





**Brighton & Hove
City Council**



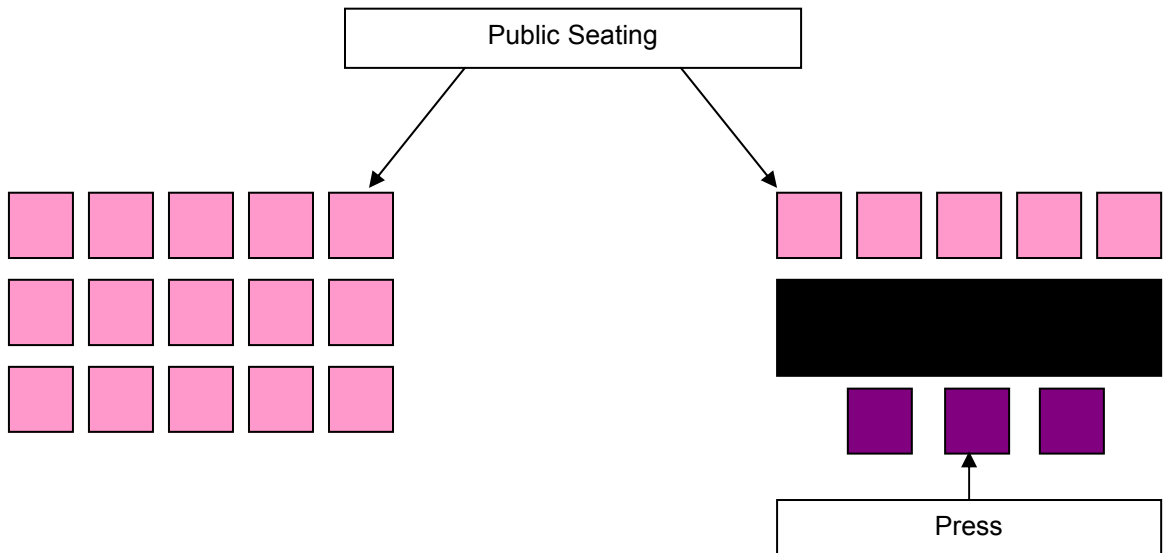
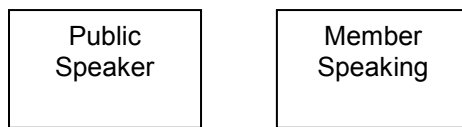
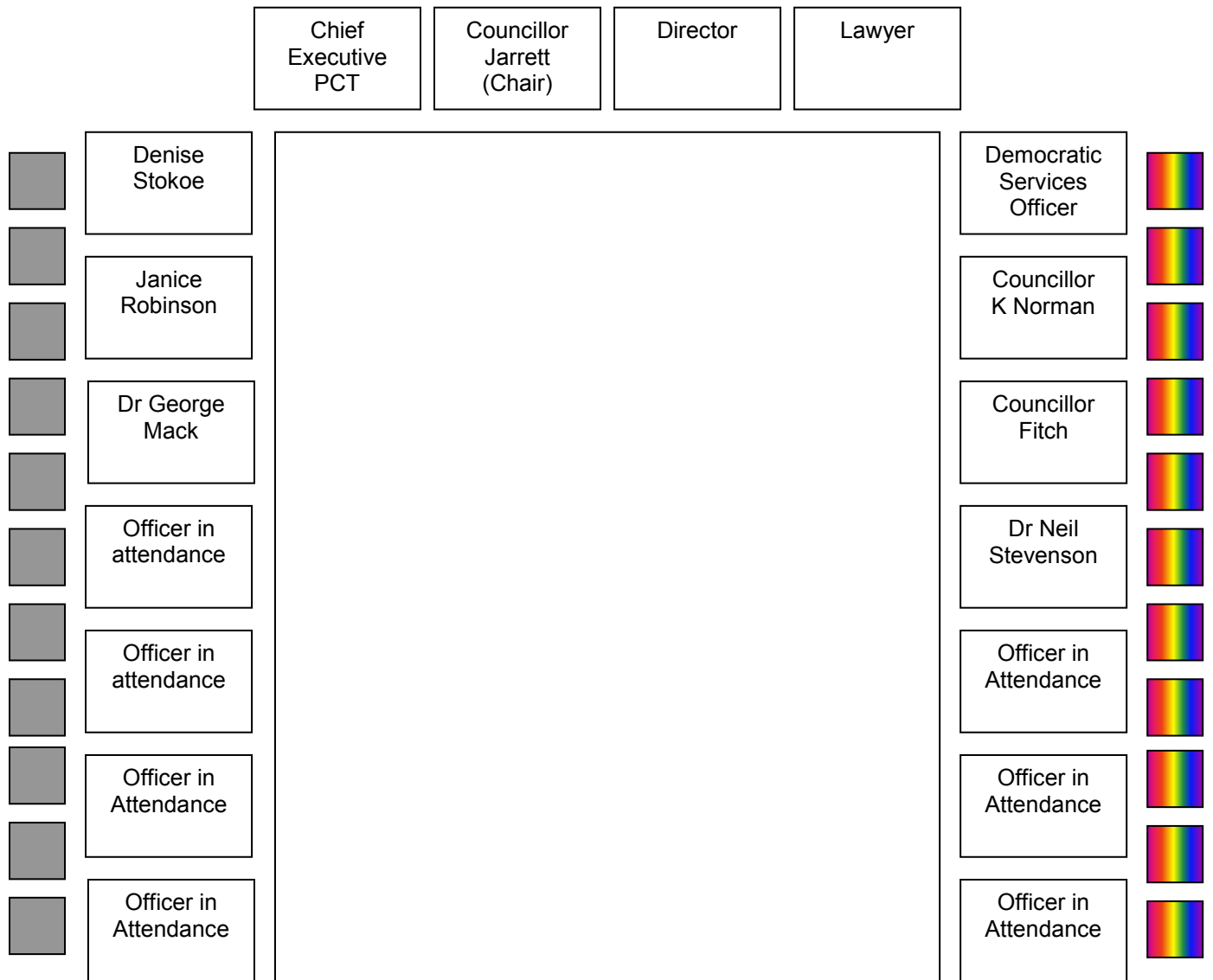
Brighton and Hove

Joint Commissioning Board

Title:	Joint Commissioning Board
Date:	23 April 2012
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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Democratic Services: Meeting Layouts



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), Janice Robinson and Dr George Mack

Co-opted Members:

Councillor Ken Norman
Councillor Brian Fitch
Dr Neil Stevenson, LINK (Brighton and Hove Local Involvement Network)

AGENDA

40. 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.

41. MINUTES OF THE PREVIOUS MEETING

1 - 8

Minutes of the meeting held on 20 February 2012 (copy attached).

42. CHAIR'S COMMUNICATIONS

43. PUBLIC QUESTIONS

(The closing date for receipt of public questions is 12 noon on 16 April 2012)

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

44. FEE LEVEL FOR ADULT SOCIAL CARE SERVICES 2012-13

9 - 16

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

Contact Officer: Jane MacDonald Tel: 29-5038
Ward Affected: All Wards

45. JOINT COMMISSIONING STRATEGY FOR ADULTS WITH AUTISTIC SPECTRUM CONDITIONS (ASC) 2012-2015

17 - 56

Report of Director of Adult Social Services/Lead Commissioner People

JOINT COMMISSIONING BOARD

(copy attached).

Contact Officer: Diana Bernhardt

Tel: 29-2363

Ward Affected: All Wards

46. REVIEW OF COMMUNITY MENTAL HEALTH SUPPORT SERVICES 57 - 68

Report of the Chief Operating Officer, Brighton and Hove Clinical Commissioning Group and the Director of Adult Social Services/Lead Commissioning People (copy attached).

Contact Officer: Anne Foster

Tel: 01273 574657

Ward Affected: All Wards

47. RE-TENDER FOR A SUPPORT LIVING SERVICE - WESTBOURNE DEVELOPMENT 69 - 72

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

Contact Officer: Diana Bernhardt

Tel: 29-2363

Ward Affected: Westbourne

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

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

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

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

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

Date of Publication - Friday, 13 April 2012

BRIGHTON & HOVE CITY COUNCIL

JOINT COMMISSIONING BOARD

5.00PM 20 FEBRUARY 2012

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Council representatives:

Councillor Rob Jarrett (Chair) ;

Brighton & Hove City Primary Care Trust representatives:

Denise Stokoe (Deputy Chair), Janice Robinson and Dr George Mack;

Co-opted Members:

Councillor Ken Norman,

Councillor Brian Fitch,

Dr Neil Stevenson, LINK (Brighton and Hove Local Involvement Network)

PART ONE

31. PROCEDURAL BUSINESS

31 (a) Declarations of Substitutes

31.1 There were none.

31(b) Declarations of Interests

31.2 There were none.

31 (c) Exclusion of Press and Public

31.3 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).

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

32. MINUTES OF THE PREVIOUS MEETING

- 32.1 **RESOLVED** – That the minutes of the Joint Commissioning Board Meeting held on 20 January 2012 be agreed and signed as a correct record.

33. CHAIRMAN'S COMMUNICATIONS

Welcome to members of the public

- 33.1 The Chair welcomed members of the public who were interested in item 38.

34. PUBLIC QUESTIONS

- 34.1 There were none.

35. FINANCIAL PERFORMANCE REPORT - MONTH 9

- 35.1 The Board considered a report of the Director of Finance, NHS Sussex Cluster and Director of Finance, BHCC which set out the financial position and forecast for the partnership budgets at the end of Month 9.
- 35.2 The Head of Financial Reporting & Governance stated that the results were very pleasing. Consistent improvements had been made throughout the year to address the pressures on the section 75 budget. As a result of this work, the Section 75 partnership was now forecast to underspend overall by £137K.
- 35.3 The Board were informed that Sussex Partnership NHS Foundation Trust were now forecasting an underspend of £67K. The forecast outturn for services provided by Sussex Community NHS Trust was £70k underspent.
- 35.4 **RESOLVED** - (1) That the forecast outturns for the s75 budgets as at month 9, be noted.

**36. COMMUNITY SUPPORT SERVICES FOR PEOPLE WITH LEARNING DISABILITIES:
A COMMISSIONING FRAMEWORK**

- 36.1 The Board considered a report of the Director of Adult Social Services/Lead Commissioner People concerning a proposal that Community Support Services (i.e. outreach or floating support) for people with Learning Disabilities (LD) should be commissioned through a revised framework of quality monitoring and value for money.
- 36.2 Janice Robinson noted that the hourly rate was going to change. She made the point that the hourly rate was being paid to organisations paying staff. She raised concern that this might result in some staff receiving a reduced rate of pay.
- 36.3 The Lead Commissioner, Learning Disabilities agreed that it could be a risk. Officers had held discussions with providers regarding rates of pay. It was felt that smaller organisations would need a higher rate as it was more difficult for them to pay staff a living wage.

- 36.4 The Director of Adult Social Services/Lead Commissioner People mentioned that the council were about to re-contract homecare. The aim was to drive up rates in the city, with fee increases next year. Some of the increase would be passed on to staff.
- 36.5 Councillor Fitch asked for more detail on the providers. For example, whether they were companies or charities and how many people were working for them.
- 36.6 The Lead Commissioner, Learning Disabilities explained that the council worked with 8 different providers. There was a mixture from the voluntary sector and larger national organisations. The council purchased from providers. One provider was Scope. Another was Autism Sussex. A range of diverse provision was needed.
- 36.7 **RESOLVED** - (1) That the revised contract monitoring proposals be noted.
- (2) That the revised pricing framework is agreed
- (3) That subject to the transitional arrangements set out in the report the Board agrees to de-commission services from providers who are unable or unwilling to work within the parameters in the framework outlined in the report. Should there be any providers that do not transfer; a further report will be brought back to JCB. Any resulting change in provider will not alter the nature or level of services provided to individuals.

37. JOINT DEMENTIA PLAN

- 37.1 The Board considered a report of the Chief Operating Officer, Brighton and Hove Clinical Commissioning Group and the Director of Adult Social Services/Lead Commissioner People which presented the Joint Dementia Plan for Brighton and Hove for approval.
- 37.2 Members were informed that the 2011-12 NHS National Operating Framework set out a requirement for each local area to make improvements and changes to services against the four priority areas identified by the National Dementia Strategy. The 2012/13 NHS National Operating Framework required Health and Social Care commissioners in each area to publish a Joint Commissioning Plan setting out local progress in terms of implementation of the National Dementia Strategy.
- 37.3 The Locality & Transformation Programme Manager presented the report. She stated that nationally the numbers of people with dementia was expected to double over the next 30 years. The four priority areas identified by the National Dementia Strategy were set out in paragraph 1.2 of the report. Within Brighton and Hove it was expected that there would be an increase of dementia prevalence of 30% by 2030. Paragraph 3.6 of the report set out the priority areas for Brighton and Hove.
- 37.4 Janice Robinson stated that she regretted that it had taken so long in getting a good plan for the city. She paid tribute to the Locality & Transformation Programme Manager and her colleagues and acknowledged that progress was being made. Ms Robinson considered it was good news that there would be investment in memory services. She stressed the need for cultural change and asked how the Board would know if plans to develop staff and practices had improved.

- 37.5 Dr Christa Beesley, CCG Clinical Lead for Dementia explained that each organisation would have its own plan. She acknowledged the need to educate staff, and gave examples of where improvements had already been made.
- 37.6 Janice Robinson made the point that although it was called a Joint Dementia Plan, it appeared more like a NHS Dementia Plan. Dr Beesley agreed that there needed to be strengthened links with social care.
- 37.7 The Director of Adult Social Services/Lead Commissioner People stated that there had been conversations with the local authority. She agreed that there was a need for more integration. All staff needed to be delivery trained, and money needed to be ring fenced. In terms of home care, officers were working on contracts for the next year. The Home Care Commissioning Group was meeting on 21 February 2012.
- 37.8 The Director of Adult Social Services/Lead Commissioner People referred to the table on paragraph 5 of the report. She stressed that the Memory Assessment Service had no details about investment for 2013-2014. It would not be possible to agree an unlimited amount of money. She suggested that the Joint Dementia Plan be agreed in principle and that a further report be submitted to a future JCB meeting with financial details included.
- 37.9 Dr Stevenson referred to paragraph 3.6.1 of the report. He noted that only a third of people with dementia locally were receiving a formal diagnosis. He asked why funding for the Memory Assessment Service could not be in place earlier. The Locality & Transformation Programme Manager replied that it was disappointing that funding from the Regional Transformation Fund was withdrawn during 2011. A process of identifying alternative funding sources took place during 2011, and this had affected the pace of delivery. Funding had now been secured, and officers were in the process of re-procuring the service for 2013/2014.
- 37.10 Councillor Norman referred to paragraph 3.6.3 of the report which stated that ICAST (Integrated Community Advice and Support Team) and Community Rapid Response Service were being reviewed during 2012. He asked if the same support would be in place. The Director of Adult Social Service/Lead Commissioner explained that there were no plans to change the current service. However, there might be scope for the teams to work together. There might be some investment in 2012/13 on a non-recurrent basis.
- 37.11 Janice Robinson suggested that a report should be submitted to the JCB or its equivalent in a year's time to review progress made on every aspect of the report. The Chair agreed that the Joint Dementia Plan would be reviewed in a year's time.
- 37.12 **RESOLVED** – (1) That the actions in the Joint Dementia Plan be approved in principle.
- (2) That a further report be submitted to the next meeting of the Board providing financial details for the Memory Assessment Service.

38. REVIEW OF COMMUNITY MENTAL HEALTH SUPPORT SERVICES

- 38.1 The Board considered a report of the Chief Operating Officer, Brighton and Hove Clinical Commissioning Group and the Director of Adult Social Services/Lead Commissioner People which summarised the results of a consultation to test the validity of proposals to make changes to the community mental health support services. The report also set out updated proposals in light of the feedback obtained and in context of changes to the configuration of other mental health services in Brighton and Hove.
- 38.2 The Locality and Transformation Programme Manager gave a presentation on the main aspects of the paper, providing details of the result of the consultation which ran from 22 November 2011 to 16 January 2012. She also set out the revised proposals. (This was set out on slides that can be made available on request).
- 38.3 The Director of Adult Social Services/Lead Commissioner People asked how service users would remain involved in the process. The Locality and Transformation Programme Manager explained that there were arrangements in place with MIND regarding service user involvement. Meanwhile, she was happy to hold further meetings with service users before the contracts were let out.
- 38.4 The Director of Adult Social Services/Lead Commissioner People asked if there would be one to one sessions with services users once the contracts were awarded. The Locality and Transformation Programme Manager replied that there would be consultation throughout the process. There would be one to one sessions with service users once officers had specific options for the future, after October 2012.
- 38.5 The Director of Adult Social Services/Lead Commissioner People asked if everyone currently using a service would continue to receive a service. The Locality and Transformation Programme Manager replied that there was a commitment that everyone who wanted to access the Mental Health Day Centre would be able to do so.
- 38.6 Councillor Norman referred to paragraph 4.5 in the report in relation to Day Services. This stated that the provider' proposal was to provide services from 3 different buildings rather than a single base and to integrate services more with other facilities such as a community café. Councillor Norman asked if there were specific risks indentified in this proposal. He also asked if the centres would all be open the same hours.
- 38.7 The Locality and Transformation Programme Manager replied that officers were still in discussion with service users about this issue. The aim was to produce like for like provision. It might not be provided from a single base but would be provided from a range of bases. She stressed that the current base was not an open day centre at present. People needed to know which day they went there for a particular activity. The service was specific for named individuals.
- 38.8 The Locality and Transformation Programme Manager stated that a great deal of information was received as a result of the consultation. She referred to a diagram in the last page of her presentation (New Models of Services). This showed how these services fitted in with the mental health services. They were not considered in isolation.

- 38.9 Dr Stevenson hoped that there was discussion with other service providers. This was not mentioned in the report. He was pleased to see the role of carers was highlighted. Dr Stevenson stressed how day services were the most expensive part of the service. He felt that the report concentrated on buildings rather than on contents, and considered it was time for a review of Day Services.
- 38.10 The Locality and Transformation Programme Manager referred to paragraph 4.5 of the report which gave a brief mention of the functions of a day service. Officers were in the process of working on the detail which would be presented to the Joint Commissioning Board on 23 April 2012.
- 38.11 Dr Stevenson stated he hoped that the impact of the voluntary sector would be taken into account. The Locality and Transformation Programme Manager stated that this matter was considered in the consultation. Officers would look at the impact in more detail at the next stage of the process.
- 38.12 **RESOLVED** – (1) That the findings of the consultation process be noted.
- (2) That the updated proposals for service changes detailed in sections 4.2 c), 4.3 c), 4.4 c), 4.5 c) and 4.6 c) of the report be approved.
- (3) That the following be agreed:-
- All existing contracts within the framework of the review remain in place until 31st March 2013. At this point all existing contracts will terminate and new contracts will replace the current service contracts.
 - New service specifications and outcome based performance indicators are developed for all new services to be commissioned (based on the proposals for service changes detailed in sections 4.2 c), 4.3 c), 4.4 c), 4.5 c) and 4.6 c)
 - A further report is provided to the JCB in April to approve:
 - Specifications for the new services described in this report.
 - The preferred route to obtain the new services (for example whether this is via procurement or grants process or a mixture of both).

39. RE-MODELLING IN-HOUSE ACCOMMODATION FRO PEOPLE WITH A LEARNING DISABILITY

- 39.1 The Board considered a report of the Director of Adult Social Services/Lead Commissioner People which set out proposals consulting on the re-modelling of the council's in-house accommodation for people with learning disabilities. The re-modelling of the in-house service was required to contribute to an increase in local services for people with challenging behaviour and other complex needs who were often at risk of being placed out of the City.
- 39.2 The Head of Service, Adults' Provider outlined the report, which proposed to remodel the in-house service by making some changes to the accommodation, further increasing staff skills and flexibility, and by focusing the in-house service on those with the greatest

needs. The paper updated JCB on the decision by the Cabinet Member Meeting to commence consultation staff and service users to inform the development of a model of accommodation which delivered improved value for money in line with other authorities and focused on providing specialist accommodation.

- 39.3 **RESOLVED** - (1) That the start of a period of 90 days consultation with all stakeholders be noted.
- (2) That it is noted that following full consultation a further report will be brought to the Adult Social Care & Health Cabinet Member Meeting or relevant committee meeting in June 2012.
- (3) That a further report is brought back to JCB following the full consultation.

The meeting concluded at 6.16pm

Signed

Chair

Dated this

day of

JOINT COMMISSIONING BOARD MEETING

Agenda Item 44
Brighton & Hove City Council

Subject:	Fee Level for Adult Social Care Services 2012-13
Date of Meeting:	23 April 2012
Report of:	Director Adult Social Services/Lead Commissioner People
Contact Officer:	Name: Jane MacDonald Commissior Tel: 295038 E-mail: jane.macdonald@brighton-hove.gov.uk
Key Decision:	Yes Forward Plan No: ASC 25305
Ward(s) affected:	All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report concerns fees paid to independent and voluntary sector providers that supply care services on behalf of Brighton and Hove City Council Adult Social Care. It covers fees paid to providers of services for older people, people with physical disabilities, adults with mental health needs (including HIV and substance misuse) and learning disability services. Service providers include care homes, home care and community support, community service and direct payments.

2. RECOMMENDATIONS:

- 2.1 The recommendations are for the Joint Commissioning Board to agree the following recommendations:
- The uplift as set out in the Table in 3.2
 - Brighton and Hove to match the applicable host authority set rates for new and existing care home placements out of the city.

Note: The recommendations were agreed at the Adult Social Care & Health Cabinet Member Meeting on 12 March 2012.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 Brighton & Hove current financial position

The 2012/13 budget strategy for Adult Social Care that was agreed by Budget Council on 23 February includes a commitment to increase rates payable to independent nursing and residential care and homecare providers in 2012/13 to help cover rising energy costs and support fair rates of pay for workers in this sector so that the needs of those receiving care can be met.

3.2 Brighton and Hove previous fee levels

Locally fee levels for 2011/ 12 were in the main held at 2009/10 levels, see Appendix One and Two. This broadly reflected actions taken by other councils in the south east region. Historically fees paid by Brighton and Hove City Council have exceeded those paid by neighbouring councils, and at times been above the rate of inflation.

Table showing recommended Fee uplifts

	Residential care home	Nursing home	Other accommodation	Home care/home support	Day service	Direct payments	Other including
Older people	5%	5%	5%	0%	2%	2%	2%
Older people mental health	5%	5%	5%	0%	2%	2%	2%
Mental health	5%	5%	5%	0%	2%	2%	2%
Learning disability	Individually negotiated	Individually negotiated	Individually negotiated	Individually negotiated	Individually negotiated	2%	Individually negotiated
Physical disability	5%	5%	5%	0%	2%	2%	2%
Other	5%	5%	5%	0%	2%	2%	2%

In line with common practice the Council will continue to match the applicable host authority set rates for new and existing care home placements out of the city.

3.3. Care homes for older people, people with a physical disability, mental health needs

3.3.1. Background

There is national evidence that the quality of care in care homes for older people is patchy. The report, A Fair Deal published late last year, was based on research by Laing and Buisson and the analysis showed that care home fees paid by councils have fallen by 3.9% in real terms over the last two years. This is at the same time as care homes manage increases in their main costs, utilities, people, and food. The report (and it is supported by a range of other industry experts) argues that the fall in the real costs paid to care homes and the rise in real terms to them compounds the long-standing problem of chronic under-funding in the sector and will impact on the quality of care in this sector.

The impact of and approach to setting care home fees has also been considered recently by the High Court within Judicial Review proceedings concerning other councils, particularly in light of the reduction in provision of central government funding to Local Authorities. Proper consultation and consideration of all relevant factors in addition to available funding must be balanced in the decision making process regarding care home fee rates.

Locally there are quality issues in care homes in the period 2010/11 there were 7 suspensions in residential and nursing homes. In the same period 2011/12 there were a further 2 suspensions within care homes in the city.

Following a number of years of stability in the local market, two care homes closed in the city during 2011-12, both for older people with mental health needs; the result was a net loss of 38 beds. The reason given by the provider was financial pressures. In West Sussex, where this council places a significant number of older people, four care homes closed in the last few months with a loss of 166 beds.

3.3.2. Uplift 2012-2013

This report sets out an interim approach. For the year 2012-13 the recommendation for fees paid to residential and nursing homes for older people, people with a physical disability, mental health needs, is 5% uplift. This uplift is significant and recognises that the service delivered by care home providers includes 24 hour building based costs as well as staffing costs. At the same time there is an under supply in the market.

It is expected that providers will use a proportion of the fees to increase the salary of the lowest paid staff towards the living wage, as well as providing an increase in fees to meet increased running costs broadly in line with inflation.

Care homes providing nursing care receive NHS Funded Nursing Care payments. Information regarding any change in these fees has yet to be communicated.

3.3.3. New contract and new rate

The recommended uplift is a provisional position whilst work on the new contract is undertaken. It is recognised by the council and other Authorities, that there is a need to review the system of calculating fees to all care homes. Locally this will include all care groups represented in the new care home contract, eg it will include older peoples' services and under 65 services.

At the same time the Council must review the system for managing risk. In December 2011, in light of Southern Cross's breakup, the Public Accounts Committee has called for the government to do more to regulate the social care provider market. The government was warned that it must get to grip with the "very real risks" to the care home market. Regionally commissioners are seriously considering the 'open book' approach and will be asking providers to make accounts available to stakeholders. Brighton and Hove City Council supports this approach and will be looking to develop system whereby providers share their accounts appropriately.

3.4 Home care

The contract for home care services is currently being re-tendered. New rates have been set as part of the re-tendering process and will come into effect when the new contract starts in June 2012. Providers have agreed to an extension of the current contract until the new contract starts and the current incentive scheme will continue until the new contract begins. It is recommended therefore that no inflationary uplift will be applied to the current contract which runs to the end of May.

The agreed rates for Learning Disability community support services will continue to be negotiated on an individual basis.

3.5 Community services and direct payments

As community services and do not have the same building related costs as residential and nursing homes a 2% uplift is recommended for community services for older people, people with physical health needs and people with mental health needs. Community services for people with learning disabilities will be considered on an individual basis.

It is recommended that direct payments are all awarded 2% uplift.

3.6 All services for people with learning disabilities

There is a greater range of rates within learning disability services which reflect the way that this sector of the market has developed. As a result individual negotiations have commenced to ensure value for money. It is therefore proposed that a percentage uplift will not be applied to learning disability services as the rates for these are individually calculated. Nevertheless, increases may be considered on a case-by-case basis.

3.7 Decisions across the region

Early indication from the region is that there is a wide range of uplifts ranging from 0% to 6%.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1. The Director Adult Social Services/Lead Commissioner for Adult Social Care and Health has made presentations to a number of provider forums and advised them of the additional support provided by the council and the current financial position. The council continues to provide a range of quality training that is free to access and which is much appreciated by providers. There is also health, safety and fire support and the first two years of Contractors Health and Safety Accreditation is paid for by the council. Additionally at no cost to providers, contract support is provided by Adult Social Care commissioning support team to all contracted services.

4.2 Independent and voluntary sector services that experience financial difficulties are encouraged to make the Council aware and they will be offered advice and

support. This includes Business Rates Assistance, the Be Local, Buy Local Campaign and other measures in the 'recession relief' package

- 4.3 Care home providers are keen to have a means of calculating fees that are fair and transparent. The aim is to have clarity in how rates are calculated and a new and transparent financial system including sharing accounts in place by April 2013. This is a detailed and complex piece of work which needs dedicated time to develop. Finance officers, assessment managers and commissioners will work collaboratively with representatives from the Brighton and Hove Registered Care Homes Association to develop new processes. There would be risks to both sides in rushing through a new scheme without proper consideration. Discussions with providers' representatives have begun.
- 4.4 The initial view from the Clinical Commissioning Group is supportive, but they will need to do further work to cost the impact and get formal sign off. There has been ongoing engagement with the CCG and Lead Commissioners are supportive of the recommendations in the report.

5. FINANCIAL & OTHER IMPLICATIONS:

5.1 Financial Implications:

Forecast spend on care services is approximately £69 million. The financial modelling of the proposed fee uplifts set out in section 3.2 indicates that this fee level can be met from a combination of inflation assumptions in the budget, Department of Health additional support funding for social care and the anticipated savings from the re-procurement of home care services.

Finance Officer Consulted: Name Michael Bentley Date: 07/02/2012

5.2 Legal Implications:

In accordance with the Constitution it is the function of Cabinet Member for Adult Social Care to make the decisions recommended in the text of this report. Specific reference to the reasoning for and evidence informing the recommendations for decision making is contained in the body of this report. This includes reference to the recent decisions of the High Court where the Local Authority is reminded of the need to take into account and balance all relevant factors in its decision making including funding. As set out in the body of this report the recommendation is on an interim basis pending further work and consideration of contractual arrangements and transparent calculation methods. Continuance of a comprehensive and balanced process in considering further recommendations for fee rates and compliance with the Human Rights Act 1998, particularly in relation to stakeholder consultation, is required.

Lawyer Consulted: Name Sandra O'Brien Date: 1 March 2012

5.3 Equalities Implications:

A separate Equalities Impact Assessment has been completed.

5.4 Sustainability Implications:

Fee rates awarded are intended to keep business sustainable.

- 5.5 Crime & Disorder Implications:
There are no specific crime and disorder implications set out in this report.
- 5.6 Risk and Opportunity Management Implications:
The financial risks have been set out in the section titled, Brighton & Hove current financial position.
- 5.7 Risk and Opportunity Management Implications:
Smaller uplifts were considered, but this risks the on going quality and sustainability of services in the city.
- 5.8 Public Health Implications:
Fees paid to services keep a range of providers in business. This includes a range of preventative services that help maintain user's health and prevent deterioration and a reliance on more intensive provision.
- 5.9 Corporate / Citywide Implications:
The fees paid to provider services will have a positive impact on all wards of the city, reducing inequalities and improving service user outcomes and experience.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 6.1 A range of different uplifts were modelled. Those recommended fit within the current Council budget and will provide those delivering services on behalf of the council with sufficient funds to remain robust.

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 Independent and voluntary sector providers that supply care services on behalf of Brighton and Hove City Council Adult Social Care have seen a rise in costs in provision. This report reflects this and makes recommendations for uplifts accordingly.

SUPPORTING DOCUMENTATION

Appendices:

Appendix 1 - Weekly fee rates for 2011/12 for in City Nursing Homes for Older People and Older People Mental Health (OPMH)

Appendix 2 - Weekly fee rates for 2011/12 for in City Residential Care Homes for Older People and Older People Mental Health (OPMH)

Appendix one

Brighton and Hove City Council

Weekly fee rates for 2011/12 for in City Nursing Homes for Older People and Older People Mental Health (OPMH)

Both the preferred and the non preferred rates are detailed below:

Care Homes with Nursing for Older People	2011/12 Weekly Rate (inc Social Care Rate and Funded Nursing Care [FNC]) for NON PREFERRED PROVIDERS	2011/12 Weekly Rate (inc Social Care Rate and FNC) for PREFERRED PROVIDERS
Single Nursing Band Shared Room	£504.40	£509.40
Single Nursing Band Single Room	£539.40	£544.40
High Nursing Band Shared Room	£544.30*	£549.30*
High Nursing Band Single Room	£579.30*	£585.30*

Care Homes with Nursing for Older People with Mental Health needs	2011/12 Weekly Rate Weekly Rate (inc Social Care Rate and FNC) for NON PREFERRED PROVIDERS	2011/12 Weekly Rate Weekly Rate (inc Social Care Rate and FNC) for PREFERRED PROVIDERS
Single Nursing Band Shared Room	£546.40	£552.40
Single Nursing Band Single Room	£581.40	£587.40
High Nursing Band Shared Room	£586.30*	£592.30*
High Nursing Band Single Room	£621.30*	£627.30*

*The High Nursing Band rates relate to those service users who are already receiving the high level of FNC prior to 1st October 2007.

Funded Nursing Care (FNC) rates 2011/12	
Single Nursing Band	£108.70
High Nursing Band	£149.60
Contenance Payment	£6.90

Appendix two

Weekly fee rates for 2011/12 for in City Residential Care Homes for Older People and Older People Mental Health (OPMH)

Both the preferred and the non preferred rates are detailed below:

Residential Cares Homes for Older People	2011/12 Weekly Rate for NON PREFERRED PROVIDERS	2011/12 Weekly Rate for PREFERRED PROVIDERS
Low Need - single room	£322	£325
Low Need – shared room	£288	£291
Medium Need - single room	£391	£394
Medium Need – shared room	£355	£358
High Need - single room	£434	£438
High Need – shared room	£399	£403

Residential Cares Homes for OPMH	2011/12 Weekly Rate for NON PREFERRED PROVIDERS	2011/12 Weekly Rate for PREFERRED PROVIDERS
OPMH - single room	£476	£480
OPMH – shared room	£441	£445

JOINT COMMISSIONING BOARD MEETING

Agenda Item 45

Brighton & Hove City Council

Subject:	Joint Commissioning Strategy for Adults with Autistic Spectrum Conditions (ASC) 2012 - 2015		
Date of Meeting:	<ul style="list-style-type: none">• Cabinet Members Meeting 12th March 2012• JCB meeting 23rd April 2012		
Report of:	Director of Adult Social Services/Lead Commissioner People		
Contact Officer:	Name:	Diana Bernhardt	Tel: 29-2363
	Email:	diana.bernhardt@brighton-hove.gov.uk	
Key Decision:	Yes	Forward Plan No: ASC 25235	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 The Joint Commissioning Strategy for Adults with Autistic Spectrum Conditions 2012-2015 (referred to in this document as “the strategy”) (Appendix 1), sets out the longer-term direction and scope of how health and social care services and associate organisations can achieve improved outcomes for adults with autism, their families and carers in the City of Brighton & Hove.
- 1.2 The strategy has been developed in response to national level legislation and strategy as well as local level evidence which has raised the profile of autism in adults and shown that adults with autism face significant challenges due to: lack of awareness and understanding of autism amongst frontline staff and the wider public; a complex care pathway that impacts on diagnosis, assessment and support; the transition from childhood to adulthood and accessing services which can lead to other health problems, increasing the emotional cost to the individual and their carers and the financial cost to health and social services.

2. RECOMMENDATIONS:

- 2.1 That the Joint Commissioning Board note the contents of the strategy and its proposed strategic objectives, actions and outcomes (Appendix1).
- 2.2 That the Joint Commissioning Board agrees the attached strategy and proposed actions.

Note: The recommendations were agreed at the meeting of the Adult Social Care & Health Cabinet Member Meeting held on 12 March 2012.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 Despite recent progress made to reduce inequality across the UK, adults with autism remain socially and economically excluded with public services often failing to recognise or respond to their needs.

3.2 Within Brighton and Hove approximately 1,763 adults aged 18-64 years have autism. It is estimated that this number will rise to 1,854 by 2020. A large proportion of these adults will also have a learning disabilityⁱ. However, as there is no statutory requirement for services to record or code a diagnosis of autism on databases, the number of people recorded as known to services is much lower than the expected prevalence.

3.3 Unless diagnosed in childhood, adults with Asperger Syndrome (AS) and High Functioning Autism (HFA) find it difficult to receive the support they need which is easier to access if they are diagnosed with a co-occurring condition such as a learning disability or mental health problem.

3.4 The key drivers for change include:

- The Autism Act 2009ⁱⁱ
- Fulfilling and rewarding lives: the national strategy for adults with autism (2010)ⁱⁱⁱ
- Implementing fulfilling and rewarding lives: Statutory guidance for local authorities and NHS organisations to support implementation of the autism strategy (2010)^{iv}
- Scrutiny Panel on Services for Adults with Autistic Spectrum Conditions Report (March 2011)^v
- Adults with autistic spectrum conditions needs assessment (May 2011)^{vi}(JSNA)
- Adult Autism Strategy Stakeholder Group.

3.5 Local consultation provided further evidence of the challenges and services for adults with autism in Brighton & Hove as well as informing and shaping future services and support. Evidence shows that adults with autism in the City face difficulties not only due to the condition itself, but also because of the additional challenges associated with: lack of awareness and understanding of autism especially amongst frontline staff; a complex care pathway (diagnosis, assessment, support); transition planning from childhood to adulthood; planning and commissioning of services and support for adults with autism.

- 3.6 The Joint Commissioning Strategy for Adults with Autistic Spectrum Conditions 2012-2015 (referred to in this document as “the strategy”), sets out the longer-term direction and scope of how health and social care services and associate organisations can achieve improved outcomes for adults with autism, their families and carers.
- 3.7 This will be achieved by *a)* increasing awareness and understanding amongst frontline staff *b)* simplifying the care pathway to improve access to services *c)* improving transition through better communication, information sharing and joint working, and *d)* by strong leadership that takes forward a commissioning approach strengthened by collaborative cross-sector planning and partnerships.
- 3.8 The strategy has been informed and developed in response to national statutory requirements, local level evidence as described in the Scrutiny Panel and JSNA reports and recommendations as well as the ongoing feedback from the cross-sector Stakeholder Group (which will continue to meet to oversee implementation of the strategy).
- 3.9 Reflecting national strategy and local evidence, the strategy aims to support adults with autism through improvement of four key areas that will have a positive impact on the quality of care, health and wellbeing and social inclusion of adults with autism:
- A. Increasing awareness and understanding of autism through training of frontline staff and reasonable adjustments
 - B. Developing a more joined up care pathway (diagnosis, assessment and support)
 - C. Improving the transition process from childhood to adulthood
 - D. Ensuring that local planning and leadership underpins and enables the development and commissioning of quality services and support.
- 3.10 The strategy is outcomes focussed and actively promotes a collaborative, partnership approach across all stakeholder groups to support implementation and delivery. The strategy also recognises that public sector finances are already under severe pressure and aims, wherever possible, at *changes or modifications to existing services* through building on existing good practice and via a longer-term integrated, collaborative approach to service planning and delivery that will result in increased efficiency and effectiveness and improved outcomes for service users.
- 3.11 Although focussed on health and social care outcomes, the strategy also incorporates other areas where additional consideration and action would have a positive impact on the health and social wellbeing of adults with autism: housing; employment; education; community safety and social and leisure activities.
- 3.12 Approval of the strategy will:
- a) Enable *actions to be carried out* that will move towards achieving the stated objectives under the four key areas of activity
 - b) Serve as a *framework and foundation* for joint development and decision making linked to the development and commissioning of services relevant to adults with autism, their families and carers.

- c) Provide a *basis for more detailed planning* linked to annual operational and work plans that are focused, deliverable and measurable (outcomes and outputs), to enable achievement of the stated objectives.
- d) Assist *benchmarking* and *performance monitoring* linked to the strategy itself and to other related plans, either current or future.
- e) Stimulate *change* and become a *building block* for future plans.

3.13 Progress that has been achieved during the development of the strategy includes:

- Adjustments at the councils Access Point to Adult Social Services to take account of the need of people with Autism.
- E learning package to provide Autism Awareness training.
- Systems established to record and report on numbers of people with ASC accessing services in housing, adult social care and Sussex Partnership Trust.
- Sussex and Surrey Probation have obtained funding for a 2 year project to provide autism awareness training and reasonable adjustments for people with learning disabilities and/or ASC in the Criminal Justice System.
- Autism Champion identified in Mental Health Services

4. COMMUNITY ENGAGEMENT AND CONSULTATION

- 4.1 Development of the strategy has involved extensive consultation with key stakeholders including: service users; carers; health and social care professionals; members of the public (Overview & Scrutiny Panel Report; Joint Strategic Needs Assessment; Adult Autism Strategy Stakeholder Group).
- 4.2 In addition, the draft strategy has been submitted to further consultative processes including: 12-week consultation period with the wider public (web portal; consultation forums); Health Overview & Scrutiny Committee Chair's and full Meetings (4 November and 16 November 2011 respectively) and the Learning Disabilities Partnership Board (12 December 2011).
- 4.3 37 people responded to the consultation which included 10 service users and 8 informal carers.

The key themes arising from the feedback are:

Training

57% of those who responded consider the strategy adequately reflected training needs. The gaps identified in the consultation are:

- Ensuring that training is appropriate and includes the needs of people with Asperger syndrome, the differing presentations of ASC including children and women
- Including staff training in a range of services such as housing and the criminal justice system

Diagnosis and support

62% of those who responded consider the strategy included the key actions needed. The gaps identified in the consultation are:

- The importance of early diagnosis, good information and follow-up support
- Support for those with 'high functioning autism'

Transition

- Importance of good transition to reduce stress and anxiety
- Support for teenagers as well as adults
- Support for those with Attention Deficit Hyperactivity Disorder (ADHD)

Planning and leadership

58% of those who responded consider the strategy included the key actions needed for planning and leadership. The gaps identified in the consultation are:

- The need for a separate department for autism as people 'trapped between learning disabilities and mental health'
- The need for housing services for people with autism
- A recognition that people's needs increased as people get older
- Need to include people with ADHD
- Need to include 'who and how' in the action plan

As a result of consultation:

- ASC training provided will be further reviewed by the stakeholder group and plans put in place to extend training further
- The revised care pathway will ensure that people are able to access social care services, if they are eligible
- The review of homelessness pathway (integrated support) will also incorporate the needs of people with ASC
- An action plan for the first year has been developed by the Autism Stakeholder group and the draft plan is attached as Appendix 2.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 The proposed actions as detailed in the Strategy would be implemented over the three year period 2012/2015, with the intention being to build on existing joint working to achieve modifications within services in order to improve efficiencies and outcomes for service users, within existing resources.

Actions planned for 2012/13 include awareness training which, where possible, will become embedded in existing training programmes. Transitional planning identifies young people with ASC but data is not currently available for all service users. Existing systems are now being used to record this information and numbers and associated costs will be become available as the Strategy is

implemented. It is anticipated that the majority of people with this condition who are eligible for support are already existing service users. However, new service users may be identified and become eligible for care services and/or other support as awareness increases

Finance Officer Consulted: Michelle Herrington

Date: 23/02/12

Legal Implications:

- 5.2 The Local Authority has duties to assess and meet the eligible needs of vulnerable adults in its area including Adults with Autistic Spectrum Conditions. The national, local and legislative drivers for improving service provision and ensuring such duties are comprehensively met are set out in the body of this report. In undertaking its statutory duties and implementing the proposed Strategy the Local Authority must take into account individuals' Human Rights as enshrined in the Human Rights Act 1998; in particular the Right to Privacy and Family Life [Article 8 European Convention on Human Rights]. Full and extensive consultation on the Strategy has been undertaken to inform the decision making on the Strategy; thus ensuring compliance with principles of Fairness and Article 6 of the European Convention on Human Rights.

Lawyer Consulted Sandra O'Brien:

Date: 01/03/12

Equalities Implications:

- 5.3 It is believed that adults with Autistic Spectrum Conditions (ASC) face many difficulties in their daily lives including lack of awareness and understanding of the condition, public misconceptions, barriers to accessing services, difficulties linked to post-school education and learning, gaining long-term and meaningful employment as well as having a good quality of life. This also impacts on the families and carers of adults with autism.

The evidence found that people with ASC often do not have equality of access to, and quality of response from, local services and health care. This is a national issue and not just one for Brighton & Hove. However, the development of a local joint commissioning strategy will aim to address many of the issues highlighted. This will help to ensure that people with an ASC have fair and equal access to services.

The draft strategy has been subject to an Equality Impact Assessment led by the Equalities Co-ordinator, Communities and Equality Team, together with members of the Adult Autism Strategy Stakeholder Group (11 and 24 November 2011).

Sustainability Implications:

- 5.4 None identified.

Crime & Disorder Implications:

- 5.5 Carrying out of strategic actions outlined under *Key Area of Activity C: Planning in relation to the provision of services to people with autism as they move from being children to adults (Community Safety)* (page 19 of the draft strategy), would have a positive impact including: autism awareness training for staff working in the Criminal Justice System (CJS), resulting in adults with autism no longer managed inappropriately within the system; conflict minimised in difficult situations.

Risk and Opportunity Management Implications:

- 5.6 None identified.

Public Health Implications:

- 5.7 A Health and wellbeing and inequalities screening tool has been completed. This identified the benefits of the strategy in improving health and well-being for people with ASC.

Corporate / Citywide Implications:

- 5.8 The Intelligent Commissioning model will provide opportunities to look at how services for people with ASC are provided and commissioned across the authority.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 6.1 None considered

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 This report is required to present for approval the local strategy for adults with Autistic Spectrum Conditions.

SUPPORTING DOCUMENTATION

Appendices:

1. Appendix 1 Joint Commissioning Strategy for Adults with Autistic Spectrum Conditions
2. Appendix 2 Draft 1st year action plan

Documents in Members' Rooms

1. None

Background Documents

1. Autism JSNA 2011

ⁱ NHS Brighton and Hove and Brighton & Hove City Council (2011), Adults with autistic spectrum conditions needs assessment (May 2011)

ⁱⁱ The Autism Act 2009. HM Government
http://www.legislation.gov.uk/ukpga/2009/15/pdfs/ukpga_20090015_en.pdf

ⁱⁱⁱ Fulfilling and rewarding lives: the national strategy for adults with autism (2010)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113369

^{iv} Implementing fulfilling and rewarding lives: Statutory guidance for local authorities and NHS organisations to support implementation of the autism strategy (2010)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122847

^v Scrutiny Panel on Services for Adults with Autistic Spectrum Conditions Report (March 2011)
http://www.brighton-hove.gov.uk/downloads/bhcc/democracy/FINAL_REPORT_18_MARCH_.pdf

^{vi} Adults with autistic spectrum conditions needs assessment (May 2011)

The strategy has been informed by national legislation and policy including: the *Equality Act 2010* (protecting disabled people and preventing disability discrimination); the *Autism Act 2009* (addressing the needs of one specific impairment group – adults with autism); *Fulfilling and rewarding lives: the strategy for adults with autism in England (2010)*; *Valuing People Now (2009)* (achieving full lives for people with learning disabilities and addressing inequalities); *Healthcare for All (2008)* (highlighting the inequality people with learning disabilities face in accessing healthcare services); *The Big Health Check: for people with learning disabilities (2011)* (looking at how well local health services are serving people with learning disabilities and where improvements can be made); *Independent Living Strategy (2008)* (increasing community participation and access to housing, health, education, employment and leisure); *Putting People First (2007)* (provision of information, early intervention, access to high quality support with statutory and other agencies fully engaged in service transformation); *Our Health, Our Care, Our Say: A New Direction for Community Services (2006)* (more responsive services focusing on people with more complex needs); *World Class Commissioning (2007)* (transforming the way health and care services are commissioned).

**Brighton & Hove Joint Commissioning Strategy for
Adults with Autistic Spectrum Conditions 2012-2015**

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EXECUTIVE SUMMARY

The Joint Commissioning Strategy for Adults¹ with Autistic Spectrum Conditions (ASC) 2012-2015 (herewith referred to as the Adult Autism Strategy)², sets out the longer-term direction and scope of how health and social care services and their partners can achieve better outcomes for adults with autism, their families and carers³.

National¹ and local² level evidence show that adults with autism face significant challenges: lack of awareness and understanding of autism amongst frontline staff and the wider public; a complex care pathway that impacts on diagnosis, assessment and support; the transition from childhood to adulthood and accessing services which can lead to other health problems, increasing the emotional cost to the individual and their carers and the financial cost to health and social services.

Wider issues linked to access to housing, education and employment and safety in the community can also present barriers that impact negatively on adults with autism and prevent them from leading full and rewarding lives and being socially included.

We also need to be aware that barriers can exist through unintentional discrimination because of an individual's personal 'characteristics'³ such as age, sex, or race. Monitoring systems need to ensure that there is no unintentional bias in the way services are designed, set up and delivered.

Public sector finances are already under severe pressure and will continue to be so during the period of this strategy. However, despite the significant challenges facing all sectors as a result of the economic environment, advantage can be gained and success achieved through building on existing good practice, developing clearer, more integrated care pathways and improving accessibility to mainstream services through reasonable adjustments that also take note of the different needs of each individual.

The strategy provides the opportunity to increase cross-sector collaborative approaches to service planning and delivery, to increase efficiency and effectiveness resulting in improved outcomes not only for adults with autism, their families and carers, but also for services themselves.

The key priorities of the strategy are:

- Increasing awareness and understanding of autism through training of health and social care staff

¹ People aged over 18 years

² There are a number of terms that different individuals and groups prefer to use, including autistic spectrum disorder, autistic spectrum condition, autistic spectrum difference and neuro-diversity. This strategy will use the term "autism" for all such conditions, including Asperger Syndrome, in line with good practice.²

³ See Appendix 1

- Improving access to diagnosis, assessment and support (including assessment and support for carers), through development of a more simple, joined up care pathway
- Improving transition from childhood to adulthood through appropriate sharing of information and increased collaborative working between Children's and Adult services and other key agencies
- Strong local leadership to 'champion' and represent the needs of adults with autism at local and regional level
- Planning and commissioning that reflects the evidence base and is integrated with other strategic and commissioning plans
- Involvement of carers of adults with autism in planning and decision making processes that affect the person they care for (with their consent), and their own needs identified and assessed with signposting to relevant support services
- A collaborative approach that values and harnesses the knowledge, skills and views of adults with autism, their families and carers, the Third sector, other professionals and our partner organisations.

SECTION 1

VISION

That all adults with autism living in Brighton & Hove are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access appropriate support if needed, can depend on mainstream public services across all functions to treat them fairly, identifying and responding to diverse needs, can contribute to society through wider education and employment opportunities and that individuals, their families and carers and professionals are informed, supported and equipped to enable this to be achieved (adapted from the national autism strategy).⁴

MISSION

Our mission is to improve health and social outcomes for adults with autism, their families and carers. We will carry this out by increasing awareness and understanding amongst frontline staff, by simplifying the care pathway to improve access to services, by improving transition through better communication, information sharing and joint working, and by strong leadership that takes forward a commissioning approach strengthened by collaborative cross-sector planning and partnerships.

INTRODUCTION

The Adult Autism Strategy has been developed in response to the Autism Act 2009, the national strategy for adults with autism (2010) and the statutory guidance (2010).

BACKGROUND

Challenges and risks

Although many adults with autism do live fulfilling lives and make a successful and positive contribution to society, too many are unemployed, struggle on benefits and rely on the care and support of their families and carers. For those without this support, there are the added risks of severe health and mental health problems, homelessness, addiction and involvement in crime. The costs in emotional terms to adults with autism and their families are overwhelming; the financial costs to public services are huge. Adults with autism can also have other co-occurring conditions such as learning disabilities or mental health problems, adding to the challenges they face in life.

'Hidden disability'

Autism is sometimes described as a 'hidden disability', not only because you cannot always see that someone with autism has a disability, but also because adults with autism are some of the most excluded, and least visible, in the UK. As a result, it has taken a long time for society to understand autism and many lives have not been as fulfilled as they might have been as people have fallen between gaps in services.⁵

Attitudinal impact

Autism can impact on a person's ability to feel, explain or articulate symptoms which in turn can create issues of attitudinal awareness of behaviours (e.g. eye and body contact or proximity).⁶ Health and social care professionals, in particular, need to have awareness and understanding of the signs and behaviours expressed by people with autism so that they can get the treatment, services and support they need.

Although often part of a caring step in their decision making, lack of awareness and understanding and personal assessments made by professionals of a person's capacity to live a fulfilling life, may be very different to that of the individual themselves. This can, for example, result in assumptions made by services about the capacity of people with autism to care for children.

The criteria for living a 'fulfilling life' may also be complicated by a person's autism. For example, for a transsexual, the transition to living in the other gender might be harder for a person with autism, since it might be harder to identify safety issues and 'codes' about what to wear increasing vulnerability to discrimination.⁷

Recording of autism

There is no statutory requirement for services to record or code a diagnosis of autism on databases so the number of people recorded as known to services is much lower than the expected prevalence. Many older people will also be undiagnosed as autism only became formally recognised as a range of conditions in the late 60's. There may also have been mis-diagnosis such as schizophrenia or borderline personality disorder. Unless diagnosed in childhood, adults with Asperger Syndrome (AS) and High Functioning Autism (HFA) find it difficult to receive the support they need which is easier to access if they are diagnosed with a co-occurring condition such as a learning disability or mental health problem.⁸

Government policy

The Government has recognised these many challenges and has put in place a range of key actions⁴ linked to equality that not only raise the profile of autism across society and public services, but also to try and make more rapid progress to improving the lives of people with autism and their families and carers. Key amongst these are:

- *The Autism Act 2009*⁹ (Legislation)
- *Fulfilling and rewarding lives: The strategy for adults with autism in England (2010)* (Strategy)
- *Implementing Fulfilling and rewarding lives: Statutory guidance for local authorities and NHS organisations to support implementation of the autism strategy*¹⁰ (Implementation)
- *Towards Fulfilling and rewarding lives: The first year delivery plan for adults with autism in England (2010*¹¹) (Delivery)

⁴ See Appendix 2

National policy framework

The policy framework aims to address the real needs of adults with autism as well as transforming the way public services are planned, commissioned and delivered. This reflects the current economic climate where all public sector organisations are facing significant budget restrictions and are required to do more with less. It also reflects the Government's policy direction of reducing statutory requirements and placing more responsibility on frontline staff to develop services that meet identified local needs.

Local policy framework

The strategy is linked to Brighton & Hove City Council and NHS Brighton and Hove (the Primary Care Trust) priorities.

The proposed Council priorities are:

1. Tackling inequality
2. Creating a more sustainable city
3. Engaging people who live and work in the city
4. Responsible and empowering employer
5. A council the city deserves

The strategy relates to some of the service transformation intentions set out in the *Annual Operating Plan for NHS Brighton and Hove 2011/2012*¹² including:

1. Long Term Conditions and end of life care (*equitable care; personalised care for patients and their carers that meets their needs; structured care most appropriate to need*)
2. Planned Care (*Integrated Care Pathways; service user involvement in decisions relating to their care and commissioning decisions*)
3. Primary Care (*High quality experience for all in GP practices; health improvement; reducing health inequalities*)
4. Mental Health (*Promoting Mental Health and Wellbeing; Developing Care Pathways to treatment services*)
5. Workforce (*Different ways of working; increasing productivity in screening services; increasing flexibility of workforce and roles that work across organisational boundaries*)
6. information Management and Technology (*Good practice and excellence through joint approaches; safe transference of patient information as they progress through the care pathway; work of clinicians is supported and enabled*)

The strategy also reflects key priorities in *Creating the City of Opportunities: A Sustainable Community Strategy for the City of Brighton and Hove*:¹³:

1. Improving health and well-being
2. Improving housing and affordability
3. Promoting enterprise and learning
4. Reducing crime and improving safety
5. Strengthening communities and involving people.

SECTION 2

Autism in Brighton and Hove

Nationally it is estimated 433,000 adults in the UK have autism. Within Brighton and Hove approximately 1,763 adults aged 18-64 years have diagnosed autism. It is estimated that this number will rise to 1,854 by 2020. Autism is far more common among men than women with an estimated 1,589 men and 174 women in Brighton and Hove having this condition (although under-recording of females with ASC can happen due to assumptions made about female behavioural characteristics)¹⁴. A large proportion of these adults will also have a learning disability.¹⁵

Finding out more about what is happening locally

To find out more about the challenges and services for adults with autism in Brighton & Hove and in order to inform and shape future services and support, three key consultative actions were put in place:

1. Scrutiny Panel on Services for Adults with Autistic Spectrum Conditions

The Panel was set up in 2010 by the Adult Social Care & Housing Overview & Scrutiny Committee¹⁶ (ASCHOC), to examine local services for adults with autism against the national guidelines and policy. The Panel looked at a number of services, within and outside Brighton & Hove City Council, what is currently in place and what might be offered. The Panel acknowledged the impact of the current economic constraints and that long-term changes take time, but it also recommended that local implementation of the national strategy should begin as soon as possible. Meetings were attended by people representing a wide range of sectors, including service users, carers, professionals and members of the public. Information was generously shared and a report with recommendations has been produced.¹⁷

Report findings

The report finds that adults with autism, their families and carers face many difficulties in their daily lives. Barriers to accessing services, public lack of awareness and understanding about autism, difficulties in gaining long-term and meaningful employment, all impact on quality of life. The report findings and recommendations⁵ reflect the four key areas for action highlighted in the statutory guidance intended to support implementation of the autism strategy. These findings have fed into the development of the strategy.

2. Adults with autistic spectrum conditions needs assessment

The Joint Strategic Needs Assessment (JSNA) was commissioned by NHS Brighton and Hove and Brighton & Hove City Council in response to the requirement in *Fulfilling and rewarding lives: The strategy for adults with autism in England (2010)*, that every adult autism strategy should be based on a local JSNA. The JSNA was also informed by the Scrutiny Panel report and recommendations.

⁵ See Appendix 3

JSNA findings

The JSNA identified several key issues that impact on the numbers of people with autism known to our services and on access to appropriate services and support, made worse by:

- **No statutory requirement** for services to record or code a diagnosis of autism on their databases means that numbers known to our services is much lower than the expected prevalence⁶
- **Autism masked** by other co-occurring conditions such as a learning disability, mental health problem or attention deficit hyperactivity disorder
- **Risk** of falling into the gap between services for people with learning disability or mental health conditions, especially if they have not been diagnosed in childhood
- **Adults with Asperger Syndrome (AS) or High Functioning Autism (HFA)** in particular struggle to receive the support they need to lead fulfilling and rewarding lives and this, in itself, can lead to development of mental health problems
- **Gaps in provision** identified at all stages of the care pathway are linked to:
 - a complex care pathway and long waiting times for diagnosis
 - support for adults with AS or HFA after diagnosis
 - no specialist support to coordinate care between agencies (voluntary sector support for people with AS receives no statutory funding)
 - transition from childhood to adulthood with changes in what and how services are delivered, with parents believing that health services are less than previously received from paediatric services
 - higher eligibility criteria thresholds make it harder to access support from Adult Social Care

These challenges are also compounded by lack of awareness and understanding of autism amongst the public and frontline staff and the adjustments that need to be made to the workplace, living environment, educational and leisure settings to support people with autism to lead more integrated and fulfilling lives in the community. The JSNA recommendations⁷ highlight the need for improvements.

3. Adult Autism Strategy Stakeholder Group

Membership of the group includes people with autism, carers, representative groups and health and social care professionals⁸. It has been set up to be an active partner in the development of the Brighton & Hove strategy, to share and disseminate information and expertise, to build links across organisations to help future service development and quality improvement and to develop a work plan that supports the four key areas of action identified in the national autism strategy and guidance.

⁶ The Brighton & Hove Adult Social Care CareFirst database has now begun separate coding of adults with autism and autism with co-occurring conditions

⁷ See Appendix 4

⁸ See Appendix 5

Service gaps and implications for commissioning

The Scrutiny Panel Report and Recommendations and the JSNA both highlight service gaps that also have implications for the development or commissioning of services:

- Autism awareness **training** especially for frontline staff including GPs
- A simpler diagnostic, assessment and support **pathway**
- Post-diagnosis **information** and **support**
- Coordinated sharing of information between **databases**
- **Reasonable adjustments** in services that reflect a greater understanding of the different needs of each individual and that prevent the need for increased support later on
- Integrated working between Children's and Adult services, particularly linked to the **transition** from childhood to adulthood
- Harnessing **Third sector** knowledge and expertise in planning and support as well as clarifying availability and expectation of provision
- **Education** and life long learning opportunities in caring, supportive environments
- Employer awareness of autism and **supported work** opportunities
- **Housing** provision taking account of individual and longer-term needs
- Assessment of the needs of **carers** and their involvement in longer-term planning
- **Information and signposting** regarding relevant support to help with effective management of personalised services

SECTION 3

Delivering the Brighton & Hove strategy

The statutory guidance identifies four key areas for action with a focus on *outcomes*. Together with the evidence base provided by our local level reports and recommendations it has informed what actions need to be carried out and how we might commission, develop and deliver services in the future.

This strategy aims to support adults with autism to live more fulfilling and rewarding lives through the development and implementation of a range of operational actions and initiatives that will:

- Increase awareness and understanding of autism through training of frontline staff and reasonable adjustments
- Develop a more joined up care pathway (diagnosis, assessment and support)
- Improve the transition process from childhood to adulthood
- Ensure that local planning and leadership underpins and enables the development and commissioning of quality services and support.

A. Training of staff who provide services to adults with autism

All staff need better training about autism, to raise awareness and to ensure that reasonable adjustments are made to mainstream services to meet the diverse needs of people with autism. This training would form part of essential equality and diversity training with particular priority for staff working in housing, health and social care and reception staff.

Staff should be trained well enough to do their jobs and there should be more training for staff in key roles that need to know more about autism. It is not always possible to know that someone has autism so staff need to know more about the condition so that they can help people properly. Training will help staff to tell when someone has autism and to communicate and behave appropriately. More specialist training is needed for frontline health and social care staff who provide support to people with autism in their everyday work.

B. Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services

The national strategy says that every local area should have a service that can diagnose if someone has autism by 2013 with a professional in charge to make that happen. The National Institute for Health and Clinical Excellence (NICE) is also developing a new guide (due to be published in July 2012), that local health services should consult to see how they can make existing services better and to develop a more clear and effective care pathway from referral and diagnosis through to assessment of needs.

When someone is diagnosed with autism they should get good information about what having autism means and the support they might get. Staff should also be sensitive to the fact that perhaps due to cultural

values, not everyone may be able or willing to consider or question information given at the time. Monitoring and review of referral routes can show if they are accessible and used by different groups.

Health services should tell social services quickly (with the permission of the person diagnosed), so that they can have a social care assessment to see if they need any support and, if necessary, help should be provided for the person to say what support they need. Social services should also tell carers that they have a right to a carer's assessment which should also take into account the diverse needs of the individual.

All assessments should be done in a person-centred way by staff who have had good training, information should be shared appropriately between agencies and people told quickly about how their support needs can be met.

C. Planning in relation to the provision of services to people with autism as they move from being children to adults

Transition planning needs to get better for people with autism as they leave school so they get the support they need as they become adults. If there is a statement of autism then planning for the future should begin early in year 9 (age 13-14 years). Services should build on the information already collected by the [Youth Employability Service \(formerly Connexions\)](#), during the Transition Review⁹ to further clarify support needs and who will provide this. If there is no statement social services should still carry out an assessment to see what support is needed. Robust plans need to be in place with heads of assessment ensuring that they are followed and that services are good enough.

D. Local planning and leadership in relation to the provision of services for adults with autism

Having good local leadership is crucial to making sure that adults with autism get the help they need. This means ensuring there is a lead commissioner¹⁰ who will set out how services are commissioned (bought), who will work closely with other local groups and organisations, who will be involved in other planning in the area including the Partnership Board¹⁸ and Valuing People regional work.

Commissioning plans for services for adults with autism should reflect the findings of the JSNA. Consideration should also be given to the needs of carers, to the role of the 'Big Society'¹¹ in delivering support services, to the benefits of personalised services and to ensuring that the views of adults with autism, their families and carers are taken into account when developing and commissioning services with consideration given to the different degree of capacity and resilience amongst different carers.

⁹ Under section 139A-C Assessments

¹⁰ Lead Commissioner for Learning Disabilities appointed

¹¹ Local level problems identified and solved by local level people in a way they have chosen

Planning of other services for adults with autism

We have listened to what people with autism and their carers have said and our local plans are based on what local people have told us they need and on other important evidence. The health and social services we commission should reflect this as should those other services, such as housing, education, employment and social and leisure that can have a significant impact on people's health and wellbeing and on their active participation in the community.

The Equality Act 2010¹⁹ aims to protect disabled people and prevent disability discrimination and this includes people with autism. Commissioning activity should be based on a 'tiered approach' that meets a range of needs. Reasonable adjustments will enable improved access to universal, prevention and early intervention services with specialist commissioning meeting the needs of the most complex and severe cases.

We also have a legal duty to people with disabilities, including people with autism. The General Duties in the Equality Act 2010 states that public bodies must have due regard to the need to meet three aims:

- **To eliminate unlawful discrimination**, harassment, victimisation and any other conduct prohibited by the Act
- **To advance equality of opportunity** between people who share a protected characteristic and people who do not share it; and
- **To foster good relations** between people who share a protected characteristic and people who do not share it.

The Equality Duty also explicitly recognises that disabled people's needs may be different from those of non-disabled people. Public bodies should therefore take account of disabled people's impairments when making decisions about policies or services. This might mean making reasonable adjustments or treating disabled people differently to non-disabled people in order to meet their needs.

Services have to make changes that recognise diversity of need, ensure accessibility and enable people with autism to receive the same and best treatment as anyone else giving them more choice and control over their lives with additional support if needed. For example, consideration being given to cultural needs²⁰ and providing the right information at the right time about available services and support can help people with autism and their carers make informed choices that are right for them.

SECTION 4

Strategic objectives, actions and outcomes

This strategy works within a social model of disability which says that disability is created by barriers in society²¹. Changes needed are a long-term goal with the strategy focussing on the local actions for the next 3 years.

The strategic objectives¹² provide guidance on how organisations and services can move towards the 'high goals' of our vision and mission. They clarify what needs to be achieved whilst still being consistent with the plans and priorities of the organisations involved. The more specific strategic actions provide the means for achieving the changes and benefits resulting in the more positive outcomes that we are seeking to achieve for adults with autism, their families and carers in the City of Brighton & Hove.

The strategy promotes changes or modifications that may prove a challenge. However, by making the most of the opportunities presented by current changes in the health and social care sectors, including working collectively towards common goals and using the full spectrum of resources in a more efficient and effective way, they are achievable.

Approach

To achieve the vision for adults with autism set out in the national strategy and to successfully deliver the strategy at local level will need a bottom up approach from health and social care services, ownership and decision making by key stakeholders including professionals, service users, carers and service providers, and a focus on outcomes not process targets.

Structure

The Brighton & Hove strategy is informed and shaped by the national findings and guidance and, more specifically, by the local level findings and recommendations of the Overview & Scrutiny Panel Report, the JSNA and the contribution and feedback from the cross-sector Stakeholder Group. It covers the four Core Areas of Activity (goals) outlined previously, with a focus on outcomes.

Planning and Commissioning

Health and social care services can improve the way they identify the needs of adults with autism and can incorporate those needs more effectively into local service planning and commissioning. It is important to reflect local needs and context and build on existing strengths in service provision. We have to fulfil our statutory responsibilities and also recognise that any changes or modifications that need to be made to improve services and support for adults with autism will need to be considered against significant resource challenges.

¹² See Appendix 1

Change

The strategy provides an opportunity to support effective change at local level: better coordination and integrated working; joint planning and commissioning of services; more involvement in decision making for service users and carers and using the knowledge and expertise of the Third sector to help shape and deliver services.

Scope

The main focus of the strategy is on health and social care but also includes other key areas which, by improving the way they deliver their services, can have a positive impact on the lives and all-round wellbeing of adults with autism. For example:

- *Further and Higher Education* and other learning opportunities
- *Employment* (paid or unpaid) contributing to the development of self-confidence, personal growth and contribution to the community
- *Housing* that takes account of individual needs and longer-term requirements
- *Planning around carers* that involves them and supports their needs
- Accessing a wider range of *leisure and social activities* increasing social inclusion
- The *Criminal Justice System* and safety in the community.

Evaluating progress

A long-term, cultural change is needed to deliver the vision and strategy and this can only be achieved by putting ownership and responsibility into the hands of professionals on the front line. A greater understanding of autism is needed in our services and wider community, services need to be tailored to meet the real needs of adults with autism and genuine partnership working is required to create the right quality frameworks and outcome indicators.

'*Fulfilling and rewarding lives: Evaluating Progress*' identifies seven quality outcomes that can be used to show progress in service development and performance:

1. Adults with autism achieve better health outcomes
2. Adults with autism are included and economically active
3. Adults with autism are living in accommodation that meets their needs
4. Adults with autism are benefiting from the personalisation agenda in health and social care, and can access personal budgets
5. Adults with autism are no longer managed inappropriately in the criminal justice system
6. Adults with autism, their families and carers are satisfied with local services
7. Adults with autism are involved in service planning

Although these are long-term outcomes they will still have a positive impact on adults with autism, their families and carers. The changes or modifications and ways of working required to achieve them can, in themselves, create service improvements and lead to other opportunities.

APPENDIX 1

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A. Training of staff who provide services to adults with autism		
Strategic objective:	Strategic action:	Desired outcome:
1. Increased awareness & understanding of autism amongst health & social care staff	Include autism awareness in general equality & diversity training	<ul style="list-style-type: none"> • Training available to everyone working in housing, health, social care and reception staff • Use of e-learning to increase access and flexibility
	Provide basic autism awareness training for frontline staff	<ul style="list-style-type: none"> • Training prioritised for staff in key roles who need to know more about autism • Increase in reasonable adjustments in communication, behaviour & services
	Include autism awareness in other training programmes & evaluate its impact	<ul style="list-style-type: none"> • Content of management & other development programmes reviewed • Autism or potential signs of autism recognised & appropriate support given to staff • Staff with autism supported to access opportunities for personal & professional development
	Support World Autism Awareness Day (WAAD) to raise awareness at organisational & wider level	<ul style="list-style-type: none"> • WAAD (April 2) highlighted & actively promoted via corporate communication mechanisms • Increased knowledge & promotion of a balanced view of autism & associated issues through effective communication channels • Community cohesion supported by fostering improved relations between different groups
	Identify local experts to help deliver training	<ul style="list-style-type: none"> • Initial scoping identifies level of interest, concerns & possible changes in commissioning & delivery • Adults with autism, their carers & representative groups involved in training delivery & assessment of current programmes
	Explore the benefits of combined training programmes	<ul style="list-style-type: none"> • Cross-sector collaboration & joint working approach; shared knowledge & expertise • Financial benefit & value-for-money through co-commissioning & shared resources • Comparison of training effectiveness within & across organisations
2. Provision of specialist training for those in key roles	Develop or provide specialist training for those in key roles that have a direct impact on access to services for adults with autism	<ul style="list-style-type: none"> • Training prioritised for staff groups most likely to have contact with adults with autism • Identified, clear expertise in the local area that colleagues can consult • Increased sector capacity to work with adults with autism through specialist knowledge & skills • Improved staff retention & career development through workforce development
	Work with key partners to improve quality of autism training in their curricula	<ul style="list-style-type: none"> • Review of training curricula supports development of specialist training in health & social care • Staff able to develop further knowledge or specialise in autism
3. Autism awareness included in Primary Care workforce development	Include training in Continuing Professional Development (CPD) & evaluate its impact	<ul style="list-style-type: none"> • Primary Care health professionals (including GPs & independent contractor partners), able to recognise & refer earlier & appropriately • Evaluation & impact analysis measure improvements in awareness, understanding & referral
	Explore opportunities to deliver training in Primary Care settings following a needs assessment	<ul style="list-style-type: none"> • Identification of local requirement; barriers; resource needs; potential service improvements • Easier, flexible access to learning as part of the Protected Learning Scheme (PLS) • Increased opportunities for raising awareness & understanding of autism, shared learning & best practice, multidisciplinary partnership working approach, increased value-for-money
	Review what is needed in GP practices to enhance services to people with autism	<ul style="list-style-type: none"> • Better information on health needs to prevent increased needs in the future • Better standards in the care & support to adults with autism
4. Improved services to better meet diverse needs	Needs of people with autism included in Equality Impact Assessment (EIA)	<ul style="list-style-type: none"> • EIA undertaken on developing policies, procedures & practices to assess whether they have a positive or negative impact on people with autism and their carers including the diverse needs of people from different groups in the community • Existing policies, procedures & practices reviewed to address any adverse impact

B. Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services		
Strategic objective:	Strategic action:	Desired outcome:

B. Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services

Strategic objective:	Strategic action:	Desired outcome:
1. Availability of a clear & trusted diagnostic pathway locally leading to a person-centred assessment of need	Develop the Map of Medicine to include autism	<ul style="list-style-type: none"> NHS practitioners can identify potential signs of autism & refer for clinical diagnosis if necessary NHS practitioners able to adapt their behaviour & communication when a patient has been diagnosed with autism or displays these signs Evidence-based clinical knowledge with customised pathways to reflect local care provision & clinical practice Knowledge sharing across care settings with easier access to local & national best practice
	Develop a clear pathway to diagnosis & assessment of need	<ul style="list-style-type: none"> Existing best practice reviewed <i>now</i> to establish how it might be adopted against the NICE clinical guideline on Autistic Spectrum Disorders in Adults Local commissioners & providers use the NICE model care pathway to form the foundation of local referral & care pathways (due July 2012) Increased access to diagnostic services, more consistent diagnosis, better integration into needs assessment, increased confidence from all stakeholders in the diagnostic process Improved signposting to services for adults <i>without</i> a learning disability or mental health diagnosis Protocol in place for determining the assessment/funding pathway when people with autism (but with no obvious learning disability or mental health need), require social care support
	Assessment offered to adults diagnosed with autism who may have an eligible social care need	<ul style="list-style-type: none"> Following diagnosis (with consent of the individual), health services promptly inform social services of the need to carry out a community care assessment within a reasonable time period Independence of monitoring, evaluation & review ensured through stakeholder involvement Potential whole system efficiencies identified as a result of service redesign
	Identify specific individuals in frontline clinical teams to represent interests of adults with autism	<ul style="list-style-type: none"> Identified 'autism champion' & inclusion of autism in the Link Nurse within mental health team Raised awareness within professional teams enable operational services to respond appropriately Capacity of the clinical diagnostic team expanded through development of expertise
	Establish arrangements to coordinate health & social care input	<ul style="list-style-type: none"> Coordinated, less resource-intensive referral pathway with facilitated liaison between mainstream services Reduced unnecessary functional overlap with sharing of knowledge & best practice Reduced risk & negative impact through earlier intervention or signposting to universal services
2. Adults with autism achieve better health & social outcomes	Ensure adults with autism are better able to access health care at an early stage	<ul style="list-style-type: none"> Increased accessibility through better service design, management & monitoring systems Reduced need for intensive, expensive interventions at crisis point; retaining independence through a more preventative approach Person-centred assessments by staff who have had good training including autism awareness
	Ensure appropriate support is offered following screening or diagnosis, including the needs of carers	<ul style="list-style-type: none"> Diagnosis linked to rigorous assessment of individual, personalised need & provision of good information about autism & the support available to enable fully informed decision making Health Action Plan following a learning disability diagnosis; Care Plan following a mental health diagnosis Appropriate signposting by health & social services where the individual does not fulfil the criteria for access to adult learning disabilities or mental health teams Diagnosis linked to assessment of needs an important cultural change reducing emphasis on diagnosis itself
	Ensure adults with autism are benefitting from the personalisation agenda in health & social care, & can access personal budgets	<ul style="list-style-type: none"> Personalisation offered to adults with autism increasing choice & control over services Reasonable adjustments to the personalisation process by health & social care enables people with autism to understand & exercise choice Number receiving personal budgets/number receiving a personal budget and relevant support for their decision making known year-on-year Availability of relevant services directly linked to take up of personalisation by adults with autism
	Develop a locally coordinated & comprehensive data system to inform planning	<ul style="list-style-type: none"> Requirement for data collected to be monitored & evaluated Range of evidence gathered to include: numbers diagnosed; numbers in receipt of Adult Social Care services; numbers living in accommodation provided via Housing services; numbers of carers of adults with autism
3. Coordinated liaison across agencies	Identified key worker/case manager assigned to adult with autism & their carers	<ul style="list-style-type: none"> Where need is identified, provision of a coordinated approach & liaison across key agencies including GP practices, learning disabilities, mental health, social care & health, for adult with autism, their families/carers

C. Planning in relation to the provision of services to people with autism as they move from being children to adults

Strategic objective:	Strategic action:	Desired outcome:
1. Local Authority & NHS compliance with existing legal obligations under the statutory guidance around transition planning	Review transitions planning process to ensure compliant with best practice	<ul style="list-style-type: none"> Director Adult Social Services responsibility for ensuring local area follows its statutory duties & meets at least the minimum standards in transition planning Special Educational Needs team undertake transition planning from age 14 (statutory requirement)¹³ Transition plans tailored to the needs & wishes of the individual & reviewed & updated annually Delivery of the transition plan overseen by an identified service with transition planning embedded into all key processes across the sector
2. Parents & young person informed of their right to a Social Care Assessment & Carers Assessment	Ensure that young person & their carers are informed of their right to assessment as transition approaches	<ul style="list-style-type: none"> Professionals, including CAMHS¹⁴, SENCO's¹⁵ & Social Workers, ensure that the young person & carers are fully informed of their right to assessment & are involved in transition planning Social Services formally notified of possible need for assessment by professionals working with the young person approaching transition Services build on information collected by the Youth Employability Service (formerly Connexions), during the Transition Review¹⁶ to clarify support needs & providers
3. Robust systems & protocols in place to ensure a smooth transition into adulthood	Ensure joint working, planning & robust communication between key services & agencies	<ul style="list-style-type: none"> Information shared appropriately between Children's & Adult Service at transition highlights the needs & numbers of children with autism in the local area & improves longer-term planning Local protocols established for transition of clinical mental health care for children with autism in receipt of CAMHS
4. Involvement of people with Autism and their families in transition planning & support	Ensure full & appropriate involvement of young person with autism & families in the transition process	<ul style="list-style-type: none"> People with autism, their family/carers fully aware of the range of support services available to people with autism to enable them to live more fulfilling & independent lives
Education:		
1. School leaving age determined by individual learning needs	Explore opportunities for changes or modifications to the current criteria based on age limits rather than learning needs	<ul style="list-style-type: none"> Person-centred transition plan identifies young person's aspirations with support provided to help them achieve their goals Good, accessible information on available options helps increase choice & control over their future
2. Adults with autism actively supported to complete their course of study in Further Education (FE)	Review current support arrangements in FE for students with autism	<ul style="list-style-type: none"> Reasonable adjustments & support mechanisms help individuals complete their course of study
Employment:		
1. Adults with autism are included & economically active	Increase awareness & understanding of autism within the employment framework	<ul style="list-style-type: none"> Good, accessible information on autism, including within the context of the Council's current review of information & advice services across the City Reduced barriers to finding work & increased access to work experience, paid or unpaid work
	Reasonable adjustments in recruitment of staff within the local authority & health providers as responsible & empowering employers	<ul style="list-style-type: none"> Increased capacity to employ & retain disabled employees, do business with disabled customers & become disability confident Adults with autism included in the CESP¹⁷ focus on inclusion of vulnerable people in local economic development & growth Legal obligation turned into policy development & culture change through promotion of good practice, addressing disability, engaging colleagues & ensuring barrier-free processes & procedures
	Increase engagement with employers through Supported Employment Team	<ul style="list-style-type: none"> Employment focus included in the transition from Children's to Adult services Support systems including person-centred plan; selected area of work they want to do on leaving school; job description for a specific job; range of support available to help people into work Indication of whether they have recruited adults with autism & have made reasonable adjustments in the workplace
Housing:		
1. Adults with autism are living in accommodation that meets	Review local housing policy & strategy to ensure consideration of needs of people with	<ul style="list-style-type: none"> More adults with autism live in accommodation that meets their assessed needs Local Authority equality duty fulfilled by taking account of peoples' needs (not just physical), in housing allocation

¹³ Special Educational Needs Code of Practice (reference DfES 51/2001)

¹⁴ Child & Adolescent Mental Health Services

¹⁵ Special Educational Needs Co-ordinators

¹⁶ S139 Assessments will continue to be led by the Youth Employability Service (formerly Connexions)

¹⁷ City Employment & Skills Plan

C. Planning in relation to the provision of services to people with autism as they move from being children to adults

Strategic objective:	Strategic action:	Desired outcome:
their needs	autism	<ul style="list-style-type: none"> • Policy review includes provision of aids & adaptations (including soundproofing) • Availability of appropriate local housing reduces out-of -area placements for those with complex needs • Commissioning includes Third sector involvement in delivering support services linked to accommodation
2. Home Move eligibility criteria reviewed	Carry out a review of Home Move eligibility criteria	<ul style="list-style-type: none"> • Eligibility criteria reflects the needs of adults with autism • Timely transition planning addresses future accommodation needs of individuals currently living at home & reduces crisis intervention for those who can no longer be cared for at home
3. Supporting People Integrated Support Pathway reviewed	Review the Integrated Support Pathway to ensure the needs of people with autism are reflected	<ul style="list-style-type: none"> • Focus includes the needs of people with autism & provides a gateway into housing-related support according to need • Co-ordinated, structured services promoting independent living for adults with autism & reducing risk & vulnerability • Opportunity to explore other support solutions (e.g. East Sussex County Council Homeshare scheme)
4. Recording of residents with autism on the City Council Housing database	Begin coding of residents using or applying for housing services on the OHMS database	<ul style="list-style-type: none"> • Adults with autism formerly recorded on the Housing database • Housing provision reflects internal/external environmental needs, due to sensory & related issues • Future planning, strategy & policy development informed by the evidence base
Carers:		
1. All carers to receive a Carer's Assessment which is reviewed annually	Carer's Assessment automatically triggered by diagnosis of autism	<ul style="list-style-type: none"> • Carer's needs & support requirements identified (including any disability issues) • Progress or changes to requirements identified through yearly assessment (more often if needed) • Following diagnosis, relevant information & signposting to appropriate support & training helps carers to manage the challenges of caring
2. Parents & carers included in discussions & decision-making	Ensure parents & carers are included in post-diagnosis discussions (with permission of the individual with autism)	<ul style="list-style-type: none"> • Active participation & informed decision-making in the planning process as part of an inclusive care pathway approach • Rights of people with autism respected in decision-making & planning about their care & support
Community safety:		
1. Adults with autism no longer managed inappropriately in the criminal justice system	Explore provision of enhanced autism awareness training for key people in the police & Criminal Justice System(CJS)	<ul style="list-style-type: none"> • Improved communication & behaviours of frontline staff (e.g. custody officers, magistrates, probation officers, lay visitors) • Reduction in numbers of adults with autism in the criminal justice system & reduced workloads for CJS professionals through inappropriate referrals • Adults with autism & their carers involved in training delivery for police & criminal justice staff
2. Minimising conflict in difficult situations	Explore introduction of personal Autism Alert cards to raise awareness of autism amongst Criminal Justice staff	<ul style="list-style-type: none"> • Person with autism helped to communicate in difficult situations, lowering confusion & stress (e.g. with police officers; probation officers) • Raised awareness minimises risk of misunderstanding, inappropriate communication & responses
Social and leisure:		
1. Removing barriers to meet diverse needs	Social & leisure services review potential barriers to access for adults with autism	<ul style="list-style-type: none"> • Individuals leading more active & fulfilling lives supported by healthier living & good mental health • Reasonable adjustments made by services to increase access to a wider range of pursuits

D. Local planning and leadership in relation to the provision of services for adults with autism		
Strategic objectives:	Strategic actions:	Desired outcome:
1. Allocated responsibility for leading the commissioning of community care services for adults with autism at local level	Lead Commissioner for autism identified	<ul style="list-style-type: none"> Needs of adults with autism 'championed', addressed at local level, represented at regional level Named local contact for the public, service providers, others working in health & social care as commissioning in health care becomes more distributed Locally level commissioning of community care services for adults with autism Close working & participation in relevant local & regional strategic planning groups & partnership boards (e.g. Valuing People regional delivery boards; proposed Health and Wellbeing Boards)
2. Implementation of a local commissioning plan for services for adults with autism	Develop an integrated commissioning plan around services for adults with autism	<ul style="list-style-type: none"> Output of JSNA & other relevant data around prevalence¹⁸ reflected in planning, monitoring & review of core services Autism included in key procedures, structures & strategies to ensure needs of adults with autism & their carers are considered A plan or specific structures introduced for involving adults with autism, their carers & representative groups in service design & planning on an on-going basis Commissioning plans subject to same review requirements & processes as other plans Support for the voluntary & community sector & social enterprises (<i>i.e. the Big Society</i>), explored when planning & commissioning local services Adults with autism can depend on mainstream public services to treat them fairly as individuals, develop a more preventative approach & enable them to make choices about the services & support they receive, with additional support provided where necessary
	Review contract specifications to ensure inclusion of autism in equality requirements	<ul style="list-style-type: none"> Equality requirements aligned to the Equality Act 2010 & identified best practice Service providers (including health service providers), aware of & able to satisfy corporate equality & diversity requirements in their service provision Detailed guidance & service specification provides clear understanding of equality requirements for service providers.

¹⁸ Refer Brighton & Hove JSNA and BHCC Overview & Scrutiny Panel Report & Recommendations

Appendix 2

Key national documents	
Disability Discrimination Act (2005)	Promotes civil rights for disabled people and protects disabled people from discrimination
Valuing People Now: a new three-year strategy for people with learning disabilities	Government strategy for people with learning disabilities. Highlights that adults with autism are some of the most excluded and least heard in society
Better Services for People with Autistic Spectrum Disorder (2006)	Examines how existing government policy relates to people with an ASC. Identifies that people with ASC can fall between the gap between Mental Health and Learning Disability services
Putting People First (2007)	Sets out a vision for transforming social care to give people more independence, choice and control through high-quality, personalised services
Independent Living Strategy (2008)	Commitment to a shared understanding of the principles and practice of independent living giving greater choice and control over how support is provided and greater access to a range of services
The Autism Act 2009	First ever piece of legislation designed to address the needs of one specific impairment group demonstrating a new commitment across government to transform the way public services support adults with autism
Supporting People with Autism through Adulthood (National Audit Office 2009)	Looked at how the needs of people with an ASC are currently being met. Found that the effectiveness of existing services can be improved by better planning and strategy based on good information, raising awareness of autism and the needs of people with autism
Fulfilling and rewarding lives: The strategy for adults with autism in England (2010)	A national strategy that sets the direction for long-term change and meeting the needs of adults in England with autism by improving the provision of relevant services by local authorities, NHS bodies and NHS foundation trusts. It also identifies specific areas for action over the next three years. The strategy draws on the findings of the National Audit Office (NAO) report <i>Supporting People with Autism throughout Adulthood</i>
Implementing Fulfilling and rewarding lives: Statutory guidance for local authorities and NHS organisations to support implementation of the autism strategy	Aims to empower local areas to develop services and support that reflect the assessed needs and priorities of the community and encourage innovation in the way services are delivered
Towards Fulfilling and rewarding lives: The first year delivery plan for adults with autism in England (2010)	Aims to show how the strategy would be taken forward over the next 12 months; priorities for action in the first 12 months; timelines and milestones associated with these priorities
Fulfilling and Rewarding Lives: Evaluating Progress (2011)	Identifies seven tangible quality outcomes – visible and measurable indications of whether the vision of improving the lives of adults with autism is being realised
Key local documents	
A Business Case For the Development of Autistic Spectrum Disorder Services for Adults across Sussex (R Hackett, SPFT 2007)	Business case for the development of a Sussex-wide ASC service for adults. Highlighted the unmet needs of adults with HFA and AS. Recommended the development of an ASC coordination service in each mental health locality to assess and coordinate care for young adults with HFA or AS accessing expertise from a virtual, cross-sector team. Business case not implemented
Aspergers Briefing (N Cox, BHCC Integrated Learning Disability Service 2009)	Outlines the development and work of the Asperger Stakeholder Group in Brighton & Hove. Supports the development of a pan-Sussex specialist ASC Service for adults as described in the SPFT Business Case 2007. Recommends the development of a local autism plan involving statutory and non-statutory agencies and including users and carers.

APPENDIX 3

Scrutiny Panel on Services for Adults with Autistic Spectrum Conditions (March 2011)	
Core Area of Activity	Summary of Report Recommendations
A. Training of staff who provide services to adults with autism	<ul style="list-style-type: none"> • Improve awareness and understanding of autism for frontline staff including GPs • Provide specialist training for those in key roles to improve access to services • Involve people with autism in delivery of training programmes
B. Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services	<ul style="list-style-type: none"> • Improve earlier identification of people with autism • Develop a triage service model to reduce diagnosis waiting times • Improve care pathway links between diagnostic, assessment and support services • Provide earlier, appropriate services or support interventions • Provide appropriate services and support for adults with autism who <i>do not</i> have a learning disability or mental health problem
C. Planning in relation to the provision of services to people with autism as they move from being children to adults	<ul style="list-style-type: none"> • Develop an integrated, joint working approach between Children and Adult services to improve the transition process • Provide sufficient good information to enable the individual, their family/carers to be fully involved in planning and decision making • Review funding to ensure continued involvement of Voluntary sector expertise in planning and decision making • Provide more opportunities for adult continuing education and development • Provide better information on autism for employers to help increase paid or unpaid work opportunities
D. Local planning and leadership in relation to the provision of services for adults with autism	<ul style="list-style-type: none"> • Develop an inclusive, integrated approach to improve service efficiency and effectiveness • Develop a virtual, multi-disciplinary team to improve access to appropriate information, services and support • Develop a joined up (inter-operable) database so that agencies can share current, accurate information to support effective planning and decision making

Appendix 4

Joint Strategic Needs Assessment for Adults with Autistic Spectrum Conditions (May 2011)	
Areas	Recommendations
Health	<ul style="list-style-type: none"> • Simplified, joined up diagnostic, assessment and care pathway • Easily accessible information and support for people with autism, their family/carers via a 'virtual' cross-sector, multi-disciplinary team (post-diagnosis) • Autism included on the Map of Medicine to assist GPs in identifying potential signs of autism with direct referral to the diagnostic clinic to speed up the process, reduce waiting times and minimise risk of people falling into gaps between services • Information on adults diagnosed with autism shared and coordinated across agency databases including data on carers of adults with autism • Increased autism awareness training for frontline staff
Transition	<ul style="list-style-type: none"> • Integrated, joint working approach between Children and Adult services • Identified contact to coordinate and support a more effective transition process • Easily accessible information on a range of services and support to inform planning and decision making • Third sector expertise commissioned to support effective transition planning
Education	<ul style="list-style-type: none"> • Access to further education taking account of individual needs within appropriate, supported settings • Opportunities for life long learning enhanced through strengthened employer links and increased work opportunities
Employment	<ul style="list-style-type: none"> • Better employer awareness of autism to help increase employment opportunities and understanding of the special skills of people with autism • Improved access to Job Centres through reasonable adjustments for people with autism
Housing	<ul style="list-style-type: none"> • Local housing provision planned to minimise out of area placements • Long term transition planning to reduce crisis situations when living at home is no longer possible • Housing provision and environmental issues to reflect individual need • Improved access to mainstream housing options and support for people with AS
Carers	<ul style="list-style-type: none"> • Carer's assessment carried out with on-going review if necessary (post-diagnosis) • Receive or signposted to information and support, including information on managing challenging behaviour, and help for carers themselves • Actively involved in planning and decision making • Stress minimised through adequate forward planning especially when linked to transition from childhood to adulthood
Social and leisure	<ul style="list-style-type: none"> • Increased access to a range of social and leisure pursuits to support living a more fulfilled life
Workforce	<ul style="list-style-type: none"> • Increased autism awareness training for frontline staff and involving service users and carers in programme delivery • Autism awareness specifically included in equality and diversity programmes
Community safety	<ul style="list-style-type: none"> • Enhanced autism awareness training for frontline police officers and criminal justice staff and involving service users and carers in programme delivery • Use of Autism Alert card considered to reduce communication difficulties between adults with autism and criminal justice staff in stressful situations
Personalised budgets	<ul style="list-style-type: none"> • Highlight agencies that can provide support with the different stages of budget management and other official processes

APPENDIX 5

Adult Autism Strategy Stakeholder Group - Membership	
ORGANISATION:	
	AMAZE
	Aspire
	ASSERT
	Autism Sussex
	BHCC (Commissioning and Partnerships)
	BHCC (Housing Adaptations OT Team)
	BHCC (Housing Options Team)
	BHCC (Housing, Policy & Performance)
	BHCC (Integrated Learning Disability Services)
	BHCC (Integrated Services Social/Disability Services)
	BHCC (Learning Disabilities)
	BHCC (Learning Support)
	BHCC (Supported Employment)
	BHCC (Supporting People)
	BHCC Post-16 Education
	Brighton Sussex Medical School
	National Autistic Society, SE Region
	NHS Brighton and Hove (Commissioning)
	NHS Brighton and Hove (Public Health)
	Southdown Housing Association
	St. Peter's Medical Centre, Brighton; PCT Clinical Lead
	Surrey Sussex Probation Service
	Sussex Partnership NHS Foundation Trust
	The Carers Centre Brighton

References

- ¹ Department of Health (2010), Fulfilling and rewarding lives: The strategy for adults with autism in England (2010). HM Government
- ² Scrutiny Panel on Services for Adults with Autistic Spectrum Conditions Report and Recommendations (March 2011); Adults with autistic spectrum conditions needs assessment (May 2011)
- ³ The nine 'protected characteristics' as defined by the Equality Act 2010 are age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. These attributes are currently protected under existing legislation:
- ⁴ Department of Health (2010), Fulfilling and rewarding lives: the national strategy for adults with autism. HM Government
- ⁵ Department of Health (2010), Fulfilling and rewarding lives: the national strategy for adults with autism. HM Government
- ⁶ Mencap (2007), Death by indifference. Accessed via <http://www.nmc-uk.org/Documents/Safeguarding/England/Death%20by%20Indifference.pdf>
- ⁷ Division of Diversity and Community Engagement. The University of Texas at Austin. Accessed via <http://www.utexas.edu/diversity/ddce/gsc/faqtransgender.php>
- ⁸ NHS Brighton and Hove and Brighton & Hove City Council (2011), Adults with autistic spectrum conditions needs assessment (August 2011) <http://www.bhlis.org/resource/view?resourceId=1076>
- ⁹ The Autism Act 2009, http://www.legislation.gov.uk/ukpga/2009/15/pdfs/ukpga_20090015_en.pdf HM Government
- ¹⁰ Department of Health (2010), Implementing Fulfilling and rewarding lives: Statutory guidance for local authorities and NHS organisations to support implementation of the autism strategy. HM Government
- ¹¹ Department of Health (2010), Towards Fulfilling and rewarding lives: The first year delivery plan for adults with autism in England (2010). HM Government
- ¹² Annual Operating Plan for NHS Brighton and Hove 2011/2012
- ¹³ Creating the City of Opportunities: A Sustainable Community Strategy for the City of Brighton and Hove (updated). Brighton & Hove Local Strategic Partnership. Accessed via <http://www.bandshop.co.uk/>

¹⁴ The Adult Autism Strategy Consultation Summary Report (January 2010) carried out on behalf of the Department of Health highlights that women with ASC are often overlooked due to sometimes incorrect assumptions about female behavioural characteristics such as 'shyness'

<http://www.swdc.org.uk/silo/files/adult-autism-strategy-consultation--a-summary-of-the-submissions-received.pdf>

¹⁵ NHS Brighton and Hove and Brighton & Hove City Council (2011), Adults with autistic spectrum conditions needs assessment (May 2011)

¹⁶ Brighton & Hove City Council Adult Social Care & Housing Overview & Scrutiny Committee

¹⁸ The Learning Disability Partnership Board at www.brightpart.org

¹⁹ The Equality Act 2010 accessed at <http://www.legislation.gov.uk/ukpga/2010/15/contents>

²⁰ Pestana, C (2011). A qualitative exploration of the life experiences of adults diagnosed with mild learning disabilities from minority ethnic communities, in Tizard Learning Disability Review, Volume 16, Number 5, pp. 6-13. Accessed via

<http://www.metapress.com/content/h1057k556798731q/?p=14fe7e230a79482887989dd5322c0815&pi=1>

²¹ Office for Disability Issues. Accessed at <http://odi.dwp.gov.uk/about-the-odi/the-social-model.php> HM Government

Draft First Year Action Plan

Strategic objective:	Strategic action:	Actions Proposed for Year 1
<p>1. Increased awareness & understanding of autism amongst health & social care staff</p>	<p>Include autism awareness in general equality & diversity training</p> <p>Include autism awareness in other training programmes & evaluate its impact.</p> <p>Prioritise autism awareness training for frontline staff</p> <p>Identify local experts to help deliver training</p>	<ul style="list-style-type: none"> Autism Awareness training for all frontline staff working in housing, health and social care provided through learning DVD
<p>2. Provision of specialist training for those in key roles</p>	<p>Explore the benefits of combined training programmes</p> <p>Develop or provide specialist training for those in key roles that have a direct impact on access to services for adults with autism</p> <p>Work with key partners to improve quality of autism training</p>	<ul style="list-style-type: none"> Specialist training for council staff and Sussex Partnership Foundation Trust providing support to those with Autistic Spectrum Disorder
<p>3. Autism awareness included in Primary Care workforce development</p>	<p>Include training in Continuing Professional Development (CPD) & evaluate its impact</p> <p>Explore opportunities to deliver training in Primary Care settings following a needs assessment</p>	<ul style="list-style-type: none"> Autism Awareness training for Primary Health Professionals include in CPD Training in practices
<p>4. Improved services to better meet diverse needs</p>	<p>Review what is needed in GP practices to enhance services to people with autism</p> <p>Needs of people with autism included in Equality Impact Assessment (EIA)</p> <p>Social & leisure services review barriers to access for adults</p>	<ul style="list-style-type: none"> Include needs of people with Autistic Spectrum Conditions in equality impact assessments EIA Leisure Services

	with autism	Actions Proposed for Year 1
<p>Strategic objective:</p> <p>1. Availability of a clear & trusted diagnostic pathway locally leading to a person-centred assessment of need</p>	<p>Strategic action:</p> <p>Develop a clear pathway to diagnosis & assessment of need in light of NICE guidance</p> <p>Assessment offered to adults diagnosed with autism who may have an eligible social care need</p> <p>Identify specific individuals in frontline clinical teams to represent interests of adults with autism</p> <p>Establish arrangements to coordinate health, housing & social care input</p>	<ul style="list-style-type: none"> • Review pathway diagnosis and access to social care accessible housing and employment services • Review of the care pathway through the Autism Stakeholder Group • Identity champions
<p>2. Adults with autism achieve better health & social outcomes</p>	<p>Ensure adults with autism are better able to access health care at an early stage through reasonable adjustments</p> <p>Ensure appropriate support is offered following screening or diagnosis, including the needs of carers</p> <p>Ensure appropriate support is offered following screening or diagnosis, including the needs of carers</p> <p>Ensure adults with autism are benefitting from the personalisation agenda in health & social care, & can access personal budgets</p> <p>Develop a locally coordinated & comprehensive data system to inform planning</p>	<ul style="list-style-type: none"> • Develop Screening questionnaire to assist GP's to identify people for referral • Diagnosis includes recommended support plan • Review of self directed support processes and services • Systems established to record people with ASC, Housing, Diagnosis
<p>3. Coordinated liaison</p>	<p>Identified key worker/case manager assigned to adult with</p>	<ul style="list-style-type: none"> • Review of Care Pathway

<p>across agencies</p> <p>Strategic objective:</p> <ol style="list-style-type: none"> Local Authority & NHS compliance with existing legal obligations under the statutory guidance around transition planning Parents & young person informed of their right to a Social Care Assessment & Carers Assessment Robust systems & protocols in place to ensure a smooth transition into adulthood Involvement of people with Autism and their families in transition planning & support 	<p>autism & their carers</p> <p>Strategic action:</p> <p>Review transitions planning process to ensure compliant with best practice</p> <p>Ensure that young person & their carers are informed of their right to assessment as transition approaches</p>	<p>Actions Proposed for Year 1</p> <ul style="list-style-type: none"> Transitions review to improve transitions process to include needs of people with Autism
	<p>Ensure joint working, planning & robust communication between key services & agencies</p> <p>Ensure full & appropriate involvement of young person with autism & families in the transition process</p>	<p>Establish local protocol for transitions for young people with autism receiving mental health services</p>

Education	
<p>1. School leaving age determined by individual learning needs</p> <p>2. Adults with autism actively supported to complete their course of study in Further Education (FE)</p>	<p>Explore opportunities for changes or modifications to the current criteria based on age limits rather than learning needs</p> <p>Review current support arrangements in FE for students with autism</p>
Employment	
<p>1. Adults with autism are included & economically active</p>	<p>Increase awareness & understanding of autism within the employment framework</p> <p>Reasonable adjustments in recruitment of staff within the local authority & health providers as responsible & empowering employers</p> <p>Increase engagement with employers through Supported Employment Team</p>
Housing	
<p>1. Adults with autism are living in accommodation that meets their needs</p> <p>2. Home Move eligibility criteria reviewed</p>	<p>Review local housing policy & strategy to ensure consideration of needs of people with autism</p> <p>Carry out a review of Home Move eligibility criteria</p>
<ul style="list-style-type: none"> • Review current support arrangements in further education, college and adult education • Review local employment services to identify gaps • Needs of people with autism feed into review of housing allocation policy • EIA of allocations policy to specifically include needs of people with autism 	

<p>3. Review of Supporting People services</p>	<p>Review the Integrated Support Pathway to ensure the needs of people with autism are reflected</p> <p>Include needs of people with ASC in review of Supporting people strategy</p>	<ul style="list-style-type: none"> Review integrated pathway (homeless services) and supporting people to include strategy referrals and the needs of people with autism
<p>4. Identifying and planning housing need</p>	<p>Recording of residents with autism on the City Council Housing database</p>	<p>Begin coding of residents on housing register</p>
Carers		
<p>1. All carers to receive a Carer's Assessment which is reviewed annually</p>	<p>Carer's Assessment automatically triggered by diagnosis of autism</p>	<ul style="list-style-type: none"> Access to carers assessments will be reviewed as part of review of care pathway
Community safety		
<p>1. Adults with autism no longer managed inappropriately in the criminal justice system</p>	<p>Explore provision of enhanced autism awareness training for key people in the police & Criminal Justice System(CJS)</p> <p>Explore introduction of personal Autism Alert cards to raise awareness of autism amongst Criminal Justice staff</p>	<ul style="list-style-type: none"> Develop and take forward a plan for training and reasonable adjustments across the criminal justice system
Social and Leisure		
<p>1. Removing barriers to meet diverse need</p>	<p>Social and leisure services review potential barriers to access for adults with autism</p>	<ul style="list-style-type: none"> Training to increase awareness of people in council provided leisure services

Strategic objectives:	Strategic actions:	Actions Proposed for Year 1
<p>1. Allocated responsibility for leading the commissioning of community care services for adults with autism at local level</p>	<p>Lead Commissioner for autism identified</p>	<ul style="list-style-type: none"> • Lead Commissioner identified
<p>2. Implementation of a local commissioning plan for services for adults with autism</p>	<p>Develop an integrated commissioning plan around services for adults with autism</p> <p>Review contract specifications to ensure inclusion of autism in equality requirements</p> <p>Support World Autism Awareness Day (WAAD) to raise awareness at organisational & wider level</p>	<ul style="list-style-type: none"> • Contracts with service providers across health and social care include requirements for equalities training and reasonable adjustments to meet the needs of people with ASC

Subject:	Review of community mental health support services		
Date of Meeting:	April 23rd 2012		
Report of:	Geraldine Hoban, Chief Operating Officer, Brighton and Hove Clinical Commissioning Group Denise D'Souza, Director of Adult Social Care		
Contact Officer:	Anne Foster, Locality and Transformation Programme Manager		
	Name:	Transformation Programme	Tel: 01273 -574657
	Email:	Anne.Foster@bhcpct.nhs.uk	
Key Decision:	Yes	Forward Plan No: JCB24256	
Ward(s) affected:	All		

1. SUMMARY AND POLICY CONTEXT:

1.1. A paper was presented to the JCB in February 2012 setting out the findings of the consultation process, which had taken place on the following areas of Community Mental Health Support services:-

- Information & Advice
- Outreach Support
- One to One & Group Support
- Day Services
- Employment Support

The paper also detailed final proposals for service changes which were recommended in light of the consultation feedback obtained and in context of changes to the configuration of other mental health services in Brighton and Hove. These proposals were approved by the JCB.

1.2 This paper and appendices provide:-

- An explanation of the preferred route to securing new services.
- Outline outcome-based service requirements against which potential providers will be invited to make bids for services.

2. RECOMMENDATIONS:

2.1 That the JCB agree the preferred route to securing new services.

2.2 That the JCB note the outline service requirements which will be developed for use in a forthcoming prospectus – *contained in Appendix 2.*

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF EVENTS

3.1 Background

Community Mental Health Support Services in the context of this report is a term used to describe a range of services that support people living in the community to manage their mental health and wellbeing. The services discussed in this report are mainly provided by the community & voluntary sector.

These services are an important part of the overall system of mental health and wellbeing care and support. For some people, these services provide sufficient support on their own without the need for them to be referred on for clinical mental health treatment. For other people, these services form part of their overall package of care in that it supplements their clinical therapy and treatment programmes.

This paper follows two previous papers to the JCB meetings (in November 2011 and February 2012) which provided detail of outcomes from the formal consultation process and set out proposals for changes to the provision of community mental health support services.

It is recognised that any changes may present challenges and cause concern to service users and their carers that they must receive sufficient and appropriate support during the period of transition. Therefore, all existing contracts within the framework of the review have been extended so that they remain in place until 31st March 2013. At this point they will terminate and new arrangements will replace the current service contracts.

3.2 Securing New Services – A Prospectus Approach

Consideration has been given to the most appropriate route to securing services. Options include a full procurement process, awarding funding agreements for services via a prospectus approach or a mixture of both. It has been decided that the prospectus approach best suits the services under consideration in this report and should be adopted throughout. Potential providers will be given the option to bid for entire services or parts thereof.

This approach is in line with a number of national strategies including, Think Local Act Personal, 2010, Healthy Lives, Healthy people white paper and the Social Value Bill 2012. It is also the direction of travel within the Brighton & Hove Local Authority and has been used successfully to commission a broad range of voluntary and community services of both large and small financial values by other joint commissioning organisations most recently in East Sussex where in 2011/2012 £7.2 million of funding was made available over three years to third sector organisations wishing to work in partnership with the Council and local NHS.

The prospectus approach is focussed on the delivery of outcome-based services and fosters the involvement of the voluntary and community sector in developing sustainable and innovative models of service delivery.

Whereas, in traditional procurement, weighting is usually divided between quality and cost components, a prospectus approach includes the dimension of social capital to support the evaluation of how organisations can promote choice and control for local people, capitalise on the connections among people and their social networks, build collaboration and demonstrate how a thriving voluntary and community sector can best support people to improve their lives.

The system results in the award of 'Funding Agreements' containing terms and conditions which mirror those of formal contracts; performance indicators are based on desired outcomes measured in terms of Quality, Cost and Social Capital. The process of bidding for funding awards is less onerous than full procurement (both for commissioners and providers) and will, therefore, not discourage or preclude smaller organisations from taking part. It encourages prospective service providers to be more creative and flexible with regard to the way in which they meet agreed objectives. Agreements can be entered into for up to a three year period, where this is thought to be advantageous and likely to create stability and sustainability, or for a one year period where it is felt new models of delivery may still be emerging or new arrangements need to be piloted in the first instance.

An external evaluation of the Prospectus introduced in East Sussex was undertaken by the Institute for Public Care (IPC) at Oxford Brookes University in October 2011. This concluded that the approach *'has provided a clear framework for both integrating commissioning across departmental and organisational boundaries and the supporting back office functions'* and that *'it can be judged to be a more efficient model compared to more traditional tendering arrangements, and has the significant advantage of commissioners (in East Sussex) being able to take a whole County view of the patchwork of services being delivered and ensure a fair and equitable spread as appropriate... (it) generated efficiencies, improved business planning and refined the reach and scope of services.'*

The prospectus approach will not alter the agreed timeline for new arrangements to be put in place. The plan remains to work with successful bidders from November 2012 to April 2013 to implement a full change-over plan designed to help service users to move to the new services with minimum disruption to their existing routine and level of support.

4. Service User Involvement

Service users will be involved at key stages leading up to award of Funding Agreements (e.g. discussions with potential bidders on required service outcomes and evaluation of bids) and in preparing plans for the transition of services to new providers.

Regular updates on plans and progress will continue to be communicated to users via meetings, presentations, emailed bulletins and a maintained Frequently Asked Questions sheet to the following:-

- MIND - LIVE
- Day Services Managers
- User Engagement (Gateway) Leads

5. FINANCIAL & OTHER IMPLICATIONS:

5.1 Financial Implications:

Existing contracts will remain in place until 31 March 2013. As reported to February JCB in 2012-13 a total of £188,000 (PCT £180,000, LA £8,000) savings will be delivered from the community mental health support budget through changes to existing services. The budget for the financial year 2012-2013 across health and social care for community mental health support services is £1,942,000.

It is anticipated that through the prospectus and the resultant funding agreements further efficiency savings will be delivered in 2013/14 and the range of services are expected to be delivered within an indicative budget envelope across health and social care for 2013/14 of £1,819,000.

The combined efficiency savings across health and social care on completion of the process is expected to be £300,000.

The specific allocation of resources for each service area will be detailed in the prospectus. Any changes compared with current resource allocation will be in line with the proposed service changes.

Finance Officer Consulted: Name Debra Crisp/Anne Silley Date: 04/04/12

5.2 Legal Implications:

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 follows 2 previous reports proposing a re-modelling of service provision to ensure adherence to these duties and equity across the system informed by full consultation.

Lawyer Consulted: Name Sandra O'Brien Date: 29-03-12

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 from 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 is being developed and this is expected for completion by May 2012.

5.4 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.

5.5 Crime & Disorder Implications:

None identified

5.6 Risk and Opportunity Management Implications:

There is a risk of destabilising service delivery during this process. The PCT and Brighton and Hove City Council have agreed that the most appropriate way to secure new services is via a prospectus approach. The advantages to this approach in terms of inclusivity particularly to small service providers has been described in section 3.2.

The timetable for contract implementation allows 5 month transition time from funding agreement award to service start date to enable commissioners to work collaboratively with providers to minimise any disruption to service provision.

5.7 Public Health Implications:

The proposals in this report include specific targeting of resources at risk communities and those least likely to engage in mental health services. This is part of a strategic approach to reducing health inequalities within mental health.

5.8 Corporate / Citywide Implications:

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 access community mental health support services.

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 The recommendation for change is based on the outcomes of a public consultation. The key messages from the consultation is that community mental health support services are valued but there is recognition of the need to change to ensure services work better together as an overall system of care.

SUPPORTING DOCUMENTATION

Appendices

1. High level milestone plan
2. Prospectus - Service Outcomes for Community Mental Health Support Services

Documents in Members' Rooms

1. None.

Background Documents

1. None

Community Mental Health Services
High Level Milestone Plan for Next Phase

Activity	End Date
Outcome based indicators drawn up for new services	April 2012
JCB discussion of outcome based indicators and bidding process	April 2012
Prospectus launched	May 2012
New Funding Agreements in place	October/November 2012
Handover/transition plans in place	October/November 2012
New services begin	April 2013

Appendix 2: Draft Prospectus wording

Information & Advice

Objective:

The widest possible range of information and advice regarding promotion of good mental health and the availability of local and national support services for patients are carers will be available in both specific mental health settings and integrated with general advice and information.

Outcomes:

The service will ensure:-

- Availability of a comprehensive, accessible, quality-assured, user friendly, one-stop, mental health website, providing advice on maintaining mental health, on self-help for mental health problems and where to find further help. *This to include the promotion of good physical health through information on diet, exercise, smoking, alcohol and drug misuse*
- Availability of up to date and quality-assured hard-copy information materials are available in community settings for anyone seeking advice on services to help prevent mental health problems from occurring and on where to seek help and support when they have already occurred
- Information and advice is accessible to broad demographic groups in an appropriate form for specific target groups*
- GPs/clinicians/healthcare professionals are easily able to signpost those presenting with mental health problems to the most appropriate guidance and help
- Open-access venues in various locations across the city for all members of the public to receive face-to-face preventative, confidential and independent advice, information and signposting to other appropriate services

* *Men with a high risk of poor mental health*

Homeless / rough sleepers

LGBT communities

Older people

Refugees / asylum seekers

Groups who may have practical difficulties in accessing services such as people with

Disabilities, autism, carers

Groups with cultural barriers including new migrants, travellers, some BME subgroups, military veterans

Proposed Activity Level:

tbc

Geographical Remit:

Information must be available throughout East, West and Central areas of the city of Brighton & Hove.

Maximum funding available for whole service: £.....

(please refer to Section ... re. variable funding)

Psycho-Social Support including Outreach

Objective:

Psycho social support aims to help build community and individual resilience to manage mental health difficulties and improve wellbeing. Outreach aims to engage people from communities which are known to be hard to reach.

Outcomes:

The service will ensure:

- One to one and group support is available to equip people with the tools they need to safely maintain good mental health in challenging circumstances such as following a bereavement, experiencing suicidal thoughts, adjusting to a disability, becoming a carer for others, dealing with unemployment, etc. The level of support, and qualifications of those providing it, will be appropriate to the level of risk presented
- Safe places are accessible to people from disadvantaged or hard to reach groups where they can articulate problems and receive advice and support specific to their needs. This will include providing links to mainstream services
- People with mental health problems or challenges are able to achieve or maintain skills for living in the wider community
- On-line and/or telephone services are available anonymously for those who may perceive stigma in declaring mental health challenges
- The most hard to reach groups are specifically targeted, these being:-
 - Men with a high risk of poor mental health
 - Homeless/rough sleepers
 - LGBT communities
 - Older people
 - Refugees/asylum seekers
 - Groups who may have practical difficulties in accessing services such as people with disabilities, people with autism spectrum conditions, carers
 - Groups with cultural barriers including new migrants, travellers, some BME subgroups, military veterans
 - Those who have been bereaved
 - People with suicidal thoughts
 - People leaving prison
- Issues related to discrimination and stigma, which create barriers to accessing and engaging with services, are addressed
- Partnerships are created with other specialist community groups and agencies, especially with providers of wider information and advice to ensure information on specific services is up to date and easy to understand

Proposed Activity Level:

tbc

Access to the service:

tbc

Geographical Remit:

Services must be easily accessible for people within the city of Brighton & Hove.

Maximum funding available for whole service: £.....

(please refer to Section ... re. variable funding)

Day Services:**Objective:**

Services will be provided through a maximum of two building based (hubs) Day Centres with other drop-in services and programmed activities in community settings (spokes) to enable access across the City.

Outcomes:

- People with mental health problems will have local access to recovery-orientated and socially inclusive activities.
- Good physical health will be promoted through links to exercise and stop smoking schemes, etc
- Vulnerable people will be made to feel safe and appropriate safeguarding actions will be implemented
- Services will be accessible to, engage with, and meet the needs of people from known hard to reach communities
- Meal/café facilities providing low cost, healthy hot and cold food and drinks will be made available
- Independence will be promoted through opportunities to plan and review recovery
- Informal peer support working will be encouraged and facilitated; underpinned by Recovery Model approaches and the Social Inclusion Framework
- Employment Support will be integrated into activity programmes through joint working with named providers
- Carers of service users will also be offered support and advice
- Optimal efficiency and effectiveness will be achieved by working collaboratively with other Day Service provider(s) to create and maintain a coordinated system of data recording and sharing with appropriate agencies

Proposed activity level:

tbc

Access to the service:

tbc

Geographical remit:

Services must be easily accessible throughout the East, West and Central areas the city of Brighton & Hove.

Venues to be agreed in line with known need and sourced by the provider(s).

Maximum funding available for whole service: £.....

(please refer to Section ... re. variable funding)

Day Services for People with Personality Disorders:

The services will be provided from a single site within Brighton & Hove and will include community based activities. They will be developed in partnership with statutory services and with service users; the therapeutic elements being provided by the statutory sector with community support as an integral part of the service.

Outcomes:

- People with personality disorders will have a central role in decision making and running of the centre
- Access will be provided to recovery orientated activities and support to prevent crisis
- Support will be available for carers and families of people with personality disorders
- There will be support and advice for service users (e.g. in accessing housing advice and advocacy)
- Networking and peer support will be facilitated
- Education and activities which work towards attitude change and challenging stigma will take place

Proposed activity level:

tbc

Access to the service:

tbc

Geographical remit:

Venue to be advised.

Maximum funding available for whole service: £.....

(please refer to Section ... re. variable funding)

Employment Support:

Objective:

Focussed on people with long term mental health illness¹, the service will follow evidence based practice that helps people stay in work as well as find work. It will be an integral part of other services, specially:-

- Assessment and Treatment Services provided by Sussex Partnership Foundation Trust.
- Day Services

Outcomes:

- Individual Placement and Support (IPS) model programmes will be provided through employment specialists
- People who are newly unwell and signed off work will be supported to retain employment (for example, help to negotiate reasonable adjustments under the Disability Discrimination Act)
- Negative attitudes to employing people with mental health issues will be addressed
- Local employers and employees will have a greater awareness of how to deal with adverse stress in the workplace
- Collaborative working will take place with Day Services (delivering an agreed level of specialist support on site within a hub and spoke model) and with other agencies

Proposed activity level:

tbc

Access to the service:

tbc

Geographical remit:

Services must be easily accessible throughout the East, West and Central areas the city of Brighton & Hove and also linked to Day Centre hub(s) and spokes.

Maximum funding available for whole service: £

(please refer to Section ... re. variable funding)

¹ Employment support for people with common mental health conditions (e.g. anxiety and depression) is an integral part of the new Primary Care Mental Health Service to start on 1st June 2012.

Subject:	Re tender for a supported living service - Westbourne development		
Date of Meeting:	23rd of April 2012		
Report of:	Director of Adult Social Services/ Lead Commissioner People		
Contact Officer:	Name:	Diana Bernhardt	Tel: 01273 29-2363
	E-mail:	Diana.bernhardt@brighton-hove.gov.uk	
Key Decision:	No		
Wards Affected:	Westbourne		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 The aim of this report is to seek approval from JCB to re tender for an existing supported living service for 10 people with learning disabilities within the Westbourne development.
- 1.2 The support service was commissioned in 2009 through a competitive tendering process which established a three-year contract. The contract is now due to expire on 9th December 2012.
- 1.3 A Vision for Social Care: Capable Communities and Active Citizens' highlights the importance of market and provider development and of providing a range of personalised services focused on outcomes for the individual. The tender provides an opportunity to review the service model in particular how the support service is provided to improve value for money.

2. RECOMMENDATIONS:

- 2.1 That JCB agree to retender the supported living service within the Westbourne development.
- 2.2 That JCB approve the length of the contract as 3 years with an option to extend for a further year.
- 2.3 That JCB approve that the tender can be awarded under delegated authority by the Director of Adult Social Care.
- 2.4 That JCB agree to consultation with service users and other stakeholders regarding the service model provided

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 Valuing People Now, the three year government strategy for people with learning disabilities, aims to increase the range of support options for people with learning

disabilities and their families and to ensure that the personalisation agenda is embedded in all local authority services and developments.

3.2 The supported living service within the Westbourne development provides much-needed accommodation and support for people with learning disabilities locally. The service is adjacent to a respite centre managed by the council, Beach House.

3.3 The supported living element consists of two separate accommodation services:

A shared house for 5 young people with a learning disability

The aim of the service is to provide support and personal care for younger adults who are looking to gain independent living skills with a view to moving on to more independent accommodation. The support service is currently provided by Grace Eyre Foundation.

Five self-contained flats for people with a learning disability with complex needs who may also have a physical disability

This service provides long-term support to enable people to live independently. The support service is currently provided by Southdown Housing.

3.4 Tenders will be evaluated on the basis of quality, outcomes and value for money. The cost of the combined service exceeds £500,000. The council's savings plan for 2012/13 anticipates full-year effect savings of £115k as a result of the tender.

3.5 The proposed timescales for a formal tendering process are set out below:

- June-July – Advertise and evaluate Prequalifying Questionnaire (PQQ)
- 3rd week of July– Send out Invitations To Tender (ITT)
- End of August - evaluate ITT's and clarification interviews
- End of September – Award the contract (s)

4. CONSULTATION

4.1 Support will be provided to enable service users to engage in the tendering process. Service users will be consulted during the development of the service specification and will have an opportunity to be involved in the tender process. Other stakeholders such as family carers and providers will also have an opportunity to provide feedback.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 The services to be included in this tender exercise are currently provided under 2 contracts at a total cost of £721k per annum. It is anticipated that the tender specifications and flexible service model will provide efficiencies whilst maintaining good outcomes for the service users and will deliver the

savings identified in the 2012/13 budget strategy (£15k 2012/13 with a full year effect of £115k). It should be noted however that actual cost varies according to the needs of the individual clients.

Finance Officer Consulted: Michelle Herrington

Date:30/03/12

5.2 Legal Implications:

JCB is the responsible body for overseeing commissioning and service provision arrangements for people with learning disabilities in the City. As described in the body of this Report current contracts for this particular service end December 2012 and the proposed re-tendering process takes into account both the duty to the public purse and regard for National policy and drivers in best service provision. In accordance with principles of transparency and fairness service users are to be supported in engaging with the process. The service is a 'Part B' service for the purposes of the EU procurement rules. The tender process outlined in this report satisfies the requirements of these rules. There are no other specific legal or Human Rights Act implications arising from this report.

Lawyers Consulted: Sandra O'Brien/Jill Whittaker

Date: 27/3/12

5.3 Equalities Implications:

The proposed retender will provide a range of good quality support providers locally and therefore reduce inequality for people with disabilities in the city. The service specification will ensure the final service delivery meets the Valuing People objectives of promoting choice, rights, inclusion, and independence for people with learning disabilities

5.4 Sustainability Implications:

There are sustainability requirements within the tenders that providers will need to give evidence of meeting. The retender will also support the commissioning of local services and so reduce the number of people placed out of area and thereby reduce the need for staff and families to travel long distances to visit placements.

5.5 Crime & Disorder Implications:

This proposal will promote social inclusion for people with disabilities through supporting increased access to mainstream services and participation as equal citizens in the community.

5.6 Risk and Opportunity Management Implications:

The advantage of retendering is that it provides an opportunity to review the current service model to provide a more flexible, responsive and efficient service model. There may be some concerns from family members and residents of service disruption as a result of the tendering. There is a risk that the savings target will not be achieved through tendering because of delays in the process.

5.7 Corporate / Citywide Implications:

This proposal will increase the choice 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 OPTION(S):

- 6.1 **Option One: To continue with the current arrangements.** This option is not proposed as it would not provide an opportunity to holistically review the current service model to provide a more cost-effective approach.

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 This report is required to obtain approval to retender for the supported living service in the Westbourne development.