Brighton & Hove City Council

NHS Brighton and Hove

Joint Commissioning Board

Title:	**Joint Commissioning Board**
Date:	**14 November 2011**
Time:	**5.00pm**
Venue	**Council Chamber, Hove Town Hall**
Contact:	**Caroline De Marco** Democratic Services Officer 01273 291063 caroline.demarco@brighton-hove.gov.uk

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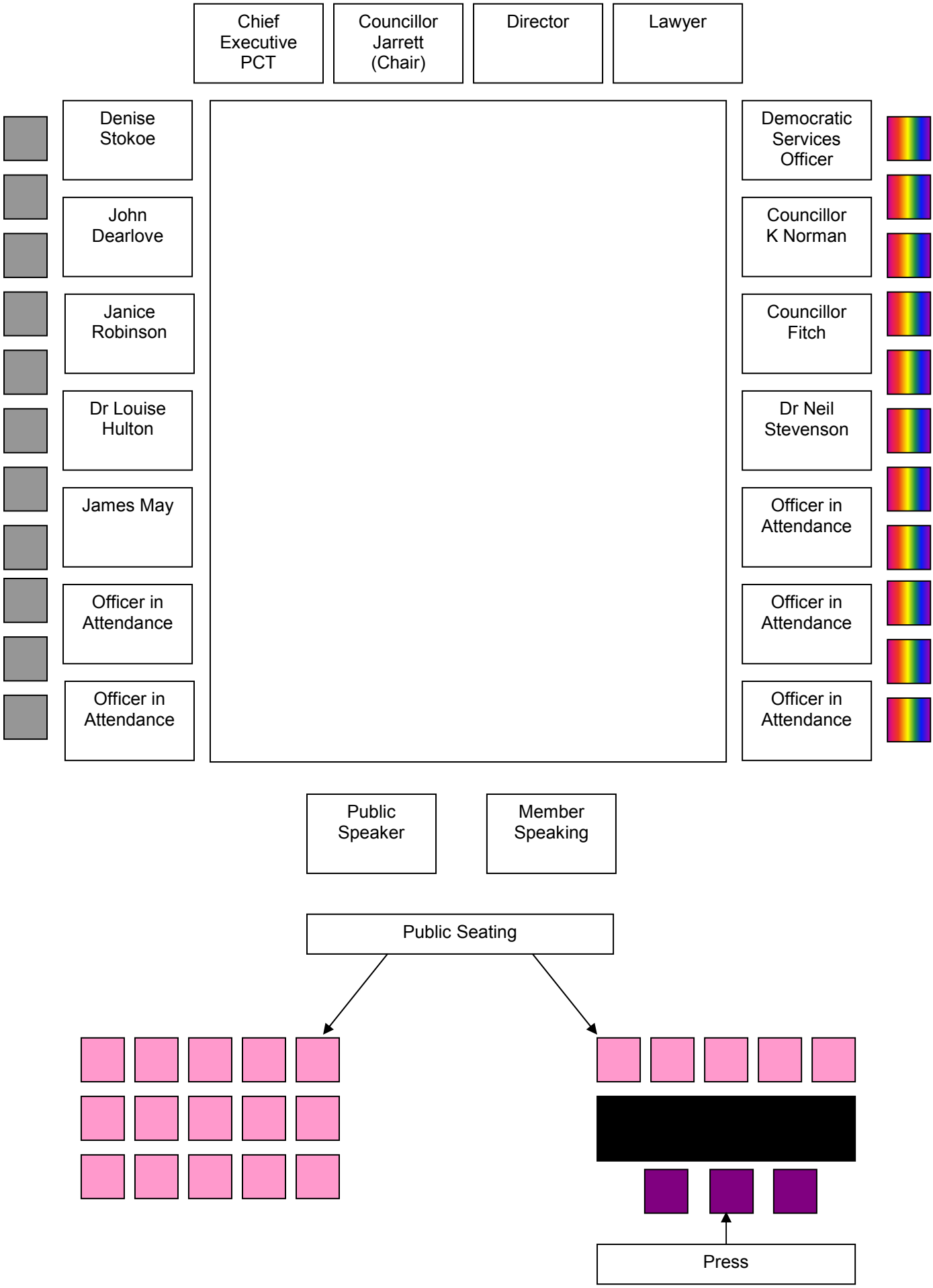

JOINT COMMISSIONING BOARD

The following are requested to attend the meeting:
Council Representatives:
Councillor Rob Jarrett (Cabinet Member for Adult Social Care & Health) (Chair)
Brighton & Hove City NHS Teaching Primary Care Trust Representatives
Denise Stokoe (Deputy Chair), John Dearlove, Janice Robinson, Dr Louise Hulton and James May
Co-opted Members:
Councillor Ken Norman, Conservative Party Councillor Brian Fitch, The Labour & Co-op Party Dr Neil Stevenson, LINk (Brighton and Hove Local Involvement Network)

AGENDA

Part One **Page**

10. 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.

11. MINUTES OF THE PREVIOUS MEETING 1 - 10

Minutes of the meeting held on 11 July 2011 (copy attached).

12. CHAIR'S COMMUNICATIONS

13. PUBLIC QUESTIONS

(The closing date for receipt of public questions is 12 noon on 7 November 2011)

No public questions have been received by the date of publication.

14. FINANCIAL PERFORMANCE REPORT - MONTH 5 11 - 14

Report of Director of Finance, NHS Sussex PCT Cluster & Director of Finance, BHCC (copy attached).

Contact Officer: *Michael Schofield* *Tel: 01273 574743*
Ward Affected: *All Wards*

15. THE RECONFIGURATION OF SHORT TERM SERVICES 15 - 28

Report of Director of Adult Social Services/Lead Commissioner People & Chief Operating Officer, PCT (copy attached).

Contact Officer: *Wendy Young* *Tel: 01273 574688*
Ward Affected: *All Wards*

16. REVIEW OF COMMUNITY AND VOLUNTARY SECTOR MENTAL HEALTH SERVICES **29 - 40**

Report of Director of Adult Social Services/Lead Commissioner People & Chief Operating Officer, PCT (copy attached).

Contact Officer: *Anne Foster* *Tel: 01273 574657*
Ward Affected: *All Wards*

17. LEARNING DISABILITY PARTNERSHIP BOARD - ANNUAL REPORT 2010/11 **41 - 60**

Report of Director of Adult Social Services/Lead Commissioner People (copy attached).

Contact Officer: *Karen Kingsland* *Tel: 01273 293881*
Ward Affected: *All Wards*

18. THE BIG HEALTH CHECK FOR PEOPLE WITH LEARNING DISABILITIES **61 - 74**

Report of Director Adult Social Services/Lead Commissioner for People Brighton and Hove City Council and Chief Operating Officer NHS Brighton and Hove (copy attached)

Contact Officer: *Diana Bernhardt* *Tel: 29-2363*
Ward Affected: *All Wards*

19. ACCOMMODATION AND SUPPORT PLAN FOR PEOPLE WITH LEARNING DISABILITIES **75 - 88**

Report of Director of Adult Social Services/Lead Commissioner People (copy attached).

Contact Officer: *Diana Bernhardt* *Tel: 29-2363*
Ward Affected: *All Wards*

20. JOINT COMMISSIONING BOARD AND THE HEALTH AND WELLBEING BOARD - UPDATE **89 - 106**

Report of Director of Adult Social Services/Lead Commissioner People (copy attached).

Contact Officer: *Denise D'Souza* *Tel: 29-5032*
Ward Affected: *All Wards*

21. CARERS STRATEGY REFRESH **107 - 134**

Report of Director of Adult Social Services/Lead Commissioner People (copy attached).

Contact Officer: *Tamsin Peart* *Tel: 01273 295253*

Ward Affected: *All Wards*

PART TWO

22. HOME-BASED RESPITE CARE SERVICES (EXEMPT- CATEGORY 3) **135 - 140**

Report of Director of Adult Social Services/Lead Commissioner People – Exempt Category 3 (circulated to Members only).

Contact Officer: *Tamsin Peart* *Tel: 01273 295253*
Ward Affected: *All Wards*

23. PART TWO ITEMS

To consider whether or not any of the above items and the decisions thereon should remain exempt from disclosure to the press and public.

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.

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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, 4 November 2011

Joint Commissioning Board	Agenda Item 11 Brighton & Hove City Council

BRIGHTON & HOVE CITY COUNCIL

JOINT COMMISSIONING BOARD

5.00PM 11 JULY 2011

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Council representatives:
Councillor Rob Jarrett (Chair) ;

Brighton & Hove City Primary Care Trust representatives:
Janice Robinson;

Co-opted Members:
Councillor Ken Norman, Brighton & Hove City Council
Councillor Brian Fitch, Brighton & Hove City Council
Dr Neil Stevenson, LINk (Brighton and Hove Local Involvement Network)

Apologies: John Dearlove (NHS Brighton & Hove)

PART ONE

1. PROCEDURAL BUSINESS

1 (a) Declarations of Substitutes

1.1 There were none.

1(b) Declarations of Interests

1.2 There were none.

1 (c) Exclusion of Press and Public

1.3 In accordance with section 100A of the Local Government Act 1972 ("the Act), the Board considered whether the press and public should be excluded from the meeting during an item of business on the grounds that it was likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present during that item, there would be disclosure to them of confidential information (as defined in section 100A (3) of the Act) or exempt information (as defined in section 100I(I) of the Act).

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

1 (d) Quorum

1.5 The Chair noted that the meeting was not quorate, as only one voting member of NHS Brighton and Hove was present. Paragraph 13.3 of the Constitution of the Joint Commissioning Board agreed on 12 July 2010 states "There shall be a quorum when at least two members from the NHS Brighton and Hove are present at a meeting and the Council Sub-Committee is quorate in accordance with the Council's Standing Orders." Councillor Jarrett represented the Council as Cabinet Member for Adult Social Care & Health.

1.6 The Senior Lawyer advised the Board that they could have a debate and discussion on all items on the agenda, but those items which required decisions as opposed to those presented for information/noting only would have to be deferred.

1.7 Janice Robinson, on behalf of NHS Brighton and Hove apologised for the absence of the other NHS Brighton and Hove member who was expected. Janice Robinson assured the other Board members that the reports and proposals presented today had been fully discussed by Brighton and Hove NHS members and were agreed. She expressed her concern at the potential for further delay and the need to progress the work proposed. She asked the Senior Lawyer if there was any method by which this delay could be avoided, particularly as the next Joint Commissioning Board was scheduled for November and the difficulties in re-convening this meeting to accommodate the availability of members.

1.8 The Senior Lawyer suggested that the matters could be discussed and debated and draft minutes forwarded to the absent Board member for comment. Provided that the absent member did not disagree with the Board's comments or wish to debate them further she suggested the final decisions could then be made without a full reconvening of the meeting given the assurance of Ms Robinson that the PCT were in agreement on the reports to be considered. The Senior Lawyer emphasised that the caveat to this suggested way forward must be that if the absent member has any comments that she wishes to be debated at a further meeting or wishes to engage in further debate with other Board members then the decisions must be deferred and a further meeting of the Board convened.

1.9 Dr Stevenson noted that the minutes are a record and not verbatim.

1.10 The Senior Lawyer advised that it was essential that the minutes are as full as possible so that the absent member would have an accurate record. She further advised that it is essential the process is transparent and open and that if the absent member wished to discuss or debate the issues in the reports at a further meeting then this would have to be convened.

1.11 The Chair considered that on balance, given the importance of avoiding delay that the suggested method be adopted in this instance.

1.12 Janice Robinson on behalf of Brighton and Hove NHS agreed.

2. MINUTES OF THE PREVIOUS MEETING

2.1 **RESOLVED** – That the minutes of the Joint Commissioning Board Meeting held on 4 April 2011 be agreed and signed by the Chair.

3. CHAIR'S COMMUNICATIONS

New Chair

3.1 Councillor Rob Jarrett introduced himself as the new Chair of the Joint Commissioning Board for 2011/12. He welcomed everyone to the meeting and hoped that there would be a constructive working relationship. He encouraged members to communicate with him over the year.

Southern Cross

3.2 The Chair reported that it had been announced in the news on 11 July that Southern Cross was proposing to cease trading. It had been known for some time that there were ongoing problems. The Director of Adult Social Services had been in touch with the Association of Directors of Adult Social Care (ADASS) and had been provided with a briefing on the current position with Southern Cross. The Chair read the statement out in full as follows:

"SOUTHERN CROSS BRIEFING 11 JULY 2011

"You may have seen the latest reports in the Media that Southern Cross Health Care is ceasing to run its care homes, and that their care homes will be taken over by other providers. Members of the public are understandably concerned as to the future of the homes, both in relation to current residents and to moving into Southern Cross homes in the near future. This is impacting on decision making with people choosing not to move into current Southern Cross owned homes.

In addressing the concerns of residents and their families, we need to offer some reassurance as to the current media reports, responding to the concerns and questions.

Are Southern Cross Closing?
The current intention is that Southern Cross will stop running homes over the coming months, but this does not mean that the homes will close. They are working with a number of other parties to ensure the continued running of their homes by other providers. Councils are in support of this and continue to buy care from them. Some of their landlords are companies who also run care homes, these are likely to take over the homes they already own; they and other providers will be looking at the other homes with the landlords to determine who will take them on.

What if Southern Cross fails before the homes are taken over?
Should Southern Cross go into administration the homes will continue to be operated by the administrator who has a responsibility to sell the homes as going concerns. The homes would continue to run whilst this happens.

What if homes have to close?
ADASS is clear that it will work with new providers to create a sustainable business for the future. We are not expecting to see care home closures as a large part of any plan.

Please reassure people that the ADASS position remains as stated in our press release from May this year:
"In all eventualities, directors of adult social services and their social work staff will put the peace of mind, physical and emotional welfare, and the interests of older residents and their carers at the forefront of every decision we make."

ADASS is working with Southern Cross, and will work with the new providers, to ensure a smooth transition of ownership and contractual relationships so as to minimise any disruption for residents and their families. As soon as we start to hear from landlords about proposals for local care homes we will be asking for a communication plan with residents and relatives involved. This will start to address the specific issues about what all this means for people living in named care homes. The statement released by Southern Cross today suggests that the timescale for this is from now through to mid October, so it is important to set expectations with this timescale in mind."

3.3 The Chair stressed that the council would do its best to reassure people and ensure a smooth transition.

3.4 The Director of Adult Social Services informed Members that there were two Southern Cross homes in the city, and officers had been in contact with both homes. The Council was offering support to managers.

3.5 Councillor Fitch asked if the occupants and staff of the homes had been reassured. The Director replied that officers were reassuring staff and residents. The two Brighton and Hove homes were owned by landlords. The information from Southern Cross suggested that the two Brighton and Hove homes were financially viable. The matter was currently being dealt with by administrators and would take a period of some months to be resolved. The Director would keep members briefed on what this would mean for Brighton and Hove.

3.6 Janice Robinson asked the Director if she knew who the landlords were. The Director replied that she was aware that one of the landlords was a local financial institution. She was quite confident that it would be possible to work with them. Officers would work with landlords and other providers in the city to reach a satisfactory conclusion.

4. PUBLIC QUESTIONS

4.1 There were none.

5. FINANCIAL PERFORMANCE REPORT - MONTH 2

5.1 The Board considered a report of the Director of Finance, NHS Sussex PCT Cluster and Director of Finance, BHCC which set out the financial position and forecast for partnership budgets at the end of month 2.

5.2 The Head of Business Engagement referred to paragraph 3.3 of the report. There were currently two variances from the budget. Sussex Community NHS Trust had an overspend on Intermediate Care Services and an underspend on HIV/AIDs Services. Sussex Partnership NHS Partnership Trust had an overspend of £363,000 relating to pressures from long term placements (Working Age Mental Health Services). It was hoped that 50/50 risk share arrangements between the council and the Trust could be put in place.

5.3 The Head of Business Engagement reported on the outturn for 2010/11. The budget had broken even except for a £424,000 overspend that would be shared by the council and the Sussex NHS Partnership Trust. Meanwhile accounting issues relating to the Section 75 partnership were detailed in paragraphs 3.5 to 3.8 of the report.

5.4 **RESOLVED** - (1) That the agreed budgets for adult social care arrangements in 2011/12, be noted.

(2) That the forecast outturns for the s75 budgets as at month 2 be noted.

(3) That the ongoing issues in relation to year-end financial reporting of the s75 Partnership, be noted.

6. SHORT TERM SERVICES: DELIVERY OF EFFICIENCY SAVINGS DURING 2011/12

6.1 The Board considered a report of the Director of Adult Social Services/ Lead Commissioner People and the Chief Operating Officer, NHS Brighton and Hove which provided a detailed briefing on a range of options to deliver efficiency savings during 2011/12 within short term services and which sought endorsement of these options. A presentation regarding these options was given to an informal private meeting of the Board on 4 April. They had since been presented to and endorsed by an informal meeting of the NHS Brighton and Hove Board and the Clinical Commissioning Executive at the PCT.

6.2 The Locality Programme Manager, Brighton and Hove Clinical Commissioning Group reported on the current context. Officers had been charged with delivering a £500K target for these services. A task and finish group was established to identify a range of options to deliver the savings. The options were scored against a number of factors and needed to be achievable and consistent with overall objectives of the longer term project to redesign short term services. The proposals would not achieve the full £500k this year.

6.3 The Locality Programme Manager set out the impact of the options as detailed in paragraphs 3.7 to 3.9.4 of the report. Option 1 would result in no overall loss of capacity in the city. Transitional beds would revert to long term beds and service users could be brought back to the city. With regard to option 2, there were significant variations in unit costs of different sites in the city. Knoll House had significantly higher costs. There was scope to make savings without negative impact. Sussex Community Trust was keen to work on the project. With regard to Option Three the Board were informed that some beds at the Newhaven Rehabilitation Centre were used by East Sussex. An audit of need showed that only 44% of people needed a bed based service. Much could be done to reduce the length of stay in these beds and many could be

supported in a community based setting. National benchmarking data suggested that the city was over provided in terms of beds. There would be no closure of beds unless the equivalent capacity was provided in a community setting. The document had been shared with the LINk and it was hoped that they would work with officers to monitor the impact of the proposals. Other work was ongoing this including the development of an integrated discharge team in the city and other investments in community services eg through reablement funding. Officers would monitor the proposals to ensure that there was no negative impact.

6.4 Councillor Norman thanked the Locality Programme Manager for the presentation. He had been involved in the process for some time and considered that these were good proposals for the future. Councillor Norman referred to the last two paragraphs of page 19 of the report. This referred to people being supported in their own homes and the efficiency proposal being shared with the HOSC. Councillor Norman stated that he had recently had a number of residents moving out of hospital into care. All wanted to be in their own homes. These options should provide that service. He believed the proposals should be shared with the HOSC.

6.5 Councillor Fitch concurred. He agreed that people preferred if possible to be at home. He knew of an elderly lady who had been in a home, but was now living with a relative. This was what she wanted. Families could be a tremendous support, when they in turn received the support they required.

6.6 Dr Stevenson thanked the Locality Programme Manager for her presentation. He particularly welcomed the assurance that there would be no bed closures until the community provision was in place. He had not seen that stated in the report. LINk had some concerns about the paper. He had particular concerns about the consultation. BSUH were not happy with the provision of accommodation for people leaving hospital. They would be less happy with even less provision. Meanwhile he reported that the Hospital Discharge Group was disbanded at the end of 2010.

6.7 The Locality Programme Manager noted the concerns regarding discharging patients from hospital and the impact on BSUH. There had been detailed discussions with BSUH and they were happy with the process. These proposals would take place alongside a range of transformation programmes. There were concerns about how effectively community services were used at present. Meanwhile, BSUH needed to look at their discharge processes and the number of people being discharged to bed based services.

6.8 Dr Stevenson was pleased to hear of discussions taking place. However the LINk had further concerns. He did not agree that the proposals would not have a significant impact. There would be a total reduction of 29 beds. There would be a significant change in capacity and an impact on discharge. Meanwhile, a number of nursing homes were refusing admissions from hospitals from 6.00pm on a Friday afternoon to Monday. This was causing a blockage of beds in the acute sector.

6.9 The Locality Programme Manager stressed that beds at Glentworth and Sycamore Court were still in the system and would covert back to nursing homes beds. The 16 beds from Newhaven Rehabilitation Centre would be re-provided with equivalent capacity in the community.

6.10 The Director of Adult Social Services reported that discharges into nursing homes were often planned into the working week. However a number of homes did take placements at weekends.

6.11 Janice Robinson informed the Board that PCT members had looked at these matters in great detail and had concerns about an earlier draft. There were concerns about the loss of beds and concerns that families/carers would be burdened. However, there was now agreement that the work must go ahead. Officers had done a good job in ensuring transitional arrangements were in place. However, Janice was disappointed that savings that should have been made had not been made due to the delays. She hoped that this could be expedited as soon as possible.

6.12 **RESOLVED -** That it is recommended that each of the following efficiency options be agreed:

(a) Option 1 -Transference of the beds at Glentworth and Sycamore Court nursing homes from 'Transitional' short term beds to long term nursing home beds

(b) Option 2 - A change in skill mix at Knoll House

(c) Option 3 - The reduction of 50% of the beds at Newhaven Rehabilitation Centre with a proportion of this funding to re-provide community support for patients in their own home

7. THE RECONFIGURATION OF SHORT TERM SERVICES

7.1 The Board considered a report of the Director of Adult Social Services/ Lead Commissioner People and the Chief Operating Officer, NHS Brighton and Hove which provided an update on the current work to reconfigure short term services within Brighton and Hove. The reconfiguration of short term services intended to develop a new service model that met the ambition of the White Paper and QIPP providing a more streamlined pathway, improve patient experience and outcomes, facilitate effective discharge and support the prevention of avoidable admissions.

7.2 The Locality Programme Manager, Brighton and Hove Clinical Commissioning Group reported that the draft new model for short term services would be developed by the end of the summer 2011. A seminar for Board members was being arranged for September 2011 to discuss the proposals. The model would be presented to the Joint Commissioning Board on 14 November 2011 for approval and implementation.

7.3 The Locality Programme Manager commented that the general consensus was that a new model was required. The scope of this work included Adult Social Care and NHS funded services including Intermediate Care (home and bed based) Transitional Care and the Local Authority home care reablement service and Newhaven Rehabilitation Centre. The total cost of these services was approximately £12.9m across health and social care. A number of models were proposed and were set out in paragraph 3.4 of

the report. The Director of Adult Social Services and the Chief Operating Officer and two GPs were leading on this work.

7.4 There had been wide-ranging consultation which was set out in Section 4 of the report. This included a stakeholder event held on 17 May 2011. A letter outlining the work and consultation to date was presented to the Health Overview and Scrutiny Committee on 17 May 2011. Key issues were set out in paragraph 3.9 of the report. Comments on the proposals were welcomed.

7.5 Dr Stevenson welcomed the general approach to this work. He considered the background information to be very good but considered the evidence was weak. With regard to the audit of people using bed based services, he asked if there was any other evidence in addition to needs assessment carried out this year. The Locality Programme Manager advised that at this stage no other needs assessment other than that carried out in January had been undertaken.

7.6 Dr Stevenson commented that the needs assessment carried out in January was a very small scale survey and had been quite subjective. He considered that the proposal needed to be supported by more evidence based need before September. The Locality Programme Manager replied that she would take Dr Stevenson's comments on board. However, she stressed that the January survey had been undertaken by a multi-disciplinary team including staff from the providers covered by the needs assessment. They had felt that it was a fair reflection on peoples' needs at that time. Additional assessment would be available by September.

7.7 **RESOLVED** - (1) That it is recommended that the work to reconfigure short term services in line with the Urgent Care Strategic Commissioning Plan be supported.

(2) That feedback on developments to date and the emerging model for the future provision of short term services be noted.

(3) That it is noted that a further report regarding the proposed future model for these services will be presented at the Joint Commissioning Board in November.

(4) That it be noted that a seminar for all Board members is planned for September to discuss the proposals.

8. CARERS SERVICE

8.1 The Board considered a report of the Director of Adult Social Services/Lead Commissioner People which provided an update on some key areas of work resulting from the Carers' Joint Development and Commissioning Strategy 2009-2012 which was agreed at the Joint Commissioning Board in November 2009. The strategy set out a vision for the development and commissioning of services to support carers in Brighton and Hove and was a joint strategy across Brighton & Hove Council and NHS Brighton and Hove.

8.2 The Commissioner reported that the Carers' Card was launched at the beginning of April 2011 and as a result many people had been linked into this service. This had been a very successful service with business partners coming on board to support

carers in the city. Paragraph 3.2 of the report detailed an important development to support carers within the Long Term Conditions Team. Members were asked to support this proposal.

8.3 The Chair reported that he had attended the launch of the Carer's Card and had been very impressed with the carers he had spoken to. They had been very pleased to have been recognised.

8.4 Councillor Norman welcomed the development of the Carers' Card but asked if there was any financial risk to the Council. He asked if there were operational costs. The Commissioner replied that the cost of the Carers' Card included ICT software depreciation costs. Ongoing costs were minimal. The Council were not subsidising any services being offered by the Card. These were being provided by businesses. The Director of Adult Social Care & Health stressed the huge role carers had in the city and the need to invest in the Carers' Service. She also acknowledged the likely increase in the number of carers who would be known to the council as a result of the introduction of the Carers' Card and that the financial impact of this would need to be monitored.

8.5 Councillor Norman mentioned that he had been asked if Carers' Card could include discounted bus tickets. The Chair stated that he had also been asked about this matter. An approach had been made to Brighton & Hove Bus Company and Roger French had responded by stating that there were no plans to offer discounts. Mr French had suggested directing carers to look at cheaper online deals. The Chair was not happy with that response. He believed that a discounted ticket would allow carers more freedom.

8.6 The Director of Adult Social Services stated that there was a need to gather more information about carers and the number of carers in the city to inform Brighton & Hove Buses of likely numbers of carers who may benefit from discounted bus travel, i.e. those not of pensionable age and therefore already eligible for a bus pass.

8.7 Dr Stevenson welcomed the service. The Carers Support in Long Term Conditions Team was especially welcome. He asked if there had been discussions to acknowledge the needs of carers under the age of 18. The Commissioner replied that there were already specific services for young carers provided by the Carers Centre including carers' needs assessments and a Schools Worker for young carers. Young carers identified by this new service will be referred into these and other appropriate services.

8.8 Dr Stevenson asked why this work was kept separate from the Long Term Conditions Team. Why was the work not integrated? The Commissioner replied that the new service provided short term interventions and while there would be a responsibility to identify and undertake initial work with young carers they would need to be referred on to longer term, specialist services.

8.9 **RESOLVED** - (1) That the successful implementation of the Carers Card be noted.

(2) That it is recommended that the proposal to provide carer support within the Long Term Conditions teams be supported.

9. REDESIGNING COMMUNITY MENTAL HEALTH SERVICES

9.1 The Board considered a report of the Chief Operating Officer, Brighton and Hove Transitional Consortia, NHS Brighton & Hove and the Director of Adult Social Services/Lead Commissioner People which provided details of the PCT's plans (including timescales) to review the third sector mental health provision to improve community support services.

9.2 The Chief Operating Officer, Brighton and Hove Transitional Consortia informed members that the report was an update on work in progress. The proposed timescale for the review work was set out in paragraph 3.8 of the report. A report requesting JCB approval on new models of service provision including a procurement recommendation would be submitted to the Joint Commissioning Board on 14 November 2011.

9.3 Janice Robinson appreciated that various reorganisations were taking place but expressed concern that discussions on these matters had been taking place for almost a year. She referred to paragraph 3.9 which outlined two options. She asked what would determine which option would be agreed. The Chief Operating Officer replied that what would determine a decision would be how far the remodel was from what was currently in place. Officers did not want to lose the diversity and knowledge of the third sector, and did not want to re-tender unless absolutely necessary.

9.4 Dr Stevenson stated that the LINk welcomed the work in progress. They wished to be involved in the Better by Design process.

9.5 **RESOLVED –** (1) That the PCT plans to review the Third Sector mental health provision be noted.

The meeting concluded at 6.31pm

Signed Chair

Dated this day of

JOINT COMMISSIONING BOARD	Agenda Item 14 NHS Brighton & Hove Brighton & Hove City Council

Subject:		**Financial Performance Report – Month 5**
Date of Meeting:		**14th November 2011**
Report of:		**Director of Finance, NHS Sussex PCT Cluster** **Director of Finance, BHCC**
Contact Officer:	Name:	**Michael Schofield** **Tel: 01273-574743**
	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 and forecast for the partnership budgets at the end of month 5.

2. RECOMMENDATIONS:

2.2 Board members are requested to note the forecast outturns for the s75 budgets as at month 5.

3. RELEVANT INFORMATION:

Contributions for 2011/12

3.1 The table below shows the 2011/12 contributions from both the PCT and the council into the Partnership:

Contributions to Partnership

Service	s75 Contributions: PCT(£'000)	BHCC(£'000)	Commissioned from:
Intermediate Care Services	4,564	1,231	Sussex Community NHS Trust
HIV / AIDS Services	373	569	Sussex Community NHS Trust
Learning Disabilities Services	791	30,811	Brighton and Hove City Council
Integrated Equipment Store	789	635	Sussex Community NHS Trust
Older People Mental Health	8,986	5,860	Sussex Partnership NHS Foundation Trust
Working Age Mental Health	28,202	5,685	Sussex Partnership NHS Foundation Trust
Substance Misuse Services	420	210	Sussex Partnership NHS Foundation Trust
	44,125	**45,001**	
Total PCT and council contributions to partnership	**89,126**		

3.2 Following the previous meeting of the Board, the PCT agreed to carry out a full budget review to separately identify areas relating to the s75 Partnership. Previously, the PCT has reported on the performance of the block contracts overall with the provider Trusts which include other service areas not included in

the s75 Partnership. The exercise has enabled the PCT to provide more accurate information on the specific contributions made to the Partnership in respect of Adults and Older People.

3.3 The total contributions from the PCT and the council amount to £44,561k and £45,001k respectively. The provider organisations are shown on the right side of the table against each of the services commissioned. [Note: The council is both a commissioning and provider organisation.]

Financial Position – Month 5 – 2011/12

3.4 The table below shows the month 5 forecast outturn variance by client group:

Month 5 Forecast Outturn Variance

Provider →	SCT	SPFT	PCT	BHCC	Total
Lead Commissioner:	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
PCT					
Intermediate Care Services	157	0	0	0	157
HIV / AIDS Services	(97)	0	0	0	(97)
Integrated Equipment Store	8	0	0	0	8
Older People Mental Health	0	(61)	0	0	(61)
Working Age Mental Health	0	235	0	0	235
Substance Misuse Services	0	(18)	0	0	(18)
	68	156	0	0	224
Council Pool					
Learning Disabilities Services	0	0	0	0	0
Total Pool Forecast	68	156	0	0	224
Savings / Recovery Plans	0	(156)	0	0	(224)
Forecast (Surplus) / Deficit at Year-End	(68)	0	0	0	0

3.5 In respect of the council contributions, the table shows that there are pressures on the budget outturn in respect of services provided by Sussex Partnership NHS Foundation Trust (SPT) of £156k.The Adult Mental Health service is overspending by £235k due to pressures on the Community Care budget where actual number of people placed are 23 Whole Time Equivalents greater than budgeted, mainly on long-term placements. The forecast overspend is partially off-set by underspends through vacancy management and access services. The council has agreed a 50/50 risk sharing arrangement with the Trust. A financial recovery plan has been agreed with the Trust with associated management actions.

3.6 The forecast outturn for services provided by Sussex Community NHS Trust is an overspend of £68k as a result of staffing pressures on Intermediate Care of £157k offset by an underspend of £97k on the HIV/AIDs budget. In addition there are pressures emerging on the Integrated Community Equipment Store budget which have been raised with the Trust. Management actions to address this are being discussed with the Trust.

3.7 The PCT 'block' contracts with SCT and SPFT are currently forecast to breakeven and, hence, there are no pressures forecast in relation to the s75 contributions. Regular discussions have been held with the Trusts during

the year to ensure there were no surprises and pressures materialising were addressed.

4. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

4.1 The financial implications of the report are found in the text, highlighting the performance against the pooled budgets.

4.2 Legal Implications:

There are no specific legal implications (including Human Rights Act) which arise out of this report other than those raised in the main body of the Report in relation to the duty to the public purse in terms of the budget pressure arising in terms of SPT/SCT service provision.

Lawyer Consulted: *Sandra O'Brien* *01.11.2011*

Equalities Implications:

4.3 There are no direct equalities implications arising from this report.

Sustainability Implications:

4.4 There are no direct sustainability implications arising from this report.

Crime & Disorder Implications:

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

Risk and Opportunity Management Implications:

4.6 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:

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

5. EVALUATION OF ANY ALTERNATIVE OPTIONS

5.1 No alternative options have been considered.

SUPPORTING DOCUMENTATION

Documents in Members Room

1. None

Background Documents

1. None

JOINT COMMISSIONING BOARD	Agenda Item 15 Brighton & Hove City Council NHS Brighton & Hove

Subject:		**The Reconfiguration of Short Term Services**	
Date of Meeting:		**14 November 2011**	
Report of:		***Director of Adult Social Care/Lead Commissioner (Brighton and Hove City Council)*** ***Chief Operating Officer (NHS Brighton and Hove)***	
Contact Officer:	**Name:**	***Wendy Young***	**Tel:** 01273 574688
	Email:	Wendy.Young@bhcpct.nhs.uk	
Key Decision:	**Yes**	**Forward Plan No:** JCB21596	
Ward(s) affected:		**All**	

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 This paper describes the proposed model for the future of short term services.

The proposed changes to the service model will mean the pathway is more streamlined, will improve patient experience and outcomes, support the prevention of avoidable admissions to hospital and long term residential care and facilitate effective discharge. It will also be in line with the outcomes of the needs assessment and the preference expressed by people using these services. Previous briefings have been presented to the Joint Commissioning Board in April and July and an informal seminar to discuss the model was held with Non Executive Directors and Councillors in September.

This paper does not make recommendations on the delivery mechanism for implementing the new service model as we have sought formal legal advice on options and depending on the outcome of that advice recommendations will need to go through governance processes within the CCG and the local authority. It does describe the process for reaching agreement and it is expected that the Joint Commissioning Board will be asked to sign off the proposed mechanism in an extraordinary JCB in January.

2. RECOMMENDATIONS:

2.1.1 The Joint Commissioning Board is asked

- To support the proposed model for short term services
- To agree the process for reaching a definitive decision on the delivery mechanism for implementing the new service model.

3 RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

Background

3.1 Currently a range of short term services (bed based and home delivered) exist across the city. These services have developed in an ad hoc way and a new model is required which delivers greater clarity and efficiency and improves support to the system as a whole, supporting effective discharge and preventing avoidable admissions.

The original scope of this work included Intermediate Care (home and bed based) Transitional Care, Local Authority home care reablement service and Newhaven Rehabilitation Centre. As the review progressed it became apparent that the whole system of short term care needed to be looked at as it was felt that short term services could not be seen as separate from community urgent care services. For this reason, community urgent care services are now included within the scope of the review.

A further change is the exclusion from scope of the Local Authority home care reablement service. This is because the service also has responsibility for providing care to people who do not access services through short term service but are part of the mainstream care provided by the Local Authority.

A complete breakdown of services in and out of the scope of the project is attached at Appendix A.

The case for change

We have found throughout the course of the review that

- the current pattern of short-term services is a muddle for both public and professionals using the services
- pressure within the system to move people through quickly is such that it sometimes meets the needs of services rather than individual users i.e. referrers take the less complex route of referring into a 'bed' rather than putting together a package of care which may be more appropriate
- because there are many elements to the existing system patients are often subject to multiple assessments
- some people go directly into long-stay care without being given the opportunity for rehabilitation or reablement, especially from hospital
- it is often difficult to access to bed based services to support prevention of admission
- some services, in particular those aimed at preventing acute hospital admission are not used to maximum effect and operate in silos rather than providing joined up seamless care for patients
- the multiplicity of providers and contracts make governance and provider management complex
- although services have worked hard to maximise efficiency, there is significant variation in unit cost which is not necessarily linked to outcomes or dependency levels

- there is currently inequity in service provision with some elements of the service (e.g. transitional) being means tested whilst other services such as Intermediate Care (ICS) are provided free of charge
- National benchmarking data[1] suggests that cost of provision of bed and community places in Brighton and Hove are significantly higher than the national average
- This data also suggested that there is a greater reliance on bed based services in Brighton and Hove per 100,000 population compared to the national average.

Evidence Base for Proposed Model

A national evaluation[2] of the costs and outcomes of intermediate care for older people concluded that

- Cost effectiveness and patient outcomes were improved through increased focus on prevention of admission rather than facilitating discharge
- There are larger short term gains in quality of life and functional outcomes for patients in residential settings with greatest need
- The fragmentation and poor integration with other services impacts negatively on the effectiveness of ICS
- Better integration between health and social services boosts effectiveness of ICS and patient outcomes
- Patient feedback indicated a more positive response to services provided at home rather than in residential settings

The review of the Community Rapid Response Service (CRRS) in August 2011 concluded that service model was working but that stronger links with other short term services would further strengthen the service and improve patient outcomes. The review recommended that other rapid response services were integrated with the CRRS and highlighted the need for more robust medical support and leadership within short term services and the need to strengthen the relationship with the acute elderly care service at BSUH.

The proposed model also takes account of the feedback received from staff and users about the current system. Staff have reported that the system is confusing, complex and difficult to navigate with multiple points of access and provision of care scattered across the city. Service users have reported similar levels of confusion with the system and a strong desire to have an increased number of services provided within community settings where possible

A local clinician led needs assessment which was carried out early 2011 in conjunction with front line staff indicated that 50% of patients in short term beds could be more appropriately cared for at home with appropriate community support and that their actual medical needs were relatively low.

Sussex Community Trust carried out an analysis of the acuity of patients in all the bedded intermediate care facilities in July. The findings from this analysis were

[1] *comparison data based on NHS Benchmarking 2010 and PSSRU research 2005 in Unit Costs of Health and Social Care 2010*

[2] Intermediate care for Older People – University of Birmingham /University of Leicester

similar to those of the PCT audit. For example one of the findings was that 79% of the patients at Knoll House were medically fit for discharge.

Service model

The proposed service model has three main elements

- integrated bed and community based short term services
- an integrated rapid response service
- medical support

A diagram of the model is included in Appendix B. The new model addresses the following agreed principles:

- an increased focus on the prevention of admission rather than supporting patients being discharged from hospital
- that the system will be responsive and able to facilitate urgent referrals to prevent avoidable admissions
- patient care will be seamless and allow for more tailored and flexible support as patients needs change. For example a patient will be able to move from a bed to the community based service without reassessment or change of care manager.
- Clear and logical distinctions between means tested and free NHS services when it is clear which services individual patients require

Accessing short term services

There will be a single streamlined point of access which will operate across both the integrated bed/community service and the rapid response service which facilitates prompt and effective referral into the system, reducing confusion and duplication. This referral process will support patients coming via community services or from hospital. A key feature of the referral process will be that patients will only need to be assessed once. Once the referral has been made patients will either receive their care from the integrated bed and community short term service or the integrated rapid response service.

Integrated bed and community short term service

This aspect of the service takes in the functionality of the existing service provided by the
Newhaven Rehabilitation Centre, the intermediate care service and transitional beds.

There will be further development of community services and reduced reliance on bed based services in line with patient preference. Extrapolation of the needs assessment audit suggests that the total bed stock within the city could be reduced from 105 to around 60 with the equivalent capacity being reprovided in a community setting.

Plans have already been agreed to reduce the current bed stock within the scope of the review from 105 to 76 by the end of March 2012 with the conversion of the 13 transitional beds at Glentworth and Sycamore Court back to long term nursing home beds and the closure of the16 of the beds at the Newhaven Rehabilitation Centre This is the first stage in reducing the bed based provision and will be an early opportunity to measure the impact of shifting capacity from bed based to community based care.

The service model also proposes a reduction in number of sites from which the bed based service is delivered to increase efficiency and effectiveness – ideally to one site with a maximum of three sites across the city.

To remove the current inequity in the system it is proposed that for all patients accessing the service there will be an agreed initial free period of assessment whilst the needs of the patient are determined. Patients will be able to access these services for a maximum of 6 weeks in line with existing guidance at which point they will be reassessed to determine whether their primary need is health or social care.

Integrated Rapid Response Service

The integrated rapid response service will incorporate the functions of the existing community rapid response service, the Roving GP service, the out of hours district nursing service and the Age Concern Crisis Rapid Response service.

It will be medically led and have a target response time of 2 hours and support patients for a maximum length of stay of 72 hours. Its primary objective will be to prevent acute admission to hospital by providing rapid assessment and intervention but it will also expedite the rapid discharge of patients from the emergency department at BSUH.

The service will provide a rapid multi disciplinary assessment for patients referred from the community with an urgent care need. It will carry out urgent GP homes visits to patients who would otherwise be admitted to hospital because a patients' own GP is unable to carry out a visit. It will identify where patients require ongoing support beyond 72 hours and works with partner agencies to put in place those services. It will provide a short term hospital at home service for patients requiring intensive support to keep them out of hospital or following discharge from hospital and it will provide out of hours nursing care for patients on the district nursing case load.

The service will operate for 7 days a week for 24 hours a day. It will not hold a caseload and will work with other providers to discharge patients as soon as they are referred to the service.

Medical support

There will be clearer and more consistent arrangements for the provision of medical cover and support for both services typified by effective clinical governance structures, leadership to drive and direct the services and the breaking down of barriers between services through rotation of posts and joint education.

It is expected that the provider of the integrated bed based service will assume responsibility for medical cover arrangements for patients in beds, for example, through enhanced nurse practitioner roles. Patients own GPs will assume medical cover for patients who are supported at home, with additional support from the urgent care GP if dependency levels require it, supplemented by appropriate access to specialist advice and support. This is in line with feedback received from clinicians regarding the optimum medical support for the new service.

Expert advice and support will be provided across both elements of the service by increased community geriatrician capacity, for example through participating in multi-disciplinary team meetings in bed based services, by providing telephone advice, through domiciliary visits to assess patients in the service or through more comprehensive acute assessment at the Rapid Access Clinic for Older People (RACOP). It is expected this role will be undertaken by a limited cohort of care of the elderly consultants to provide seamless care across the urgent care pathway that spans both acute and community.

We will clarify clinical governance arrangements for each component of the service and work with acute elderly care service to strengthen the links it has with both the existing short term and rapid response and the model in the future. For example we will be developing an accreditation scheme for health practitioners working in the CRRS and roving GP service so they can attain recognised qualifications in providing acute elderly care in the community.

Key Interfaces

It is expected that all aspects of the short term service will work closely with key interface services such as the integrated primary care community teams, in house reablement services, end of life and dementia services. These interfaces and how they will function will be described in more detailed in the detailed service specifications.

Outcomes

Overall we expect that the changes proposed will improve patients' experience of short term care:

- patients will have less assessments and will have dealings with fewer teams
- they are more likely to be cared for in their own homes and are less likely to be admitted to hospital unnecessarily
- with increased specialist care available in the community we would expect fewer patients to be readmitted following hospital discharge
- and the system will be less confusing for patients and their carers and families

In terms of benefits to the local health economy we will be expecting to generate some financial savings by:

- providing services in a more integrated way and reducing management costs
- and by shifting the balance of care in favour of home based care and strengthening community support arrangements

RISKS AND ISSUES

There are some challenges in implementing the new model.

There is a current lack of appropriate estate within the city in order to deliver the optimum model of bed based services from a single location within the city. We also have a number of sites within the city some of which are owned by current providers and are unlikely to be fit for purpose in terms of size. Options may need to include adapting and enhancing existing sites or partnerships with independent sector providers who are developing new sites within the city. Whatever the ultimate configuration it is likely that there will be a phased process to implementing the service model.

There are also risks that need to be effectively mitigated and monitored with reducing the number of beds, given the system's historical reliance on beds. The learning gleaned from the reprovision of the 16 beds at NRC will inform the development of the service specification and we will develop a range of metrics to measure impact on the wider system. These changes will be happening in the context a wider systems plan which should mitigate the impact of fewer beds in the system such as the development of integrated discharge teams at BSUH, the implementation of new integrated primary care team to support patients with long term condition and investments in capacity such as carers support.

Effective delivery of this new service model is dependent on significant culture change for staff working within the services as well as those services which interface with the services such as acute provision. This will require leadership, careful management and a comprehensive change management programme to support the implementation of the new model.

DELIVERY MECHANISM

A range of options for securing delivery of the short term services model were discussed at the informal seminar in September. These have been developed further in the light of discussions with procurement advisors and we have sought formal legal advice on whether any of these options can be implemented without the need for a formal competitive tender process The options currently include:

- A management board made up of existing provider and commissioner representatives with a key role in driving greater co-ordination and co-operation of services on these – but separate contracts and specifications continuing with existing providers
- A full competitive tender exercise which could then enable the generation of two further options for delivery:
    - One main contract with a lead provider responsible for delivering against a single revised service specification either providing all

services themselves or subcontracting elements of the service to other providers.
    - A formal joint venture with existing providers with one contract and revised service specification

It is proposed there are three stages to reaching a definitive decision on the ultimate delivery mechanism once full legal advice has been received:

- the establishment of a sub group of the JCB including , commissioners, members and non executive directors to recommend a joint approach
- Recommendations to then go for ratification within current CCG and local authority governance structures (IDGC (Integrated Delivery and Governance Committee) for the CCG and CMM for the local authority) in early January
- Sign of off the recommended approach at an extraordinary Joint Commissioning Board in January

4 CONSULTATION AND COMMUNITY ENGAGEMENT

4.1 Extensive patient, public and wider stakeholder feedback has informed both the development of the core principles for the future model for short term services and the draft model developed, including:

- a questionnaire to the Health User Bank to seek views on current services and the future model
- Detailed table top discussions at two CCG locality meetings to inform the development of the service specification
- The engagement of two clinical leads i.e. local GPs to lead on development of the service model with primary care colleagues
- The needs assessment audit conducted by a multidisciplinary group of health and social care professionals (GP; Social Worker, Physiotherapist; Public Health Consultant; Nurse).
- The establishment of a wide stakeholder reference group including representatives from patient groups, service providers and wider stakeholders to seek feedback throughout the development of the model and to help shape the principles.
- A stakeholder event on 17th May 2011 which included front line staff from provider organisations, primary care, patient representatives and the voluntary and community sector
- A letter outlining the work and consultation presented to the Health Overview and Scrutiny Committee on the 15th June
- An informal seminar with members and Non Executive directors in September where detailed discussions around the model and the options for procurement were discussed with commissioners of the future service and clinical representatives.

This model has been taken to several other key meetings for support including the CCG Clinical Operations Group and Board, has been presented previously to the Joint Commissioning Board.

5 FINANCIAL & OTHER IMPLICATIONS:

5.1 The estimated current cost of the services that are included within the scope of this review, jointly funded by Brighton and Hove City Council and the PCT, is approximately £ 10847k.

In addition to this, there are services which whilst considered key to the success of this review, would not be directly affected by any of the proposals. These include the Independence at Home Team and the Integrated Community Advice and Support Team (ICAST). The estimated cost of these services is £3,350k.

The aim of the review is to deliver an improved and more streamlined service which would provide increased value for money and reduced unit costs whilst enhancing outcomes and the customer experience. It would also be a platform to develop joint working and would be expected to deliver efficiencies and savings to both organisations.

It is likely that the level of efficiency savings will be dependent on the model of delivery selected which will be influenced by the decision of whether to modify existing services with the introduction of a management board or to embark on a full competitive tender exercise. Should the tender route be selected, it is likely to provide greater flexibility and therefore a greater level of efficiency savings than the creation of a management board with existing providers. The detailed financial implications will be developed as the delivery options are explored further and will be reflected in the budget strategies for 2012/13 and 2013/14. This would include the impact of the loss of income to the Authority as a result of no longer charging for the first 6 weeks for transitional beds, estimated at £50kpa, should this proposal be implemented in due course."

Finance Officer Consulted: Michelle Herrington, Principal Accountant, Brighton and Hove City Council, Date: 02/11/11

Finance Officer Consulted: Debra Crisp, Deputy Director of Finance, NHS Brighton and Hove, Date 02/11/11

Legal Implications:

5.2 JCB is the responsible body for the monitoring of and making decisions concerning the commissioning and delivery of social care and health services within the s75 joint working arrangement and therefore to make the decisions required by the recommendations in this report. The service re- configuration and proposed delivery options addresses the need to ensure ongoing value for money in terms of public expenditure and delivery of statutory services based on patient led principles. Wide consultation has taken place in compliance with Article 6 ECHR (Human Rights Act 1989) and all decisions for provision of care for individuals will continue to require Human Rights act implications are taken into account.

Lawyer Consulted: Sandra O'Brien Date: 01/11/11

Equalities Implications:

5.3 The reconfiguration of short term services is a key element of the Urgent Care Commissioning Plan which has been subject to a full equalities impact assessment. The new model for short term services will improve equity, creating a new more streamlined, efficient, tailored and effective service which improves patient outcome and experience.

Sustainability Implications:

5.4 The reconfiguration of short term services will develop a new sustainable model of care which will make a positive ongoing contribution to preventing inappropriate admissions and facilitating effective discharge. Tendering and procurement processes will address sustainability implications which will be a key factor in the decision regarding procurement.

Crime & Disorder Implications:

5.5 There are no crime and disorder implications arising from this work.

Risk and Opportunity Management Implications:

5.6 A detailed risk log has been developed. Each risk has mitigating actions and is monitored and reviewed by the Project Steering Group. Risks to the procurement process will be identified and actions developed to mitigate these. The incremental implementation of the new service model following successful procurement will ensure the ongoing safety of patients.

Public Health Implications:

5.7 The new service will have an increased focused on prevention and therefore will aim to avoid and reduce the severity of patient illness, improving both patient outcomes in addition to being more efficient. The inclusion of the development of a new integrated rapid response service ensures that patients who do require a more urgent intervention receive this in a timely and more effective way, improving outcomes and reducing the need for long term care.

Corporate / Citywide Implications:

5.8 The reconfiguration of short term services will have a positive impact on all wards of the city, reducing inequalities and improving patient outcomes and experience.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 During the process of developing the draft model, a range of possible options have been considered, including maintaining the current split between transitional (means tested) and free NHS services. However this approach would maintain the current inequities in the system and fail to resolve the current complexity for staff and patients. The model presented meets the ambitions of staff and patients and is intended to reduce these inequities with clear, logical

and fair distinctions between means tested and free services and is in line with legal guidance on this.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 Joint Commissioning Board is requested to support the overall aim to reconfigure short term services. The new model will increase equity, efficiency and improve patient outcomes and experience. It is intended to deliver a more streamlined model for the future, greater responsiveness and flexibility and meet patient and staff expectations.

SUPPORTING DOCUMENTATION

Appendices:

1. Appendix A -. Summary of existing services
2. Appendix B - Model for new integrated short term rapid response service

Documents in Members' Rooms

1. None

Background Documents

1. None

Appendix A Existing short term services, providers and costs

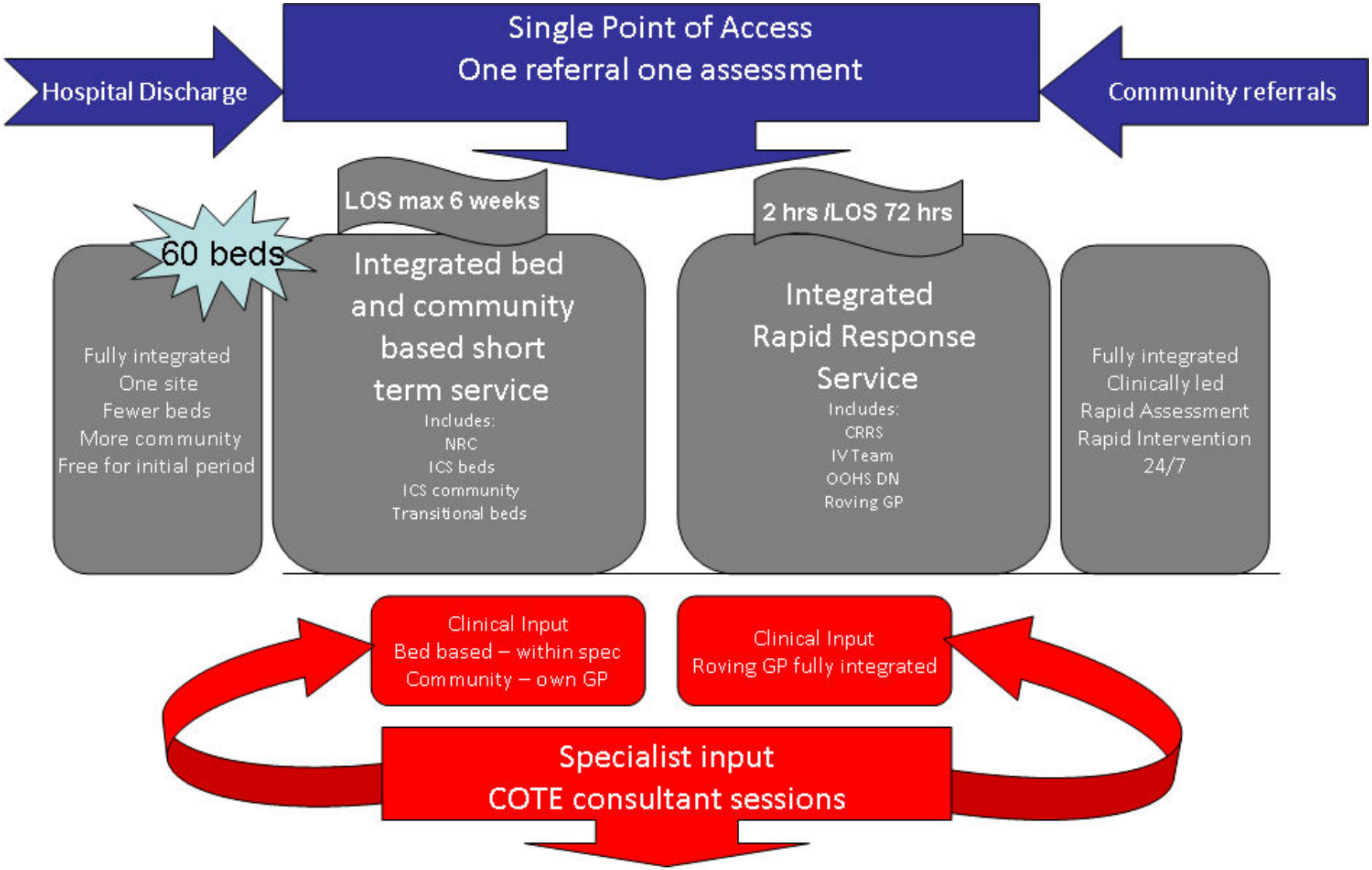
Services in Scope

Service	Provider	Cost £k	Cost £k	Total
		CCG	BHCC	
Community Rapid Response Service	SCT			
Roving GP service (including provision of medical cover for community beds)	SEH			
Out of hours district nursing service	SEH			
IV service	SCT			
Community geriatricians	BSUH			
Newhaven Rehabilitation Centre	SCT			
Knoll House	SCT/BHCC			
ICS Community	SCT/BHCC			
Craven Vale IC beds	BHCC/SCT			
Craven Vale Transitional beds	BHCC			
Highgrove	Victoria Nursing Homes			
Age Concern -CRISIS	Age Concern			
Sycamore Court Grant	Sycamore Court			
Total		**9382**	**1465**	**10847**
2012/13 efficiency savings		**-515**	**-140**	**-655**
Grand Total		**8867**	**1325**	**10192**

Services out of scope

Independence at Home	BHCC		
ICAST	SPFT		
Total		**0**	**3,353**

Appendix B



Acute Hospital Care/Rapid Acute Assessment (RACOP)

JOINT COMMISSIONING BOARD	Agenda Item 16 Brighton & Hove City Council NHS Brighton & Hove

Subject:		**Review of community mental health support services**
Date of Meeting:		**November 14th 2011**
Report of:		Chief Operating Officer, Brighton and Hove Transitional Consortia, NHS Brighton & Hove, Director of Adult Social Services and Lead Commissioner, Brighton & Hove City Council
Contact Officer:	**Name:**	Anne Foster, Locality and Transformation Programme Manager **Tel:** 01273 -574657
	Email:	Anne.Foster@bhcpct.nhs.uk
Key Decision:	**Yes**	**Forward Plan No:** JCB24256
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 Community mental health support services for adults are an essential part of the whole system of mental health services in Brighton and Hove. It is important that these services meet the needs of the local community, are value for money and accessible.

1.2 The PCT and Local Authority currently spend £2.4 million per annum on community mental health services and services are delivered by 14 organisations through 33 contracts.

1.4 These contracts have been reviewed, and this paper highlights key findings from the review process.

1.4 The review highlighted a wide variety of service provision that has evolved over time. As a result services don't always "fit" well together or comprehensively meet our local health needs. There is scope to redesign services to:

- Enable services work in a more integrated way
- More specifically support mental health recovery model
- Focus more on outcomes
- Meet more of our City's need
- Improve value for money

2. RECOMMENDATIONS:

2.1 That the JCB note the findings of the review.

2.2 That the JCB approve the specific proposals for each group of services (detailed in section 3.2.2 of this report).

2.3 That the JCB approve a process of public consultation to be undertaken between November 2011 and January 2012 to test out the specific proposals detailed in section 3.2.2.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 This paper follows previous papers to the February 2011 and July 2011 JCB meeting where the proposals for new primary and community care services have been presented. Community mental health support services were originally intended to be tendered as part of the procurement process for the primary care mental health services. However it was agreed at the February 2011 meeting to postpone this until there was a comprehensive review was completed. The review was undertaken between May and October 2011.

3.2 Review process

3.2.1 The review was led by the Brighton and Hove Clinical Commissioning Group's joint mental health commissioning team on behalf of the Local Authority and the PCT. The review process included:

- A mapping questionnaire for each provider
- Individual meetings with each provider
- Review of the latest public health needs assessment data
- Review of information from previous consultation events
- Review of evidence based best practice

3.2.2 The contracts ranged in value form £5,000 to over £500,000. A list of the 33 contracts included in the review is detailed in appendix A. For the purpose of the review the contracts were grouped into nine categories. However it should be acknowledged that this categorisation has been made for the purpose of communicating key findings and there is overlap between elements of service provision between the categories.

1. Information and advice

There are three contracts that provide information and advice at a total annual spend of approximately around £90k per annum. The review highlighted that there was some fragmentation in information systems and that information was not always up to date and people are not always sure how to access information. In addition 45% of the investment was focused on provision for inpatients at Mill View Hospital.

Proposal

- To develop a more integrated and accessible city wide information service which would include web, phone and face to face options in a wider variety of settings.

- Consideration needs to be given as to whether this information would be best provided as part of a broader information and advice service or whether this should remain as a stand alone mental health service.
- Shift the investment pattern so that it is less concentrated on in-patients and enable a broader range of communities to access advice and information.

2. Outreach support (for the traditionally excluded communities or at risk communities)

There are six contracts with over £259k investment. The key issues highlighted were there was varied investment across the City with both duplication and gaps. There is potential to expand the outreach model to a wider range of communities.

Proposal

- Continue to commission outreach services
- Develop a more integrated BME outreach service
- Explore the potential to address gaps in service provision for priority communities, (for example these are some of the key areas that we know need to be included e.g. older people, men, people with long term health conditions, BME, LGBT communities etc)
- Explore the potential to better link outreach services with information and advice services.

3. One to one and group support

These services are support services for groups of people who need a support programme that includes one to one and group support options. The services include trained one to one talking therapies[1] and more generic drop in, peer and social support groups. Our current range of services are aimed at women, carers, men, people with disabilities and bereavement services.

There are eight contracts with over £165k investment although it needs to be recognised that other community and voluntary groups provide similar services without funding from statutory bodies.

These services are valued in terms of their accessible community locations and the ability to self-refer. The services vary in terms of value for money, performance and quality. Services were not always clearly integrated into the whole system of service provision, such as General Practice and Sussex Partnership Foundation Trust talking therapy services. There is potential to enable a broader range of communities to access these community support services and also more clearly define the remit of these services and how they fit with the new talking therapy service that the PCT has commissioned from April 2012.

Proposal

[1] Talking Therapies – involve talking to a trained person to deal with problems and issues. There is no accepted universal definition but talking therapies may also be referred to as counselling, psychological therapies and psychotherapies.

- The new talking therapy service that will be available from 1 April 2012 will be the main provider of talking therapies for the City. This new services will include access for more people in a greater range of community and primary care settings.
- The role Community group support needs to be more clearly defined and better linked to this new talking therapy service and include greater options for be-friending and peer support.
- Explore the potential for community support services to target a broader range of people.

4. Day services

The city has currently four building based day centres, a satellite outreach services and a small grant scheme. The total investment is over £1.26m. The review highlighted there is a traditional model of day centre provision with services provided in the main in segregated mental health specific settings and not always linked to a patient recovery model which involves working with a person to focus on the holistic needs including sense of self, supportive relationships, empowerment, social inclusion, coping skills and a focus on employment and volunteering opportunities.

There is unequal access to our building based day activities provision and not all who could potentially benefit from the service do so. It is evident that not all of the buildings are used the maximum potential. There is a high dependence on building based services and less on outreach or accessing mainstream services. There is potential to expand the outreach type services to enable more people to benefit and to have clear links with one to one and support groups.

Proposal

- Broaden the range of day services provision
- Retain some day centre building/s but rebalance the service to enable more people to have greater participation in mainstream social, leisure, educational and employment activities outside of a mental health building.
- Ensure there are links made with personalisation and self directed support opportunities for individuals to make choices about what services they want.

5. Employment support

There are three contracts with an investment of £232k aimed at providing support for people with mental health problems to obtain or to keep work. Employment support is essential in terms of supporting mental health recovery.[2]

The PCT and Local Authority commissioners a mixture of different models of employment support and there is a stronger evidence base for the Individual Placement and Support (IPS) Model[3]. Employment support services appear to be

[2] Employment support is a core element of the new primary care mental health service which is not covered by this review.

[3] The Individual Placement and Support model (IPS places emphasis on competitive employment (of the client's choice) compared to the part time/temporary; special schemes or

more successful when integrated into mainstream mental health service provision. There is more limited evidence on the social enterprise model of employment support.

Proposal

- To focus investment on evidence based best practice e g the IPS model
- To further develop the IPS model to allow a greater number of services users to access employment support.
- To explore how employment services could be better integrated with other community mental health support services, e.g. building based day activities.

6. Income and benefits advice

There is a single contract with a value of £13k per annum for money and debt advice. This is specifically for people with mental health problems. It is for inpatients at Mill View Hospital but also supports people on discharge. It does not include older people although the Local Authority fund a broader range of income advice for vulnerable adults including those with mental health needs.

The Local Authority are planning a wider income advice review across a range of client groups and this contract should be considered as part of this process.

Proposal

- Maintain current service provision
- Ensure this service is considered as part of the wider income and advice review
- Ensure there is sufficient access to advice at an early stage

7. Mental health promotion

There was one contract for health promotion for £21k. This contract is not sufficiently linked to the priorities within the PCT's mental health promotion strategy or the national strategy *No Health without mental health*.

Proposal

- That this money is used more flexibly to meet local health promotion priorities. This could involve inviting bids from a range of organisations e.g. on a 'small grants' basis rather than a formal tender;
- This would enable a greater range of organisations being able to provide health promotion activities.

8. Advocacy

A simple definition of advocacy is helping and supporting someone else to speak up for what they want. This can involve expressing their views or acting on their behalf to secure services that they require or rights to which they are entitled. Key concepts in advocacy are: equality, inclusion, empowerment and rights.

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sheltered employment offered on other vocational rehabilitation (VR) approaches. A key component of IPS is that the client who wants to find work is placed directly into a work situation of their choice without prior training, but receives ongoing support to help them retain their job.

In terms of mental health advocacy would be a one-to-one partnership between a trained independent individual and a person who needs support and information in order to secure or exercise their rights and choices.

There are four contracts for advocacy totalling £282k. The Local Authority is undertaking a separate advocacy review across a range of client groups and these contracts will be considered as part of this review.

Proposal

- These contracts will be considered as part of the broader Local Authority review of advocacy services.

9. Service user engagement

The NHS and the Local Authority have a range of service user engagement mechanisms known as 'gateways' that work with typically less engaged groups in the city to facilitate conversations and access to people. There is a single contract for mental health user engagement with a value £82k per annum. This contract will be considered as part of the wider review of the gateways.

Proposal

- The contract will be considered as part of review of service user engagement.

3.2.3 **Summary of Key Messages**

The review highlighted a wide variety of service provision that has evolved over time. As a result services don't always "fit" well together or comprehensively meet our local health needs. There is scope to redesign services to;

- Enable services work in a more integrated way
- More specifically support mental health recovery model
- Focus more on outcomes for people
- Increase the number of people supported by these services
- Reduce the numbers of people needing acute mental health care and residential care through earlier intervention
- Improve value for money

3.2.4 There are opportunities through the re- redesign to make the following specific improvements:

- More outreach to communities who have difficulties accessing services
- More clearly defined one to one and group support
- Improved links to primary and secondary care services
- Greater choice and increased access to day care
- Better access to mainstream services
- Help to access Self Directed Support and Personal Assistants
- Earlier opportunities for debt related advice
- Provide opportunities for employment support

- More targeted health promotion.

4. CONSULTATION

4.1 The output of previous consultations undertaken by the PCT and Local Authority has informed the review process.

4.2 As part of the review process a user and carer reference group has been established to oversee the consultation arrangements. It is proposed that a period of consultation is undertaken between November 2011 to January 2012 to inform the final service model. It is proposed that the consultation is based on the following principles .

1. Focus on early intervention and prevention
2. Promoting recovery and support prevention of admission to hospital
3. Participation
4. Reducing social isolation
5. Opportunities to provide peer support
6. Maximising choice
7. Improving accessibility
8. Targeting those who are traditionally excluded
9. Involving people in continuing service improvement
10. Improving cross-sector working to ensure services work in an integrated way
11. Using up to date evidence based models

4.3 The proposed methods for consultation include on-line, face to face, questionnaires and social media. Plans will link in to existing groups where possible. A key challenge will be reaching people who traditionally do not access or want to talk about mental health services.

4.4 The consultation will include the following

- Information and advice
- Outreach support
- One to one and group support
- Day services
- Employment support

The following services are not included as they are covered by separate review processes:

- Income and benefits advice
- Mental health promotion
- Advocacy
- Service user engagement

4.5 The outcomes of the consultation and the fuller review document will be presented to the February 2012 JCB

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

Table 1. Breakdown of funding for the 33 contacts in the mapping exercise

Service type	N contracts	PCT funding	LA funding	Total funding p.a
Advice and information	3	£10,500.00	£80,182.00	£90,682.00
Outreach services	6	£238,731.00	£20,630.00	£259,361.00
One to one and group support	8	£81,757.00	£84,064.00	£165,821.00
Day centres	6	£997,438.00	£268,380.00	£1,265,818.00
Health promotion	1	£15,950.00	£4,730.00	£20,680.00
Vocational support	3	£188,675.00	£43,785.00	£232,460.00
Income advice	1	£13,325.00		£13,325.00
Advocacy	4	£255,213.00	£26,909.00	£282,122.00
User engagement	1	£69,310.00	£13,058.00	£82,368.00
Total funding	**33 contracts**	**£1,870,899.00**	**£541,738.00**	**£2,412,637.00**

5.1 There will be efficiencies identified as a result of this redesign programme which will be agreed between Brighton and Hove City Council and NHS Brighton and Hove once the new model(s) for service provision has been finalised.

Finance Officer Consulted: Name Debra Crisp Date: 28/10/2011

Legal Implications:

5.2 In accordance with the joint arrangements between Brighton and Hove City Council and Brighton and Hove NHS, JCB is the body responsible for commissioning arrangements for Mental Health Services in Brighton and Hove. As public bodies both partners must have regard to responsibility to the public purse and statutory requirements for and guidance concerning the provision of services. This report proposes a review of service provision to ensure adherence to these duties and equity across the system. Full consultation is to take place to include interested and affected parties in accordance with principles of fairness and Human Rights Act considerations. There are no other specific legal or Human Rights Act implications arising from this report but any proposals flowing from the review process must take into account all statutory and Human Rights Act implications.

Lawyer Consulted: Name Sandra O'Brien Date: 1/11/2011

5.3 Equalities Implications:

NHS Brighton and Hove has completed an equalities impact assessment which has informed the priorities including the need to address the key populations in the city. The key message for this process has been to ensure that the at risk populations identified in the needs assessment are included and there are sufficient and adequate access points for the traditionally excluded populations. A full Equalities Impact action plan will be included in the next report to the JCB.

5.3 Sustainability Implications:

The most significant impact of these plans will be on social equality and opportunities, on health, building sustainable communities and on the economy.

5.4 Crime & Disorder Implications:

None identified

5.5 Risk and Opportunity Management Implications:

There is a risk of destabilising services delivery during his process. However commissioners will work collaboratively with providers to minimise any disruption to service provision.

5.6 Public Health Implications:

Community mental health commissioning proposals are clearly linked to reducing health inequalities for individuals and families and are supported by public health.

Corporate / Citywide Implications:

5.8 These service should be accessible to people with mental health needs who live in the city.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 The alternative option is no change. This is not supported because of the identified opportunities for improvements in service provision and value for money as well as the potential to enable a greater number of people to accessing community mental health support services.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 The recommendation for change is based on the outcomes of the review that highlighted the fact services don't always "fit" well together or comprehensively meet our local health needs. There is therefore scope to redesign services to improve service provision and value for money.

SUPPORTING DOCUMENTATION

Appendices

1. List of the contracts included in the review.

Documents in Members' Rooms

1. None

Background Documents

1. None

Appendix 1

Contract holder	Contract name
Age Concern	Age Concern Advocacy Service
Allsorts	Allsorts Young LGBT people suicide prevention and drugs and alcohol work
Big White Wall	Online support service
Black & Minority Ethnic Community Partnership	Mental Health Community Development Worker for Black, Minority and Ethnic Communities
Brighton Housing Trust	Women's Counselling Services
Care Co-ops	Dispersed Housing Support Project
Care Co-ops	Drop in Service for women
Care Co-ops	Limited Editions day centre
Care Co-ops	Social Enterprise Service for Adults with MH Needs
Carers Counselling	Activity level contract
Cruse Brighton & Hove	Cruse Bereavement Services
Federation of Disabled (FED)	Counselling Service for People with Disabilities
MACS	Money Advice Service
MIND	Resource Room Services at Mill View
MIND	Generic Advice and Information Service
MIND	Brighton Unemployed Family Centre
MIND	LGBT Advocacy (MINDOUT)
MIND	Men 40+ peer support- group work
MIND	Activities Fund
MIND	Mental Health Promotion Services
MIND	Over 65's Advocacy
MIND	Community Advocacy
MIND	Independent mental health advocates (IMHA)
MIND	LiVE Project – service user engagement
Rethink Community Support Service	Resettlement services for offenders
Rethink Community Support Service	Survivors of Suicide support service
Southdown Housing Association	Preston Park Day Service
Southdown Housing Association	Work & Learning Advisor Service (IPS model)
Southdown Housing Association	User Employment Service (IPS model)
Sussex Partnership Trust	Mental Health Community Development Worker for Black, Minority and Ethnic Communities
Sussex Partnership Trust	Allen Centre
Sussex Partnership Trust	Buckingham Road Drop in Centre
Sussex Partnership Trust	Satellite Services

JOINT COMMISSIONING BOARD	Agenda Item 17 Brighton & Hove City Council

Subject:		**Learning Disability Partnership Board – Annual Report 2010/11**
Date of Meeting:		**14 November 2011**
Report of:		**Director of Adult Social Services/Lead Commissioner People**
Contact Officer:	**Name:**	**Karen Kingsland** **Tel: 29-3881**
	Email:	**karen.kingsland@brighton-hove.gov.uk**
Key Decision:	**No**	**Forward Plan No: N/A**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 The government white paper "Valuing People, a New Strategy For The 21st Century (DoH 2001)" told all local authorities to set up learning disability partnership boards. It is the Partnership Board's role to oversee and help the planning and development of services that really help local people with learning disabilities. The Partnership Board is a local "champion" for people with learning disabilities.

1.2 'Valuing People Now' (DoH 2009), the government's update to the Valuing People strategy, requires that all Learning Disability Partnership Boards produce an Annual Report.

1.3 The Brighton & Hove Joint Commissioning Board has agreed to receive formal reports on the work of the Learning Disability Partnership Board. This is to ensure that the Partnership Board is properly accountable to governance arrangements that are embodied through the Joint Commissioning Board for the City Council and Primary Care Trust.

2. RECOMMENDATIONS:

2.1 That the Joint Commissioning Board notes the report

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.2 The Joint Commissioning Board has received annual reports from the Learning Disability Partnership Board on 10th December 2007, 9th March 2009, and 12th July 2010

3.3 In April 2011 Anne Williams, National Director for Learning Disabilities, wrote to all Partnership Boards with a template for the 2010/11 annual reports. In the southeast region an easier to read version of the national template was developed, and that is

the template we use in Brighton & Hove. The questions in the easy read report are the same as the national template.

4. CONSULTATION

4.1 The members of the Learning Disability Partnership Board contributed to the development of the attached annual report and considered this at their meeting of 18th July 2011.

5. FINANCIAL & OTHER IMPLICATIONS:

5.1 There are no direct financial implications arising from the recommendations. The pooled budget for services to adults with Learning Disabilities is £34.8 million in 2011/12

Finance Officer Consulted: *Anne Silley* *Date: 23/09/11*

Legal Implications:

5.2 The report evidences that the local authority is complying with the government guidance to set up a Learning Disability Partnership Board and produce an Annual Report. There are no specific Human Rights Act implications arising from this Report.

Lawyer Consulted: *Sandra O'Brien* *Date: 23/09/11*

Equalities Implications:

5.3 The work of the Partnership Board and sub groups is intended to improve opportunities and choices for people with learning disabilities in Brighton & Hove. Individual projects come under the Equalities policies of the providing organisations. All Partnership Board work follows the Valuing People principles of promoting Rights, Inclusion, choice and Independence, for people with learning disabilities.

5.4 An Equalities Impact Assessment of the work of the Learning Disability Partnership Board has been carried out in 2010/11. The resulting action plan is referred to as the Partnership Board's 'Including Everyone Plan'.

Sustainability Implications:

5.4 Service improvements are in accordance with sustainability objectives

Crime & Disorder Implications:

5.5 The work of the Partnership Board encourages people with learning disabilities to participate as full citizens in their community. This work is also intended to influence all citizens of Brighton & Hove to improve the welcome and support for people with learning and other disabilities.

Risk and Opportunity Management Implications:

5.6 The Partnership Board aims to maximise the use of all resources and opportunities. Specific risks and opportunities are addressed within the remit of each project or piece of work.

Corporate / Citywide Implications:

5.7 The work of the Partnership Board encourages people with learning disabilities to participate as full citizens in their community.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 No suitable alternative options are available. 'Valuing People Now' (DoH 2009) requires that all Learning Disability Partnership Boards produce an Annual Report answering the questions provided by the national Valuing People Team. The Joint Commissioning Board is the most appropriate local venue for noting the Partnership Board's Annual Report.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 To follow the recommendations of 'Valuing People Now' (DoH 2009) and ensure that the Partnership Board is properly accountable to the local governance arrangements that are embodied through the Joint Commissioning Board for the City Council and Primary Care Trust.

SUPPORTING DOCUMENTATION

Appendices:

1. Annual report of the Learning Disability Partnership Board 2010/11

Documents in Members' Rooms

1. None

Background Documents

1. Valuing People, a New Strategy For The 21st Century (DoH 2001)
2. Valuing People Now (DoH 2009)

Brighton & Hove
Learning Disability Partnership Board
www.brightpart.org

Partnership Board Annual Report 2011

This report is questions asked by Valuing People about:

- Our Partnership Board
- learning disability services
- other services that people with learning disabilities use in our area

We will take our report to the Brighton & Hove Joint

Commissioning Board

We will send our report to the Public Health Observatory: partnershipboardreport@ihal.org.uk

The Public Health Observatory will put all the Partnership Board reports on their website at www.ihal.org.uk

We will also send our report to the Health and Social Care Partnership south east: Dani.Cohen@hscpartnership.org.uk

The Health and Social Care Partnership have also given us a spread sheet of numbers to fill in.

The Health and Social Care Partnership south east will use the words and numbers to compare what happened across the south east in 2010-11.

We need to send our report to them all by 29th July 2011

Some of the numbers in this report are still being checked by the council so the final numbers, in the council's report to government, might be a bit different than we have reported here.

Partnership Board Annual Report 2011

Name of Partnership Board

Brighton & Hove Learning Disability Partnership Board

Web address for Partnership Board

www.brightpart.org

Name of Local Authority

Brighton & Hove City Council

Name of Primary Care Trust

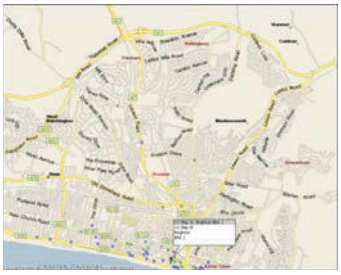
Brighton & Hove City Teaching PCT

Partnership Board lead officer

Name: Diana Bernhardt

Email: diana.bernhardt@brighton-hove.gov.uk

Phone: 01273 292363



Local picture

Number of adults with a learning disability who are known to the Local Authority

	Number
Age 18 to 64	722
Age 65+	76
Male	450
Female	348

Number of young people (aged 14-18 years) with a learning disability

435 young people in year 9 and up have statements of special educational needs

What is the local budget for services for adults with a learning disability?

	2010/11	2011/12
Social care		
Health care	£780,000	£ 780,000
Joint	£33million	£34 million
Total	**£33,780,000**	**£34,780,000**

The Bigger Picture

The Joint Strategic Needs Analysis (JSNA) is the big collection of information that tells our local council and NHS Trusts what services they need to provide.

These are some of the things our JSNA tells us:

The important things to make the most of money for services for people with learning disabilities are:

- Make a new plan for learning disability services particularly for housing that involves people with learning disabilities and family carers
- Set up systems to collect and update information on what services people need particularly for people cared for by their families
- Provide more information on what is needed locally to support service providers to change services to better meet local need.
- Make sure people are helped to be as independent as possible including helping people to move on
- Make sure important information is easy to understand
- Use less money for residential care and more money for other types of services
- Check that we are not paying more for services than we should cost
- Meet gaps in services for people with challenging behaviour and complex needs, support for people moving on and people with mild learning disabilities with additional needs.

The top 3 important things that information from our JSNA is telling us in relation to people with learning disabilities are:

1. Develop local housing plan and improve pathways for move on from residential care
2. Set up system to collect needs information and improve forward planning for young people coming through transitions and people cared for by their families
3. Continue to embed improvements in access to healthcare

Successes in 2010-11:

Challenging behaviour

- Setting up services for people with challenging behaviour and complex needs
- Developing quality monitoring tool to monitor services for people with challenging behaviour

Improving information on what people need

- Detailed assessment on needs of people with LD (JSNA)
- Needs information on Autism (JSNA) and draft strategy developed

Criminal justice system

- Introduction of tools to identify people with learning disabilities who are arrested
- Developing pathways for offenders
- Awareness raising with people working in the Criminal Justice System and starting to develop a local plan

Thumbs Up Campaign

- 64 organisations and businesses in Brighton & Hove have signed up so far to promise to provide excellent customer service to all customers, especially those with learning disabilities. The Thumbs Up Campaign is now up and running in Mid Sussex and Countryliner buses have taken the Thumbs Up pledge. www.brightpart.org/thumbsup.php

Tackling Hate Incidents & Hate Crime

- Progress being made on our 2010 Disability Hate Incidents Strategy

Link Group and Engagement of people with learning disabilities

- We use our Learning Disability Development Fund to engage people with learning disabilities in the Partnership Board. Speak Out, a local voluntary organisation, supports this engagement work. People with learning disabilities who attend the Link Group say the following:
- Advocacy groups (small groups for self-advocates):
    - "friendly, non-judgemental and increase my confidence"
    - "helped me find somewhere new to live"
    - "if you are upset you can tell them, it gives you a chance to speak"
- Big Meeting (advocacy groups send representatives)
    - "I am able to speak out and we help each other out"
    - "We do useful work about things like money, health, day services, seeing friends"
- Link Group (a group of people with learning disabilities who are members of the Partnership Board and 'Link' the Big Meeting to the Partnership Board)

- "Council managers hear directly from people's own experiences"
- "Made … come out of her shell and get more confidence"
- "Being co-chair [of the Partnership Board] means I tell people who's going to speak next"
- "If something is bothering you get it off your chest at a Big Meeting and the Partnership Board will sort it out"

Carers' Engagement, Listening Lunches and get-togethers

- The Carers' Centre hosts 'Listening Lunches' which are free, friendly and informal lunches for carers of adults with learning disabilities giving them an opportunity to meet and chat with our two Carer Representatives, to voice views, to have a say in important decisions about services and to hear about what's happening at the Learning Disability Partnership Board. Carers who attend the 'Listening Lunches' say:
  - "I like that the Partnership Board is a cross-section with professionals, people with learning disabilities and carers and everyone has a chance to speak"
  - "it is an opportunity to highlight problems and to give and receive feedback and have a voice"
  - "it is heartening that so many people are trying to make things better for people with learning disabilities"
- Amaze, a voluntary organisation, hosts parents of teens get-togethers where the two Transition Parents' Representatives meet with other parents to tell them about the Partnership Board and get their views.

Personalisation

Personalisation is about people having choice and control about their personal services.

How many adults with learning disabilities had a personal budget?

2009/10 = 136

2010/11 = 229

Do children's services offer personal budgets?

No

How many young people receive direct payments?

In November of 2010 there were 17 young people aged 14 – 18 receiving direct payments

Successes in 2010-11:

Total Communication

- we formed a total communication forum, held workshops about total communication, launched a total communication charter for services to sign up to, held a total communication event and launched a total communication web page (details are on www.brightpart.org/communicate.php)

Person-Centred Plan feedback

- Service providers who support people to review their person-centred plans send feedback forms to our Person Centred Approaches sub group. We use the feedback to tell us what sorts of things people are wanting or having difficulty with in their person-centred plans. www.brightpart.org/pca.php

Health

In September our Primary Care Trust is completing a check on health services used by people with learning disabilities.

It is called the Big Health Service Check.

People will be able to get a copy of our Big Health Service Check from:

Person = diana.bernhardt@brighton-hove.gov.uk

Web-site = www.brightpart.org

This is what we scored in last year's Big Health Services Check.

RAG rating	Red	Amber	Green
NHS campus closure			√
Addressing health inequalities		√	
Making sure people are safe		√	
Continuing to achieve other Valuing People Now health Commitments		√	

How many adults with learning disabilities got an annual health check?

2009/10 = 376 people had health checks, 41 turned down the offer of a health check, 17 did not show up for a booked health check appointment and 108 did not reply to the invitation to come in for a health check.

2010/11 = not finished counting yet

What are the health needs of people known to services from last year's Big Health Service Check?

People's 2009/10 annual health checks told us that people have problems with ear wax, overweight, eye health and need to see optician, chiropody and foot health, and dietary issues. The 2010/11 information has not been counted yet.

Successes in 2010-11:

The Health Trainers service

- have been working with day services to do sessions on healthy eating and physical activity

Local Enhanced Service

- All our GP practices have now signed up to our Local Enhanced Service for people with learning disabilities. www.brightpart.org/healthy.php

Housing

The government want people to live in 'settled accommodation' like with their family, in a shared lives home or in supported living.

Hospitals and residential homes are called 'unsettled accommodation'

Do you have a learning disability housing needs analysis that is part of the local authority housing strategy?

NO

Do you have a learning disability housing needs analysis that is part of the local Joint Strategic Needs Assessment (JSNA)?

YES – there is a housing section in our JSNA

The percentage of people with learning disabilities who are known to social care and are living in settled accommodation?

2009/10 = 63%

2010/11 = 60%

Percentage of overall learning disabilities social care money used to pay for residential and nursing home placements:

2009/10 = 60%

2010/11 = 57%

2011/12 (projected) = 57%

How many people (known to health and social care) living outside the local authority area:

Type of accommodation	Numbers	Cost
In residential settings	102	£8,230,000
In nursing home placements	4	£360,000
In supported living	2	£87,000
Other please state (Private Hospital)	13	£2,488,800
Totals		

Number of young people (aged 14-25 years) in out of area specialist education placements

80

Ordinary residence is what it is called when people with learning disabilities want to live permanently away from the area that provides their funding.

Ordinary residence claims total = 20

As a placing authority = 6

As a host authority = 14

What percentage of your market (in terms of expenditure) is provided by?

In house (Local Authority) = 32%

3rd sector / charities (not for profit) and private / independent sector (for profit) = 68%

Do you have a current local housing plan to support more people into supported living?

No – We have developed an 'Accommodation & Support Plan' that is being consulted on at the moment

Describe your local housing plans for people with learning disabilities during the next 5 /10 years:

There is a draft 'Accommodation & Support Plan' and there is a Shared Lives commissioning plan being developed.

Successes in 2010-11:

'It's My Life' project

- Supported people in care homes to speak up and have effective residents' meetings (www.brightpart.org Person Centred Approaches web page has details of this LDDF funded project)

The Learning Disability Housing Options Officer

- Supported over 80 people to move or maintain their accommodation in 2010-11. 46 people were supported to move on, including 10 people supported to have a tenancy for the first time

Jobs and What People do During the Day (and in the evening and at weekends)

How many people with learning disabilities known to social services are?

Category	2009/10	2010/11
Working as a paid employee or self-employed (Less than 16 hours per week)	59	63
Working as a paid employee or self-employed (16 hours or more per week)	48	47
Total	107	110
Working as a paid employee or self-employed and in unpaid voluntary work	12	8
In unpaid voluntary work only	104	99

Do you have a local employment plan for people with learning disabilities in line with Valuing Employment Now?

YES

Is there a plan for each young person aged 14-25 to get a job when they leave education?

Education reviews consider future plans but there is no audit to check this happens for every single young person.

Total local authority spend on day services

£ 3,880,000 – for people with learning disabilities

Total local authority spend on supported employment

£240,000 – for all service user groups

Successes in 2010-11:

Day Options

- Local Authority Day Services transformed to Day Options service provided across all five sites and in the community (put in link to announcement on news section of brightpart.org)

Employment Plan

- The Partnership Board agreed an employment plan. www.brightpart.org/workskills.php

Brighton & Hove
Learning Disability Partnership Board
www.brightpart.org

Sign-off sheet

Co-chairs of the Partnership Board

1 Betty Vincent

2 R Jarrett

On behalf of people with learning disabilities

MRS P BRAIN

On behalf of family carers

J A. Horseman

The End

Please send the whole report:

Words and Numbers to

partnershipboardreport@ihal.org.uk

and

Dani.Cohen@hscpartnership.org.uk

JOINT COMMISSIONING BOARD	Agenda Item 18 Brighton & Hove City Council

Subject:		**The Big Health Check For People with Learning Disabilities**
Date of Meeting:		**14th November 2011**
Report of:		**Director Adult Social Services/Lead Commissioner for People** **Chief Operating Officer NHS Brighton and Hove**
Contact Officer:	Name:	**Diana Bernhardt** **Tel: 29-2363**
	E-mail:	Diana.bernhardt@brighton-hove.gov.uk
Key Decision:	No	Forward Plan No. N/A
Wards Affected:	All	

FOR GENERAL RELEASE.

1. SUMMARY AND POLICY CONTEXT:

1.1 Sir Jonathan Michael's report 'Healthcare for All' 2008 highlighted the inequality people with learning disabilities face in accessing healthcare services. The report's recommendations were incorporated into the Valuing People Now White Paper 2009 and the NHS Annual Operating Framework requires Primary Care Trusts (PCTs) to submit an annual 'Big Health Check' return of progress made to improve access to healthcare.

1.2 This report summarises the PCT's 3rd return submitted to the South East Coastal Strategic Health Authority (SHA) Self Assessment on 5th September 2011. The return is an update on the previous annual submission in November 2010. The return has been subject to validation by the Strategic Health Authority, and written confirmation should be received shortly.

2. RECOMMENDATIONS:

2.1 That the Joint Commissioning Board notes the contents of the 'Big Health Check' (South East Coastal Learning Disabilities Self Assessment Framework Feedback) for 2011.

2.2 That the Joint Commissioning Board notes the contents of the Big Health Check attached as Appendix 1 of this report and approves the actions set out in 3.7 of this report.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 Reducing the health inequalities experienced by people with learning disabilities is a key national priority for the NHS "Everyone can expect to live healthy lives with the appropriate support from a personalised and fair National Health Service that ensures the most effective treatments within a safe system."[1]

3.2 However, most people with learning disabilities have poorer health than the rest of the population and are more likely to die at a younger age. There is clear evidence that their access to the NHS is often poor and characterised by problems that undermine good personalised access to health services, respect for their dignity and safety[2]

3.3 As a consequence of the Governments response to "Healthcare for All", the NHS Operating Framework requires SHA's, PCTs and provider trusts to pursue service improvements and deliver action plans to achieve improvements in relation to :

- **Top Target 1** Moving out of hospital units
- **Top target 2** Addressing Health Inequalities
- **Top Target 3** Making Sure People are Safe in NHS Services
- **Top target 4** Make progress on "Valuing People Now"

3.4 Each top target is scored according to an evidence based self assessment of current performance against each objective to provide an aggregate score for each Top Target using a traffic light system that indicates:

- Red= no or poor progress against the standard.
- Amber= some progress against the standard with an action plan in place for improvement.
- Green= Standard achieved or good progress against the standard with a plan in place to achieve the standard within the year.

3.5 Following the Big Health Check submission 2010, the following priority actions for NHS Brighton and Hove identified by the SHA with progress achieved is set out below. Specific progress has been achieved in 6 indicators. All criteria are either rated 'Amber' or 'Green' and Top Targets 1 and 2 are now assessed as 'Green'. **:**

Top Target 1 – Overall Performance rating 'Green'
Improve information of people living in Assessment &Treatment or other independent or NHS settings. Develop local provision for people whose behaviours challenge services and establish local network of providers to support best practice in reducing challenging behaviours.

Progress Additional review of people's needs to further improve discharge planning undertaken. Service Level Agreement established between PCT and LA to undertake assessment and reviews on PCT's behalf. Select provider list (framework agreement) established to provide challenging behaviour services. Local network will be established with select and existing providers to promote best practice.

Top Target 2 Overall Performance rating has improved from 'Amber' to 'Green'.Increase access to mainstream health promotion, involving people with learning

[1] Lord Darzi: "High Quality care for All" (2008)

[2] Mencap Report "Death by Indifference" (2007)..

disabilities and their families in developing and planning services. Expand healthy eating choices and cookery skills project.

Progress New contract to involve people in planning of services**.** Healthy eating choices and cookery skills project established with Food Partnership. Sussex wide cervical screening protocol for GP practices. Oral Health Promotion team to staff in residential & supported living services. Thumbs Up campaign to improve access to mainstream community services includes dentists and opticians. Needs assessment of special care dentistry January 2011. As a result 3 indicators (2.4, 2.7 and 2.9) have moved to performance rating 'Green' and 2.6 has moved from 'Red' to 'Amber'.

Top Target 3 Overall Performance rating remains at 'Amber'
Continue with Mental Capacity Act and Deprivation of Liberty training ensuring more people receive training. Ensure learning and improvements are consistent across all health services.

Progress Recommendations regarding Six Lives being implemented within NHS provider Trusts. Brighton and Sussex University Hospital prioritises include refresh of policies and training relating to Mental Capacity Act and Safeguarding. As a result 3.3 has moved from Amber to Green

Top Target 4. Overall Performance rating remains at Amber
To have completed Joint Strategic Needs Assessment (JSNA) for learning disabilities, to have implemented actions to improve health transition pathway and development of a local autism strategy.

Progress LD JSNA complete. Autism strategy well developed in partnership with stakeholders. Transitions health pathway being developed and health planning completed at least 1 year before transition. As a result 4.4 has moved from performance rating 'Red' to 'Amber'.

3.6 The report based on the PCT's submission to the SHA is attached as Appendix 1. A table setting out the PCT's performance against the Four Top Targets since 2009 is set out in Appendix 2.

3.7 The following priority actions are proposed for next year:

- Complete Autism Strategy (JCB February 2012)
- Review arrangements for the review and monitoring of specialist LD placements
- Continue work with Reducing Reoffending Board to increase awareness and improve communication with people with Learning Disabilities and those with Autistic Spectrum Condition.
- Use the feedback from people with learning disabilities and carers to make further improvements in health services
- Embed work to further reduce health inequalities through reasonable adjustments in mainstream commissioning using information on JSNA, particularly ensuring links with older people's commissioning
- Sign up to the National Charter for Inclusion and Charter Challenging Behaviour Foundation
- Further work with social care providers to increase take up of Health Action Plans and preparation for people going into hospital

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 The Big Health Check self assessment has been completed in conjunction with the Learning Disability Partnership Board. Meetings have also been held with family carers and people with learning disabilities and feedback regarding health services has been obtained via questionnaire.

5. FINANCIAL & OTHER IMPLICATIONS:

5.1 Financial Implications:

There are no direct financial implications arising from this report. The areas for improvement as detailed in Appendix 1 will be addressed through the budget strategies for 2011/12 and subsequent years within the resources available.

Finance Officer Consulted: Michelle Herrington Date: 22/9/11

5.2 Legal Implications:

Service provision and monitoring of the same for the Learning Disabled population falls within the s75 arrangements agreed between the PCT and Brighton and Hove City Council; JCB is the appointed decision making body for the purpose of s75 arrangements. The body of this report sets out comprehensively the government requirements for the South East Coastal Learning Disabilities Self Assessment Framework Feedback for 2011 and the reasoning for the same. There are no specific legal or Human Rights Act implications arising from this report.

Lawyer Consulted: Sandra O'Brien Date 22/9/11

5.3 Equalities Implications:

As this is an update, rather than policy changes, an Equality Impact Assessment has not been carried out. Nevertheless, the aim of the self assessment framework is to reduce health inequalities for people with learning disabilities.

5.4 Sustainability Implications:
There are no specific Sustainability Implications of this report.

5.5 Crime & Disorder Implications:

There are no specific Sustainability Implications of this report.

5.6 Risk and Opportunity Management Implications:

There are no direct management implications of the report. If the action plan is not implemented, there is a risk that the benefits to people with learning disabilities of improved health will not be achieved.

5.7 Corporate / Citywide Implications:

Implications as this contributes to people's general health and well being.

5.8 Public Health Implications:

The aim of the Big Health Check is to assess how far local health services are making reasonable adjustments for people with learning disabilities and autism. The types of reasonable adjustments expected are those required under the Equalities Act 2010 which requires the NHS along with all other public bodies to make reasonable adjustments to reduce or remove physical or other barriers and to provide additional support if necessary.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 The submission of the Big Health Check is a performance requirement of the National Operating Framework therefore no alternatives options have been explored.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 For Joint Commissioning Board Members to note the self assessment of current performance and progress made and in relation to the Four Top Targets.

7.2 For Joint Commissioning Board Members to agree the actions in 3.7 of this report for NHS Brighton and Hove over the coming year.

SUPPORTING DOCUMENTATION

Appendices:

1. Brighton & Hove Learning Disabilities report- September 2011 APPENDIX 1.
2. Performance against the Four Top Targets since 2009 is set out in Appendix 2.

BACKGROUND DOCUMENTS

3. Brighton & Hove Learning Disabilities self assessment report- September 2011

Top Target	2009	2010	2011
Top Target 1: Moving out of Hospital Settings  **overall score 'Green'**	Green	Green	Green
1.1 Campus Accommodation closed	Green	Green	Green
1.2 Resettlement from Campus Complete	Green	Green	Green
1.3 Plans in place for people ready to leave secure units – now combined indicator.	Amber	Green	N/A
Top Target 2: Working With Health – overall score 'Green' 	Amber	Amber	Green
2.1 GP registers	Green	Green	Green
2.2 Take up of Health Action Plans	Green	Green	Green
2.3 Access to health screening and health checks	Amber	Green	Green
2.4 Access to health promotion	Amber	Amber	Green
2.5 Service agreements to ensure equal access	Amber	Amber	Amber
2.6 Needs of people with LD explicit in work streams	Red	Red	Amber
2.7 IT Systems	Amber	Amber	Green
2.8 Needs of people with LD from BME groups	Red	Amber	Amber
2.9 People with profound disabilities	Amber	Amber	Green
Top Target 3: Keeping People Safe – overall score 'Amber' 	Amber	Amber	Amber
3.1Systematically addressing areas of concern highlighted through complaints is now 3.3 combined	Green	Green	Green
3.2 Implementation of Disability Discrimination Act & Mental Capacity Act	Amber	Amber	Amber
3.3 Organisational learning from complaints & serious incidents combined with 3.1 from last year	Amber	Amber	Green
3.4 Effective partnership approach to safeguarding vulnerable adults	Amber	Amber	Amber
3.5 Progress on Six Lives is now 3.1	New	Green	Green
Top Target 4: Valuing People Targets 	Amber	Amber	Amber
4.1 Shortbreaks/respite	Amber	Amber	Green
4.2 Specialist LD services available locally	Amber	Amber	Amber
4.3 Transitions planning	Amber	Amber	Amber
4.4 Involvement of people with LD in the planning of a service	Amber	Red	Amber
4.5 Well functioning partnership arrangements	Amber	Green	Green
4.6 JSNA for people with LD	Amber	Amber	Amber
4.7 Needs of people with LD and Autism	Amber	Amber	Green
4.8 Services for people with challenging behaviour	Amber	Amber	Amber
4.9 Access to mental health services	Green	Green	Green
4.10 Workforce Development	Amber	Amber	Amber
4.11 Partnership working for people with LD in the Criminal Justice System	New	Green	Green

Big Health Check
Report updated 26th September 2011

What is it?

Annual Report on health services
What we have done over the last year
What we are going to do

Why is it important?

We need to make sure people have the right health care

Check our plans are on track

How we asked people about health

- Learning Disability Partnership Board
- Meetings with family carers
- Speakout Big meeting
- Questionnaires

66 carers and 72 people with a learning disability told us what they thought about health services

Big Health Check

Target 1:

Making sure people are not living in NHS settings if they do not need to be there

☺😐☹

✓

- **What we agreed to do:**

- Improve information of people placed in NHS settings.
- Develop local services for people who challenge services
- Establish local network of providers to support best practice in reducing challenging behaviours**.**

- **What we have done**
- Additional review of people's needs to further improve discharge planning. Agreement set up between PCT and the council for them to take on the assessments and reviews on the PCT's behalf
- Select provider list to provide challenging behaviour services set up who will create local network.

Big Health Check

Target 2

- **Do people with learning disabilities get equal treatment in health services?**

☺😐☹

✓

- **What we agreed to do:**

- Increase access to mainstream health promotion.
- improve how we involve people with learning disabilities and their families in developing and planning services.
- Expand healthy eating choices and cookery skills project.

- **<u>What we have done</u>**
- Healthy eating choices and cookery skills project established with Food Partnership.
- Sussex wide cervical cancer screening advice for GP practices.
- Oral Health Promotion team provide advice in residential & supported living services.
- Thumbs Up campaign includes dentists and opticians.
- New contract to involve people in planning of services
- Needs assessment of special care dentistry January 2011.

3

Big Health Check

Target 3

Keeping People Safe when they use health services

☺😐☹

✓

What we agreed to do:

- Continue with Mental Capacity Act and Deprivation of Liberty training and make sure more people receive training.
- Make sure learning and improvements are across all health services.

What we have done

- Six Lives recommendations to keep people safe taken forward by NHS providers.
- Learning and complaints feeding into quality review meetings.
- Brighton and Sussex University Hospital to review policies and training on Mental Capacity Act and Safeguarding.

4

Big Health Check

Target 4 Valuing People Now

Have we got the right services locally for people with learning disabilities?

☺😐☹

✓

What we agreed to do:

- To have completed Joint Strategic Needs Assessment
- To have improved health transition pathway
- To have developed a local autism plan.

What we have done

- Joint Strategic Needs Assessment complete.
- Autism plan is being written.
- Health Action plan for young people coming through transitions developed at age 17
- Health pathway for young people developed

Big Health Check

- **What we plan to do next year:**
- Complete the Autism plan (February 2012)
- Review arrangements for the review and monitoring of specialist LD placements
- Use the feedback from people with learning disabilities and carers to make more improvements in health services
- Work with commissioners and GPs to make sure learning disabilities and autism is included in mainstream commissioning (particularly older people)

- Further work with social care providers to increase take up of Health Action Plans and preparation for people going into hospital
- Continue work with Reducing Reoffending Board. This is to raise awareness and improve communication with people with Learning Disabilities and people with Autistic Spectrum Disorder
- Sign up to the National Charter for Inclusion and Challenging Behaviour Foundation Charter

JOINT COMMISSIONING BOARD	Agenda Item 19 Brighton & Hove City Council

Subject:		**Accommodation and Support Plan for People with Learning Disabilities**
Date of Meeting:		**14th November 2011**
Report of:		**Director of Adult Social Care/Lead Commissioner People**
Contact Officer:	**Name:**	**Diana Bernhardt** **Tel: 29-2363**
	Email:	**Diana.bernhardt@brighton-hove.gov.uk**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 The Joint Strategic Needs Assessment (JSNA) for learning disabilities 2011 highlighted the need for a local accommodation and support plan in order to meet expected increases in need of between 54-135 people over the next 5 years with a greater increase (2%) expected for those with the most complex needs who will need a high level of 24 hour specialist care.

1.2 The aim of this report is to present the local plan and budget strategy for accommodation and support services

2. RECOMMENDATIONS:

2.1 That the Joint Commissioning Board agrees to the report and the 3 year Accommodation and Support plan (Appendix 1) attached.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 A Vision for Social Care: Capable Communities and Active Citizens set the framework for the future provision of adult social care. At a local level, there is a social care transformation programme to develop the workforce, increase personalisation and maximise independence through prevention and reablement.

3.2 Within learning disabilities, the Valuing People Now White Paper continues to provide the overarching policy context. Its key aims are to enable people to participate in society as fully as possible with a voice regarding decisions about their care.

3.3 To achieve this vision within the current financial climate, greater flexibility in service models is needed so that people do not have to move to receive support or to achieve greater independence. Greater flexibility to support people during the day within accommodation services is also needed so that people can gain independent living skills and access voluntary and paid work.

3.4 Nevertheless, having the right environment for people to be supported in remains important. The aim of this report is to set out what is needed both in terms of access to mainstream accommodation, supported housing and specialist accommodation for those with the most complex needs. Availability in the local market will however be maximised before any new services are created.

3.5 The 3 year plan is attached as Appendix 1. This plan has been informed by the Joint Strategic Needs Assessment for learning disabilities and further information on cost analysis is attached as Appendix 2.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 The accommodation and support plan draws on information in the JSNA for people with Learning Disabilities that was previously consulted on. In addition the accommodation and support plan for people with learning disabilities attached as Appendix 1 has been developed through engagement of the Learning Disabilities Partnership Board and sub groups. Any changes to specific services may require further consultation with the individuals affected.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 The financial implications of the actions included in the plan are still being quantified. However, any costs arising from these proposals would need to be funded from existing resources and included in the budget strategies for future years currently being developed as part of the budget cycle.

Finance Officer Consulted: *Michelle Herrington* *Date: 16/9/11*

Legal Implications:

5.2 The Local Authority has a statutory duty to assess and provide services to meet the needs of eligible adults in its area. In undertaking these duties the Local Authority must ensure adherence to the Human Rights Act 1998 and in particular Article 8 Right to Privacy and Family Life. In meeting these obligations the Accommodation and Support plan seeks to address local needs in terms of service form and provision, informed by a proper consultation process and service user preference. The Plan also addresses the need to ensure efficient expenditure of public funds by addressing the current mismatch between available services and need.

Lawyer Consulted: *Sandra O'Brien* *Date: 16 September 2011*

Equalities Implications:

5.3 An equalities impact assessment of the plan has been undertaken and further assessment will be undertaken within the budget strategy process.

Sustainability Implications:

5.4 The aim of the plan is to address gaps in local services in order to reduce the need for long distance placements.

Crime & Disorder Implications:

5.5 There are no specific crime and disorder implications. Nevertheless, the provision of short term crisis support and improved accessibility of supported housing services will improve support to people with learning disabilities with additional needs such as mental health, substance misuse and offending behaviour.

Risk and Opportunity Management Implications:

5.6 This plan provides an opportunity to increase the range of local services to better meet local need through the commissioning of accommodation and support services.

Public Health Implications:

5.7 The aim of this plan is to meet the accommodation and support needs of people with learning disabilities. However, many people will have additional health needs which will be better supported within the right environment.

Corporate / Citywide Implications:

5.8 This proposal will increase the range of services available locally for people with learning disabilities and so enable them to participate as equal citizens in the city of Brighton & Hove.

6. EVALUATION OF ANY ALTERNATIVE OPTIONS

No alternative options have been considered.

7 REASON FOR REPORT RECOMMENDATIONS

This report is required to present proposals to meet accommodation and support needs of people with learning disabilities.

SUPPORTING DOCUMENTATION

Appendix 1
3 year Learning Disability Accommodation and Support Plan

Documents in Members' Rooms
None

Background Documents
Learning Disability Joint Strategic Needs Assessment 2011

3 Year Learning Disability Accommodation and Support Plan

Why we need an accommodation and support plan

The Joint Strategic Needs Assessment (JSNA) for learning disabilities 2011 highlighted the need for a local accommodation and support plan to address:

- Meeting increases in need of between 54-135 people over the next 5 years with a greater increase (2%) expected for those with the most complex needs who will need a high level of 24 hour specialist care many of whom are young people coming through transitions.

- In Brighton and Hove, 70% of the local social care budget is spend on accommodation services, with the majority (63%) spent on residential care. However, national research shows lower spend and better outcomes in authorities with more supported accommodation, compared to residential care.

- There is a mismatch between what is needed locally and what is available with a significant proportion of historical placements from other authorities. As a result the authority has over 90 different providers and uses less than 50% of local provision.

- There are insufficient supported living options to meet local need, at an appropriate cost. This has led to some over supply of more costly supported living services which creates financial risks for the authority because of ordinary residence claims.

- There is a need to create more specialist accommodation for people with complex needs and challenging behaviour locally, who currently are often placed outside of Sussex at higher cost and with varying quality of care.

- There is a need to review pathways and barriers to people with learning disabilities accessing housing, in particular people who could move on from residential care and for those with the most complex needs.

- There is a need to increase resources to support people into mainstream work and their potential to work by delivering training on basic skills needed for employment, including how to use public transport and independence in the community.

The JSNA also highlighted that there are particular gaps in local services for the following groups. There gaps are the result of the mismatch between what we have and what we need locally some of which could be addressed by changing local services;

- People with mild learning disabilities with additional needs such as substance misuse, offending behaviour and mental health problems (15 -20 people)

- Specialised services for people with challenging behaviour and complex needs (6-10 people p.a.)

- Low cost supported living for people moving on from residential care and those who need lower levels of support (10 -15 people p.a.)

- Services for older people with learning disabilities with dementia (approximately 15 units)

The national and local housing picture

People with learning disabilities live in a range of accommodation types. Many live with their family, some rent and a small proportion own their own home. Others live in some form of supported accommodation. This may be residential care, supported housing, Shared lives or sheltered and extra care housing.

The housing tenure of people with learning disabilities is very different with an average of 1% within the SE Region owning their own home compared to 70% within the general population.

Changes in the Housing Benefit system over the next few years will make it more difficult to develop low level supported living as payments will be limited for those who are not in receipt of middle or high rate Disability Living Allowance.

Whilst many people experience good outcomes, there are some fundamental inequalities compared to the general population;

- Most people with learning disabilities who live in residential care or supported accommodation do not have choice over where and with whom they live and this is most likely to be the case for people with more complex needs. Also, people living in private households are more likely to live in deprived areas. [1]

- The individually high cost of their housing needs mean that capital grants from the Housing Communities Agency (HCA) are harder to access, as are affordable options in rental and ownership. Without specific interventions from outside the health and social care system to address these barriers, residential care or living with their family are often the only viable options. [2]

- Housing is identified as one of the big priorities in Valuing People Now. Work carried out by the national team estimated there was a shortfall in accommodation to be 50 places for every 100,000 people living in Brighton & Hove. This equals to just over 100 places in Brighton and Hove across the range of need for people with learning disabilities.

- In Brighton & Hove housing of all types is in short supply. Brighton & Hove is the 5th most densely populated areas in the region and there are higher than average housing costs and higher than average levels of homelessness. Brighton and Hove has the sixth largest private rented sector in the country, with 28,000 homes (23%) and only 19,000 homes (15%) in the social rented sector. Average house prices are high, meaning affordable housing is limited and there are problems with housing quality and overcrowding. [3]

Strategic Context

The Learning Disability Commissioning Strategy 2009-2012 contains the following key objectives:

[1] People with Learning Disabilities in England, Eric Emerson & Chris Hatton, 2008
[2] Raising our Sights, DoH, 2012
[3] Housing Strategy 2009-2014

- Increase choice and control through expansion of individualised budgets and increased personalisation in services.
- Increase the range of housing options available to expand supported living and to reduce numbers in residential care and out of area placements.
- Maximise independence and support people to move on
- Extend choice for day activities including supporting people into work
- Improve value for money

Progress achieved since the commissioning strategy;

- Increase in supported living (increase form 91-108 units)
- Increase in individualised budgets (increase from 67-137)
- Support to access housing and accessible information
- Reduced numbers in residential care from 257-239
- Out of area has reduced from 115 to 109

A local vision for accommodation services

This plan is being developed in consultation with the Learning Disabilities Partnership Board whose members drafted the following vision for services;

'We believe that people with learning disabilities and their carers are people first with the right to be treated with dignity and respect and with the potential to actively participate and contribute to society. To realise this vision we will seek to improve the outcomes from universal services and focus on maximising independence and well being in the community. For those with the most complex needs we will commission specialist services more effectively and will redesign services to be more preventative and effective'.

To achieve this vision it is essential to recognise that people with learning disabilities have a wide range of housing needs and therefore need access to wide range of accommodation options. People with the most complex needs also need to be able to access specialist designed 'bespoke' housing to provide the right environment to be supported.

Consultation with family carers and people with learning disabilities

This plan incorporates existing feedback from Person Centred Plans and previous consultation with family cares and people with learning disabilities on housing which identified:

- The desire for people with learning disabilities to choose who they live with
- That most people (over 50% of those who responded) were happy with their current accommodation and did not want to move on.
- That those who wanted to move on needed a speedier process and a greater range of options
- That people wanted housing that was affordable as they wanted to have the opportunity to work
- That people wanted access to self contained and shared accommodation
- Shared accommodation needs to have some self contained space
- People want to live in community settings

Key feedback on the draft plan highlighted:

- People want to know more about housing options available
- People with learning disabilities did not always know they could move on from residential care
- Providers need a firm commitment about resources to invest

Key Objectives to deliver the vision for accommodation services;

- Better commissioning of specialist services
- Reshaping the local marker to better meet local need
- Maximising independence through move on, prevention, and building on support in the community

Objective 1- Better Commissioning of specialised placements

To improve the range of specialist services locally and to monitor the cost and quality of services for those with the most complex needs more closely:

Objective 1 **Better Commissioning of specialises placements**			
Actions	**Timescale**	**Success Criteria**	**Target**
Create a select list of providers through tendering for a framework agreement for people with complex needs and challenging behaviour	**Already commenced and to complete by September 2011**	**New services available for complex needs and challenging behaviour** **Network established to share best practice** **Reduced number of placement breakdowns due to challenging behaviour**	**6-10 places per annum** **Good practice network established by December 2011**
Review high cost placements to ensure value for money and to identity those who could be better supported locally	**March 2011-12**	**Improve value for money via in depth review of cost and outcomes involving family carers** **High cost out of area placements identified who could access local services via the framework**	**All cases renegotiated 2011-14** **5 cases identified for 2012/13**
Create a pathway to design housing for people with complex needs and challenging behaviour	**December 2011**	**Create pathway to access housing that is designed around the needs of the individual**	**Process established by December 2011**

Objective 2- Reshape local accommodation to better meet local need

To maximise the use of local resources and to support providers to change services to better meet local need:

Objective 2 **Reshape local accommodation to better meet local need**			
Actions	**Timescale**	**Success Criteria**	**Target**
Develop market development statement on what is needed locally **Work with local providers to remodel their services to meet local needs**	**December 2011** **2012/14**	**Reduced numbers of placements outside of Sussex.**	**At March 2011 109 out of area placements** **Reduce by 10 p.a. over 3 years**
Develop select provider lists through tendering framework agreements for gaps in services that remain **Create pathway through services to increase local capacity**	**2012/14**	**Reduced gaps in local services** **Improved value for money**	**Average unit costs to be within national benchmarks** **Commission 10-15 low level supported living units p.a.**
Remodel accommodation services to support people during the day to develop life skills to maximise independence and to be better prepared to enter employment or voluntary work	**2012/13**	**People learn skills to be better prepared to enter paid and voluntary work** **People learn skills to live as independently as possible**	**Review needs of all individual with the involvement of families**

Objective 3 – Maximise independence through move on, prevention and support in the community

To increase the numbers of people moving on from residential care and to maximise independence through prevention and community support;

Objective 3 **Maximise independence**			
Actions	**Timescale**	**Success Criteria**	**Target**
Through commissioning and remodelling existing services expand the range of options that provide low level support in the community. **Review how information on housing is provided through information strategy**	**2012-13**	**Increase move on options available locally.** **Increase range of shared lives and supported living options linked to assistive technology to maximise independence**	**Commission move on services for 10-15 people p.a.** **Shared lives remodelling complete 2012** **Information strategy complete by December 2011**
Improve accessibility of mainstream supported living services for people with mild learning disabilities with additional needs	**2012-14**	**Improved outcomes for people with mild learning disabilities with additional support needs**	**Review single homeless pathway 2011/12**
Progress the remodelling of the Community Support Service to provide crisis support	**March 2012**	**Prevent need for support or increase need for support later on**	**Complete service changes by March 2012 50 cases receiving short term crisis support.**

Cost analysis of Accommodation and Support Services

At a local level, Indicative Unit Costs for 2010/11 identify average unit costs for residential care purchased by the authority to be:

Residential Care In-House	£3,018 per week (Top Quartile)
Residential Care Independent Sector	£1,194 per week (3rd Quartile)

The higher costs of in house services due to higher staffing levels, different terms and conditions and the primary service model of small shared group homes.

Residential care remains a significant proportion of the gross budget (63% in 2010/11 with a net spend of 57%). This is however a reduction from 67% in 2009/10 but is higher than the SE regional average (47% in 2009/10). [i]

There is a limited amount of research on the cost-effectiveness of different models of care for people with learning disabilities. A short evidence review undertaken for the Learning Disability Joint Strategic Needs Assessment March 2011 identified the following:

- Costs related to services for people with learning disabilities are considerable. A recent UK study found that the average annual cost of social care and housing per person with LD over 60 years old, was £41,080. 74% of this cost was accommodation[ii].

- The high cost of accommodation shows the importance of reviews of local housing options, forward planning and reviews of people able to move from residential care locally.

- There is lower spend in authorities with lower use of residential care for people with learning disabilities[iii]. However, there is a barrier to developing the local supported living due to the financial risks associated with 'ordinary residence'. Under ordinary residence legislation, people placed locally in supported housing by other authorities are entitled to claim local benefits and subsequently the cost of their support will have to be met by the host authority. Ordinary residence however does not apply to those placed in residential care as the placing authority retains funding responsibilities regardless of where people are placed. Availability in the local market will therefore be maximised before any new services are created.

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[i] Learning Disability Partnership Board Annual Report 2009/10

[ii] Strydom A, Romeo R, Perez-Achiaga N, Livingston G, Kind M, Knapp M, Hassiotis A (2010). Service use and cost of mental disorders in older adults with intellectual disability. British Journal of Psychiatry, 196: 133-138

[iii] Bolton J (2009). Use of resources in Adult Social Care - A guide for local authorities, Department of Health, best practice guidance, available at: www.puttingpeoplefirst.org.uk/_library/Resources/Personalisation/Personalisation_advice/298683_Uses_of_Resources.pdf

JOINT COMMISSIONING BOARD	Agenda Item 20 Brighton & Hove City Council

Subject:		**Health and Well Being Board: update**	
Date of Meeting:		**14th November 2011**	
Report of:		**Director of Adult Social Services/Lead Commissioner People**	
Contact Officer:	**Name:**	**Denise D'Souza**	**Tel: 29-5030**
	E-mail:	**Denise.d'souza@brighton-hove.gov.uk**	
Wards Affected:	**All**		

GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 The Summary Transitional Arrangements Paper, attached as Appendix 1, was prepared following the second HWB development seminar held on October 3rd 2011 and gives details of the function, governance and membership during the shadow year.

2. RECOMMENDATIONS:

2.1 That the Joint Commissioning Board (JCB) are asked to consider and respond to the transitional arrangement as set out in Appendix 1 which is going to Full Council in January 2012.

2.2 That the JCB agree to a seminar being set up after April 2012 to consider the implementation of the Shadow HWB and future ongoing arrangements.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

HWB Consultation and Decision Making Process:

3.1 The Transitional Paper gives details of the arrangements in the shadow year following consultation sessions in July and October.

3.2 The PH&WBG aims to seek formal approval for a final HWB model and plans for the transitional or shadow year from the:

- Clinical Commissioning Board on December 20th 2011
- Informal Cabinet on January 4th 2012
- Council's Governance Committee on January 10th

- Cabinet on January 19th
- Full Council on January 26th

Second Development Seminar October 3rd 2012:

3.3 Detailed notes were taken for each of the 4 facilitated groups at the seminar. Key points included:

Functions

- Functions and remit need to be more clearly mapped/defined.
- Potentially too many functions/responsibilities. Core functions could, therefore, be lost.
- systems leadership is crucial – the HWB should have high-level oversight and not get 'bogged down' with commissioning-level detail (while retaining connection between activity and high level strategy).
- Without direct budget control, the HWB may have little power and influence.
- Should the focus of the HWB should be transformational or transactional? Emphasis on the former. It is not the HWB's role to hold providers to account – it should hold commissioners to account.
- What is the link to housing and other wider determinants of health?
- What is the link between the Annual Public Health Report and the Joint Health and Wellbeing Strategy?
- The HWB's scrutiny role needs to be clarified – how will it monitor delivery of outcomes? What performance management framework will be developed to support HWB functions? Could a similar model to that used by the Local Area Agreement be used?
- Emergency planning, the HWB should not oversee but rather scrutinise.

Governance

- Most groups found this section challenging and the terminology complex.
- Important for the Council to clarify implications for the constitution - what is the HWB's link to Cabinet and Full Council?
- The decision-making powers of the HWB must be clearly mapped. Not all functions can be simply 'transferred' from other boards/groups listed - care must be taken to ensure that the destination is correct. Particular concerns were expressed in terms of children's services, especially safeguarding.
- Detailed mapping work is required e.g. multi-agency aspects (police, probation etc) that the HWB does not encompass
- The HWB must be clearly accountable – who scrutinises the HWB?
- Further thought is required regarding the HWB's relationship to the Public Services Board and the Local Strategic Partnership to avoid possible duplication.
- How often will the HWB meet? How will this be administered and supported?

Membership

- The HWB should be smaller rather than larger – the opportunity for 'open' meetings should be used to facilitate this.
- There is a need to consider:
    - Cross-party representation
    - There will be far more NHS money spent than council – where would be the equivalent of the lead councillors from the NHS?
    - The equalities dimension – specifically is it appropriate to just a Youth Representative with voting rights?
    - The gender balance and numbers of lay people
    - The precedent set by having a voluntary sector representative on the HWB as it too is a 'provider'
    - Wider patient engagement – there is concern that 1) HealthWatch is the only vehicle for this and 2) that representative must be skilled and engaged.
    - Safeguarding – is it right that this be reported into the HWB? If so, is the membership correct (e.g. police)? Why is the Children's Chief Executive Safeguarding Board not mentioned in the paper?
    - The wider determinants of health –Chair of the Learning Partnership be included on the HWB and not of other related partnerships?
- Membership must be right if there are proposals to delete existing groups/boards.
- What role will the public play? Will they simply be observers?
- The group should explore the use of social media in engaging providers.

The Joint Commissioning Board:

3.4 The JCB will need to consider its relation or not with the Joint Commissioning Board during the shadow year and whether any or all of the functions of the JCB should be added into the HWB Board remit.

3.5 In order for the Board to take forward that discussion and consultation process it is asked to agree that a seminar be set after April 2013 to consider the final form of the Health and Social Care Act, the legal duties it imposes and the role of the Joint Commissioning Board.

4. CONSULTATION

4.1 Consultation will be through the JCB and has been through the HWB Development Seminars. A further review will take place in the shadow/transitional year.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 The Health and Wellbeing Board will not hold a specific service budget but will influence budgets and spending decisions of the Council, Health and other partners through its commissioning. Resources will be allocated for administrative support to the Board. Arrangements will be reviewed during the transitional phase.

There are no direct financial implications relating to the recommendations of this report.

Finance Officer Consulted: Anne Silley Date: 31/10/11

Legal Implications:

5.2 The requirement for the Local Authority to establish a Health and Wellbeing Board (HWB) is set out in Clause 191 of the Health and Social Care Bill. There are specific functions given to the HWB including:-

- the duty to encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner; and
- The duty for the HWB to provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging section 75 partnership arrangements between health bodies and local authorities.

In addition to the specific duties, there is a flexibility in the Bill which specifies that the local authority can arrange for the HWB to exercise "any other functions of the authority".

The Bill is currently at Committee Stage in the House of Lords. There is no date fixed for Royal Assent but this currently looks likely to be either by the end of 2011 or in early 2012. The NHS White Paper legislative framework indicates that HWBs should be in place in Shadow form by April 2012 and in their final form by April 2013.

The proposals in the Transitional Arrangements Paper (Appendix 1) are consistent with the responsibilities to establish HWB's as set out in the draft Bill. JCB will wish to review the shadow arrangements in the light of the final form of the Bill when it is enacted and consider its relationship with the HWB, in view of the duties and flexibilities that are envisaged for the HWB.

Lawyer Consulted: Elizabeth Culbert Date: 1st November 2011

Equalities Implications:

5.3 The proposals in this paper do not have immediate implications. Any changes which may result from the paper will be subject to further discussion which will ensure these issues are fully addressed.

Sustainability Implications:

5.4 The proposals in this paper do not have immediate implications. Any changes which may result from the paper will be subject to further discussion which will ensure these issues are fully addressed.

Crime & Disorder Implications:

5.5 The proposals in this paper do not have immediate implications. Any changes which may result from the paper will be subject to further discussion which will ensure these issues are fully addressed.

Risk & Opportunity Management Implications:

5.6 The proposals in this paper do not have immediate implications. Any changes which may result from the paper will be subject to further discussion which will ensure these issues are fully addressed.

Corporate / Citywide Implications:

5.7 The proposals in this paper do not have immediate implications. Any changes which may result from the paper will be subject to further discussion which will ensure these issues are fully addressed.

SUPPORTING DOCUMENTATION

Appendix 1:

Summary Transitional Arrangements October 2011 paper

Documents in Members' Rooms

None

Background Documents

None

Brighton & Hove
Health and Wellbeing Board

Summary Transitional Arrangements
October 2011

Dr. Tom Scanlon
Director of Public Health
NHS Sussex (Brighton and Hove) /
Brighton & Hove City Council

Terry Parkin
Strategic Director People /
Director of Children's Services
Brighton & Hove City Council

Contents:

Introduction

The Health and Social Care Bill will require local authorities to establish a Health and Wellbeing Board by April 2013. This board will be a formal sub-committee of upper tier and unitary local authorities under Section 102 of the Local Government Act.

This paper summarises the proposed approach to establishing a health and wellbeing board during the shadow year of 2012-2013 and follows from two longer discussion papers circulated prior to each of the consultation workshops. The purpose of this paper is to elicit further engagement and feedback prior to the formal establishment of the shadow Health and Wellbeing Board in April 2012.

Process

In Brighton and Hove a decision was reached between officers and elected members *not* to become an early implementer of a Health and Wellbeing Board, but rather to engage in a discussion with partners and stakeholders to work at getting the scope, functions, membership and governance of the Brighton and Hove Health and Wellbeing Board right.

Two workshops were held to discuss the establishment of a Brighton and Hove Health and Wellbeing Board. The first on 26th July 2011 was used to plan out the scope of the health and wellbeing board. A second workshop on 3rd October was held to discuss the likely make up of the board with regard to three key components: function, membership and governance.

In addition, a national pause was announced in the passage of the Health and Social Care Bill and following further national discussion, led by an NHS Futures Forum, a number of small amendments were made to the Bill. With regard to the establishment of a health and wellbeing board, these included stronger public engagement, a stronger role for joint commissioning between health and social care, and powers to the health and wellbeing board to refer to the NHS Commissioning Board, the commissioning plans of a clinical commissioning group if these do not meet the requirement of the health and wellbeing strategy.

The Bill was passed in the House of Commons on 8th September 2011, and, despite considerable lobbying from health and nursing groups, in the House of Lords on 14th October 2011. The collective view from these workshops is summarised in the rest of this document.

Scope

The primary purpose of the board will be to oversee the delivery of a joint health and wellbeing strategy which will be based on the local joint strategic needs assessment. The board will monitor the delivery of a series of outcomes covering public health, children and adult social care.

The board will also review and approve the commissioning plans of the clinical commissioning group with regard to how they address the needs identified in the joint strategic needs assessment (JSNA) and written into the health and wellbeing strategy. The joint strategic needs assessment will also inform the work of the partnerships working under the Local Strategic Partnership.

Function

The remit of the health and wellbeing board will be clearly defined and it will not attempt to assume every function with regard to health and wellbeing, but rather concentrate on the strategic leadership and delivery of a number of key outcomes. The board will be transformational rather than transactional and will be able to influence how budgets are spent, rather than oversee a specific health and wellbeing budget.

The board will have input into wider determinants of health such as housing, economy and education, but this will not be through the board directly overseeing relevant partnerships, but rather having a clear link to groups who led on this work. Key to this is the nature of the relationship to the Local Strategic Partnership and Public Service Board which will emerge in the first shadow year.

The board will be able to hold commissioners, who hold a health and wellbeing remit to account. This will include commissioners delivering children and adults' health and wellbeing services, public health services and the clinical commissioning group.

The board will agree a set of health and wellbeing outcomes; these will be strongly influenced by the national public health outcomes framework but also by the joint strategic needs assessment. The national public health outcomes framework and JSNA will then determine the health and wellbeing strategy that the Health and Wellbeing Board will agree and from which the set of outcomes will be selected and agreed.

The board will also have due regard to the annual report of the Director of Public Health which will be formally presented to the board each year.

The board will not have a formal role in emergency planning but will be part of the assurance process for making sure that processes are in place to protect the public's health in the event of an emergency.

Governance

The board will report to Full Council. The board will also establish a formal relationship with the Public Service Board and Local Strategic Partnership. There are likely to be some overlaps in remit between the board and these groups. During the first shadow year (2012-13), any overlaps will be identified with the aim of removing these before the formal establishment of the board in April 2013. As part of this shadow year the board will plan in a formal board to board meeting with the Public Service Board.

The board will meet 2 monthly in the first shadow year. A formal 'taking stock' session will take place mid way through the first shadow year. The board will be supported by a key officer from the City Council's Strategy and Governance department.

Key decision making bodies, such as the Children and Young People's Trust Board, the Local Safeguarding Children's Board and the Joint Commissioning Board will continue, with the same, a reduced or a reformed remit during the shadow year. These groups will discuss their changing role during this first shadow year and report to the Health and Wellbeing Board regarding their remit and any changes in their establishment or role. The shadow year will also be used to 'train up' the members of the Health and Wellbeing Board in their new roles.

As the board comprises both officers and elected members, it shall reach agreement by discussion and not by voting.

Membership

The membership shall start small, and during the first shadow year consideration will be formally given to extending the membership as required.

- The formal membership of the board will be as follows:
- An elected member from the party in office will chair the board;
- The main opposition parties will also select one member to sit on the board;
- The three statutory Directors of Public Health, Children's Services and Adult Social Care;
- One lead clinical and non-clinical member from the Clinical Commissioning Group;
- One member from Healthwatch.

In addition a number of groups will be invited to be in formal attendance at the board. These will include:

- The Youth Council;
- The Older People's Council
- Sussex Partnership Foundation Trust;
- Sussex Community Trust;
- Brighton and Sussex Universities Hospital;
- Community and Voluntary Sector Forum;
- Sussex Probation Trust
- Sussex Police.

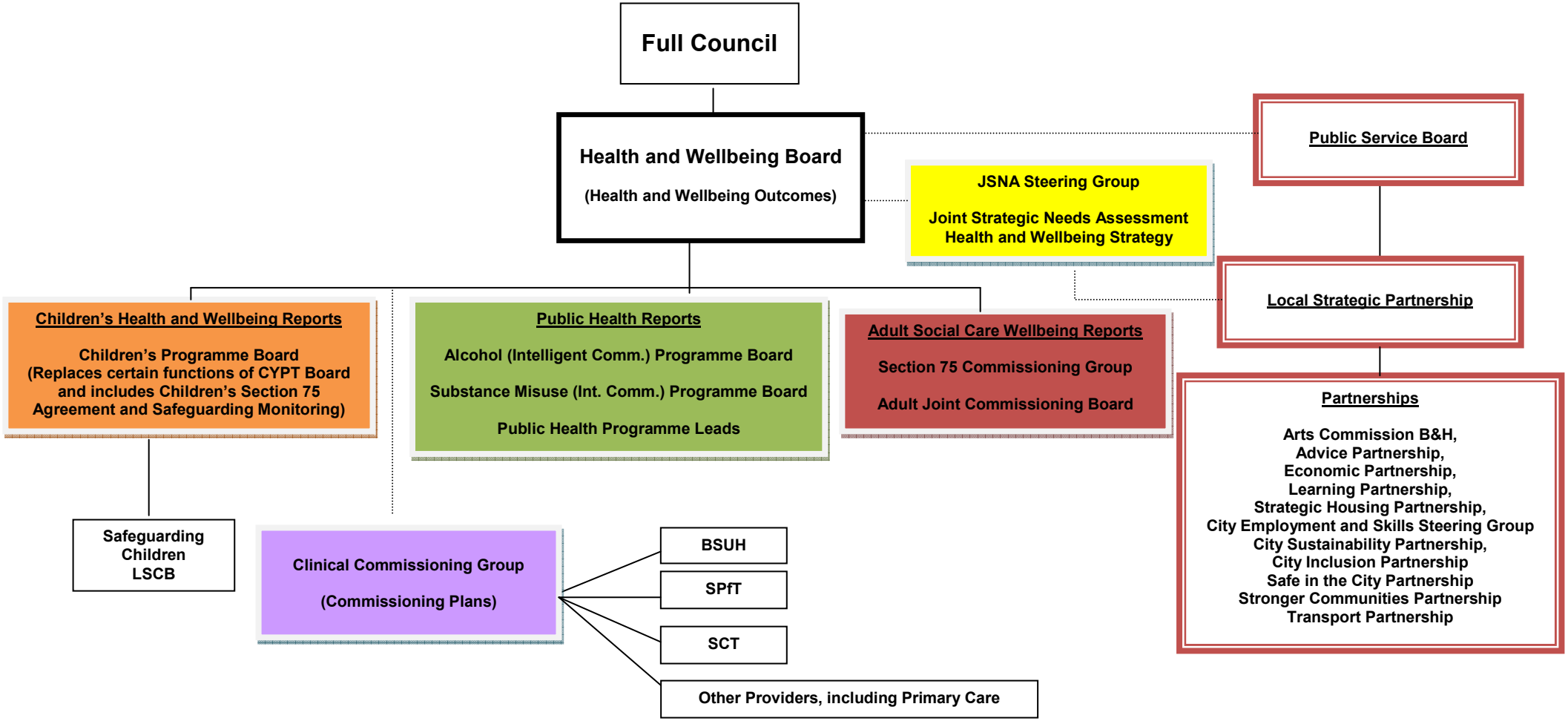
Meetings of the board will be in public and members of the public will have the opportunity to submit questions before the meeting or request, at the discretion of the chair a hearing during a meeting.

Supplementary documents

Annex 1 summarises the proposed lines of accountability for the Health and Wellbeing Board

Annex 2 summarises the process of further engagement in this consultative process

Annex A: Health and Wellbeing Board: Transitional accountability framework



Health and Wellbeing Board Outcome Areas:

Health Improvement: Obesity, Nutrition, Physical activity, NHS Health Checks, Smoking cessation, Alcohol and substance misuse, Sexual health and teenage pregnancy, Health inequalities;

Health Protection: Flu (seasonal and pandemic), Immunisations and vaccinations, seasonal mortality;

Health Service Commissioning: Sussex Community Trust, BSUH, Sussex Partnership Foundation Trust, 1ry Care, Other commissioned NHS providers;

Children: Section 75 (children), Dental health, Accidental injury, Health visiting, School health, Children in need, Looked-after children, safeguarding,

Adult Social Care: Section 75 (adults), Quality outcomes;

Annex B: Health and Wellbeing Board: Consultation Pathway (Shadow Year)

	Milestone Date
Hold HWB development seminar 1	26 July 11 (10:00 – 14:00) ✓
Develop draft model (inc shadow arrangements) and produce cover report	August 11 ✓
Present draft model to Public Service Board for consultation	13 September 11 (10:00-12:00) ✓ (report deadline 30 August 11)
Hold HWB Development Seminar 2	03 October 11 (11.00 – 13:00) ✓
Present key themes from Seminar to PHWBG for discussion (relevant leads responsible for updating BHCC SLB and PCT TE)	10 October 11 ✓
Present draft model and cover report to JSNA Steering Group for input	11 October 11 (14:00 – 16:00) ✓
Develop draft model (inc shadow arrangements) and produce cover report	04 – 14 October 11 ✓
Present draft model and cover report to Children's & Young People's Trust Board for consultation	17 October 11 (17:00 – 19:00) ✓ (report deadline 05 October 11)
Undertake Joint Commissioning Board Pre-Meet	18 October 11 (14:00) ✓
Present draft model and cover report to LINKs Steering Group for consultation	19 October 11 (11:30) ✓ (next meeting 23 November 11 (18:00 – 20:00))
Present draft model and cover report to CCG Board for consultation	25 October (14:00 – 17:00)
Present draft model and cover report to Public Service Board for consultation and confirm future sign-off	08 November 11 (10:00 – 12:00) (report deadline 25 October)

requirements	
Update PHWBG on progress and outcome of consultations to date	11 November 11 (11:00 – 12:30)
Present draft model and cover report to Joint Commissioning Board for consultation	14 November 11 (17:00) (report deadline 02 November 11)
Present draft model and cover report to Leaders Group for consultation	14 November 11 (14:00) (report deadline 10 November 11)
Present draft model and cover report to HOSC for consultation	16 November 11 (16:00 – 18:00) (report deadline 08 November 11)
Hold Members Seminar	21 November 11 (17:00 – 19:00)
Present draft model and cover report to City Employment & Skills Steering Group for information	24 November 11
Hold Lead Commissioners' Workshop (BHCC and CCG)	28 November 11 (13:00 – 14:30 - room 122 KH)
Present draft model and cover report to CMT for consultation	30 November 11
Present draft model and cover report to Stronger Communities Partnership for information	01 December 11
Present draft model and cover report to Healthy City Partnership for information	05 December 11
Present draft model and cover report to City Inclusion Partnership for information	06 December 11
Present draft model and cover report to Local Strategic Partnership for information and input	06 December 11 (16:00 – 18:00) (report deadline 15 November 11)
Present draft model and cover report to Children's JC/MG for consultation	06 December 11 (10:00)

Finalise interim HWB model and produce cover report	07 December 11
Brief BHCC Leader and CEO on interim HWB model and obtain 'in principle' approval (Leadership Breakfast Meeting)	08 December 11 (10:00)
Present interim HWB model and cover report to Leaders Group for input and 'in principle' approval	12 December 11 (15:00) (report deadline 08 December)
Present draft model and cover report to Safeguarding Board for consultation	13 December 11 (12:30)
Present draft model and cover report to Strategic Housing Partnership for information	13 December 11
Present interim HWB model and cover report to PHWBG for approval (relevant leads responsible for updating BHCC SLB and PCT TE)	15 December 11 (15:00 – 16:30)
Present interim HWB model and cover report to CCG Board for approval	20 December 11 (14:00 – 17:00) (next meeting 31 January 12) (report deadline 08 December)
Present final version model and cover report to SLB for approval	21 December 11 (14:30)
Present final version model and cover report at Governance Chairman's Pre-Meet	09 December 11 (12:00) (report deadline 30 November 11)
Present final version model and cover report to Informal Cabinet for approval	04 January 12 (09:30) (report deadline 22 December 11)
Present final version model and cover report to Governance for approval	10 January 12 (16:00) (report deadline 21 December 11)
Present final version model and cover report to Cabinet for approval	19 January 12 (16:00) (report deadline 05 January 12)
Present final version model and cover	26 January 12 (16:30)

report to Full Council for approval	(report deadline 16 January 12)

Note – A second report will be required, which updates on the shadow year and formally establishes the statutory board with whatever functions are determined to be allocated (taking into account the learning and on-going development of the shadow year and, importantly, the functions delegated to the HWB in the Act). **2012/13 council meeting dates are still to be set** but it is anticipated that this take place in October / November 12.

JOINT COMMISSIONING BOARD	Agenda Item 21 Brighton & Hove City Council NHS Brighton & Hove

Subject:		**Carers Strategy Refresh**
Date of Meeting:		**14/11/11**
Report of:		**Director of Adult Social Care and Lead Commissioner, People, Brighton & Hove City Council.** **Chief Operating Officer, Brighton & Hove Clinical Commissioning Group, NHS Sussex**
Contact Officer:	**Name:**	**Tamsin Peart** **Tel: 29-5253**
	Email:	**tamsin.peart@brighton-hove.gov.uk**
Key Decision:	**Yes**	**Forward Plan No: JCB 24252**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 This report updates the Carers Strategy published November 2009 informing JCB of key achievements and making recommendations for priorities in the strategy for 2012/13.

1.2 This report proposes the development of a universal offer of services which will be available to all carers of adults in the city from April 2012.

2. RECOMMENDATIONS:

2.1 That JCB agrees the Carers Strategy refresh and key priorities to March 2013.

2.2 That JCB agrees the development of a universal offer for carers of adults to be piloted from April 2012 for one year.

2.3 That JCB approves the continuation of the policy of providing services to carers whose savings fall below the nationally agreed statutory threshold.

2.4 That JCB notes the reallocation of funding directed to individuals for a carer's service to ensure that these services are available to a greater number of carers as detailed at 3.2.3.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 ***The Carers Strategy refresh***

3.1.1 The Carers Strategy is a multi-agency strategy and details priorities for both the city council and Brighton & Hove Clinical Commissioning Group, NHS Sussex as well as the wider local health economy and voluntary sector. It is to be noted that NHS expenditure on carers' services in Brighton & Hove continues to be above average compared with other PCTs (Princess Royal Trust for Carers).

3.1.2 This report highlights key achievements to date and recommends priorities for the work programme to March 2013. A delivery plan update is attached at Appendix 1. Key achievements include:

- Carers Card launched April 2011
- The development of an End of Life and Bereavement Support service
- Young Carers Schools Worker in place
- A range of training courses to support carers in their caring role including:
  - Carers Information Project for Dementia Carers,
  - Amaze's "Looking After You" relaxation course for parent carers,
  - Mindfulness Based Cognitive Therapy
  - "Positive Caring" an introductory course for any carer delivered by the Carers Centre
- Carer Awareness training co-delivered by voluntary sector providers and carers offered widely across the city council, local health economy and independent sector

3.1.3 There is a wide range of priorities identified through the refresh, many of which are already underway or in the planning stages. A detailed summary is attached at Appendix 2.
Key priorities include:

- Carers Centre Reaching OUT project for Black and Minority Ethnic communities (BME), Lesbian, Gay, Bisexual and Transgender (LGBT) and other disadvantaged communities
- Long Term Conditions Carer Support Service
- Increase numbers of Key Workers for parent carers
- Support to working carers
- Support to carers to access education, training and employment
- Universal offer for carers
- Development of independence/life skills training with cared for person including through respite provision
- Range of training courses that include information, coping skills, relaxation, peer support, health and wellbeing etc
- Joint working between services for adults and services for children and whole family work and young carers pathway across all services

3.1.4 A specific area of work, to be led by the city council, will be to look at how working carers can be supported and how current and former carers can access education, training and employment opportunities.

3.2 *Universal Services and Targeted Services*

3.2.1 It is proposed to develop a universal offer for all carers of adults in the city. Universal offers will be available to all carers who are caring for an adult living in the community in Brighton and Hove. Carers will be able to access these services directly without meeting any additional eligibility criteria. The aim of Universal services is to enable carers to access low level, low cost, support services to sustain their caring role, enable them to have a life of their own and stay mentally and physically well thus preventing or delaying the need for more targeted, higher cost services or emergency placements etc. Children's Services are also looking at the possibility of developing a similar offer for parent carers, subject to funding.

3.2.2 The offer will cover the following themes:

- Information and advice
- Support and peer groups
- Health and wellbeing
- Training courses
- Concessions
- Engagement

A detailed breakdown of these proposed universal services is attached at Appendix 3. Many of these services are already in place for carers, however, given that the Carers Card has already led to carers previously unknown to statutory services coming forward and that both the Reaching OUT project and the Integrated Primary Care Teams Carers Support Service aim to identify and engage with significant numbers of carers we need to anticipate and assess the impact on the budget of increased demand for these services (see 5.1 below). Therefore, it is proposed that, whilst the principle of a Universal offer for carers is agreed, the detail of what is available will need to be subject to change. This will be piloted during 2012/13 in order to monitor both the financial impact and the outcomes for carers. It is also to be noted that although Universal services will be for all carers there will be some that are targeted at specific groups such as a dementia carers training programme, a stroke carers support group and support for male carers, etc.

3.2.3 Other targeted services will be available to carers based on eligible need. Services to individual carers will follow a carers needs assessment or review. Whilst local authorities have a duty to meet the identified needs of service users, including respite breaks for their carers, there is only a power, not a duty, to provide services to carers in their own right. Brighton & Hove has always exercised this power both through universal services and through individually allocated self directed support, usually as a direct payment, to contribute towards a range of support This support includes transport, adult education, equipment (e.g. washing machine) or holidays. Currently the maximum annual expenditure per carer is £300, but with the growing number of carers being identified through

the promotion of the Carers Card, the increasing numbers likely to be identified through the Reaching OUT project and the Integrated Primary Care Teams Carers Support Service this needs to be reviewed. Some other local authorities operate a tiered allocation based on FACS criteria or a carers' Resource Allocation System (RAS), It is recommended that in Brighton & Hove the maximum amount is reduced to £250 per annum, with a tiered allocation structure based on FACS criteria. It is also recommended that carers' services are prioritised to sustain the caring role and to help carers access education and/or employment. Services that are offered at a discount through the Carers Card will not normally be funded additionally. Potential services include respite breaks provided through alternative care to the service user.

3.2.4 An outcomes survey of carers receiving self directed support was carried out for those receiving breaks and services over a three month period. The results show that 83 percent of carers were satisfied or very satisfied with the service, 63 percent were more able to manage their caring responsibilities and 66 percent were more relaxed since they had received a funded service.

3.3 *Carers Challenge 2011*

3.3.1 This year the Carers Challenge was issued jointly by the Chief Executives of the Brighton & Hove City Council and NHS Brighton and Hove, administered by the Carers Centre for Brighton & Hove it took place over four weeks from 31st May to 24th June 2011 with the following aims:

- To raise the profile of carers across the city
- To encourage organisations to consider the impact of their services on carers
- To encourage employers to think about how they can support carers in the workplace
- To enable professionals taking part the chance to learn first-hand what it is like to be a carer, allowing them to use that learning in their respective jobs and to disseminate that knowledge to colleagues

23 matches took place and feedback from both carers and those they met with was very positive. The Carers Strategy Group has agreed to continue the Carers Challenge in 2012. An evaluation of this year's challenge is attached at Appendix 4.

3.4 *Integrated Primary Care Teams Carer Support Service*

3.4.1 The JCB were informed of the development of a carer support service to work alongside the new model of eleven multidisciplinary integrated primary care teams aligned to GP practices in July 2011. The procurement process is underway and the tender will be advertised in early November. Colleagues from both NHS Sussex and Adult Social Care, a clinician and carer representatives will be part of the evaluation team.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 Consultation for both the Carers Strategy refresh and the development of a universal offer for carers has taken place through the Carers Strategy Group membership of which includes Adult Social Care, Children's Services, the local NHS Trusts, local carers organisations and two carer representatives. Consultation has also been held with a range of carers support groups facilitated by the Carers Centre. The views of carers and the strategy group have been included in the refreshed priorities of the strategy.

5. FINANCIAL & OTHER IMPLICATIONS:

5.1 Financial Implications:

5.1.1 The Carers Strategy is expected to be delivered within the current financial envelope subject to decisions on the 2012/13 budget.. Joint health and social care funding available to support carers in 2011/12 is £1,491,000 (£763,000 Council, £728,000 Health).

5.1.2 This report recommends a reduction in the maximum funding available to individual carers through Self Directed Support (currently £300 p.a. to £150 p.a.). It is expected that this reduction together with the range of offers available at discounted rates through the Carers Card will ensure that proposed services will remain within budget. This will be monitored through the budget management processes.

The Universal offers one year pilot will be delivered within the current financial envelope. The majority are delivered at a very low unit cost and can prevent the need for more expensive individualised services. The demand for these services and financial impact of the pilot will be monitored and reported back.

Finance Officer Consulted: *Anne Silley* *Date: 26/10/2011*

Legal Implications:

5.2 JCB is the body with responsibility for approving commissioning and delivery of services within the joint arrangements agreed between the Local Authority and PCT in addition to monitoring of the same. In considering commissioning and delivery arrangements regard must be paid to the duty to the public purse and value for money.
The specific legal duties and powers of the Local Authority in relation to carers are referred to in the body of this report. Provision of any services must take into account individuals' Human Rights as enshrined in the Human Rights Act 1998; in particular the Right to Privacy and Family Life.

Lawyer Consulted: *Name Sandra O'Brien* *Date: 17/10/11*

Equalities Implications:

5.3 The Equality Impact Assessment undertaken as part of the original Carers Strategy development has been updated. (Appendix 5.)

Sustainability Implications:

5.4 Assessment Tool attached Appendix 6.

Crime & Disorder Implications:

5.5 None identified

Risk and Opportunity Management Implications:

5.5 None identified

Public Health Implications:

5.7 A health, equalities and wellbeing assessment is attached at Appendix 7.

Corporate / Citywide Implications:

5.8 None identified

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 Alternative options are detailed in the report.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 Universal offer

7.2 The aim of Universal services is to enable carers to access low level, low cost, support services to sustain their caring role, enable them to have a life of their own and stay mentally and physically well thus preventing or delaying the need for more targeted, higher cost services, emergency placements etc.

SUPPORTING DOCUMENTATION

Appendices:

1. Carers Strategy Refresh Delivery Plan Update
2. Carers Strategy Refresh proposed priorities
3. Proposed Universal and Targeted Services
4. Carers Challenge 2011 Evaluation

5. Equalities Impact Assessment Action Plan update

6. Sustainability Implications

7. Health and Wellbeing Implications

Documents in Members' Rooms

1. None

Background Documents

1. None

Carers' Development and Commissioning Strategy
Delivery Plan 2009 – 2012

Integrated & personalised services: Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.

Provide and further develop appropriate, good quality information
Information Prescriptions Website will hold and manage all relevant, up to date health and social care information for the city, staff appointed in council and PCT to manage this
Information Sharing Policy Implementation
In place with SPFT
Develop equality of access to services for all carers through targeted information and outreach work across all communities underrepresented in statutory and provider services
Carer Awareness workshop to be delivered to all Gateway organisations Carers Centre Lottery funding for BME, LGBT and other disadvantaged communities
Offer good quality, timely and proportionate outcome focused carers' needs assessments and reviews to meet National Indicator 135
Carers Contact Assessments at Access Point, Crossroads, Patched
Self Directed Support options available to carers
In place and outcome monitoring underway
End of Life Care information and support
Joint PCT and Macmillan funding to Carers Centre to provide End of Life and Bereavement support to carers in place Information Resource completed and on Information Prescriptions website
Carer involvement in the development and provision of services
Carer reps on Strategy Group; Community Engagement Gateways in place for carers through Carers Centre and Amaze
Carers involved when cared for in hospital and in planning their discharge
Carer Support in Hospital Pilot Project January –December 2010 in place, evaluation through University of Sussex LTC Carer Support Team will support hospital discharge
Provision of key workers for children and young people with special needs and their carers to ensure services and care are well integrated
Over 60 families now have a key worker, aimed at more complex situations where a number of professionals involved

***A life of their own*:** Carers will be able to have a life of their own alongside their caring role.

To extend the choice and accessibility of quality break opportunities for carers
Additional PCT funding made available for breaks
Support to carers wishing to access leisure activities
Carers Card in place

Support to carers to plan for the future
Free legal surgeries available at Carers Centre

***Income & employment*:** Carers will be financially supported so that they are not forced into financial hardship by their caring role.

To work with partners and local employers to help carers take up and/or remain in employment.
Carers Centre have taken Flexible Working presentation to present to local employers Adult Social Care developing links with BrightonandHoveJobs.com, the local hub for the city's best jobs and employment challenges

***Health & well-being*:** Carers will be supported to stay mentally and physically well and treated with dignity.

Access to support in NHS services
LTC Carer Support Team will be integrated with GPs and community health services
Access to advice and training
Advice available through Carers Centre, Alzheimer's Society and Patched; dementia training, Looking After Me, Mindfulness Based Cognitive Therapy, Positive Caring Back Care Support Workers will provide advice to all carers with service based at Daily Living Centre and also to support hospital discharge and access from other short term services
Access to emotional support
Male cancer carers support extended to all male carers with city council funding from autumn 2010 Emotional support available through Carers Centre, Alzheimer's Society and Patched; Counselling available to all carers through Carers Centre, Patched counselling for substance misuse carers

***Young Carers*:** Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.

Identification and recognition of young carers at point of assessment of cared for person
Young carer awareness training delivered to range of teams City council funding Carers Centre to undertake needs assessments of young carers including substance misuse
Peer support through activities and group work
In place through Carers Centre
Support for young carers in schools

PCT funded Schools Worker at Carers Centre for 3 years from September 2010

Carers Strategy Refresh November 2011

Recommended Priorities

Identification and recognition *Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages*	• Information Sharing Policy Implementation across LHE • Monitor and address issues raised by Carers Centre Reaching OUT project for BME, LGBT and other disadvantaged communities • Integrated Primary Care Teams Carer Support Service • Carers Contact Assessments available from range of providers and self assessment • End of Life and Bereavement support • Embrace initiative • Increase numbers of Key Workers for parent carers • Transitions • Review Learning Disability carer engagement • Parent carer engagement - reach and thus represent the more vulnerable families. • Accessible community services in order to reach dementia carers at an early stage • Involvement and feedback from carers to shape appropriate services • Increased recognition of needs of mental health carers
Realising and releasing potential *Enabling those with caring responsibilities to fulfil their educational and employment potential*	• Support to working carers • Support to carers to access education, training & employment • Services in place long enough for carers to work full day, i.e. 8am – 6pm
A life outside of caring *Personalised support both for carers and those they support, enabling them to have a family and community life*	• Universal offer for carers • Services for carers • Quality, flexible breaks • Support to parents to develop independence/life skills training with cared for person • Respite that develops life skills • Continue to promote and develop the Carers Card • Maintain current levels of respite provision for parent carers • Ability to access alternative care at times and days to suit carer • Activities available for both carer and cared for

	person together
Supporting carers to stay healthy *Supporting carers to remain mentally and physically well*	• Advice and support available through Carers Centre, Alzheimer's Society and Patched; • Dementia training, • Looking After Me, • Mindfulness Based Cognitive Therapy, • Positive Caring • Back Care Support Workers will provide advice to all carers with service based at Daily Living Centre and also to support hospital discharge and access from other short term services • Male carers support • Counselling • Concurrent support groups for carers and people with dementia at same time and venue • Amaze "Looking After You" relaxation course for parent carers • Online support networks
Young Carers *Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.*	• Joint working between services for adults and services for children and whole family work & young carers pathway across all services • Support for young adult carers including befriending/mentoring • Sibling carers • Raise profile of young carers in Youth Strategy • Healthy living programme • Additional capacity in Young Carers Team for 8-12s and teens work • Family support work • Ensure respite options considered for young carers

Proposed Universal and Targeted Services from April 2012

Universal Services	Providers
Information and Advice Web, telephone and face to face	Carers Centre, Alzheimer's Society, Patched, Access Point
Support and peer groups	
Coffee mornings/drop in support groups	Carers Centre
Stroke carers support group	Carers Centre
Dementia carers support group	Alzheimer's Society
Male carers support group	Carers Centre
Health and wellbeing	
Back Care Support Worker	Sussex Community Trust
Emotional Support	Carers Centre, Alzheimer's Society, Patched
Buddhist Centre Drop-ins	Brighton Buddhist Centre
Emergency Back Up Scheme	Brighton & Hove City Council
End of Life/Bereavement Support	Carers Centre
Carers Garden	Carers Centre
Training courses	
Positive Caring	Carers Centre
Dementia Information Programme	Alzheimer's Society
Concessions Carers Card	Carers Centre, Amaze
Engagement Carers Voice	Carers Centre

Targeted Services	Providers
Buddhist Centre day retreats	Brighton Buddhist Centre
Educative Group	Patched
Advocacy	Carers Centre
Counselling	Patched
Self Directed Support	any
Young carers - needs assessments, casework, activities, group work	Carers Centre

Carers' Challenge 2011 – Evaluation Report Summary

Introduction

The key aims of the Challenge were to:

- raise the profile of carers across the city
- encourage organisations to consider the impact of their services on carers
- encourage employers to think about how they can support carers in the workplace
- enable professionals taking part the chance to learn first-hand what it is like to be a carer, allowing them to use that learning in their respective jobs and to disseminate that knowledge to colleagues

Participation

- 23 matches were arranged between adult carers and professionals. Participants included a councillor, MP, NHS, local authority and voluntary sector staff.
- One Children's Services manager attended a young carer activity during the half term break and another met up with a young carer for an hour during the Challenge.
- Four adult carers from PATCHED met with three managers for a group discussion.
- Mm

Feedback

- Delightful and an ambassador for carers everywhere.
- The manager was open and genuinely interested in my perspective and point of view. We were able to discuss some of his issues as well as mine.
- One of the most valuable things I have done this year
- Very interesting insight into things and services that carers find helpful and the challenges of understanding health and local authority service
- Very, a humbling experience from an exceptional young woman. I was amazed that someone so young, who had been caring for so many years with such poor support, could be so accepting of her caring role with absolutely no trace of bitterness at a number of services and organisations who had clearly let her down repeatedly.
- It was useful to hear feedback from a self-funding carer and how he experienced difficulties in accessing services.
- An insight into the experience of caring for someone with a mental health problem
- I learnt an awful lot about resilience, hope and courage
- We need to be more flexible and realise that people are individuals and need individual contact and help

Action Plan

Agreed action	Timescale	Lead officer	Review date	Update November 2011
Carers Survey –address key issues relating to communities of interest identified through the survey.	Initial results available October 2009 Final report due end November 2009	Tamsin Peart	January 2010 report to Strategy Group	No significant differences in survey responses based on sexual orientation, faith, Only 4% of respondents from BME communities 70% respondents female – not reaching male carers Cost of accessible transport an issue Age range reflected carers in the city
Community Engagement – Gateway Organisations – several third sector organisations have been commissioned to develop user and carer involvement in the development, monitoring and delivery of services. These organisations include the Carers Centre, Spectrum, Mind, the Black and Minority Ethnic Partnership, Age Concern and the Federation of Disabled People. It is expected that these	January 2009 – March 2010	Martin Campbell	Quarterly through cntract monitoring	Consultaion, review and recommisisoning Jan – Sept 2012

organisations will work together to engage a wide range of communities and address issues such as cares' needs, mental health etc.				
Carers Needs Assessment Guidance – ensure this is updated to include reference to support available to address religion/belief activities; that co-caring is recognised and recorded and needs of individual as both user and carer are identified and addressed appropriately	December 2009	Tamsin Peart	March 2010	Needs updating as tools changed
Male Cancer Carers' Support Service – monitor uptake and report back on outcomes	2009/11	Chris Lau	March 2010 report to Strategy Group	Now generic male carers support service
Schools – work with schools to raise awareness of the issues facing young carers with pupils, teachers and other staff and provide casework for those young carers identified through this. Identify funding to facilitate this work.	Funding identified by December 2009 Service to start April 2010	Chris Lau Tamsin Peart	Quarterly (if funding identified) through contract monitoring	Service started September 2010 funded for three school years, working well
Primary Care – through GP Link Worker scheme encourage identification of carers and ensure signposting/referral to appropriate carers' services Ensure carers included in primary care commissioning strategy	2009/12	Chris Lau Anne Foster	6 monthly to Strategy Group	Community MDTs based around GP practice clusters with additional carer support
Cost of Services – address discrepancies in current charging policies across a range of carers' services	March 2010	Tamsin Peart	6 monthly to DMT	Report to JCB November 2011

Support to Disabled parents – to minimise the caring role of their children	ongoing	Martin Farrelly	Ongoing through applications to Carers Grant	
Access to Psychological Therapies – monitor uptake and outcomes for carers	2009/10	Simon Scott	March 2010 report to Strategy Group	Funding available for carers to attend Rock Clinic counselling. Services shortly available for all through primary care.
Services to people with long-term conditions – ensure carers are fully involved in any changes to these services	2010/11	Juliet Warburton		Carer support service to work alongside community multi-disciplinary teams. Seeking funding to extend remit to MH carers.

NEW actions November 2011	**Timescale**	**Lead officer**	**Review date**
Carers Centre Reaching *OUT* work will focus on BME and LGBT communities and carers from disadvantaged communities	Summer 2011-16	Chris Lau	6 monthly feedback to Carers Strategy Group
Engagement – consultation & commissioning of engagement model	Consultation Jan – March 2012 Commissioning Apr-Sept 2012	Martin Campbell	April 2012

Access to education and employment and support to working carers	2012/13	Tamsin Peart	June 2012
Stroke carers group review outcomes	ongoing	Chris Lau/Tamsin Peart	November 2011
End of life and bereavement support in place, some funding required beyond April 2013	Ongoing	Chris Lau/Tamsin Peart/Anthony Flint	September 2012
Young adult carers – consider options	Current funding ends March 2012	Chris Lau/Tamsin Peart	January 2012
Male carers support group	Ongoing	Chris Lau/Tamsin Peart	November 2011
Sibling carers – additional funding required to meet demand	Some services in place	Chris Lau/Alison Nuttall	March 2012
Carers Needs Assessment - Guidance to be updated	Completed by January 2012	Tamsin Peart	March 2013

1. BUILDING SUSTAINABLE COMMUNITIES

Does the proposal increase the cohesiveness and capacity of the local community by:	**YES**	**NO**	**N/A**
a) Improving the sense of community?	X		
If yes, please explain briefly: *Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages*			
b) Reducing the need to travel by improving or adding to local facilities?	X		
If yes, please explain briefly: The development of the Embrace initiative will enable local access to a wide range of services.			
c) Increasing the capacity of communities to support themselves through the provision of local production facilities e.g. energy or food?		X	
If yes, please explain briefly:			

2. BUILDINGS PLANNING AND LAND USE

Does the proposed project make the best use of land and buildings by:	**YES**	**NO**	**N/A**
a) Using brownfield sites or vacant buildings rather than greenfield sites?			X
If yes, please explain briefly:			
b) Enhancing the built environment and preserving local heritage?			X
If yes, please explain briefly:			
c) Minimising energy and resource use for new buildings by maximising solar gain and by designing buildings for a long life span?			X
If yes, please explain briefly:			

3. MANAGING THE ENVIRONMENT AND RESOURCES

Does the proposal ensure energy and resources are used wisely and that the broader environment is protected and enhanced by:	**YES**	**NO**	**N/A**
a) Reducing energy and water use through efficiency measures?			X
If yes, please explain briefly:			
b) Taking measures to reduce, reuse and recycle resources wherever possible?			X
If yes, please explain briefly:			
c) Reducing greenhouse gas emissions through the adoption of renewable energy?			X
If yes, please explain briefly:			
d) Enhancing the quality and provision of urban green spaces and access to them?			X
If yes, please explain briefly:			
e) Protecting and enhancing wildlife habitats?			X
If yes, please explain briefly:			
Xf) Minimise air pollution?			X
If yes, please explain briefly:			
g) Considering environmental issues, including chemicals released into the environment, when purchasing goods and services and adhere to the council's sustainability procurement code of practice?			X
If yes, please explain briefly:			
h) Participating in and/or encouraging voluntary organisations and businesses (including suppliers) to undertake environmental assessments and develop environmental management systems?			X
If yes, please explain briefly:			

4. HEALTH

Does the proposed project maximise health promotion by:	**YES**	**NO**	**N/A**
a) Taking measures to reduce factors that contribute to ill health (poverty, diet, lifestyle, stress and pollution) especially for those individuals affected by the proposed project?	X		
If yes, please explain briefly: *Supporting carers to remain mentally and physically well*			
b) Improving access to health facilities and the quality of health facilities for those affected by the proposed project?	X		
If yes, please explain briefly: Carer Support Service to complement Integrated Primary Care Teams			
c) Providing healthy and safe working environments for staff?			x
If yes, please explain briefly:			

5. A SUSTAINABLE ECONOMY

Does the proposed project add to the local economy and the employment needs of people and businesses by:	**YES**	**NO**	**N/A**
a) Reducing low pay and dependency on long working hours, for in-house and external contracting teams?		x	
If yes, please explain briefly:			
b) Increasing employment opportunities for local people by advertising vacancies locally and considering local companies when tendering?		x	
If yes, please explain briefly:			
c) Supporting welfare to work schemes and disadvantaged groups?	x		
If yes, please explain briefly: *Enabling those with caring responsibilities to fulfil their educational and employment potential* Specific priority in Carers Strategy re support to working carers and access to education, training and employment			
d) Encouraging investment in skills, technology and the local community and encouraging jobs in the environment sector?			x
If yes, please explain briefly:			
e) Buying locally made products where possible?			x
If yes, please explain briefly:			
f) Helping local community based businesses to set up and grow?			x
If yes, please explain briefly:			
g) Encouraging local businesses to increase their competitiveness through environmental management and encouraging them to participate in their local community?			x
If yes, please explain briefly:			
h) Supporting local self-help schemes including LETS schemes, credit unions and community trusts – *Is there a local small businesses scheme?*			x
If yes, please explain briefly:			

6. HOUSING

Does the proposed project promote decent housing and amenities by:	**YES**	**NO**	**N/A**
a) Increasing the energy efficiency of housing (public and private sector)?			x
If yes, please explain briefly:			
b) Helping to tackle homelessness and providing safe and warm homes?			x
If yes, please explain briefly:			
c) Improving the quality and environmental performance of the current housing stock?			x
If yes, please explain briefly:			

7. SOCIAL EQUITY AND OPPORTUNITY

Does the proposed project encourage equity and opportunities for all by:	**YES**	**NO**	**N/A**
a) Increasing opportunities for lifelong learning for all?	x		

If yes, please explain briefly: *Enabling those with caring responsibilities to fulfil their educational and employment potential* Specific priority in Carers Strategy re support to working carers and access to education, training and employment			
b) Increasing the skills and education of a workforce (including IIP accreditation) and service users? *If yes, please explain briefly:*			x
c) Assisting people on low incomes and disadvantaged groups? *If yes, please explain briefly:* Carers Strategy, development of Universal services	x		
d) Increasing access to, and the range of, facilities for arts, cultural, and leisure pursuits? *If yes, please explain briefly:* Carers Card	x		

8. TRANSPORT AND TRAVEL

Does the proposed project improve its transport profile (meeting peoples transport needs and protecting the environment) by:	**YES**	**NO**	**N/A**
a) Improving conditions for pedestrians and cyclists and promoting public transport? *If yes, please explain briefly:*			x
b) Encouraging and supporting employees in cycling, walking, using public transport or car share for commuting and other work journeys? *If yes, please explain briefly:*			x
c) Using service vehicles in the most environmentally friendly manner (e.g. using vehicles fuelled by alternative fuels), funding/providing alternative means of travel? *If yes, please explain briefly:*			x

9. SENDING THE RIGHT SIGNALS

Does the proposed project put sustainability into practice and encourage others by:	**YES**	**NO**	**N/A**
a) Using Fairtrade products such as tea, coffee etc? *If yes, please explain briefly:*			x
b) Improving awareness of sustainable development? *If yes, please explain briefly:*			x
c) Encouraging individuals to take action in addressing sustainability in their everyday lives? *If yes, please explain briefly:*			x

Health and wellbeing and inequalities screening tool

Population group	Positive impact on health and wellbeing	Negative impact on health and wellbeing
Age Group		
Pregnant women		
Children (of primary school age)	Targeted support to young carers	
Young people aged 12 to 24	Targeted support to young carers	
Working age adults	The Carers Strategy supports all carers to stay physically and mentally well	
Older people	The Carers Strategy supports all carers to stay physically and mentally well	
Specific population groups		
BME communities	Carers Centre Reaching OUT project for BME, LGBT and other disadvantaged communities	
Religious communities	Carers Needs Assessments take account of carers wishes in relation to accessing cultural and/or religious activities	
LGBT communities	Carers Centre Reaching OUT project for BME, LGBT and other disadvantaged communities	
Socioeconomically disadvantaged	Carers Centre Reaching OUT project for BME, LGBT and other disadvantaged communities	
People living with disabilities	**Support to Disabled parents –** to minimise the caring role of their children Carers Needs Assessments take account of any additional needs of carers including disability	

Reducing Inequalities

The 2010 Marmot Report 'Fair Society, Healthy Lives", an independent review into health inequalities in England, concluded that reducing health inequalities requires action on six policy objectives. These are listed below. Please describe the impact of your proposal on these objectives and any actions being taken to maximise the positive impact and minimise the negative impact.

Policy objective	**Potential positive impact on objective and actions being taken to maximise the impact**	**Potential negative impact on objective and actions being taken to minimise the impact**
Give every child the best start in life	Targeted support to young carers	
Enable all children, young people and adults to maximise their capabilities and have control over their lives	*Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages*	
Create fair employment and good work for all	*Enabling those with caring responsibilities to fulfil their educational and employment potential* Specific priority in Carers Strategy re support to working carers and access to education, training and employment	
Ensure healthy standard of living for all		
Create and develop healthy and sustainable places and communities	*Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages*	
Strengthen the role and impact of ill health prevention	Providing quality breaks to carers is key to enabling carers to remain well and continue in their caring role	

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