

Leicester
City Council

WARDS AFFECTED
All

FORWARD TIMETABLE OF CONSULTATION AND MEETINGS:
Social Services Scrutiny Committee
Cabinet

13th September 2005
26th September 2005

Learning Disabilities - Integration and Lead Commissioning arrangements

Report of the Corporate Director of Social Care and Health

1. Purpose of Report

- 1.1 This report sets out proposals for the new lead commissioning arrangements and outlines the progress made in implementing the integrated Health and Social Care Learning Disability services to be hosted by the City Council
- 1.2 On 1st March 2004, Cabinet agreed that the City Council would take on lead commissioning responsibilities and approved the project plans for the integrated Health and Learning Disability Services.

2. Lead Commissioning

- 2.1 The proposal is to introduce under Health Act flexibilities, lead commissioning by the local authorities of health and social care services for people with learning difficulties across Leicester, Leicestershire and Rutland. Separate parallel arrangements will apply to Leicestershire County Council and Rutland. It is proposed that Leicester City sets up a single Commissioning Board for Learning Disability Services and establishes a pooled Health and Social Care budget from October 2005, underpinned by a formal partnership agreement.
- 2.2 The proposed governance arrangements, together with Terms of Reference are given in Appendix A. Both the City PCTs have been consulted and subject to Cabinet approval, the arrangements will be introduced from 1st October 2005 under the terms of a new Section 31 partnership agreement.
- 2.3 The proposed governance arrangements can be summarised as follows. A Leicester City Commissioning Board with representation from the City Council, City West and Eastern City Primary Care Trusts will be established. The Board will be accountable to the City Council Cabinet and the Primary Care Trust Boards. It would act within the powers delegated to the Corporate Director of Social Care and Health.

3. Service Integration

- 3.1 A new service model is in the process of being developed for consultation with health and social care staff, Trade Unions and other stakeholders. It is expected that the consultations on the service model and Human Resources implications will take place between the end of August and 1st of December 2005.
- 3.2 Following the outcome of the consultation process, a final detailed service model and structure, including agreement on the transfer of staff would be agreed between the respective partner organisations in December 2005. These, along with the lead commissioning arrangements, would then be incorporated into a new Partnership Agreement to come into force from 1st April 2006.

4. Recommendations

4.1 Scrutiny Committee is recommended to:-

- (i) Express views on the proposal to establish the Leicester City Commissioning Board (Learning Disability) including the associated governance arrangements as outlined in Appendix A.

4.2 Cabinet is recommended to:

(a) Agree:

- (i) The establishment of Leicester City Commissioning Board and associated governance arrangements from 1st October 2005 (as outlined in Appendix A).
- (ii) The introduction of new lead commissioning arrangements for Health and Social Care Learning Disability Service led City Council from 1st October 2005.
- (iii) The proposed integration of Health and Social Care Learning Disability services, to be hosted by City Council, from 1st April 2006.

(b) Authorise:

The Corporate Director of Social Care and Health to conclude negotiations with partner organisations and approve the final terms of partnership agreement both in relation to the lead commissioning arrangements from 1st October 2005 and the partnership agreement required to encompass both integrated service provision and lead commissioning from 1st April 2006.

- (i) Authorise the Head of Legal Services to enter into the formal documentation necessary to complete the partnership agreements.

5. **Headline Financial and Lead implications**

- 5.1 The integration of Learning Disability Services will result in the Council managing a wider range of services and hosting a pooled budget with funding from the Council and the NHS. It is expected that this will be managed within existing budgets and that improved efficiencies may be achieved from the integrated approach. Appropriate risk sharing and governance arrangements will be put into place for the pooled budget.(Colin Sharpe Head of Finance Social Care and Health ext 8800).
- 5.2 Legal implications – The effect of entering into a section 31 partnership agreement is that the legal responsibility for the discharge of designated health services to adults with learning disabilities will be transferred to the Council (Guy Goodman, Assistant Head of Legal Services ext 7075).

6. **Background Papers – Local Government Act 1972**

Cabinet report 1st March 2004.
Reports presented to Learning Disabilities Executive Board.

7. **Consultations**

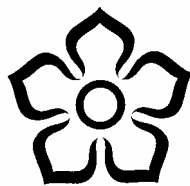
Primary Care Trusts, Leicestershire County Council, Rutland County Council, Leicestershire Partnership (NHS) Trust, Learning Disability Partnership Board.

8. **Report Author:**

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DECISION STATUS

Key Decision	No
Reason	N/A
Appeared in Forward Plan	N/A
Executive or Council Decision	Executive (Cabinet):



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SUPPORTING INFORMATION

1. Report

1.1 This report details progress on the integration of Learning Disability Services in Leicester. The aims of the integration of services between Health and Social Services are to ensure:

- Flexible use of available resources.
- A seamless service for people with learning disabilities.
- A single service with a single vision and culture.
- A single set of policies governing, for example access and eligibility to service.
- Improved access, co-ordination of services and eligibility of service.
- Provision of a person-centred service that is holistic in addressing both health and social care needs.
- A good skills and knowledge base within an effectively planned workforce
- Social inclusion.

1.2 Using Health Act Flexibilities, partial pooled budgets and lead commissioning arrangements will be established in October 2005, and the integrated provision of services will be in place by April 2006. Leicester Council will enter into a formal partnership agreement with Leicester City West Primary Care Trust and Eastern Leicester PCT in order to form a pooled budget for the provision of Learning Disability Services in the city.

1.3 The scope of the pooled budget to be established in October 2005 will include:

- Existing third party contracts
- Existing Section 28a Agreements (e.g. Gorse Hill Phases 1 and 2).
- Learning Disability Development Fund (Revenue only).
- Complex Care

- 1.4 The scope of the pool will be extended in April 2006 following further consultation.
- 1.5 The majority of health services for people with Learning Disabilities are contained within the new lead commissioning arrangements, including:
- Community Learning Disability Nursing Services
 - Occupational Therapy
 - Speech and Language Therapy
 - Physiotherapy
 - Outreach and Intensive Support Services
 - Respite Care Provision
 - Specialist Autism Service
 - Commissioning of Complex Care.
- 1.6 Certain specialist health services for people with learning disabilities will remain outside of the scope of the lead commissioning arrangements. Since they are considered to require continued NHS commissioning. These are:
- Inpatient Services (Assessment and Treatment Unit)
 - Specialist Psychiatry Services
 - Learning Disability Register
- 1.7 The Section 31 agreement for lead commissioning and pooled budgets in October 2005 is in the final draft for agreement between PCTs and the relevant local authority, with the key appendices in the process of being completed. The definition and principles for lead commissioning have been consulted upon widely across the PCTs and Partnership Boards.
- 1.8 Service Modelling groups have completed the work in gathering information on existing services both in Health and Social Care. The City group is working towards developing an outline model for integration and has developed a draft Vision, Value and Aims for integrated service, which has been widely consulted upon. A core group of Service Director, Assistant Director and Directors from PCTs, LPT and Social Care have worked through issues arising from the work of the service modelling with regards to small, centralised services, and developed a management framework for the new models.
- 1.9 The HR group continues to confirm the profiling data around posts and levels of staff and in consultation with the Trade Unions has set out an action plan for the consultation and implementation of a new service model. Joint meetings with managers from across Health and Social Care and Human Resources Group have involved scoping the approach to consultation.

- 1.10 A communication strategy developed by the communication group has enabled the regular production and distribution of a newsletter to staff and stakeholders. The group have ensured that information is widely available to staff and stakeholders in a variety of forms.
- 1.11 The IT group are currently exploring in detail the IT requirements for a new service working closely with the service modelling group. Work is also underway on the development of a data exchange agreement for lead commissioning.
- 1.12 The relevant Chief Officers meeting as an Executive Group has approved the proposed governance arrangements for lead commissioning outlined in Appendix A, of this report. However in order to ascribe the appropriate authority to the proposed new governance arrangements the Cabinet and PCT boards are requested to give final approval to the proposals. This is necessary to allow delegation of commissioning responsibility to the new City Commissioning Board.
- 1.13 The Leicester City Learning Disabilities Commissioning Board will be the strategic decision-making body for services for people with Learning Disabilities and will operate within the terms of the Section 31 Partnership Agreement. The Board will provide regular reports to the Council’s Cabinet and the PCT Boards.

2. Other implications

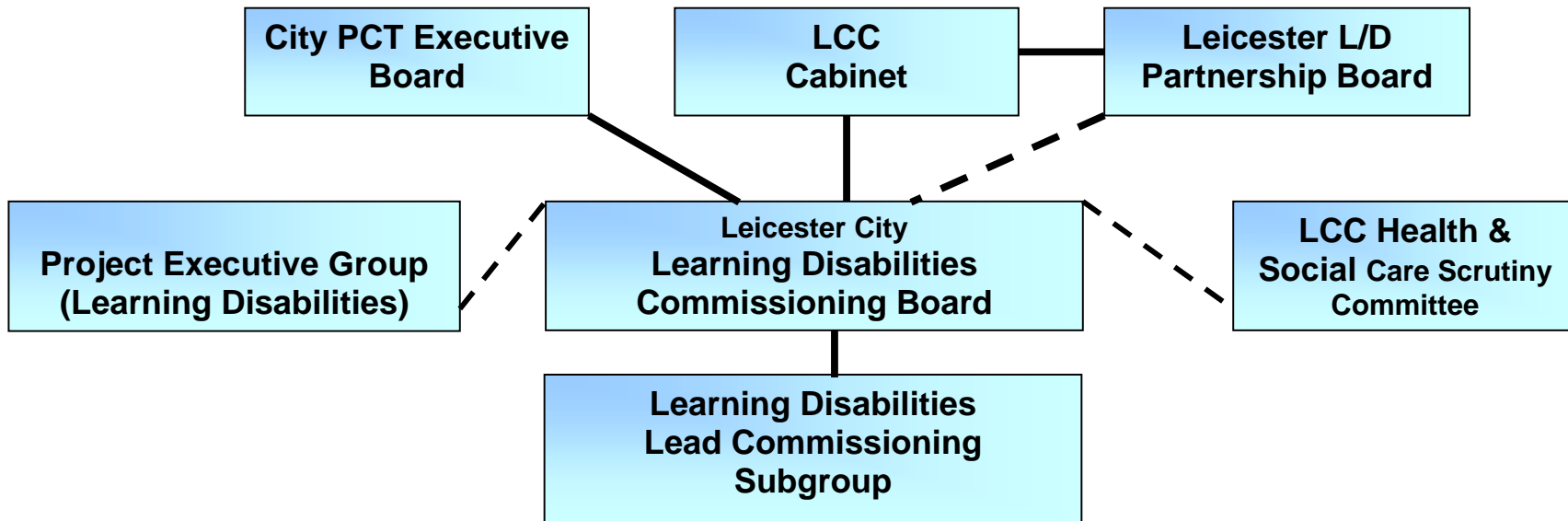
OTHER IMPLICATIONS	Yes/No	Paragraph references within supporting information
Equal Opportunities	Yes	Throughout Report
Policy	Yes	Paragraph 2 and 3 (main Report)
Sustainable and Environmental	No	
Crime and Disorder	No	
Human Rights Act	Yes	Throughout Report
Older People /People on Low Income	Yes	Throughout Report

3. Report Author:

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APPENDIX A

**LEICESTER CITY COUNCIL
PROPOSED GOVERNANCE STRUCTURE FOR LEAD COMMISSIONING, LEARNING DISABILITIES**



Proposed membership of Leicester City Commissioning Board

Social Care & Health representation to be determined by the Corporate Director of Social Care & Health.

4 PCT Representatives to be determined by PCTs.

Accountability

Proposed membership for Commissioning Sub-group

Representation to be determined by Corporate Director of Social Care & Health in consultation with partner agencies.

Consultation/ Liaison

Please note: that the Commissioning Board will follow decisions made by the Cabinet and PCT boards

APPENDIX A

LEICESTER CITY LEARNING DISABILITIES COMMISSIONING BOARD

TERMS OF REFERENCE

1. Purpose

The Commissioning Board will provide strategic direction and be accountable for the planning and commissioning of Learning Disability services in the city.

The Board will operate within:

- Agreed terms of reference
- An overarching commissioning strategy with identified commissioning priorities:
- Established links to the PCT's annual Service Development Delivery Plan and the City Council's annual budget and three year planning processes;
- An agreed interface between the commissioning of inpatient health care for Learning Disabilities within the wider social care commissioning for Learning Disabilities;
- Key NHS and social care policy drivers to improve the health and well being of people with learning disabilities, (e.g. Choosing Health and the Green Paper for Adults, Independence, Well-being and Choice).

2. Remit

To provide a focus for joint strategic direction by:

- 2.1 Addressing key strategic issues to meet Health and Social Care targets relating to improving health, social inclusion and tackling health inequalities.
- 2.2 Overseeing implementation of health and social care policies that meet national and agreed local priorities, including major service redesign, organisational development and cross-cutting issues.
- 2.4 Considering core over-arching strategies of individual partner organisations and making recommendations for integrating relevant areas of activity (e.g. Valuing People White Paper, LD Partnership Plan and PCTs service improvement plans).
- 2.5 Receiving information on each partners budget pressures/priorities and agree the overall prioritisation of resources relating to the joint LD agenda.
- 2.6 Considering annual reports from the Learning Disability Partnership Board as part of the agreed budget planning cycle.

- 2.6 Considering reports following the review of major service areas, as part of meeting standards for Best Value, CSCI and Health Care Commission.
- 2.7 Provision of an assurance framework to ensure clinical governance, for the health care delivered under delegated NHS functions to the Local Authorities (e.g. statutory responsibility for consultation in service redesign under Section 11 of the Health and Social Care Act 2001.)

3. Function will be to;

- 3.1 Develop and maintain a jointly agreed strategy with agreed funding priorities.
- 3.2 Ensure the development of specification for services to achieve the aims of strategy.
- 3.3 Agree business plans to ensure effective management of pooled budget.
- 3.4 To oversee the implementation of integration and lead commissioning, providing progress reports to PCT, PEC and Trust Boards and Council Cabinets.
- 3.5 Evaluate the implementation of commissioning strategy.
- 3.6 Provide reports on the work of the Board to Council Cabinets and PCT Boards.
- 3.7 Ensure that all relevant stakeholders, service users, carers, staff, providers and partner organisations are able to contribute towards the development and implementation of a learning disability commissioning strategy.
- 3.8 Set priorities, direct the work and receive reports from the sub commissioning group.

4. Chairing Arrangements

The Board will be chaired by a Senior Manager from Social Care & Health.

5. Frequency of Meeting

The Commissioning Board will meet at least 6 times per year, meetings scheduled to fit in with the investment cycle and other key business.

6. Membership

Social Care & Health representation to be determined by the Corporate Director of Social Care & Health.

4 PCT Representatives to be determined by PCTs.