities in Brighton & Hove.

The following information is based on nationally researched data provided by the Care Services Improvement Partnership (CSIP).

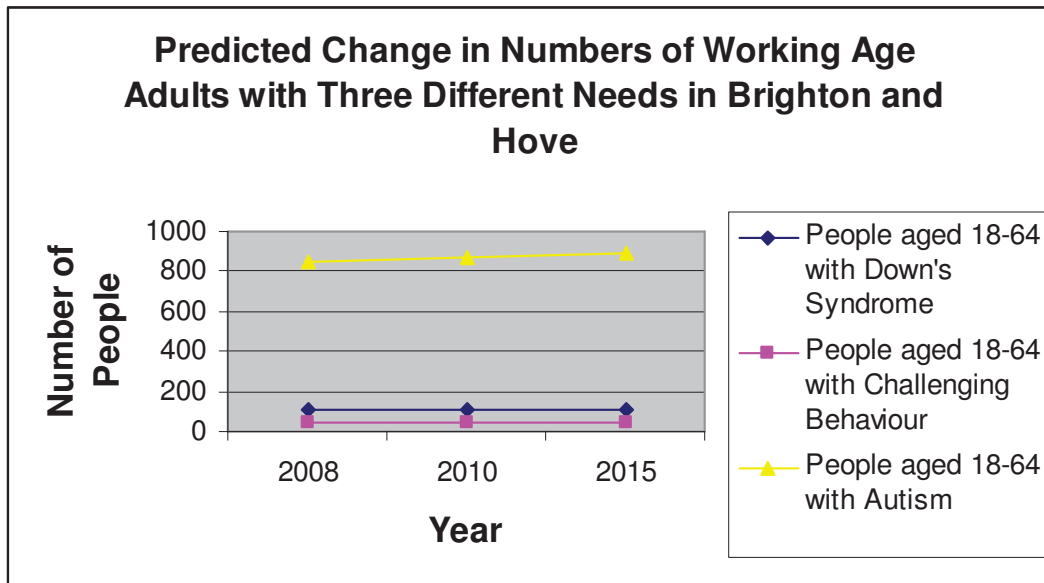
The information is estimated and predicted, based on national research on learning disabilities and statistics on population.



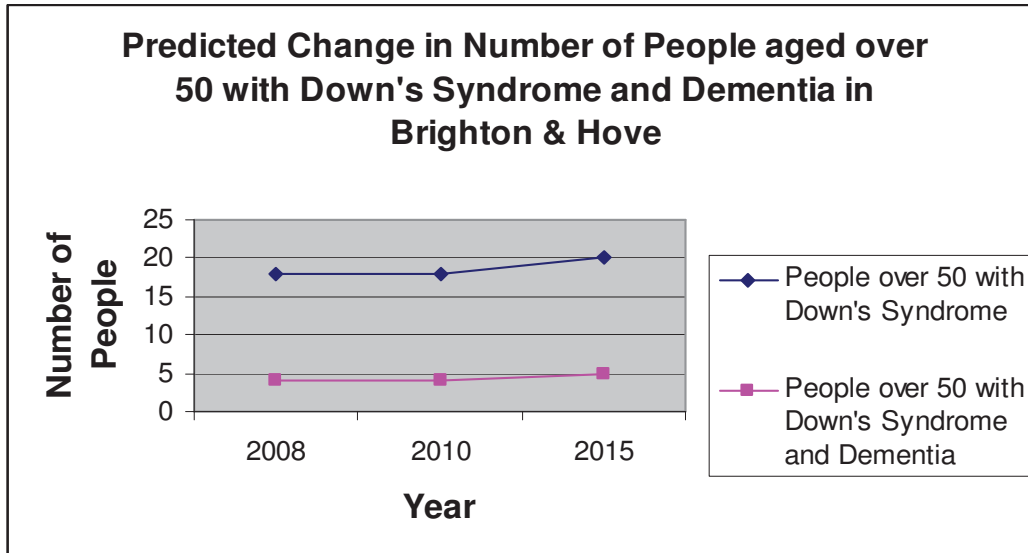
We can see that the number of adults with learning disabilities is expected to rise gradually.



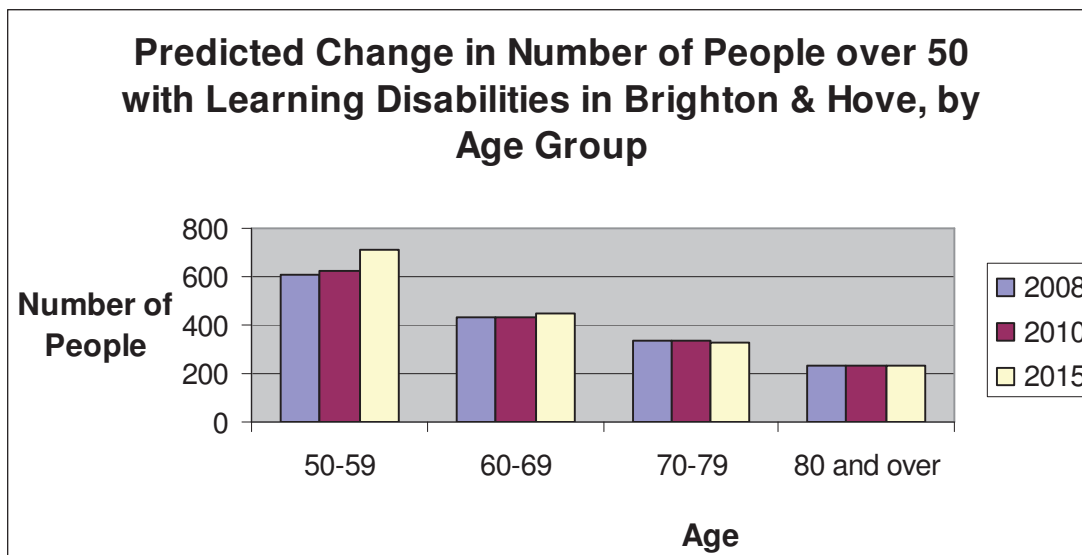
Here we can see that the number of people with learning disabilities who are over 50 is expected to rise more sharply.



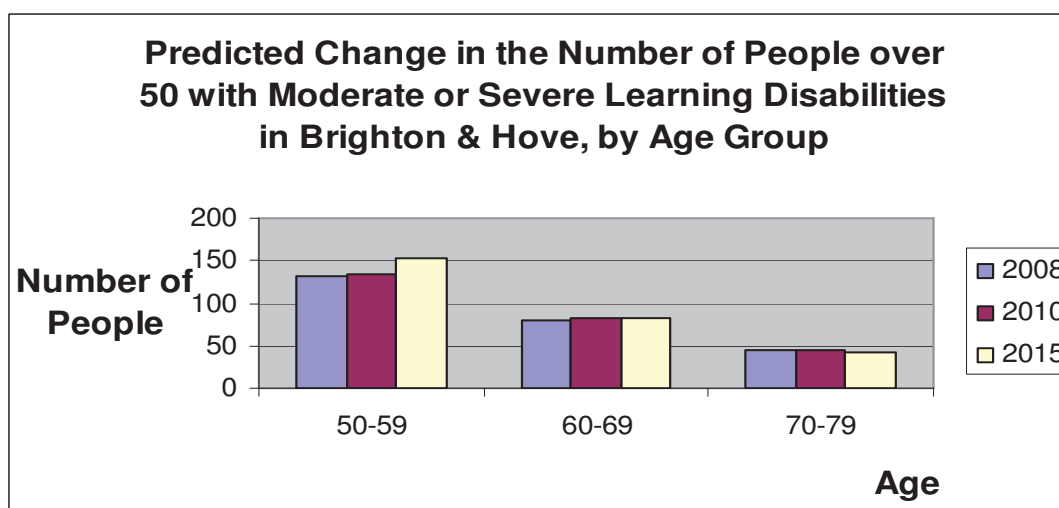
This graph shows that the number of people with Down's syndrome or Challenging Behaviour will increase very slightly, but the number of people with Autism will rise more steeply.



This graph shows that there will be increases in the number of people in the city with Down's syndrome who are over 50, and that a number of them are likely to develop Dementia.




This graph shows that the biggest increase in people with learning disabilities will be in the 50-59 age group.



The pattern is the same for people with moderate or severe learning disabilities.

Data sourced from Office of National Statistics using www.pansi.org.uk and www.poppi.org.uk.

14. Contact Details.

| | write to  | phone  | computer  | internet  |
|--|--|---|---|--|
| Learning Disability Commissioning Team and Self Directed Support Information | Room 74 4 th Floor Bartholomew House Bartholomew Square Brighton BN1 1JP | 01273 292115 | | Email: supportingpeople@brighton-hove.gov.uk |
| Community Learning Disability Team | 86 Denmark Villas Hove BN3 3TY | 01273 295550 | | Email: learningdisabilities@brighton-hove.gov.uk |
| Learning Disability Partnership Board | n/a | n/a | | Website: www.brightpart.org |

JOINT COMMISSIONING BOARD

Agenda Item 30

Brighton & Hove City NHS
Teaching Primary Care Trust
Brighton & Hove City Council

Subject: Dementia Care At Home – Review of performance and suggested way forward

Date of Meeting: Monday 8th December 2008

Report of: Director of Strategy, Brighton and Hove City PCT

Contact Officer: Name: Charlotte Marples/ Kathy Caley **Tel** 545433/
545467

E-mail: Charlotte.marples@bhcpct.nhs.uk
Kathy.caley@bhcpct.nhs.uk

Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 A proposal for a new model of intensive support at home for people with dementia, provided by Sussex Partnership NHS Foundation Trust, was approved by Joint Commissioning Board in October 2007. The service, Dementia Care at Home (DCAH), originally called ICAST (Integrated Community Advice and Support Team) Plus, was intended to provide an alternative to specialist long term OPMH (older people mental health) nursing home placements. It was commissioned in response to a lack of capacity within the local market. The proposal stated that a caseload of ten people would be managed by December 2007 with an anticipated caseload of twenty by early 2008.
- 1.2 This report is to inform the JCB of DCAH's performance to date, and to outline recommendations for the development of a more detailed options paper for the future of the service, which will come back to a future JCB meeting.
- 1.3 The current model of DCAH is not delivering against expected outcomes. The reasons for this are outlined below. In light of this, the referral criteria for the service have been temporarily modified to support people earlier in the care pathway. This will allow the service to support an increased number of people with less intensive need, on an interim basis, to ensure maximum utilisation of capacity prior to the determination of future commissioning arrangements.
- 1.4 In summary, the JCB is asked to support the interim arrangements for the service whilst options for future commissioning, within the community care funding allocation, are explored.

2. RECOMMENDATIONS:

- 2.1 It is recommended that the JCB approve the interim service model whilst future commissioning options are determined.
- 2.2 To ensure that there is an agreed way forward prior to the start of the new financial year, it is recommended that a JCB meeting is convened in February 2009. This will enable the development of future commissioning arrangements within the community care allocation.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

Factors contributing to the development of the DCAH service

- 3.1 Historically there has been a lack of OPMH nursing placements within Brighton and Hove. This has led to a number of residents being placed into nursing homes outside of the city.
- 3.2 A new local nursing home was approved to provide placements for older people with mental health needs by the JCB in December 2006.
- 3.3 Following a series of concerns, placements were suspended and fifteen residents were transferred from the new nursing home. Four of these residents were placed within the city, but eleven were placed out of area.
- 3.4 To address both the general lack of OPMH nursing placements, and this specific suspension of placements, DCAH was approved by the JCB in October 2007.

Resource allocations for DCAH

- 3.5 The financial resource agreed for DCAH was £873,865. The breakdown of expenditure was previously agreed by the Health and Social Care Programme Board in September 2007
- 3.6 It was anticipated that the service would support up to twenty people at any one time. This gave a unit cost of £840 per week, which compared favourably with the option of purchasing additional specialist beds outside of the city.

DCAH Performance to Date

- 3.7 DCAH commenced in April 2008. By fulfilling the criteria as an alternative to long term admission to OPMH nursing homes, the service has only been available to a very small number of individuals. In total, between April and September 2008, eleven people received care from DCAH. At any one time, the maximum number of people on the caseload was three. This is significantly less than the maximum figure of twenty people specified in the service proposal due to the intensity of care required to managed the level of need.

- 3.8 As a result of the lower than anticipated caseload, the actual unit cost of the service exceeds the anticipated unit cost, and does not represent value for money. In the current format, the service is not financially viable as it is unable to accommodate a high enough number of service users to provide comparable unit cost figures to long term placements, including traditionally more expensive out of area placements.
- 3.9 It should be noted that service user and carer feedback regarding the service has been extremely positive. The service provides a very high quality alternative to long term OPMH nursing placements. It is also in line with local and national policy for supporting people to remain independent and maximising quality of life. However, the original service model is financially unsustainable.
- 3.10 Based on the identified performance issues it is recommended that use of the allocated resource is reviewed, whilst DCAH continues using the modified service referral criteria in the interim.
- 3.11 Future commissioning recommendations will be brought back to the JCB for agreement.

4. CONSULTATION

- 4.1 Consultation at this stage is purely with the JCB for their endorsement of this suggested way forward. Any possible future service options may require further consultation.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 It is agreed that the DCAH service is financially unsustainable, as it does not deliver value for money. Therefore the suggestion of a future options paper is supported.

Finance Officer Consulted: Michael Schofield

Date: 17/11/08

Legal Implications:

- 5.2 Community Care Legislation requires the Local Authority to make provision for the assessed needs of vulnerable adults. DCAH represents an appropriate form of provision for some service users with dementia and as alternative to nursing care takes into account choice for service users and rights enshrined in Article 8 ECHR. Value for money and responsibility to the public purse is an integral part in the decision making process involved in both commissioning and delivering services in accordance with statutory requirements. The suggestions within this report to address the difficulties within the current model pending a fuller investigation of the best approach to the future of the service represents attention to the expenditure of public funds. As set out in the body of the report a full consultation with all interested and affected persons/bodies will need to be undertaken in terms of developing the service to ensure compliance with Article 6 ECHR.

Lawyer Consulted: Sandra O'Brien

Date: 14/11/08

Equalities Implications:

- 5.3 DCAH enables marginalised people with dementia to maintain dignity (as described within the Human Rights Act) and receive appropriate and sensitive care at home. However, as the service is only available to a limited number of people at any one time, the service is not equitable in its current form. The PCT has a duty and a commitment to commission services appropriate for the diverse population of the City.

Identifying ways to improve and develop this service, to meet the needs of a wider proportion of the population, is an essential way to meet this need and the organisation's legal obligations.

Equality and Diversity Manager consulted: Phil Seddon Date: 17/11/08

Sustainability Implications:

- 5.4 There are no specific implications

Crime & Disorder Implications:

- 5.5 There are no specific implications

Risk and Opportunity Management Implications:

- 5.6 There are no specific implications

Corporate / Citywide Implications:

- 5.7 There are no specific implications

SUPPORTING DOCUMENTATION

Appendices:

None

Documents In Members' Rooms

None

Background Documents

None

JOINT COMMISSIONING BOARD

Agenda Item 31

Brighton & Hove City NHS
Teaching Primary Care Trust
Brighton & Hove City Council

| | | | |
|-------------------------|--|--------------------------------------|--------------------|
| Subject: | CAMHS (Child and Adolescent Mental Health Service) Commissioning and Service Developments | | |
| Date of Meeting: | 8th December 2008 | | |
| Further Meeting: | Children & Young People's Trust Board 20th October 2008 | | |
| Joint Report of: | Director of Children's Services and Director of Adult Social Care and Housing | | |
| Contact Officer: | Name: | Sally Wadsworth | Tel: 295060 |
| | E-mail: | sally.wadsworth@brighton-hove.gov.uk | |
| Key Decision: | Yes | Forward Plan No: JCB 6715 | |
| Wards Affected: | All | | |

FOR GENERAL RELEASE/ EXEMPTIONS

1. SUMMARY AND POLICY CONTEXT:

- 1.1 The report is asking the board to agree proposed service developments for 14-25 year olds CAMHS service.

2. RECOMMENDATIONS:

- 2.1 To agree the model of service for 14-25 year olds with mental health needs

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 The CAMHS Commissioning Strategy was developed and agreed by the CYPT Board in 2006. Since this time a number of service developments have taken place within the commissioning strategy framework that have either been subject to previous board papers or will be subject to forthcoming board papers.
- 3.2 CAMHS has continued to be subject to continued national scrutiny and the Department of Health and the Department for Children, Schools and Families are in the process of undertaking a national review for CAMHS. An interim report was published in July 2008 and has identified six challenge areas for local CAMHS services:
- Making the whole system work more effectively for all children and young people, families and staff
 - Making a difference – research, effective practice, monitoring and evaluation of the impact of interventions

- Making sure children at risk of or experiencing mental health problems and their families have swift and easy access to effective services
- Workforce development across sectors and across the levels of specialist and non-specialist staff
- Resource deployment
- Cultural change and implementation

3.3 Locally, service developments are being developed within the overarching commissioning strategy as well as aiming to address the above challenges and service developments will be checked against the final national review report, which is expected later this year.

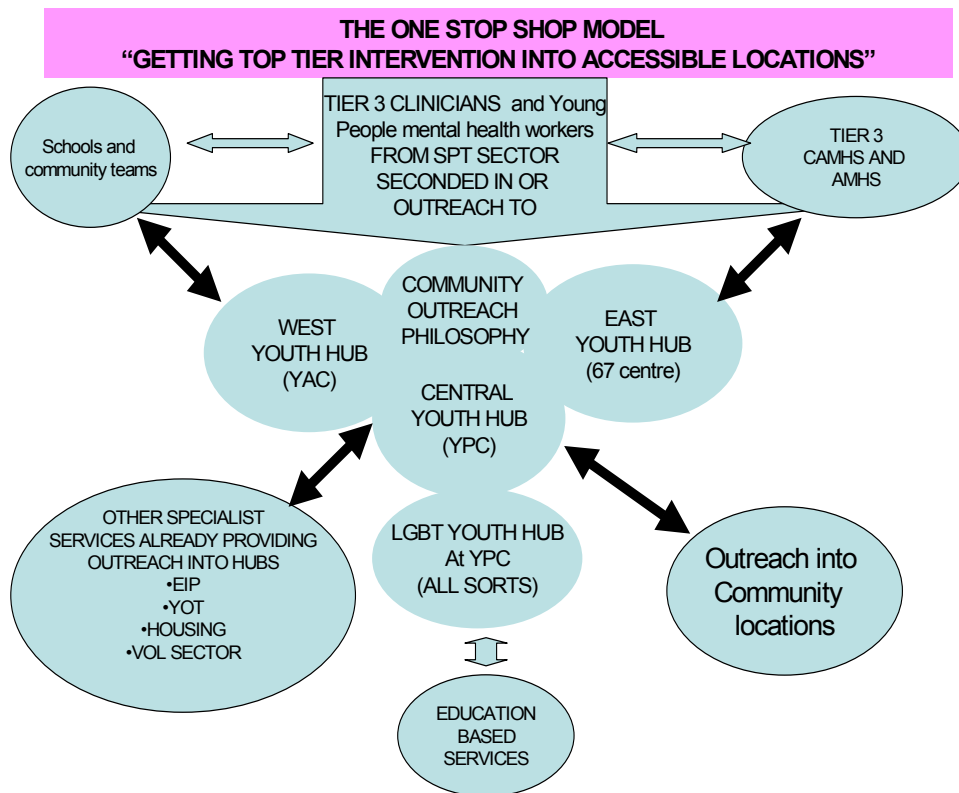
3.4 **14-25 Year Old Service**

The CYPT CAMHS Strategic Implementation Group commissioned a sub group to scope and provide recommendations for a 14-25 year old mental health care pathway within Brighton and Hove.

The sub group have recommended the following model, the aim of which is, to develop better access to services and earlier intervention for young people with mental health problems by linking CAMHS, EIP (early intervention in psychosis) and AMHS (adult mental health services) into Youth hub development as part of Targeted Youth Support in the community.

Young people's mental health workers will be employed to work in Youth Hubs where young people present for a range of problems and issues thus reducing stigma of presenting with mental health issues. A menu of support will be provided to meet needs. The service will link with specialist CAMHS, EIP and AMHS across transition for older teenagers. Sessional time will be made available from EIP and AMHS to support the care planning for young people with enduring mental health needs who will require these services as adults.

The model is illustrated in the following diagram:



The benefits of the model include:

- Accessible and acceptable services for young people leading to better engagement and fewer young people failing to access or dropping out of services
- Earlier intervention, better outcomes, preventing crises and relapse and reducing level of need for long term support
- Links between youth services and mental health services will improve quality of interventions through improved skill mix
- Greater integration of CAMHS, WAMHS and Youth services to ensure care plans deliver improved outcomes
- Transitional care planning and lead professional/care coordinator identified for 16 year olds who are likely to need ongoing support in adulthood
- An integrated approach to meet range of needs including dual or multiple diagnoses by the designated lead professional/care coordinator for each young person ensuring links with specialist services, including substance misuse, learning disability, social care, housing and supporting people to make sure a comprehensive care plan is delivered
- Potential access to psychological therapies (IAPTs) for young people aged 16 plus as well as adults
- Youth workers become more mental health aware and can support young people better

- CAMHS, WAMHS and EIP workers more approachable to young people and youth service aware

4. CONSULTATION

- 4.1 For the 14-25 year old service review there has been extensive consultation by MIND in Brighton and Hove. 50 young people have either filled in a questionnaire or attended focus groups and their views are being incorporated into the recommendations of the review.
- a. A parent/carer consultation was also undertaken which has provided valuable insight into their views about access to services for their children. 35 parent/carers contributed to the findings
- 4.2 The targeted mental health in schools pathfinder is being developed following a successful bid to the DCSF. The project plan includes ways of involving parent/carers and young people in developing the next stages of the Pathfinder
- 4.3 The other service reviews have been commissioned following the production of the 10 year commissioning strategy which was written following consultation with staff, young people and parents

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 In 2008/09 for CYPT the total grant funding due is £419k and now forms part of the LAA/ABG. It is important that the overall funding is regularly reviewed to ensure that there are no additional costs to the council. The Young People's Mental Health Worker posts are to be funded by the PCT.

Finance Officer Consulted: Paul Brinkhurst

Date: 30/09/08

Legal Implications:

- 5.2 Within the body of this report explanation is provided as to the background locally and the scrutiny of the DH and DCSF leading to identification, at an interim stage of six challenge areas. A Model is proposed which is informed by central government thinking in this area. The Local Authority has statutory duties to safeguard and make provision for vulnerable child and adults. The Model proposed fits with these statutory duties. A comprehensive consultation exercise is described involving relevant and interested parties.

The improved outcomes which is intended for young people through the application of the Model and consultation process described provides for compliance with the Human Rights Act 1998.

Lawyer Consulted: Sandra O'Brien

Date: 29/09/08

Equalities Implications:

- 5.3 Improved access for all groups is part of the commissioning intentions for CAMHS, particularly for disadvantaged groups such as Looked after children and LGBT young people. These groups are covered in this report.

An Impact Assessment will need to be incorporated in the implementation plan for the young peoples mental health service.

Sustainability Implications:

- 5.4 No adverse effect on environmental sustainability

Crime & Disorder Implications:

- 5.5 Earlier intervention in working with young people with mental health needs will assist in the reduction in crime

Risk and Opportunity Management Implications:

- 5.6 Real opportunity to positively contribute to the national policy drivers for CAMHS

Corporate / Citywide Implications:

- 5.7 Plans are city-wide plans

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 6.1 No action, but young people's views are driving change

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 Changes in young people's services need Board approval because there are implications of how services are organised and delivered
- 7.2 Recommend that the report be approved as there will be improved access to services and positive outcomes for young people.

SUPPORTING DOCUMENTATION

Appendices:

None

Background Documents

- | |
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| <ul style="list-style-type: none">i. NICE National Institute for health and clinical excellence and Social care institute for excellence, Public Health Guidance Draft scope, The physical and emotional and wellbeing of looked after children and young people 25th June 2008ii. CAMHS Review, Improving the mental health and psychological wellbeing of children and young people, National CAMHS Review interim report 29th July |
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2008

- iii. “Bridging the Gap” Delivering a Mental Health Service for 14 – 25 year olds in Brighton and Hove Shelley Holland and Dr Jude Jarrett Dec 2007 – May 2008.

EXTRACT OF THE PROCEEDINGS OF THE CHILDREN & YOUNG PEOPLE'S TRUST BOARD HELD ON 20 OCTOBER 2008

32 CAMHS (CHILD AND ADOLESCENT MENTAL HEALTH SERVICES) COMMISSIONING AND SERVICE DEVELOPMENT

- 32.1 The Board considered a report of the Director of Children's Services concerning the Child and Adolescent Mental Health Service Commissioning and Service Developments, which updated the Board on the Targeted Mental Health in Schools DCSF Pathfinder Project and proposed service developments for 14-25 year olds CAMHS service (for copy see minutes book).
- 32.2 The Commissioning and Partnership Manager indicated that the consultation with young people had demonstrated that young people were supportive of this project. She explained that the proposals would not only bring services to where the young people were, but they would also facilitate integrated services and make mental health workers become more approachable to young people. She also clarified that this process would not diminish or cancel GP referrals.
- 32.3 Members noted that domestic violence had an impact on young people's mental health. They were concerned that this matter had not been included in the report. The Commissioning and Partnership Manager explained that the link to domestic violence was still in the early stages of mental health in schools and young children. She accepted, however, that there was an opportunity within the proposal to look at this issue more closely.
- 32.4 Members sought clarification on what would be the profile of the mental health worker, who they were and how they would be supported. The Commissioning and Partnership Manager explained that the mental health worker's role was being developed, and officers would draw upon the role of psychotherapists as a starting point in developing and determining their role.
- 32.5 The Board welcomed the report and congratulated the team of officers involved with producing it and doing the work. The Board welcomed even further the recognition of families' involvement in the process and stressed the importance of engaging with the young people service users across the process. The Commissioning and Partnership Manager reassured members that officers would be engaging with everyone dealing with these customers, and not only mental health workers, in order to deliver success.

32.6 **RESOLVED** – That, having considered the information and the reasons set out in the report, the Board accepted the following recommendations:

- (1) That the model of service for 14-25 year olds with mental health needs be agreed.
- (2) That the progress on the Targeted Mental Health in Schools DCSF Pathfinder Project be noted.