



DERBY CITY COUNCIL

COUNCIL CABINET 15 January 2008

Cabinet Member for Adult Services

ITEM 7

Future arrangements for the management and delivery of services for people with learning disabilities in Derby

SUMMARY

- 1.1 On 20 February 2007 Council Cabinet received a report outlining the progress that had been made toward establishing integrated social care and health services for people with learning disabilities. The report noted that a final decision on whether to proceed with integration was still to be made and that this could only be considered if a workable and affordable proposal was to be developed.
- 1.2 Council Cabinet authorised the Director of Corporate and Adult Social Services to negotiate further to establish whether an affordable integration scheme could be developed.
- 1.3 This report summarises the project work that has taken place over the last ten months to explore the three separate elements of integration which are made possible through the use of flexibilities under the Health Act 1999. They are:
 - Lead Commissioning
 - Integrated Provision
 - Pooled Budgets

These terms are explained in the supporting information section.

RECOMMENDATIONS

- 2.1 To authorise the Director of Corporate and Adult Social Services to implement arrangements for the management and delivery of services for people with learning disabilities in Derby utilising the following model:
 - Commissioning - Joint Commissioning with Derby City Primary Care Trust through one commissioner employed by both organisations and working on behalf of both.
 - Provision - To remain separately provided by the Council and Derbyshire Mental Health Trust, with staff co-located but employed by separate organisations.

- Pooled Budget – Operate a shadow pooled budget, which means that the PCT and Council each retain their own budgets but report jointly on a monthly basis. This gives the commissioners the benefit of oversight of the entire budget allocation across both organisations.

2.2 To authorise the Director of Corporate and Adult Services to liaise with Derbyshire County Council to establish whether their intentions for the future.

REASON FOR RECOMMENDATIONS

3.1 Following extensive project work, the Council has formed the view that the model outlined in section 2.1 above is more likely than the original proposal to achieve improved outcomes for service users, with the least disruption, and at no additional cost. The original proposal could have incurred costs and risks that are now considered unnecessary in order to achieve better outcomes for service users.



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Report of the Corporate Director of Corporate and Adult Services

Future arrangements for the management and delivery of services for people with learning disabilities in Derby

SUPPORTING INFORMATION

- 1.1 Existing arrangements, the originally proposed model and reasons for the revised model now being proposed**
- 1.2 Commissioning**

Currently there is one commissioner employed jointly across Adult Social Services and the PCT. This works well, enabling full disclosure of available commissioning budgets across both organisations. It ensures that both organisations retain leadership and ownership of the commissioning functions for which they are responsible, and that these responsibilities are joined up through the commissioner.

The original proposal for changes to commissioning was that the PCT responsibilities would be delegated to the Local Authority and that the Local Authority would take on lead commissioning on behalf of both organisations. Making these changes would require the development of a Section 75 agreement or Service Level Agreement, legal input and changes to finance and invoicing systems. These changes would have a cost impact and the benefits that this would generate over and above those provided by the present arrangements are not proven.

In addition to these concerns about the benefits of such a change, the recent Continuing Care Guidance underlines the PCT's responsibilities for health related commissioning. Recent media coverage has outlined the Government's plans to transfer social care commissioning and budgets to Local Authorities from PCT's, but not health care commissioning and budgets.

Our current joint commissioning arrangements are fit for purpose in terms of quality, value for money and national direction of travel for learning disability commissioning. Lead commissioning will be considered again at a later date when it is clearer what the implications are of the transfer of social care budgets and commissioning from PCT's to Local Authorities.

1.3 Integrated provision

Currently social care services for people with learning disabilities are provided by Adult Social Services, and specialist healthcare services for people with learning disabilities are provided by Derbyshire Mental Health Trust. The staff providing these services on behalf of the two organisations are already co-located in one office working together, but under the leadership of separate organisations and Heads of Service.

The original proposal was that the staff employed by Derbyshire Mental Health Trust (DMHT), who work across the City and the County, would transfer out of the NHS into the employment of the Local Authorities. Some staff would transfer to the Council and others to Derbyshire. As such, the City and the County were working together on this.

On 17 August 2007 Derby notified Derbyshire that they had concerns about proceeding down the route of transferring staff. We were concerned about the practicalities of managing NHS staff within a local authority structure. On 31 October 2007 the Department of Health published 'Commissioning specialist adult learning disability health services'. This guidance stated that:

'Specialist learning disability health staff are most likely to be employed within the local NHS, with those not in in-patient settings, operating as part of, and being accountable within, a multi-disciplinary structure such as a community learning disability team (CLDT) that is led or jointly led by the local authority. Employment within the NHS alongside other health professionals is important in order to maintain appropriate clinical governance, professional development, relationships and learning from colleagues working in other specialisms and to avoid recruitment and retention problems. However, day-to-day operation within a multi-agency framework is essential for the achievement of good person centred outcomes. Being recognised as part of the NHS is particularly important for staff working to promote access to mainstream primary care and acute hospitals in order to facilitate day to day working relationships with NHS colleagues.'

It is therefore proposed that staff remain employed by their separate organisations but continue to work together, moving toward having a single point of entry to services, joint eligibility criteria and enhanced joint working. This is possible without the transfer of staff originally envisaged.

1.4 Pooled Budget

The commissioning budget arrangements should reflect the model of commissioning being proposed. If Lead commissioning was being proposed, this would mean that commissioning was being provided by one organisation (the Local Authority) on behalf of two organisations (The LA and the PCT). In that case it would make sense for the budget to be pooled and hosted by that lead organisation. However since joint commissioning is the current proposal, each organisation retains its own accountability and as such should retain its own budget.

However in order to ensure that the joint commissioner has access to both commissioning budgets and can treat them as one for commissioning purposes it is proposed that a shadow pooled budget is established. This means that both organisations will report jointly on their budgets but that they are not formally pooled. In the event that lead commissioning is considered further in the future, the shadow pool could evolve into a fully pooled budget.

OTHER OPTIONS CONSIDERED

2.1 A range of options have been considered as follows:

Commissioning:

2.2 **Parallel commissioning model**

This is where each commissioning organisation has its own separate commissioner. The advantages are additional capacity and clear accountability and ownership. The risks are duplication and fragmentation.

2.3 **Joint commissioning model**

This is one joint commissioner across both commissioning organisations. The advantages are the joint ownership of the whole programme, shared understanding and shared objectives. It also reduces the fragmentation that can occur when there is not a shared understanding of the overall area. The only risk is one of capacity and this can be addressed in other ways.

2.4 **Lead commissioning model**

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. The original proposal was for the Local Authority to take on lead commissioning.

However for the reasons outlined in section 1.2 above, the current proposal is that Derby should retain joint commissioning for the time being.

2.5 **Provision**

For provision, the original proposed model was for Mental Health Trust staff to transfer to the Local Authority. For reasons outlined in section 1.3 above this is no longer being proposed. The outcomes intended by the original proposal can be achieved without a direct transfer of staff, through developments such as those outlined in the last paragraph of section 1.3 above.

For more information contact:	Claire Saul – tel: 255854
Background papers:	Appendix 1 – Implications

IMPLICATIONS

Financial

- 1.1 There are no financial implications.

Legal

- 2.1 There are no legal implications.

Personnel

- 3.1 There are no personnel implications.

Equalities impact

- 4.1 People with learning disabilities are a marginalised and vulnerable group of people. Implementation of this service model with least disruption will enable organisations to concentrate their efforts on changes that will result in better outcomes for individuals, thereby improving the experience for our service users.

Corporate priorities

- 5.1 The learning disability service modernisation programme supports the Council's objectives of healthy, safe and independent communities and furthers the priority or modernising social care, including adult home care.
- 5.2 In addition, the modernisation programme aims to achieve the best possible services for adults with learning disabilities in Derby City well into the future.