

AGENDA MANAGEMENT SHEET

Name of Committee Cabinet
Date of Committee 20 October 2005
Report Title Commissioning of Adult Mental Health and Learning Disability Services

Summary This report seeks approval to move forward with joint commissioning arrangements for Mental Health and Learning Disabilities. Approval is sought to appoint two Commissioning Managers jointly funded by the PCT's and the County Council. The report sets out a work programme to align budgets by April 2006 and have in place pooled budgets by April 2007.

For further information please contact:

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Would the recommendation decision be contrary to the Budget and Policy Framework? [please identify relevant plan/budget provision]
 No

Background papers

Strategic Development of Adult Social Care Services (Adult and Community Services Overview & Scrutiny Committee - 6 September 2005)

Green Paper "Independence, Well-being and Choice"

Strategic Development of Older People's Services (Cabinet Report - 16 June 2005)

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members Cllr Sid Tooth, Cllr Richard Dodd, Cllr Jerry Roodhouse

- | | | |
|------------------------------|-------------------------------------|---|
| Cabinet Member | <input checked="" type="checkbox"/> | Cllr Colin Hayfield |
| Chief Executive's Department | <input checked="" type="checkbox"/> | Monica Fogarty |
| Legal | <input checked="" type="checkbox"/> | Jane Pollard, Victoria Gould |
| Finance | <input type="checkbox"/> | |
| Other Chief Officers | <input type="checkbox"/> | |
| District Councils | <input type="checkbox"/> | |
| Health Authority | <input checked="" type="checkbox"/> | This report is also being presented to PCT Trust Boards |
| Police | <input type="checkbox"/> | |

FINAL DECISION

Yes

SUGGESTED NEXT STEPS:

Details to be specified

- | | |
|---|-------------------------------------|
| Further consideration by this Committee | <input type="checkbox"/> |
| To Council | <input type="checkbox"/> |
| To Cabinet | <input type="checkbox"/> |
| To an O & S Committee | <input checked="" type="checkbox"/> |
| To an Area Committee | <input type="checkbox"/> |
| Further Consultation | <input type="checkbox"/> |

Cabinet - 20 October 2005

Commissioning of Adult Mental Health and Learning Disability Services

Report of the Director of Social Care and Health

Recommendation

Cabinet are asked to:

1. Support the establishment of formal joint arrangements by Warwickshire County Council and Warwickshire PCT/s to commission adult mental health and learning disability services.
2. Approve the objectives against which formally integrated joint commissioning arrangements would be measured.
3. Approve the initial proposals for the governance, accountability and financial framework and endorse further work to refine these.
4. Endorse further detailed work with agreed milestones that will lead to the creation of pooled budgets for mental health and learning disability services, with a view to aligning the management and performance reporting of resources for the 2006/07 financial year with the introduction of formal pooled budget arrangements by April 2007. A report on the detail of aligned budget arrangements for 2006/7 will be submitted in January 2006
5. Support the development of strategies for information management, ICT, human resources management (including workforce development) and support services to support these joint commissioning arrangements.
6. Authorise the appointment of two senior joint commissioning manager posts, one to lead on mental health and the second on learning disabilities, with adverts to be placed by agreement and in accordance with respective HR policies and taking into account any ring-fenced arrangements that may need to operate in this period of structural change in both the NHS and the County Council.

1. The Context

- 1.1 In 2003 the Council entered into arrangements for the direct management of social care staff working with adults with mental health problems to be undertaken by North Warwickshire and South Warwickshire Primary Care Trusts, similar work is in train for the management of those social care staff working with older people with mental health problems.

- 1.2 At the same time the Council and all three PCTs in Warwickshire entered into closer arrangements for the commissioning of local mental health and learning disability services with the appointment of a joint commissioning manager for mental health based within one of the PCTs (North Warwickshire) and a joint commissioning manager for learning disabilities based within the County Council Adult Services Division.
- 1.3 The advent of the Green Paper on Adult Social Care and the Department of Health Guidance “Commissioning a Patient Led NHS” provides an opportunity to further improve and strengthen both integrated commissioning and integrated provision arrangements. The focus of this report is on commissioning.
- 1.4 There will be a White Paper published at the end of December regarding care outside hospital that will no doubt refer to joint arrangements between agencies that provide or commission services in the community. It is not known how, or whether, the White Paper will be prescriptive about joint structures etc.
- 1.5 A key component of public sector reform that is a common feature for all public bodies is the emphasis on the separation of provider and commissioning functions with public bodies concentrating on a more robust and strengthened commissioning function to drive the type and model of provision to meet peoples needs.
- 1.6 A single specialist mental health and learning disability (provider) Trust for Coventry and Warwickshire is being put forward for consultation. This will provide a bigger base of service, attract the best leadership and give opportunities for users to have choice of a wider range of therapies, interventions and support. The real key to the success of this new Trust will in fact be the strength of the joint commissioning arrangements driving that provider to offer a more socially inclusive model of service offering much wider choice.
- 1.7 The focus of this report is on commissioning. The main benefits for moving to formal joint commissioning arrangements are two-fold:
 - Delivery of better outcomes for service users by focussing on their needs and how services can be commissioned to meet those needs more effectively than at present.
 - Better value for money – for example, both agencies overspend on out of area placements when pooled budgets and joint commissioning should reshape services to enable more people to be supported where they currently live.
- 1.8 The arrangements in this paper do not include children. Children’s commissioning arrangements are being developed by the Children Act Project.

2. The Overall Principles and Aims in Warwickshire

2.1 Officers of the County Council and Primary Care Trusts have developed a statement of principles for consideration and approval by the Council and Trust Boards that set the future direction as follows:

- A truly personalised service means more control and more choice for service users and carers over the services available to them. Our aim is that people who experience a mental health problem, and people who have a learning disability, and their carers, should receive help that is:
 - ✓ Appropriate to their personal needs
 - ✓ Agreed with them
 - ✓ Available when they need it
 - ✓ At the highest possible quality
- Joint commissioning of health and social care services with streamlined contracting arrangements is the basis to secure high quality services that can promote inclusion and independence.
- The creation of an integrated service provider for the most specialist services can ensure that people's health and social care needs can be considered together, improving the quality of their experience.

3. Integrated Service Provision

3.1 "Commissioning a patient led NHS" requires a review of the arrangement for the provision of the integrated mental health services and NHS learning disability services in Warwickshire¹. Creating a single Trust will consolidate the benefits that have already been achieved from integrating the management of mental health services in both North and South Warwickshire. The services in both these Trusts are rated as "Two star" Trusts, this means that they are already performing well.

4. The Values for a Specialist Trust

4.1 We want the best possible services for people with a mental health need, people with a learning disability and people who misuse substances, and for their carers and families. Learning from local people and work undertaken in other parts of the UK, a set of values has been drawn together. They would be part of the proposed process of public consultation. They are attached for information at Appendix 2.

4.2 There will be a further report on options for the creation of a specialist NHS Trust and the public consultation process later this year.

¹ Specialist Trusts include in their portfolio NHS learning disability services, adult and older persons mental health services, children and adolescent mental health services, forensic services, eating disorder services and other specialist mental health services as well as NHS drug and alcohol services.

5. Integrated Commissioning

- 5.1 The County Council and the PCTs have already put in place the foundations for joint commissioning. It is proposed to develop these arrangements by appointing two senior officers to lead two joint commissioning teams (one for mental health and one for learning disability) underpinned by a formal partnership agreement.
- 5.2 The work that has been done to date is presented in detail in the attached report at Appendix 1. It draws on learning from the Children and Young Peoples Strategic Partnership Board and from similar arrangements for commissioning in mental health and learning disability that have been successfully established elsewhere in the UK.

Marion Davis
Director of Social Care & Health

Shire Hall
Warwick
29 September 2005

Adult Mental Health & Learning Disability Services

The Development of a Formally Integrated Joint Commissioning

1. The Needs and Experiences of Local People

- 1.1 There are 1,537 people in Warwickshire who have a significant learning disability that has resulted in the formal recognition of their needs on the Special Needs register²; 75% are adults of whom 4% are currently placed outside of Warwickshire with specialist providers. As many as one in four adults - in Warwickshire - this means 83,000 of our population - will experience a mental health problem, some of whom will have a learning disability or physical health needs too. One person in nine aged over 65 has some degree of dementia, this means about 9,000 people locally. The prevalence of depression for older adults is described as 12%.
- 1.2 If one of us has a mental health problem or a learning disability it will have an impact upon our life. It does not automatically prevent us from fulfilling our potential or having a productive life. The stigma associated with mental illness and learning disability can be a significant barrier to achievement and people who have had a mental illness or those with a learning disability often experience real prejudice and discrimination. This experience together with that of the disability or illness itself can impact upon a much wider group of family and friends. There is a strong shared commitment in Warwickshire to tackle these issues and to improve the quality of commissioning and service provision.

2. Integrated Commissioning Arrangements

- 2.1 In order to ensure that health and social care needs can be properly addressed within a single commissioning budget it is proposed that services are commissioned on the basis of care pathways where people who are living with a disability, recovering from a period of ill health, or becoming unwell, can move through the spectrum of services in accordance with their needs.
- 2.2 Services would no longer be commissioned purely on the basis of blocks of health or social care service types. In order to achieve this the commissioning budgets will be based on a tiered structure. A tiered arrangement would also improve the transparency of the commissioning because the commissioning by GPs (practice based commissioning) and the budgets associated with this are part of the continuum of commissioning (tiers 0-1) as is the specialist commissioning undertaken by the NHS for high dependency NHS care (tier 4).

² This confidential register helps the Primary Care Trusts and the County Council to plan and commission more appropriate services.

Some work has been undertaken to apply the tiered model in practice. Appendices 3-4 summarise the current position. The joint commissioning budgets for mental health will initially cover tiers 2 and 3. More detailed work is required in learning disabilities to understand the nature and complexities of the different aspects of funding and budgets at tier 3. Therefore for the present time Tier 3 has not been included but may well be so in whole or in part when further work has been done. For the present time Tiers 1 and 4 will not be included in the joint arrangements but this will be explored further. Tier 4 is more problematic but certainly there may be some case for considering Tier 1 in the joint budget when we better understand practice based commissioning arrangements. We would not want to dis-incentivise primary care practitioners from developing services in primary care but some accommodation within the formal joint commissioning arrangements might be feasible and practicable.

- 2.3 The commissioning of health and social care services will still be dependent upon a wide range of people and agencies. This includes different NHS trusts, different councils, GPs, primary care staff, elected councillors, housing providers, employers, the police, probation, magistrates and voluntary organisations together with service users and carers. These proposals to further integrate commissioning will support closer collaboration between these partners.

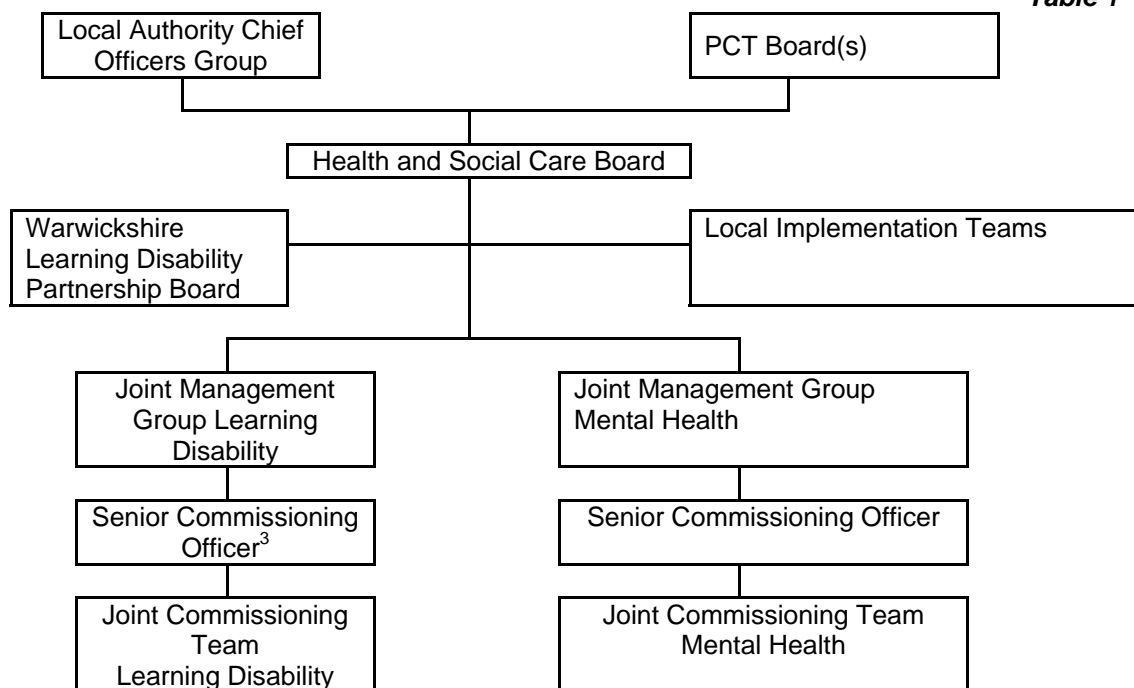
3. Objectives of Integrated Commissioning

- 3.1 A set of objectives to test the success of the integrated commissioning arrangements have been developed:
- **To optimise the use of resources and reduce duplication.** The total amount of money spent on services will not be reduced, commissioning jointly within a tiered framework should result in a more efficient use of the funds available.
 - **To promote independence, well-being and choice, with fair and equitable access to services.** This means investing in primary and community care and support as well as more specialist care to develop a wide range of services, regardless of whether the funding originates from an NHS or Local Authority source.
 - **To raise standards by improving the quality and responsiveness of services,** by placing a greater focus on quality and models of service delivery and not just activity and numbers.
 - **To improve existing performance as measured by national performance targets** for all partner agencies, using simpler and transparent systems of governance to demonstrate progress.
 - **To actively involve a greater proportion of service users and their carers in planning and monitoring new and existing services,** this is an objective for service providers as well as commissioners.
 - **To maintain good working relationships and partnerships with other organisations** and ensure that there are no new barriers set up as a result of integrating commissioning.

4. Governance, Accountability and Reporting Arrangements

4.1 The accountability for effective commissioning and contracting will remain with the Local Authority and PCT(s). A Section 31 Agreement provides a formal mechanism to enter into a partnership which allows one partner to host and manage commissioning and/or contracting on behalf of one or more local authority and NHS partners. Within that agreement a “Health and Social Care Board” can be mandated to oversee the work of the Joint Commissioning Team(s). The Local Authority and PCT(s) set the priorities for annual investment, advice would be available on local needs and issues through the Board. The framework and infrastructure for governance and accountability is set out in Table 1 below. The organisational structure beneath this will be part of the on-going work stream to refine and develop the arrangements.

Table 1



4.2 A single commissioning and contracting⁴ team for mental health across Warwickshire that is hosted within a PCT is proposed because:

- The joint commissioning budget will encompass commissioning undertaken at Tiers 2-3. The majority of this investment comes from the NHS. The NHS also has specific single agency responsibilities at tier 4. It would therefore be able to bring together commissioning of adult mental health services, older persons mental health services and the PCT responsibilities for substance misuse that are outside the DAT. (The host for the current joint commissioning manager has also been a PCT).
- The West Midlands Specialised Services Agency (WMSSA) is mandated to deliver the PCT commissioning responsibilities at tier 4. This is a region-wide NHS commissioning organisation. The senior manager of the Joint

³ These posts will operate at the equivalent of a PCT Director or Local Authority Assistant Director with accountability for the pooled budget and the joint commissioning function.

⁴ Some elements of contracting would be devolved to the integrated provider, this would be consistent with the recommendations for increased stability with voluntary sector providers in the Scrutiny Review of mental health services. More work on these proposals is being undertaken and will be produced by the end of January 2006.

Commissioning Team will represent the Warwickshire PCT(s) at WMSSA meetings.

- Moving both mental health commissioning and mental health provision out of PCTs in Warwickshire runs the risk of losing the ground that has been gained to afford proper priority to mental health services that has been achieved by locating the provision of these services in PCTs.

4.3 A single commissioning and contracting team for learning disability services across Warwickshire hosted by the County Council is proposed because:

- It is consistent with the vision set out in Valuing People.
- The County Council holds responsibility for the development and support of the Learning Disability Partnership Board.
- The local authority is a significant commissioner of the services that are used by people with a learning disability and/or their carers and hosts the current joint commissioning manager. The annual investment of the Learning Disability Development Fund is already delegated by the PCTs to the Local Authority via the Learning Disability Partnership Board.
- A key priority is incorporating into strategic development and planning the other areas in the Local Authority and Borough Councils which are fundamental to community living, consistent with the quality, rights and opportunities that the vast majority of other people enjoy (e.g. leisure, housing and Supporting People). The local authority has significant expertise to support this.
- Primary health care services would be commissioned as part of practice based commissioning at tier 1, ensuring that this can remain a local health priority.

4.4 A number of key actions for both the Joint Commissioning Teams have been identified as follows:

- To develop a clear commissioning plan for local services based on needs assessment and identified pathways of care with an emphasis on promoting independence, well-being and choice.
- To commission and support the development of individual services from a range of providers including statutory and voluntary sector within the priorities described by the Health and Social Care Board.
- To support the Joint Management Group in developing an appropriate performance and quality management framework for service monitoring and evaluation of, that meets the needs of all partners and ensures the delivery of key national and local targets.
- To develop robust links and joint service development proposals with officers who are responsible for other budgets from services are commissioned; in particular Child and Adolescent and generic Older People's services as well as the commissioning undertaken by the Drug and Alcohol Action Team.
- To develop robust links with the Local Implementation Teams, the Learning Disability Partnership Board and the 'Health and Social Care Board',

Voluntary sector COMPACT and District and Borough Councils.

- To work alongside Finance leads in both the NHS and the Council to develop the capacity and capability to provide the professional support for developing the arrangements for pooled budgeting and the maintenance of these arrangements thereafter. This will include exploration of the feasibility of a joint management accountancy role to reflect the joint commissioning agenda.
- To support the Local Delivery Plan and Delivery and Comprehensive Performance Assessment processes.
- To build on the existing mechanisms for involving service users and carers throughout the commissioning process, building on current initiatives such as the Councils' Customer First Steering group and the Expert Patient programme.
- To lead on the application of continuing care eligibility criteria.
- To build on and develop partnerships with other groups and agencies. For example: housing, employment, community groups.
- To ensure that strategies are developed for information management, ICT, human resources management (including workforce development) and wider support services which will need to be able to support integrated teams.

5. The Budget Arrangements for Those Tiers That Will Come Together as a Formal Pooled Budget

- 5.1 Commencing with aligned budgets initially in April 2006 the aim will be to have separate pooled budget arrangements in place for the 2007/08 financial year for "mental health services for adults and older people" and "learning disability services" that will support the needs of people that have ordinary residence and/or GP registration with a PCT in Warwickshire. All current agreements with the statutory and voluntary sector providers will be honoured, unless an explicit end date has been agreed. Where NHS and local Authority Staff are seconded into respective organisations' integrated services the employing Body will retain responsibility for all aspects of paying staff who are seconded.

6. Establishing the Budget

- 6.1 The first stage in sizing and agreeing the pooled budgets for 2007 will be to agree a common framework within which to "map" the total investment across the NHS and Social Services in mental health and learning disability services. This exercise will identify direct and indirect costs and the process by which overheads can be apportioned and transferred to pooled budgets.
- 6.2 It will be important to gain an understanding of the true costs of services transferring to a pooled budget arrangement as opposed to placing over-reliance on existing approved budgets. This is to ensure that the joint commissioning arrangements are underpinned by contributions to any pooled budget that are realistic and equal in aggregate to the commitments that will transfer.

- 6.3 In order to gain the confidence of all partners in operating a pooled budget it is proposed that, from April 2006, legacy funding sources will be **aligned but not pooled**. This means that all qualifying and transferring costs and budgets will be reported and monitored in a single place under the new joint commissioning arrangements. This 'shadow pooling' arrangement will allow partners to closely monitor overall financial performance with a view to defining the final size of partner contributions to a formal pooling arrangement by April 2007.
- 6.4 In developing the arrangements for pooled budgets, partners will draw upon the guidance issued by the Chartered Institute of Public Finance & Accountancy. A Section 31 Agreement that sets out the arrangements for pooled budgets to support joint or lead commissioning will need to address, amongst other things:
- treatment of overspendings and underspendings
 - annual inflation for pooled budget contributions
 - efficiency savings sought by partners
 - treatment of VAT (different VAT regimes exist currently between the Council and the NHS)
 - charging for services
 - financial reporting and arrangements for external audit
- 6.5 As the move to joint commissioning arrangements takes place there will be issues for the County Council in respect of charging and other aspects of financial administration. The work stream set in place to move from aligned to pooled budgets will address and report on these aspects

7. What Might be in the Final Pooled Budgets

- 7.1 Aligning budgets from April 2006 and the mapping process to develop pooled budgets for April 2007 will provide an opportunity to test out in the first year what should and what should not be included in the final pooled budgets. As an illustrative guide, Appendix 5 sets out more detail of what might be in aligned budgets from next April. More work needs to be done on this before a decision is made about what might be excluded from the joint budget. Effective Strategic Commissioning will need to affect the shape of the whole system and therefore there would need to be specific reasons for exclusions. The on-going work will clarify and agree this. Experience in the initial stages of the joint arrangements will inform the final recommendations before sign up to formal pooling arrangements.
- 7.2 More work on the finance and governance arrangements is being undertaken and will be reported in January 2006, this will include:
- Progress on the resource mapping exercise required as a pre-cursor to pooling of budgets and the development of the arrangements by which pooled budgets may operate in the future which will require incorporation within a section 31 Agreement.
 - The make up of the joint commissioning teams and the financial contribution from the County Council and PCT(s) to establish them.

- Agreement on roles and relationships and ways of working, including reporting to the PCT Commissioning process and the relationship to the Council's Budget and Policy Framework.
- Agreement on responsibilities of the Joint Commissioning Team in relation to the strategic planning and development of housing and the links to supporting people.
- Detailed work on the contract/service level agreements, including contracting with voluntary sector providers to take account of the recommendations from the Scrutiny Review.
- Scheme of delegation which sets out clearly the level of accountability for decision-making given to each group.
- Funding for Mental Health Promotion issues and joint training.
- Terms of reference and membership for the Health and Social Care Partnership Board and Joint Management Groups.
- Proposals to increase the level of involvement of service users and carers in these arrangements.
- Proposals to build on links with the voluntary sector COMPACT group and implement the recommendations of the scrutiny review of mental health on voluntary sector to contract.
- A service level agreement for input and support to the Joint Commissioning from Public Health and Information Teams within the NHS and Local Authority.
- Early work on the development of joint strategies for support service redesign across the Council and NHS to ensure that financial, information management, workforce development, ICT and human resources support reflect the proposed joint commissioning and integrated service provision agenda.

8. Advantages and Disadvantages

8.1 These can be summarised as follows:

Advantages:

- The new arrangements build on the strengths of all aspects of the current arrangements and take account of local values and goals as well as the anticipated changes to national policy.
- Creating two dedicated joint commissioning teams is a manageable next step to achieve formal joint commissioning.
- Commissioning arrangements in the NHS and County Council are coterminous and handled by one team. It reduces the size of the work required to develop service level agreements and reduces the repetition for all provider(s).
- The arrangements for user and carer involvement are maintained on a scale that users and carers feel it is appropriate to maintain their meaningful engagement.

- The PCTs have been largely reliant upon expertise within the provider services to deliver competence in NHS commissioning. The requirement to take mental health and learning disability services out of PCTs creates a gap. Planning to create Warwickshire-wide arrangements may mitigate against this.

Disadvantages:

- The engagement and involvement of the local authority and their commitment to the needs of people with mental health problems could be diminished because provision and commissioning are delegated outside of the local Authority, this may also apply to the broader social inclusion agenda for people with mental health problems.
- Although the principles, aims and objectives reflect both health and social care priorities hosting mental health commissioning within a PCT may create a “drift” to a medical model in practice. Similarly there are risks that health needs which are often greater than average for people with a learning disability would be overlooked in a local authority hosted team for learning disability with a “drift” to a focus on social care.

Our values and principles for health and social care services

We want the best possible services for people with a mental health need, people with a learning disability and people who misuse substances, and for their carers and families. The aim is that services are comprehensive and meet everybody's needs:

- Promoting the well being of the whole community, making sure there is the right help when it is needed.
- A complete set of services that fit together well and provide well coordinated care for everyone who needs them.
 - ✓ Including both primary and community care and specialist care.
 - ✓ Involving many agencies as well as the NHS, eg. social services departments, education, housing, employment services, development agencies.
 - ✓ With all sectors - the public, voluntary or private - contributing their own strengths. We want to provide everybody who uses or needs services with:
 - Better communication between professionals and agencies.
 - Less waiting and help sooner after a problem develops.
 - More choice.
 - Help as local and easy to reach as possible.
 - Support to help people have a home of their own, jobs, training and help to improve social relationships.

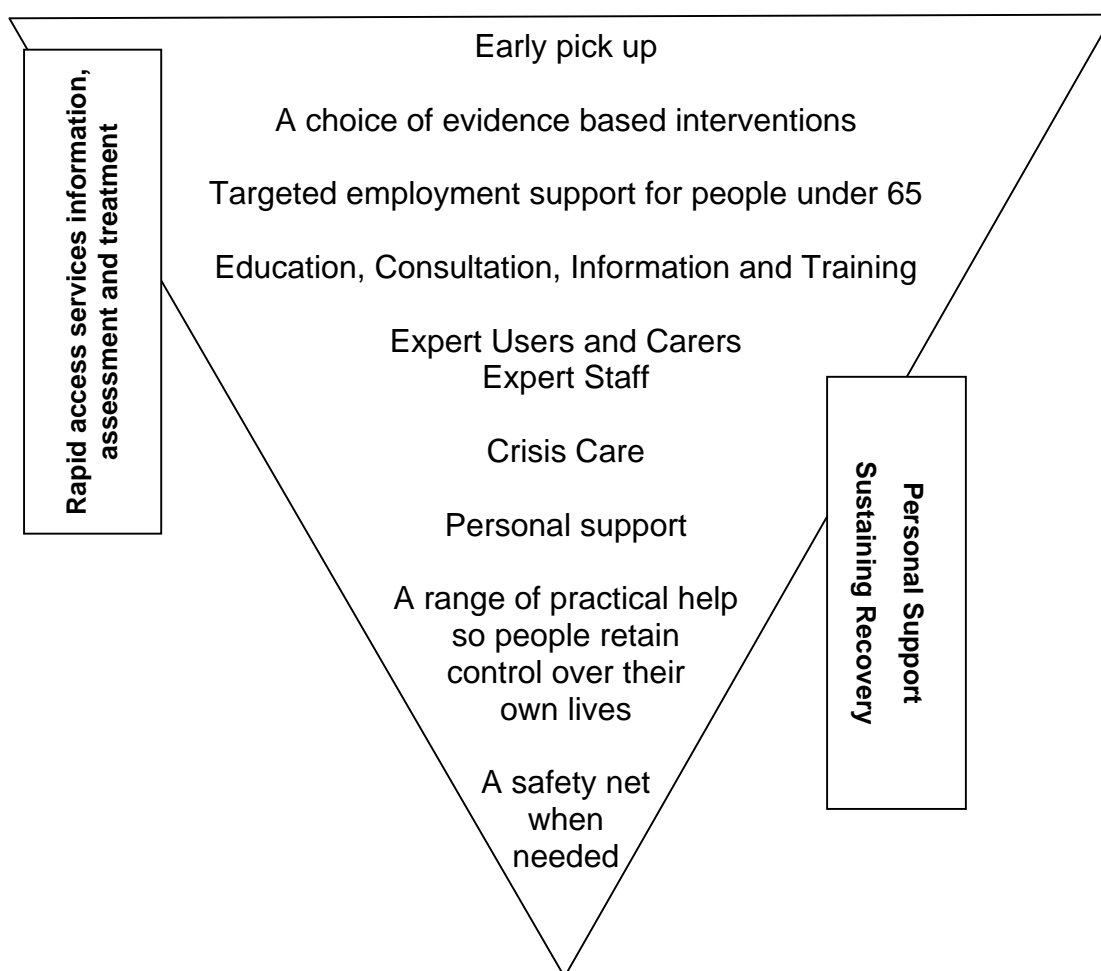
We believe that it is important that health and social care organisations:

- ✓ Provide optimistic services that help people to realise their potential, support recovery and support people to be full members of the community.
- ✓ Provide services tailored to different needs, such as those for black and minority ethnic communities, women, children, older people, disabled people and those with complex needs.
- ✓ Provide services that respond to the particular needs of different communities - such as the high levels of deprivation in parts of Coventry and Nuneaton and Bedworth as well as isolation and poor access for the large rural areas of Warwickshire.
- ✓ Promote understanding and challenge the stigma. There should be no discrimination.
- ✓ Encourage access to jobs, education, leisure and the full range of health services, breaking down barriers.
- ✓ Build on the strengths and resources of people, communities and organisations including education, housing and regeneration and community development initiatives.
- ✓ Provide services that recognise vulnerability and impact on daily life rather than a focus on diagnosis or age.
- ✓ Help people to get specialist help when needed and to use local primary and community help as much as possible.

Application of the tiered model

Mental Health

1. Effective mental health commissioning for adults means positive mental health promotion, reducing the likelihood of long term disability and unemployment and ensuring that people with mental health problems and their carers have equitable access to health, education, leisure and housing. For older people the importance of good physical and mental health are equally important and the emphasis on early pick up of illness with integrated care to help people and their carers to have the necessary information and support to be able to continue to live at home. This is the vision of the service:



2. We want to treat people locally, provide high quality assessment and treatment and minimise the need for 24 hour and in-patient care by increasing the range, flexibility, responsiveness and intensity of both home based support and day-time support in community settings. There are three overall priorities. They are: *quality, recovery and choice*. We plan to deliver them by improving the range and capacity of the services offered locally, developing the skill mix and make up of the workforce, improving the influence people have over the care they get and

introducing new ways of working in health promotion, illness prevention and through partnerships with other agencies.

3. The application of formally integrated joint commissioning in a tiered model would support this vision and be a positive transition from the current arrangements.
4. The process of contracting with integrated providers is already in place and there is already a joint approach to health and social care commissioning and contracting with the voluntary sector. The tiered model:
 - ✓ Places considerable emphasis on the development of primary care service provision (tiers 0-1). Primary Care will become the platform on which to base specialist service delivery. This represents a significant shift in the way we conceptualise mental health provision. Further work is required to understand social care commissioning at tiers 0-1 and links to practice based commissioning.
 - ✓ It includes “choice points” in line with the new guidance for choice along the care pathway as opposed to choice between providers, that is recommended in mental health. It also ensures that the physical health needs of people with a learning disability in primary and acute care are integral to the commissioning and contracting process and is consistent with the thinking in “chronic disease management”.
 - ✓ Integrated provision is a core part of the contract. This is a recognition that personal needs cannot be separated from the environments in which people live. The experience of integrated provision locally means that there is some level of confidence in this approach.
 - ✓ Creates the opportunity for the contracting for “subsidiary” services from the voluntary or independent sector within remit of the integrated provider together with the management of personal social services “commissioning budgets” to set up individual care packages.
 - ✓ The process of putting together management of individual packages of care as well as the responsibility for managing current voluntary sector contracts creates an incentive for the (Foundation) Trust to move resources internally to meet both health and social care needs whilst being able to better manage the inherent risks in mental health care. The care programme approach, the mechanism to deliver assessment and care management is also anticipated to be the new unit of currency for payment by results in mental health services.
 - ✓ Provides a clear basis for Section 31 partnership agreements in both the provision, commissioning and contracting processes.

Learning Disability

1. People with a learning disability need special help with learning new skills to lead fulfilling lives. The vision for services for adults with a learning disability is set out in *Valuing People, a New Strategy for Learning Disability in the 21st Century*, issued by the Department of Health in 2001. The four key principles of this vision are:

- **Legal and civil rights:** The Government is committed to enforceable civil rights for disabled people in order to eradicate discrimination in society.
- **Promoting independence** is a key aim of the Government's modernisation agenda. Nowhere is this of greater importance than for people with learning disabilities.
- **Choice:** Like other people, people with learning disabilities want a say in where they live, what work they should do and who looks after them.
- **Inclusion** means enabling people with learning disabilities to do ordinary things, make use of mainstream services and be fully included in the local community.

Valuing People required each area of England with a Social Services Department to establish a Learning Disabilities Partnership Board. There is one Board for Warwickshire chaired jointly by senior officer from the Social Services Department and a service user.

2. The work on joint commissioning to date has been specifically focused on helping people to move out of long stay hospital by "de-commissioning" individual services, to support people to move out of NHS (tier 3) care. This is a small group of people and the money currently associated with their care will go with them to set up the alternative services that they need.
3. Tier 3 also includes other groups of people who have been placed in some form of specialist accommodation currently funded from a number of different sources. This complexity needs to be simplified and more fully understood before a decision can be made about what aspects of tier 3 provision will be included in the joint budget. There is an important principle that good strategic commissioning has to have as much control over the whole service resource if we want to see a reshaping of services closer to home and value for money. Therefore work on understanding tier 3 in learning disabilities will be important to inform the final decision about what to include in the joint budget.
4. Local joint commissioning work has also included money that is within the "Specialised Services Budget" essentially this is a collection of individual funded care packages in NHS and voluntary and independent sector providers within Warwickshire and out of county. The joint commissioning arrangements will include these budgets.
5. North Warwickshire PCT provides regional forensic services in the Janet Shaw unit at Brooklands Hospital (Tier 4). Commissioning and contracting for these services is undertaken by West Midlands Specialised Services Agency and this is

envisaged to continue. These services would not be part of the joint commissioning arrangements.

6. There is no local model for integrated provision and few national models. NHS provision locally is complex because of the substantial tier 4 provision. NHS clinicians within these services work across all 4 tiers. There has been a process of evolution within Warwickshire with the NHS investment at tier 2. In community nursing which has (in part) been refocused at tier 1 because of the requirements for health action planning. Work is planned to develop a specification for services at tier 1 to take account of this. The new GP contract also describes options for Local Enhanced Services to deliver primary health care and care for people with epilepsy.
7. Although at this stage we have identified tier 2 as appropriate for the joint budget for learning disabilities more work will be done to ascertain the element of tier 3 to be included and the position on tier 1 primary care services.

Appendix 5

Possible Elements of Joint Budget - Mental Health		Possible area for exclusion-to be decided
Local Authority Funded	PCT (Health) Funded	
<p>Funding for staff seconded from Warwickshire County Council to North Warwickshire and South Warwickshire Primary Trusts for the provision of Approved Social Work Services care management and assessment, rehabilitation services and administrative support for adults and older people with mental health problems</p>	<p>Funding received by North Warwickshire and South Warwickshire Primary Care Trusts for provision of services to all adults over the age of 16 and their carers with residence rights in Warwickshire including community, inpatient and specialist services (for example eating disorder services)</p>	<p>Medium & High secure care Primary care based psychological therapies and counselling Supporting People Funding The budgets invested in specialist NHS and voluntary sector drug and alcohol services are with the DAT. Child & Adolescent Mental Health Services (CAMHS)</p>
<p>Funds paid to voluntary sector by Social & Health Care through Service Level Agreements for provision of:</p> <ul style="list-style-type: none"> • Day/employment service • Carer's support • Short breaks/respite services for carers • Housing projects • Community support 	<p>Grants paid to voluntary sector by the PCTs on behalf for provision of:</p> <ul style="list-style-type: none"> • Community support • Day services and employment services • Housing support • Advice and information • Advocacy 	<p>The contract management of these contracts will be subject to a further detailed report in January 2006</p>
<p>Care Management Budget – direct payments, domiciliary/residential care, carers payments</p>	<p>Continuing Care purchasing budget</p>	<p>Property agreements and lease arrangements</p>
<p>Funding for posts in the Joint Commissioning Team</p>	<p>Funding for posts in the Joint Commissioning Team</p>	<p>Subject further work with a report in January 2006</p>

Possible Elements of Joint Budget - Learning Disability		Possible areas for exclusion-to be decided
Local Authority Funded	PCT (Health) Funded	
Funding for community team based Social Work and Social Care staff and other support services. Supporting People Funding	Funding received by North Warwickshire and South Warwickshire Primary Care Trusts for provision of NHS community services to people over 16 and the carers with residence rights in Warwickshire including community teams local acute in-patient beds and specialist NHS residential/24hour nursed homes Aspects of Tier 3 services to be determined	Medium and high secure services Practice based commissioning (There is a draft specification associated with this) Child & Adolescent Mental Health Services (CAMHS) Aspects of Tier 3 services to be determined
Funds paid to voluntary sector by Social & Health Care through Service Level Agreements for provision of: <ul style="list-style-type: none"> • Day and employment services • Carer's support • Short breaks/respite services for carers • Housing projects • Community support 	Grants paid to voluntary sector by the Warwickshire PCTs on behalf for provision of: <ul style="list-style-type: none"> • Community support • Day services and employment services • Housing support • Advice and information • Advocacy 	The contract management of these contracts will be subject to a further detailed report in January 2006
Care Management Budget – direct payments, domiciliary care, residential care, carers payments	Continuing Care purchasing budget	Property agreements and lease arrangements
Funding for posts in the Joint Commissioning Team	Funding for posts in the Joint Commissioning Team	Subject further work with a report in January 2006