DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE
ADULT CARE BOARD

THURSDAY 15TH NOVEMBER 2012
2:00PM TO 4:00PM
COMMITTEE ROOM 1, COUNTY HALL, MATLOCK, DERBYSHIRE, DE4 3AG

A G E N D A

1.	Welcome & Introduction from Cllr Charles Jones	Cllr Jones
2.	Apologies: Claire Watson,	"
3.	Minutes from the meeting 13th September 2012 (attached) Matters arising: • Healthier Homes: Progress Report	" D Arkle
4.	Winterbourne	C Selbie/ J Gough/ D Gardner
5.	Lead Commissioning for Carers & People with Learning Disabilities: Progress Report (attached)	J Vollor
6.	HealthWatch (Verbal)	C Selbie
7.	Integrated Care: SPA	J Stothard
8.	CCG Development / Authorisation (presentation)	CCG COO's
9.	Autism Update (attached)	D Jenkinson/ J Matthews
10.	Accommodation, Care and Support Strategy Update (presentation)	K Twyford
11.	Terms of Reference (to follow)	B Robertson
12.	Shadow Health & Wellbeing Board Issues	All
13.	Adult Care Board Meetings: 2013	All
14.	Any other business	

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DERBYSHIRE COUNTY COUNCIL

ADULT CARE BOARD

MINUTES OF A MEETING HELD ON THURSDAY 13TH SEPTEMBER 2012 AT 2:00PM DERBYSHIRE COUNTY COUNCIL, COMMITTEE ROOM 1, MATLOCK HQ

PRESENT:

Cllr Charles Jones	Derbyshire County Council Cabinet Member (Adult Care) **Chairman**
Cllr Barbara Harrison	Erewash Borough Council
Cllr John Lemmon	South Derbyshire District Council
Cllr Lilian Robinson	North East Derbyshire District Council
Bill Robertson (BR)	Derbyshire County Council – Strategic Director Adult Care
James Matthews (JM)	Derbyshire County Council – Adult Care
Mary McElvaney	Derbyshire County Council – Adult Care
Andrew Milroy	Derbyshire County Council – Adult Care
Andrew Mott	Southern Derbyshire Clinical Commissioning Group (CCG)
Alison Pritchard	NHS Derbyshire County / Derbyshire County Council
Jo Smith	South Derbyshire CVS: representing voluntary & community sector
Jennifer Stothard (JS)	North Derbyshire CCG
Wendy Sunney	Hardwick Clinical Commissioning Group (CCG)
Barry Thacker	Derbyshire Police (representing Russ Foster)
Jacqui Willis	NDVA: representing voluntary & community sector

IN ATTENDANCE:

Julie Hardy	Derbyshire County Council – Adult Care (Minutes)
David Arkle (DA)	Amber Valley Borough Council
Colin Selbie	Derbyshire County Council – Adult Care

APOLOGIES:

Cllr Stuart Ellis	Derbyshire County Council Support Cabinet Member (Adult Care)
Cllr Dave Allen	Derbyshire County Council – Elected Member
Bryan Bennett	Derbyshire Fire Service
Avi Bhatia	Erewash Clinical Commissioning Group (CCG)
David Collins	North Derbyshire Clinical Commissioning Group (CCG)
Russ Foster	Derbyshire Police (represented by Barry Thacker)
Lynn Harris	Derbyshire County Council – Safeguarding Board
Bruce Laurence	NHS Derbyshire County / Derbyshire County Council
Andy Layzell	Southern Derbyshire Clinical Commissioning Group
Steven Lloyd	Hardwick Health Clinical Commissioning Group (CCG)
Rakesh Marwaha	Erewash Clinical Commissioning Group (CCG)
Jackie Pendleton	North Derbyshire Clinical Commissioning Group (CCG)
Steve Pintus	NHS Derbyshire County / Derbyshire County Council
Helen Robinson	Derbyshire Carers

Trish Thompson	NHS Derbyshire County
Gavin Tomlinson	Derbyshire Fire Service
Clare Watson	Tameside & Glossop PCT (CCG)
Tammi Wright	Derbyshire LINk

Minute no	Item	Action
	WELCOME FROM CLLR CHARLES JONES AND APOLOGIES NOTED	
ACB 051/12	**MINUTES FROM THE MEETING ON 12TH JULY 2012 & MATTERS ARISING** The minutes from 12th July 2012 were noted and agreed. • 042/12: It was noted that a copy of the final Safeguarding annual report was made available.	

052/12	**INTEGRATED CARE**
	J Stothard presented the Board with an update on integrated care and the single point of access for the North:
	• Programme of work in place.
	• Series of workshops have been held.
	• Another series of workshops are being held over the next few weeks.
	• Single Point of Access (SPA) in place for urgent referrals.
	  ▪ SPA was set up last year for winter period as a pilot service for part of the North Derbyshire area.
	  ▪ 90% of people had successful packages of care.
	  ▪ Discussions in Dales & High Peak to roll out over the next few months in preparation of the winter period.
	  ▪ Another set of public engagement events will take place.
	• A Milroy updated that the winter pressures pilot for North East Derbyshire & Chesterfield was able to demonstrate an improvement with better outcomes, which set a challenge of how to extend the scope of the model. Issue for Adult Care on resourcing this change due to acceleration of social care support to people.
	W Sunney presented an update for Hardwick:
	• SPA also been looked at by Erewash. Also looking at mental health element which will be integrated into the SPA.
	• At advanced stage of rolling out the virtual ward within Hardwick.
	A Mott presented an update on South Derbyshire:
	• There will be 3 SPA's which are due to start next month. (City, Amber Valley/South Derbyshire and North/Erewash).
	• Winter pressures are the key focus.
	• BR stated that happy to go along with the local arrangements, as long as they are coherent and patient experience is the same. Service Response: BR requested a joint session on this to confirm how Derbyshire will be covered / expectations etc. J Stothard agreed to convene the meeting, with Derbyshire County Council, to confirm everyone's mutual understanding.
	• Agreed for J Stothard to bring a progress update to the next Board.
	• Permanent/consistent rebalance of care into community, out of hospitals – not purely focussed on winter pressures.
	• J Willis provided feedback that virtual wards had worked really well.
		JS
		
		JS

053/12 **CO-ORDINATION OF JOINT COMMISSIONING**

- BR informed the Board that discussions are taking place with Children & Younger Adults around how to bring together work around the joint commissioning agenda to establish a steering / co-ordination group to maintain an overview of complex arrangements.
- An initial meeting has been arranged for 2nd October 2012.
- Feedback from this will be presented at the next Adult Care Board. **BR**

Terms of Reference

- At the Adult Care Board in September 2011 the draft terms of reference were tabled. These are to be revised at the 2nd October meeting and presented back to the Adult Care Board for agreement and sign-off. **BR**

054/12 **JOINT COMMISSIONING UPDATE**

- J Matthews presented the Board with an update regarding the delivery of the Joint Commissioning Priorities as endorsed by the Shadow Health and Wellbeing Board.
- Cllr Harrison raised the issue of supporting employers regarding how to handle a person with mental health issues. JM confirmed support is currently available for employers but recognised the point made.

For more information please contact James Matthews at james.matthews@derbyshire.gov.uk or on 01629 532004.

055/12 **HEALTHWATCH**

- C Selbie presented the Board with an update on preparing for HealthWatch Derbyshire.
- Multi-disciplinary project team established by the Health and Wellbeing Board.
- Aim to have HealthWatch Derbyshire in place by April 2013.

For more information please contact Colin Selbie at colin.selbie@derbyshire.gov.uk or on 01629 532131.

056/12 **CCG DEVELOPMENT & AUTHORISATION**

- A Mott presented the Board with an update for South Derbyshire CCG. 360º stakeholder surveys are now completed and results are being collated.
- J Stothard presented the Board with an update for North Derbyshire – stakeholder surveys are being collated.
- W Sunney presented the Board with an update for Hardwick. Staffing is being built up – statutory roles are being recruited to.

057/12 **HEALTHIER HOMES IN DERBYSHIRE**

- D Arkle presented the Board with an update on achieving Healthier Homes in Derbyshire.
- Health & Social Care colleagues need to be aware of Healthier Homes and services that can be provided to residents' homes, in order to assist older people to maintain their independence in their own home, for longer.
- Agreed to put forward to the Shadow Health & Wellbeing Board.
- Agreed to look into the use of First Contact, as evidenced by an evaluation showing health professionals have not engaged with the First Contact process making few, if any referrals.

- Agreed to look at housing contributions and how we can look at ways of playing this development into different areas for delivery.
- Planning Policy: Lifetime homes accessible & affordable homes – successful development throughout London. DA confirmed that research is on-going regarding this. Agreed that DA, JM & CCG representative would meet to look through the recommendations and develop practical steps forward. **DA/JM/ JS**

For more information please contact David Arkle at david.arkle@ambervalley.gov.uk or on 01773 841334

058/12 **DERBYSHIRE LINK ANNUAL REPORT**

- J Willis presented the Board with an overview of the Derbyshire LINk Annual Report, highlighting LINk public/patient activities, engagements and outcomes for the period April 2011 to March 2012. The Board noted and received the report.

For more information please contact Tammy Wright at TammiWright@avcvs.org or on 01773 512076.

059/12 **HEALTH & WELLBEING STRATEGY**

- The consultation closed on 2nd September and the Shadow Health & Wellbeing Board would consider the final strategy at its next meeting.
- A Pritchard confirmed all comments are being looked at.
- 203 questionnaires were returned in total.
- An initial evaluation of results show that around 80/90% were supportive against the proposed actions to take forward.
- The Health & Wellbeing Board meet at the end of September where the final version of the strategy will be endorsed. Once published, will look into the timescales for implementation.
- Role of Adult Care Board in Delivery:
  - Once the Shadow Health & Wellbeing Board have endorsed the plan at the meeting on 27th September, can be taken forward to the Joint Commissioning Co-ordinating Group arranged for 2nd October.
  - Incorporate into the Adult Care Board Terms of Reference for the next Adult Care Board meeting in November.
  - Need agreement between the Health & Wellbeing Board, Adult Care Board and the Children's Board for responsibility of delivery.

For more information please contact Alison Pritchard at alison.pritchard@derbyshirecountypct.nhs.uk or on 01332 888149.

060/12 **HEALTH AND WELLBEING BOARD AGENDA**

- The following agenda and information items for the Shadow Health and Wellbeing Board to be held on Thursday 27th September 2012 were discussed. Items to be taken forward were:-
  - Health & Wellbeing Strategy
  - Update on Joint Commissioning
  - HealthWatch

DATE OF NEXT MEETING

The next meeting of the Adult Care Board will take place on Thursday 15th November: 2:00pm – 4:00pm Committee Room 1 County Hall, Matlock.

NHS Derbyshire County

NHS Derby City

HARDWICK HEALTH CCG AND DERBYSHIRE CLUSTER BOARD MEETING
Date July 2012

Item No:

Report Title: Learning Disability – Update briefing on The DH Interim Report of Health Review of Winterbourne View Hospital

1. Background and context

The PCT Cluster Board has previously received an assurance briefing on the numbers of people in the care of Independent Hospitals whose care is commissioned by the Cluster PCT and the local actions taken. Hardwick Health CCG and the Cluster Governance Committee were appraised in March 2012 on the DH review and the implementation of the CQC inspections. This report provides the board with an update on the outcomes, recommendations and actions form the Health Review of Winterbourne View and the CQC Inspection report.

The DH has published an interim report as part of a review of events at Winterbourne View private hospital and a wider investigation into how the health and care system supports vulnerable people with learning disabilities and autism. The review was set up by the Care Services Minister Paul Burstow following the BBC Panorama programme, broadcast on 31 May 2011, showing abuse of patients at Winterbourne View.

The DH Interim Report responds to evidence that the health and care system is not meeting the needs of people with learning disabilities or autism and behaviour described as challenging. and sets 14 national actions to be taken to improve the care and lives of people.. The report is based on the findings of the CQC following inspections carried out at similar units to Winterbourne View

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h-Review-Winterbour

The CQC's report, Learning Disability Services Inspection Programme: national overview (June 2012), has been published detailing its 145 inspections. It concludes that while no abuse on the scale of Winterbourne View was found, half of the hospitals inspected failed to meet CQC standards of care. The report can be found at http://www.cqc.org.uk/public/our-action-winterbourne-view/review-learning-disability-services

The DH report also draws on the experiences and views of people with learning disability, autism, and challenging behaviour and their families, and the expertise of doctors, social workers and other care professionals

The national actions include promoting open access for families, advocates and visiting professionals, a programme of unannounced CQC inspections; a national public commitment to deliver the right care for people and work with the NHS Commissioning Board Authority to agree ways to embed Quality in NHS contracting and guidance.

The main findings set out in the interim report are that:

1. There are too many people in in-patient services for assessment and treatment and they are staying there for too long. This model of care has no place in the 21st century.
2. Best practice is for people to have access to the support and services they need locally to enable them to live fulfilling lives integrated within the community.
3. In too many services there is robust evidence of poor quality of care, poor care planning, lack of meaningful activities to do in the day, and too much reliance on restraining people.
4. All parts of the system– commissioners, providers, workforce, regulators and government – must play their part in driving up standards of care and demonstrating zero tolerance of abuse. This includes acting immediately where poor practice or sub-standard care is suspected.

The key objectives are to:

- improve commissioning across health and care services for people with behaviour which challenges with the aim of reducing the number of people using inpatient assessment and treatment services;
- clarify roles and responsibilities across the system and support better integration between health and care;
- improve the quality of services to give people with learning disabilities and their families choice and control;
- promote innovation and positive behavioural support and reduce the use of restraint; and
- establish the right information to enable local commissioners to benchmark progress in commissioning services which meet individuals' needs, improve the quality of care, and reduce the numbers of people in in-patient services for assessment and treatment.

The DH letter to PCT and NHS Executives dated 26th June 2012 – gateway 17822 asks that PCTs and LA's need to work together to assure themselves that they are continuing to take all action needed to improve outcomes for people with learning disabilities in preparation for the outcomes from the final report in to the events at Winterbourne View in the autumn.

2. Matters for consideration

The following are a highlighted sample of the actions and recommendations for commissioners taken from the DH Interim Health Review and the CQC report;

DH Interim Review:-

- NHS and local authorities to demonstrate that they have taken action to assure themselves and the public that in ensuring personalised care and support with choice and control in all settings including hospitals
- health and social care commissioners working together to review funding arrangements for people with behaviour which challenges and develop local action plans to deliver best support
- Contracts, specifications and robust monitoring are in place with all providers.

CQC report recommendations:-

- commissioners need to urgently review the care plans for people in assessment and treatment and identify and plan move on arrangements to the next appropriate service and care programme
- emerging CCG's , NHS commissioning board and LA's to work together to deliver innovative commissioning at the local level to establish person centred services
- Commissioners need to review advocacy services

There will need to be a local review of the action plan from the Commissioning for Quality LD SAF to cross reference the actions against those contained in the recent reports. Hardwick CCG will require a continued focus and effort in providing good systems for monitoring, strong leadership and clinical intelligence to assure the best possible care that is safe and responsive to LD patients is delivered and sustained.

In addition safeguarding issues related to people with a learning disability must be carefully considered and is fundamental, core business for any CCG. The approach on how this is managed is critical to the development of the LD lead CCG organisation and must demonstrate clear understanding, expertise and capacity to both protect and empower one of our most vulnerable groups of people.

The Care Quality Commission has published a report showing that the NHS needs better awareness of when and how to apply the Mental Capacity Act – Deprivation of Liberty Safeguards (MCA-DOLS) for patients. The safeguards are needed in all hospitals, for patients who may require restrictions such as restraint that may amount to a deprivation of liberty.

In response to CQC inspections of LD placements, the DH are proposing that where lead commissioning arrangements are not already in place and the facility in question is a health care organisation the DH would expect the host Cluster PCT/Hardwick CCG to take this lead commissioner role. Where the facility is a residential care home the DH would expect the host local authority to take this lead commissioner role

Quality Monitoring

Local Castlebeck placements in the East Midlands

The Cluster PCT/Hardwick CCG has 4 people currently living in Cedar Vale, an independent hospital in the East Midlands. Reviews have taken place and work is on-going to plan with the individuals and their families so that the most appropriate support is procured. We anticipate one of the 4 individuals to move to a supported living environment in the near future as a planned part of the Derbyshire QIPP placement programme.

The Cluster/CCG has 1 individual placed at Croxton Lodge; this individual will be stepping down to a less restrictive environment within the same site, with the aim that their discharge planning is to return to Derby City. Since the October 2011 report 1 individual has been discharged from Croxton Lodge to return home to their family home in Derby City with a jointly commissioned support package.

Other Castlebeck placements

There is one individual placed for assessment and treatment in an independent hospital and 2 individuals living in a Nursing Home provided by Castlebeck both in the North of England. The individual in independent hospital provision is in process of transition planning for a suitable alternative to move closer to Derby. It is the aim for this person to move during 2012/13. The individuals in Nursing care are jointly funded with Derby City Council and care managed by the council.

Commissioners are monitoring care at all placements by direct involvement via our case managers and local authority care managers, in addition to liaison with other monitoring systems such as the regional lead Contract Management for Castlebeck and CQC national regulatory monitoring.

Continued Actions

The Cluster PCT/Hardwick CCG QUIP programme is underway with a case assessor in post for the County to make focussed transition plans for people to return to their local area wherever possible. The City will continue their efforts on implementing the discharge transition plans for the individuals who are ready to move on from independent hospital provision.

In a previous report to the Cluster Board it was proposed that for those who remain or require a stay in an Independent hospital, commissioners would be advised to employ "Quality checkers" as part of our local and regional Quality and Commissioning processes. Quality checkers are people who have a learning disability themselves and their job is to gain honest feedback from the people being cared for as well as observing staff and the environment. This would be used as part of the reviewing and contracting process, but this would require investment by the CCGs.

Hardwick CCG are involved in an East Midlands Living Local programme, which includes a series of regional investments to support local areas in work jointly with the LAs to improve the care and support for people with a learning disability. The aim of one of these programmes is to support local areas in developing a personalised but

consistent process to supporting adults with learning disabilities who are labelled as "challenging to services" to achieve suitable support and accommodation within their local area. Hardwick CCG will hold the regional budget allocation and are involved in planning of work with NHS Midlands and East on learning the lessons from Winterbourne.

Hardwick CCG and the Cluster PCT have 14 people with a Learning Disability placed in Independent Hospitals similar to those provided by Castlebeck, in addition to the 9 people placed within Castlebeck facilities.

The DH Review has reaffirmed that nationally there are concerns about patient safety and appropriateness of the model of care provided in Independent Hospitals and together with the PCT average lengths of stays in such establishments Hardwick CCG /Cluster Board might consider it a priority to move these individuals as soon as is possible.

The Derbyshire QIPP scheme employs a full time LD Nurse to review all placements in independent hospital and to move people on from hospital where this is clinically indicated. Contact has been made with the Derbyshire County Council Adult Care Commissioning Leads who are now part of the QIPP board structure.

The 23 individuals who are currently in Independent hospitals are in dispersed locations, some out of area and as such the planning work entailed in making detailed plans for commissioning alternatives is resource intensive. To be successful with individual procurement of alternative housing and support packages and smooth transition plans for all individuals ready to move on from Independent Hospitals will require a dedicated project team, working closely with LA colleagues and providers of housing and support. This would be similar in approach to the two recent successful Learning Disability campus re-provision programmes across County and City for which numerous positive lessons have been learned and could be replicated. This would likely bring about earlier than planned efficiency savings for the CCGs and promptly improve quality of care and improved lifestyle outcomes for the individuals concerned.

There is a regional framework contract in place for providers of hospital MH and LD rehabilitation care. Derbyshire County PCT is the coordinating commissioner for a number of these contracts. Hardwick CCG Mental Health contracting team coordinate regional contract meetings and have ensured that there have been CQUIN on improving quality outcomes and on demonstrating safeguarding by providers.

The Castlebeck contract is held by Nottinghamshire PCT with other PCTs as associates. Some contracts where held by specialist commissioning but are no longer as they fall outside the minimum take arrangements. Arrangements for these contracts are required. Hardwick are leading on the work with EMPACT to re-procure these services with enhanced quality element in service specification. All CCGs in the East Midlands will be asked to contribute to the costs of management of these contracts via EMPACT. This work is required for CCG readiness and to enable effective quality management of these providers. A more detailed report on these contracts and re-procurement will be presented once the project work by EMPACT has been completed.

3. Actions and recommendations which will be considered by NHS Hardwick CCG Board on 24th July 2012

- **Note** – the DH Interim report and its recommendations and actions.
- **Consider –** the proposal for the investment in Quality Checkers
- **Review** - the continued steps being taken to ensure the CCGs/Cluster PCT is assured of the safety of patient care.
- **Consider** - that a Business Plan be developed to identify resources required to effect prompt moves for individuals out of independent hospitals.
- **Consider** the work on regional re-procurement, receive a report in future meeting and endorse the re-procurement process.

Name: Jackie Lawley - Learning Disability Commissioning,
David Gardner Head of Procurement and contracts

Sponsor: Wendy Sunney – COO – Hardwick Health CCG
Date: July 12th 2012

Report into recent detail around Winterbourne Reviews

1. Purpose of this report

The purpose of this report is to provide SMT with information in relation to recent reviews around Winterbourne View Hospital. This report has been based on the South Gloucestershire's Serious Case Review (M, Flynn et al, 2012), (SG, SCR, 2012) and the Department of Health Review: Interim Report, Winterbourne View Hospital (2012), (DoH, 2012). For the purpose of gathering local information I also included in this review extracts from the Derbyshire County NHS, Hardwick Health CCG and Derbyshire Cluster Board, Update Briefing, (July,2012) (HH, CCG).

The fundamental principle to this report will be to firstly provide basic detail of the above reviews and reports and to inform DCC on the implications from Winterbourne.

2. Background

After the transmission of the Panorama *Under Cover Care: the Abuse Exposed* in May 2011, South Gloucestershire's Adult Safeguarding Board commissioned a serious case review (SG,SCR, 2012). It is not possible to consider the whole context of this report within this format due to the complexity and detail, however the overall findings, conclusions and lessons will be detailed below.

Identified Practice Issues at Winterbourne

- The average weekly fee of £3500 per week was no guarantee of patient safety or quality of service.
- There were high levels of staff sickness and staff turnover.
- Any concerns raised by patients were dismissed as unreliable.
- During 2010 "on the job" training and inadequate staffing levels persisted.
- Family involvement in decision making diminished when people turned 18 and came under the MHA (1983)

Agency Involvement within Winterbourne

- **NHS South of England (NHS SoE)-**
- Questions the independence of psychiatrists employed by independent hospitals.
- They highlight concerns over the adequacy of the Care Programme Approach.
- The NHS (SoE) highlight the absence of processes for NHS Commissioners to be informed around safeguarding as well as a failure on the part of commissioners to follow up on concerns.

- **NHS South Gloucestershire (Commissioning)-**
- Between 2008-2011, patients from Winterbourne visited local Accident and Emergency 78 times, whilst these were mostly in respect of seizures/injuries and self-harm, it was noted that there is no alerting system in place which is inclusive of all services.
- Patients records identified concerns around the lack of clarity in the use of medication and poor support around health issues. In addition the records confirmed the misuse of physical restraint throughout.
- There appeared to be a low threshold for detaining people on a section 3 under the Mental Health Act.

South Gloucestershire Council Adult Safeguarding

- Received 40 safeguarding alerts between Jan 2008- May 2011, it commissioned no places at Winterbourne.
- Alerts were treated as discrete cases and safeguarding policies and procedures were inconsistently followed by not chasing up with the local hospital their failures to produce reports into incidents.
- When the whistleblowing email was received by the council this was forwarded to CQC and there was an expectation by both parties that the acting manager (Winterbourne) was addressing this.

Findings and Recommendations

- There was no overall leadership among the commissioners of this service
- Commissioners did not follow up on concerns raised and continued to place people.
- Whilst advocacy was available this was controlled by Winterbourne.
- The inter-organisational response to the concerns raised by the whistleblower was ineffective.
- The volume and characteristics of the safeguarding alerts were not treated as a body of concerns.
- The existence and treatment of other forms of alert were not shared within the multi-disciplinary arena which did not allow for the allowance around the urgency and recognition of the serious concerns.
- "Hospitals for adults with learning disabilities and autism should not exist but they do. While they exist they should be regarded as high risk services.."

3. Review of Proposals from Reports:

The DoH (2012) interim report highlights that the present health and care system is not meeting the needs of people with learning disabilities, autism or for people with behaviour that challenges. They identify 14 actions at a national level to drive good practice and to focus on improving outcomes for individuals. The key points from the 14 actions are:

- **Improve the capacity and capability of commissioning across health and care.**
  - **Contracts**- To embed Quality of Health principles in the system, using NHS contracting and guidance. (Jan, 2013)
  - **Service specification**- To develop a clear description of all the essential components of a model service. (March, 2013)
  - **Resources**-NICE to develop quality standards on learning disabilities and the autism. (July, 2012).
  - **Collaborative commissioning**- NHS Commissioning Board Authority will support CCG's to work together in commissioning service for people. Health and Wellbeing boards will bring together local commissioners of health and social care in all areas, to improve services.
- **Improve the quality of services which empower people with learning disabilities and their families to have choice and control.**
  - **Voice**- Healthwatch is currently being established both nationally and locally. This will act as a champion for those who have involvement with services.
  - **Personalisation**- NHS and local authorities to demonstrate that they have taken action to assure themselves and the public that personalised care and choice and control is available in all settings, including hospitals.
  - **Providers**- Expectation that providers deliver high quality services and prevent abuse.
  - **Quality**- The National Quality Board to publish a report in the Autumn to identify and take action to correct potential or actual serious failure.

- **Care Quality Commission**- The DoH will look at how CQC's registration requirements could be changed to drive up the quality of services.

Clarify roles and responsibilities and promote better integration

- **Integrated workforce-** LD Professional Senate (LDPS) to carry out a refresh of *"Challenging Behaviour: A Unified Approach".* (December, 2012)
- **Professional standards-** LDPS to develop core principles on a statement of ethics to reflect wider responsibilities in the new health and care system by April 2013.
- **Concordat-** DoH working with a variety of partners to sign up to a concordat committing each signatory to the actions they will take to deliver the right model of care.

Promote innovation and reduce use of restraint

- **Restraint-** DoH and Education will work with the CQC and others to drive up standards and promote best practice in the use of positive behavioural support.
- **Measuring Progress-** DoH and the NHS Commissioning board to agree details around data collection of people in hospitals.

Conclusions and Actions

- Everyone has a duty to drive up standards. Local action will drive up good practice.
- NHS and local authorities to demonstrate that they have taken action to assure themselves and the public by ensuring all clients are in receipt of personalised care and support with choice and control in all settings including hospitals.
- Health and social care commissioners working together to review the support and funding arrangements for people with behaviour which challenges and develop local action plans to deliver best support
- Contracts, specifications and robust monitoring to be in place with all providers.

In addition the Hardwick Health, CCG has highlighted the actions below for consideration. These recommendations are based on both the DoH (2012) interim report as well as the DoH letter to PCT and NHS executives (gateway 17822). These are:

- Commissioners need to urgently review the care plans for people in assessment and treatment units and identify and plan move on arrangements to the next appropriate service and care programme. The development of an implementation programme based on the Campus model (Campus 2) has been proposed to address this.
- Emerging CCG's, NHS commissioning board and LA's to work together to deliver innovative commissioning at the local level to establish person centred services
- Commissioners need to review advocacy services
- In response to CQC inspections of LD placements, the DoH are proposing that where lead commissioning arrangements are not already in place and the facility in question is a health care organisation the DH would expect the host Cluster PCT/Hardwick CCG to take this lead commissioner role. Where the facility is a residential care home the DoH would expect the host local authority to take the lead commissioner role

4. Analysis of Adult Care Practice

This section of the report will focus on the implications of Winterbourne in relation to Derbyshire Adult Care and the present situation in respect of the following highlighted themes which have been taken from the Winterbourne Reports.

Themes

- **Quality Monitoring by DCC Adult Care**
- **Safeguarding**
- **Whistleblowing**
- **Out of County Placements**
- **Sharing of information within the Multi-Disciplinary Arena in Derbyshire**

4.1 Quality Monitoring by DCC Adult Care

At present there are quality monitoring systems in place for all residential/nursing placements within Derbyshire, this also includes domiciliary care agencies. Both the Older Adults and Learning Disability Contracting and Compliance Teams aim to visit each provider on a rolling 2-3 year programme. The aim and principle behind this programme is to work alongside private/independent providers to drive up standards and to support the overall improvement and development of services within Derbyshire. Where appropriate information collated within these visits is shared with fieldwork and outside parties including CQC, health, etc.

Provider Action Plans

Following visits an action plan is agreed with the provider in relation to areas for improvement. In circumstances where concerns are raised the contract team have the option of issuing a default notice to the provider which clearly outlines the detail of the required actions and timescales for these to be addressed. If the concerns are deemed as significant, then the contracts team have the option to escalate to suspension of new placements in the first instance or to suspend after little improvement following a default notice.

'Traffic Light' monitoring

The contracts team operate a traffic light system against each care provider. Homes that give the most concern have their monitoring visits brought forward. One of the indicators within this system highlights any provider that may have been involved in a significant amount of; safeguarding referrals, regular concerns flagged up by a whistleblower, warning notices from CQC and reports from fieldwork.

In addition one of the key themes within the Gloucestershire report was staff turnover within Winterbourne. In relation to this, the contracting team send out to all care homes on a quarterly basis a monitoring form to collect information about staff turnover amongst other things.

Serious concerns meetings

Where any member of staff in Adult Care, (fieldwork team, contracts team or safeguarding team), or any staff working within the health sector become aware of multiple or repeated concerns or non-compliance a serious concerns meeting is called. The meeting should be convened by an appropriate manager from the identifying agency and should include all multi agency professionals. The aim of the meeting is to scope the approach and response

to the concerns, share information and to agree an action plan. This could include making individual safeguarding referrals or to work with and support the provider to improve practice generally or to issue a default notice.

It is important to note that this programme is in place for registered residential and nursing placements for people who are either fully or part funded by the local authority. This approach does not include the monitoring of hospital placements such as Winterbourne as Adult Care does not contract for care in such settings.

Proposed Action

Jill Ryalls and Colin Selbie to visit each area Group Manager (fieldwork) to explain the importance of the serious concerns meetings and the expectation that they need to be led by the local team with support from Contracting and Safeguard leads, amongst others.

4.2 Safeguarding

It is clear from looking at South Gloucestershire's Serious Case Review into Winterbourne, that the local authority was aware of significant Safeguarding investigations (40 alerts in 3 years).

Potential Risks Identified

The Contracting and Compliance Team maintain electronic records that clearly show when a home has been subject to a safeguarding investigation. These records are regularly checked to ensure that there are no patterns of poor practice occurring.

For this system to be effective the Contracting Team need to be advised of all safeguarding investigations, including those undertaken by neighbouring authorities.

This information on management arrangements with individual homes is not widely available as it is held by the Contracting Team. Decision makers within Safeguarding only have access to individual client files through Framework i and would not be able to pick up any patterns of safeguarding/poor practice eg. medication errors, missed calls etc. This could lead to decisions being made about whether to take a concern into safeguarding without having knowledge around previous safeguarding where patterns and themes could be identified.

Proposed Action

- To consider how intelligence gathered around an individual provider over a period of time can be available to fieldwork to inform decision making when considering safeguarding.

4.3 Whistleblowing/Concerns

In South Gloucestershire's Serious Case Review into Winterbourne it was highlighted that the local authority had received the whistleblowing email and had referred this through to CQC whom had asked that the provider look into the issues raised. Neither party took responsibility of following up around this and ensuring that the issues raised had been adequately looked into.

Since Winterbourne there has been a significant increase in whistleblowing concerns from people who have involvement with outside services. Many of these alerts are being passed to the Department by the CQC. Some are being sent to the local area teams others to Contracting Team.

Potential Risks Identified

- It is often unclear what CQC are going to do about a whistleblow/concern that they received. There is a sense that it is the LAs role to investigate rather than them. Contracting Team on receipt of alert from CQC send a reply asking what are they doing about the alert.

- Whilst in the majority of instances Whistleblowing is discussed within safeguarding proceedings it is not clear who has lead responsibility when a decision is made not to use this procedure. This is particularly problematic if there is no named client and the concerns are generic/systemic in nature.

Proposed Action

The Contracting Team to work with lead Safeguarding and Fieldwork colleagues to ensure that concerns not subject to safeguarding are investigated as per the roles and responsibilities as identified in the Escalation Policy.

4.4 <u>Out of County Placements</u>

It is clear from the serious case review that a significant number of clients living at Winterbourne were placed there from outside authorities. There are 126 clients with Learning Disabilities that Derbyshire has placed in residential and nursing placements outside of Derbyshire and collated detail from Framework i.

Sharing of information within the Multi-Disciplinary Arena in Derbyshire

At present there are quarterly information sharing meetings with CQC. The DCC contracts traffic light system is used to highlight any care providers that have concerns noted as red and amber and these are then discussed each in turn. This includes any actions taken and CQC also update us on any concerns/actions they are undertaking. Health representatives are also present at this meeting and safeguarding representatives are also invited.

It should also be noted that whilst we have quarterly meetings with CQC, the contracts managers also speak to CQC inspectors on a regular basis There is also a bi monthly meeting, called the “Joint Health and Adult Care Quality Group’, this covers managing quality in care homes and domiciliary care providers.

James Gough
Service Manager
Contracting and Compliance Team

Agenda Item 5

DERBYSHIRE COUNTY COUNCIL

ADULT CARE BOARD

15th November 2012

UPDATE ON DEVELOPING LEAD COMMISSIONING OPTIONS FOR LEARNING DISABILITIES

1. Purpose of the Report

To provide the Board with an update on the activities undertaken to develop lead commissioning options for Learning Disabilities.
To seek agreement for the proposed actions and timeline.

2. Background

The Board approved the report 'Adult Care and Joint Commissioning Priorities 2012-13' on 15th March 2012, which included the priority: "Adult Care is proposing to be the Lead Commissioner for people with a Learning Disability".

The Learning Disability Joint Commissioning Board has been working on proposals and options for the future commissioning of Learning Disability services in Derbyshire.
This has involved a number of tasks including mapping current provision, contracts and funding, as well as exploring the range of commissioning options that could be adopted.

The work has been underpinned by four key principles:

- Future commissioning arrangements must deliver improvements to the health and well-being of the people living in Derbyshire with a learning disability and their family carers
- Learning Disability health commissioning activities, contracts and budgets rest with the most suitable partner to achieve the greatest improvement in health outcomes
- The outcomes will improve joint working between NHS Derbyshire and the Clinical Commissioning Group (HCCG) and Derbyshire County Council, and with other required partners
- That there is an incremental approach to developing and increasing the opportunities for partnership commissioning, to ensure that future arrangements are sustainable and have effective governance

3. Information and Analysis

Currently, commissioning for adults with a learning disability is delivered by staff employed separately by NHS Derbyshire and Hardwick Clinical Commissioning Group, and Derbyshire County Council. There has been

a history of effective joint commissioning, including the development of a Learning Disability Joint Commissioning Strategy with jointly agreed priorities.

Enhancing commissioning arrangements and joint partnerships has been the focus of several Government publications including: Our Health, Our Care, Our Say; Putting People First; Strong and Prosperous Communities; The Health Act and the NHS Operating Framework for England.

There are a number of statutory and non-statutory options for enhancing commissioning available to local partners. These range from aligned budgets, where information is exchanged and joint decisions taken while functions and money remain separate, through to a formal arrangement of pooling of commissioning functions and resources under section 75 of the NHS Act 2006. More details on the six options are set out in Appendix One.

The NHS Act 2006 makes the provision for the functions (statutory powers or duties) of one partner to be transferred and delivered day-to-day by another partner, subject to agreed terms of delegation. This option requires functions to be delegated, with the partners remaining responsible and accountable for ensuring they meet their own duties under the legislation.

The Learning Disability commissioning options work programme aims to identify the most suitable option and develop detailed proposals for consideration. Activities to date have included:

1. Initial mapping of the existing Learning Disability Health commissioning arrangements and activities across four thematic areas:
    - Personal Health Budgets: this covers maximising opportunities for self-directed support, needs assessments and market development;
    - Access to Primary and Acute Care: focusing on improving quality of care and reducing health inequality which would involve, for example leading on the annual Learning Disability Self Assessment Framework (SAF) and the resulting Action Plan development and implementation, working with CCG primary care locality managers and Learning Disability Strategic Health Facilitators to maintain access to annual health checks and Health Action Plans;
    - Specialist Learning Disability Healthcare Commissioning: commissioning and contracting specialist providers, QIPP in independent hospitals (linked to the Winterbourne View Serious Case Review Actions and DH national policy guidance) and specialist equipment;
    - Learning Disability Secure Services: gatekeeping, attendance and input to regional pathway meetings.

2. Identifying a number of additional tasks, including:
    - The expansion of the annual Learning Disability SAF, which will be joint with local authorities from 2013.
      Currently, the task involves organising the Getting Ready days, a Big Health Day and validation meeting. The performance and self-assessment is RAG rated, which then requires the development of an Action Plan and assurance reporting to governing bodies, Cabinet and the Health and Wellbeing Board. This is currently high impact and resource intensive for completion during April – August each year, and will increase with the inclusion of local authority activity
    - Annual Regional submission of the Learning Disability dataset October – November
    - Annual DH Review of Central Returns (ROCR) returns reporting on: the numbers of annual health checks and numbers of Assessment and Treatment Unit beds commissioned
    - Advisory – NHS Commissioning for Learning Disability health care
    - Attendance at variety of local and regional meetings/ networks
    - Lead for the health sub-groups linked to the Learning Disability Partnership Board
    - Lead for the Learning Disability Clinical Reference Group, linked to Learning Disability Joint Commissioning Board

3. Identifying the range of potential commissioning options, statutory and non-statutory, including the legal frameworks required – as set out in Appendix One.

4. Next Steps

- Complete an option appraisal and explore the benefits and risks of proposed commissioning options; this will enable partner organisations to be clear about the nature and level of commissioning partnership they are prepared to undertake
- Representatives from the Council and NHS HCCG to develop a detailed project plan for agreement on the preferred option; including consultation and reporting on the preferred model through existing governance structures
- To proceed to implementation of an agreed way forward for April/ May 2013

Proposed Timeline

- November 2012 – complete the options appraisal

- December 2012 – report to the Joint Commissioning Board on the preferred commissioning model

- January/February 2013 – request agreement by the Adult Care Board and NHS Governing Bodies for approval of the agreed commissioning partnership framework

- March 2013 – commence shadow arrangements in place for partnership implementation in April/ May 2013

5. OFFICER'S RECOMMENDATIONS

1. To provide the Board with an update on the activities undertaken to develop lead commissioning options for Learning Disabilities.
2. To seek agreement for the proposed actions and timeline.

APPENDIX ONE

Options of Learning Disability Commissioning Models

OPTION 1 – LEAD COMMISSIONING (Statutory option using HAF)

This is where one commissioning organisation delegates its commissioning functions to the other commissioning organisation, which takes on the lead commissioning role for both commissioning organisations.

Key Features:

- One Commissioner takes the lead, appointment and accountability with lead organisation
- Lead commissioner develops joint strategy on behalf of both organisations
- Resource allocations for each organisation is agreed and ring fenced
- Opportunity to commission a range of services for a client group from a single organisation.
- Not necessarily any transfer of budgets
- Lead commissioner proposes allocation of resources in line with strategic plan to deliver cost effective services
- Lead commissioner has delegated responsibility to deliver the strategic direction but has no formal authority to commit resources and has no formal accountability to the partner organisation
- Non lead organisation retains a commissioner oversight
    - Understanding of needs, policy etc
    - Scrutiny of plans, business cases, resource allocation proposals
    - Monitor performance
    - Sign off expenditure
- Contracts developed and monitored by Lead Commissioner on behalf of partner organisation
- Proposals/business case developed by Lead Commissioner are separately approved in appropriate forums (Joint Commissioning Board/ SMT/Cabinet / CCG Governing Bodies)

OPTION 2 – POOLED FUNDS (Statutory option using HAF)

Pooled Funds – the ability for each partner organisation to make contributions to a single, common fund set up by partner organisations in order to meet an agreed list of partnership objectives

Key Features

- Partners agree who will be the host partner
- Host partner manages the pool on behalf of both partners through agreed delegation arrangements

- Host appoints a pool manager to maintain the fund and financial reporting.
- Partner contribution are identified at the outset, however, planned areas of expenditure to be incurred by the pool are not, to allow flexibility in how the funds are used.

OPTION 3 – LEAD COMMISSIONING AND POOLED FUNDS (Statutory option using combined HAF)

As for Lead Commissioning - The partners must decide what functions the lead agent will commission, and in addition the payments to finance each of them.

Pooled Funds – the ability for each partner organisation to make contributions to a single, common fund set up by partner organisations in order to meet an agreed list of partnership objectives, to be spent on agreed delegated functions or specific services/ provision and combines all commissioning.

The commissioning budget arrangements should reflect the model of commissioning being proposed.

OPTION 4 – JOINT COMMISSIONING

Key features:

- Formal joint appointment of single commissioner with accountability to both organisations
- Joint commissioner develops joint strategy on behalf of both organisations
- Budgets can be pooled or held separately:
    - If budgets pooled – payments managed in host organisation via host financial systems
    - Non pooled funds managed via each organisations financial system
- Delegating authority keeps responsibility for oversight to ensure policy compliance, needs and targets are met
- Major changes to budgets and strategy are agreed in appropriate decision making forums within each organisation
- Alleviate fragmentation between professions and agencies, thus commissioning real seamless services

OPTION 5 – SINGLE ORGANISATION COMMISSIONING (Status Quo)

Key features:

- CCG retains LD health commissioner role
- LA retains LD social care commissioner roles
- Both organisations work jointly together in partnership
- Agreements reached on which organisation will lead on joint strategy development
- Resource allocations identified in strategies but not ring fenced

- No transfer of budgets unless agreed for specific services
- Both organisations have individual signed contracts
- Clear delineation of what is health or social care responsibility
- Greater understanding of required policy and linkages within the NHS

OPTION 6 – ALIGNMENT OF BUDGETS (non - statutory option – no HAF)

The funding streams are aligned, but are not underpinned by a formal pooled budget agreement via s75, which can offer the opportunity for partners to jointly commission services.

Partners can identify the contribution each has made to the aligned budget. Funding streams remain separately managed, despite spending and performance being jointly monitored. There is no delegation of functions (and therefore one partner's duties cannot be undertaken by the other) and no host partner. There also do not need to be formal agreements regarding purpose or performance, making and varying contributions or dealing with surpluses and deficits. However, given the lack of formal agreements, effective governance and financial management arrangements are crucial.

(From a draft paper prepared by J. Lawley NHS Hardwick Clinical Commissioning Group Oct 2012)

Appendix – Matrix for Analysing Approaches to Commissioning Across Agencies

IPC have drawn on a range of materials, particularly Integrated Working: A Guide (Integrated Care Network 2004), A Catalyst for Change (Department of Health, 2004) and Making Ends Meet (Audit Commission 2003), plus its own experience of working on the commissioning of public care services throughout the country to develop a matrix for analysing the extent to which different areas of the commissioning and contracting process are integrated across agencies. The matrix uses the following 7 commissioning and contracting areas:
Purpose and strategy
Stakeholder engagement
Needs and market intelligence
Resource allocation and management
Market management and monitoring
Contracting
Commissioning function

The matrix also differentiates between the following 4 levels of integration:
Separate Approaches: Actions and decisions are arrived at independently and without co-ordination.
Parallel Approaches: Objectives, plans, actions and decisions are arrived at with reference to other agencies.
Joint Approaches: Objectives, plans, actions and decisions are developed in partnership by separate agencies.
Integrated Approaches: Objectives, plans, actions and decisions are arrived at through a single organisation or network.

Examples of activities at each level are described in the table below

Areas	**Separate Approaches Objectives, plans, decisions, and actions are arrived at independently and without co-ordination.**	**Parallel Approaches Objectives, plans, decisions, and actions are arrived at with reference to other agencies.**	**Joint Approaches Objectives, plans, decisions, and actions are arrived at in partnership by separate agencies.**	**Integrated Approaches Objectives, plans, decisions, and actions are arrived at through a single organisation or network.**
Purpose and Strategy	Agencies develop services to meet their own priorities. Single agency planning	Systematic analysis of partner agency perspectives, issues and concerns.	Shared commitment to improve outcomes across client group. Joint strategy development	Inclusive planning and decision process as an integral partner A transparent relationship

	documents do not include key partner‟s priorities and drivers. Single-agency commissioning strategies.	Liaison in the production of separate strategies. Strategies reference and address partners‟ issues.	teams producing common strategies.	between integrated bodies Single agency with one commissioning function.
Stakeholder Engagement	Public meetings, conferences, feedback are designed and delivered independently.	Information from service users or service providers is shared when clearly relevant.	Agencies jointly design and manage consultation and feedback activities.	A single team is responsible for systematic planning and delivery of provider consultation to inform a single strategy.
Needs and Market Intelligence	Needs analysis is undertaken independently, and deals with very specific aspects of population need. Agencies use provider intelligence for the purpose of identifying their own commissioning priorities only.	Separate needs analyses shared by agencies. Separate cost, benchmarking and general market intelligence shared by agencies.	Jointly designed population needs analysis. Joint working groups to review market mix.	Single projects undertaking needs and market analysis and using these to inform commissioning and contracting priorities. Single research, analysis, public health teams.
Resource allocation and management	Budgets are used solely to meet self-determined objectives. The financial impact of services and policies on other agencies is not considered.	Agencies allocate some resources to address issues of common concern.	Agencies identify pooled budgets for particular areas, and a joint approach to decision making on budget allocation to meet common objectives. Use of Health Act Flexibilities.	Pooled budgets within a single agency or network, to meet combined needs identified for the population.
Market management and monitoring	Market management sited in separate organisations. A fragmented approach to use of providers and resources. Provider performance information not shared between agencies.	Performance measurement information shared to promote commonality and consistency. Agencies inform each other of performance improvement needs.	Multi-agency review groups ensure robust joint arrangements for the collection and interpretation of performance information. Sharing of risk with market development.	Integrated monitoring and review arrangements that result in a shared understanding of the effectiveness of current services and the evidence for changes in the future.

Contracting	Contract compliance information is used independent of other sources and solely within the organisation.	Agencies inform each other of purchasing intentions. Agencies share information about contracts and intelligence about performance where relevant.	Agencies issue joint block contracts or share contract risk. Standard joint contract terms are realistic and deliverable by providers.	Single function responsible for managing contracts to meet a single commissioning agenda.
Commissioning Functions	Agencies have their own teams to support their commissioning activities.	Agencies liase re commissioning activities (e.g. needs analysis, monitoring of individual agency strategies) in order to support common commissioning objectives. Identified common training and development needs within agencies.	Emerging hybrid roles support a joint strategic commissioning function across agencies. A clear understanding of the resources and skills required to provide support to joint strategic commissioning Joint appointments of commissioning staff.	Integrated commissioning function, e.g. a single manager with responsibility for managing commissioning and contracting within a single organisation or network.

DERBYSHIRE COUNTY COUNCIL

REPORT FOR ADULT CARE BOARD

15 November 2012

Update on developing lead commissioning options for Carers

1. Purpose of the Report

- To provide the Board with an update on the activities undertaken to develop lead commissioning options for Carers.
- To seek agreement for the proposed actions and timeline.

2. Background

The Board approved the report 'Adult Care and Joint Commissioning Priorities 2012 – 13', on 15th March 2012, which included the priority *'Adult Care is proposing to be the Lead Commissioner for Carers'.*

The work has been underpinned by four key principles:

- Future commissioning arrangements must deliver improvements to the health and well-being of carers living in Derbyshire
- Carers' health commissioning activities, contracts and budgets rest with the most suitable partner to achieve the greatest improvement in health outcomes
- The outcomes will improve joint working between the Clinical Commissioning Groups and Derbyshire County Council, and with other required partners
- That there is an incremental approach to developing and increasing the opportunities for partnership commissioning, to ensure that future arrangements are sustainable and have effective governance

3. Information and Analysis

Enhancing commissioning arrangements and joint partnerships has been the focus of many government publications over the last few years, including 'Our Health, our Care, our Say', 'Putting People First', The Health Act, and 'Commissioning Framework for World Class Commissioning' and the NHS Operating Framework.

The National Carers Strategy Refresh 2010 stated a commitment to

'Developing shared priorities and strategies across social care, the NHS and public health, and addressing cross-cutting issues such as support for carers.'

The Draft Care and Support Bill sets out a duty on the local authority to promote the integration of services along similar lines to the duty on the local NHS already

enacted by the 2012 Act. In addition the draft Bill will provide for further duties of cooperation which encourage local partners to work together to improve the wellbeing of local people. There will be some additional funds to support this. From April 2013 the NHS Commissioning Board and clinical commissioning groups will be responsible for working with local partners to ensure that carers are identified and supported.

There has been a history of good joint working between DCC and NHS Derbyshire. Commissioning budgets have been disclosed and joint plans have been developed and in the last financial year increased funding has been made available for carers through this partnership. This will form a good basis for the formalising of the arrangement.

NHS Derbyshire, and latterly the Clinical Commissioning Groups, have worked collaboratively with Derbyshire County Council and carers to develop proposals to support carers to continue in their role and to lead a fulfilling life. This work is a continuation of the proposals outlined in the *Carers Commissioning Strategy 2009-2014.*

A range of tasks need to be undertaken as part of the commissioning options work programme.

- Needs identification as part of the JSNA
- To refresh the Joint Commissioning Carers Strategy to reflect the new arrangements
- NHS communication and engagement regarding carers' issues
- To regularly monitor funding and evaluate contracts

The range of potential commissioning options, statutory and non-statutory, including the legal frameworks required, are already set out in Appendix One to the Update on developing Lead Commissioning options for Learning Disabilities, a report which is also on the Agenda to be considered by the Adult Care Board on 15th November 2012.

Progress to date

Scoping meetings have already taken place between representatives from Adult Care and NHS Derbyshire County and in particular the Clinical Commissioning Group in South Derbyshire.

There will be a detailed planning meeting in early December.

4. Budget

Both Adult Care the local NHS invest considerably in the provision of a range of services that support carers. These include, for example, the provision of short breaks and support for carers through Primary Care. The intention of this stage is

not to focus lead commissioning on these services, but to initially look at the support for carers funded through specific carer support budgets.

In 2012-13 £396,000 has come from the Department of Health Carers Allocation. £170,000 of this is being used to fund Carers Personal Budgets. The remainder is funding Young Carers; Sitting services; BME carers; a GP Hospital worker and Training.

In addition to this, the total grant funding in 2012/13 from Derbyshire county council Adult Care and NHS Derbyshire County for carers services is £770,780. This is made up of an Adult care contribution of £362,770 and an NHS contribution of £411,180. The funding supports a range of services for carers including respite; carers support services; and self-help groups. Full details are provided in the Appendix to this report.

In total, Adult Care and the NHS are investing £1,166,800 in Carers' support in 2012/13.

5. Next steps

- Complete an option appraisal and explore the benefits and risks of proposed commissioning options; this will enable partner organisations to be clear about the nature and level of the commissioning partnership they are prepared to undertake
- Representatives from the Council and NHS SDCCG to develop a detailed project plan for agreement on the preferred option; including consultation and reporting on the preferred model through existing governance structures
- To proceed to implementation of an agreed way forward for April/ May 2013

Proposed Timeline

- December 2012 – complete the options appraisal
- January 2013 – report to the Joint Carers Commissioning Group on the preferred commissioning model
- February 2013 – request agreement by the Adult Care Board and NHS Governing Bodies for approval of the agreed commissioning partnership framework
- March 2013 – commence shadow arrangements in place for partnership implementation in April/ May 2013

6. OFFICER'S RECOMMENDATIONS

1. The Adult Care Board is asked to note the contents of this report

2. To seek agreement for the proposed actions and timeline.

APPENDIX 1

Organisation Name	Lead Agency	Project Scheme	District 1	TOTAL FUNDING 2012/2013	Total DCC Funding 2012/13	Total NHS Derbyshire County 2012/13
Carers Sitting Service	Derbyshire County PCT	Carers sitting service	North East Derbyshire	£15,120.64		£15,120.64
Crossroads Care East Midlands (Derby & South Derbyshire and Erewash)	Derbyshire County PCT	carer support, training and support to paid workers to provide respite support	South Derbyshire	£55,244.45	£13,811.11	£41,433.34
Crossroads Care East Midlands (Derbyshire Dales)	Derbyshire County PCT	South Dales Block - carers respite	Derbyshire Dales	£26,035.86	£13,017.93	£13,017.93
Crossroads Care East Midlands (Derbyshire Dales)	Derbyshire County PCT	North Dales Block - carer respite	Derbyshire Dales	£67,872.20	£33,936.10	£33,936.10
Crossroads Care East Midlands (Derbyshire North East)	Derbyshire County PCT	Chesterfield - carer respite	Chesterfield	£120,127.90	£60,063.95	£60,063.95
Derby City and South Derbyshire Mental Health Carers Forum	Derbyshire CC Adult Care	support to carers with people with MH Problems	Amber Valley	£12,434.00	£9,934.00	£2,500.00
Derbyshire Carers Association	Derbyshire CC Adult Care	Transport and Sitting Service [Carers Grant] - High Peak & Glossop	High Peak	£3,000.00	£3,000.00	
Derbyshire Carers Association	Derbyshire County PCT	Network of Carers Organisations	Countywide	£3,374.92	£3,374.92	
Derbyshire Carers Association	Tameside MBC	Glossopdale post	High Peak	£10,535.31	£10,535.31	
Derbyshire Carers Association	Derbyshire County PCT	Funding to promote the establishment of, and provide support to, local self-help groups.	Countywide	£211,092.29	£110,959.47	£100,132.82
Derbyshire Carers Association	Derbyshire CC Adult Care	Learning Disabilities Network Co-ordinator Post	Countywide	£26,993.00	£26,993.00	
icare consortium (P3 lead)	Derbyshire CC Adult Care	Mental Health Carers Support Service	Countywide	£150,828.00	£11,518.00	£139,479.00
North Derbyshire Forum for Mental Health Carers	Derbyshire CC Adult Care	carer representation and support groups,	Chesterfield	£27,868.00	£22,368.00	£5,500.00
SPODA	Derbyshire County PCT	Support for family members and carers of substance users	Chesterfield	£40,255.00	£40,255.00	
				£770,781.57	£359,766.79	£411,183.78

DERBYSHIRE COUNTY COUNCIL

Adult Care Board

15th November 2012

Implementation of the Fulfilling and Rewarding Lives Strategy for Adults with Autism in England.

Purpose of the Report

To inform the Board of local progress in the implementation of Fulfilling and Rewarding Lives (March 2010) the strategy for adults with autism in England.

Introduction

A previous report (January 2012) informed the board of the statutory guidance issued to local authorities as part of the implementation of the Autism Act 2009. This report provides an update on progress in meeting the four main elements of the guidance requirements (see Appendix for guidance detail) A sector wide planning group continues to oversee progress and commissioning plans are currently being developed based on the autism specific JSNA's, local consultation and findings from the Department of Health self-assessment tool.

The JSNA has highlighted that people with autism who do not also have a learning disability or mental health need have difficulty accessing support including advice and information. This means services for people with Asperger's syndrome (see appendix 'what is autism') has been identified as a priority.

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

- New Joint Commissioning Board for Autism implemented across health and social care (county and city) to assist in the partnership approach to service development.

- Derbyshire led Regional Autism Partnership with support from the Strategic Health Authority Safeguarding Lead developing plans to address priority areas. This includes developing regional approaches to ensuring adults with autism are no longer managed inappropriately in the criminal justice system.

- Engagement planned to identify a service model to address the needs of people with Autism who are currently finding it difficult to access services including advice and information.

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

- The new local diagnostic service has been provided in Derbyshire since April 2012 by Derbyshire Healthcare Foundation Trust. The service is required to inform newly diagnosed individuals of their right to a social care assessment and to complete a referral to social care teams if requested. Performance reports are not yet available but early indications are that the diagnostic service is oversubscribed and a waiting list is now in operation.

- Adult Care systems have been updated to enable separate recording of Autism and suspected autism. Prior to the update autism could only be recorded as a sub- category of learning disability.

- GP codes streamlined. Health facilitators within learning disability services are working with primary care to ensure records are updated where individuals with a learning disability also have autism.

- Programme of identifying nominated lead social workers for autism within each adult care fieldwork team. It is essential that the assessment process is carried out with due regard to the specific needs of people with autism to ensure accurate gathering of information.

- A lead clinician has been identified and is working on diagnostic service. It is intended to develop a post diagnostic short term support service particularly aimed at people with Asperger's.

3. Training of staff

- Awareness raising training is available across health and social care. A new course has been launched in Adult Care which is also open to independent providers. Autism is included in the induction programme for health and social care staff. Adult social care managers have been briefed on the legislation. Further briefings for Call Derbyshire and mental health staff will be provided. Management information will be reporting on attendance on autism courses.

- The Adult Care fieldwork teams are currently identifying autism leads within each area. Leads will receive enhanced training to ensure they are able to undertake effective social care assessments. This is particularly important when working with people who have Asperger's Syndrome who may be unintentionally screened out of accessing support if the assessor is unaware of the need to make adjustments. The National Autistic Society has recently developed a course specifically for adult social care staff undertaking assessments. It is the intention to commission the course in partnership with Derby City Council. Training will also attend to enable the development of an in-house course for future requirements.

4. <u>Planning in relation to the provision of services to people with autism as they move from being children to adults</u>

- Adult and children commissioners continue to ensure the adult and children's autism strategies and pathways complement and support each other.

- Autism is to be addressed in the transition pathway. This will include informing the parents and young person of their right to a community care assessment.

- Joint work with GP's regarding accurate recording of people with autism and staff training is planned. It is recognised that the training for adults and children require different approaches.

Other related work

The pilot programme aimed specifically at carers of people (adults and children) with autism will be now be implemented in February/March 2013. The short term 4/6 session project will help individuals to continue their caring role by assisting them to keep healthy, know how and where to access advice and information and encourage the development of peer support.

Officer's Recommendations

1. The Board notes the progress made in achieving the implementation of Fulfilling and Rewarding Lives (March 2010) the strategy for adults with autism in England.
2. An update report on progress is made to the Board in summer 2013 following the completion of the Autism self –assessment process.

Deborah Jenkinson
Learning Disability/Autism Commissioning Adult Care

Appendix

What is Autism (taken from 'Fulfilling and rewarding lives' the strategy for adults with autism in England (2010)

There are a number of terms that different individuals and groups prefer to use including autistic spectrum disorder, autistic spectrum condition, autistic spectrum condition and neuro-diversity. The strategy uses the umbrella term 'autism' for all such conditions including Asperger syndrome.

Autism is defined as a lifelong condition that affects how a person communicates and relates to another person. The three main areas of difficulty which people with autism share are:

- social communication (e.g. problems using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice)
- social interaction (e.g. problems in recognising and understanding other people's feelings and managing their own)
- social imagination (e.g. problems in understanding and predicting other peoples intentions and behaviour and imagining situations outside their own routine)
- Many people with autism experience sensory sensitivity or under-sensitivity for example to sounds, touch, smells, light or colours. People with autism often prefer to have fixed routines and find change incredibly difficult to cope with.

Autism is known as a spectrum condition because of the range of difficulties that affect adults with autism and the way that these present in different people. Asperger syndrome is a form of autism. People with Asperger syndrome are often of average or above average intelligence. Whilst they typically have fewer problems with speaking than others on the spectrum they do have significant difficulties with communication that can be masked by their ability to speak fluently.

Implementing 'Fulfilling and rewarding lives' Statutory Guidance (December 2010). Four main elements

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

- Local authorities should allocate responsibility to a named joint commissioner/senior manager to lead commissioning of community care services for adults with autism. The named commissioner should participate in relevant local and regional strategic planning groups and partnership boards.

- Plans should be developed reflecting the needs identified in Joint Strategic Needs Assessments (JSNA's).

- LA, NHS bodies and NHS Foundation Trusts should develop local commissioning plans and review then annually. They should include not only

social care services but also where relevant health services and interventions, which help improve the health outcomes of adults with autism.

2 Training of staff

- General autism awareness training should be made available to all staff working in health and social care. The core aims are to ensure staff are able to identify potential signs of autism and understand how to make reasonable adjustments in their behaviour, communication and services for people who have a diagnosis or display these characteristics.

- In addition to this areas should provide specialist training for those in key roles that have a direct impact on access to services for adults with autism. The end goal is that within each area there is some staff that has clear expertise in autism.

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

- Each area should put in place a clear pathway for diagnosis, from initial referral through to assessment of needs.
- Each area should appoint a lead professional to develop diagnostic and assessment services for adults with autism
- The Director of Adult Social Services is responsible for ensuring that the correct processes are in place within the local area for:

a) conducting assessment of needs
b) the prompt sharing of information between diagnostic services and adult services about adults diagnosed
c) timely notification of the entitlement to an assessment of needs and where relevant, a carers assessment.

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

- LA needs to comply with existing legal obligations under statutory guidance around transition planning.
- Professionals working with a young person with autism approaching transition including child and adolescent mental health services (CAMHS), special needs co-ordinators and social workers should inform the parents and young person of their right to a community care assessment and inform carers of the right to a carer's assessment.
- Workers should also inform social services that this individual is approaching adulthood and may need a community care assessment.