An "All Age" strategic framework for people with a disability

Barbara Herts

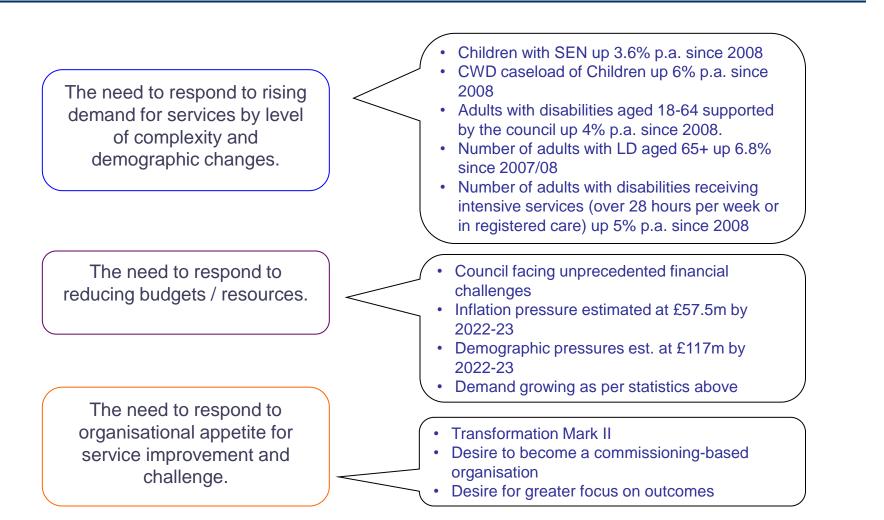
Health & Wellbeing Board 22nd November 2012



Our vision is to ensure that all children, young people and adults with disabilities have a full range of support, inclusion, idependance and opportunities available to them. This will enable them to become confident individuals, effective communicators, successful people and responsible citizens and achieve all their all age life outcomes to which they and their families aspire. To achieve this will require professionals and staff to work effectively together and in partnership with voluntary and community organisations. We will strive to make all our all age service and processes more flexible, cost effective and transparent so that people can live independently and inclusive lives.



Drivers for an All Age Approach





Drivers for an All Age Approach

The need to improve the customer experience and journey particularly during transition years.

The opportunity to improve and solidify partnership working and joint commissioning.

 Carers regularly tell us that the transition from children to adult services is unnecessarily stressful

Health changes present new possibilities

- Looks to be missed opportunities in commercial approach
- Expectation that public services will work more closely and create more integrated plans for individuals

The need to respond to legislative changes eg. Single Plan, Single Assessment and Single Offer, Personal Budgets to be available in a child's life.

- SEN Green Paper
- Protecting Disabled Children (Ofsted)
- A Fair Start –A personalised pathway for disabled children and their families (Pippa Murray)
- Health and Social Care Act 2012 promotes better integration between health and LAs



Objectives

- 1. Create a joint **outcomes framework** for people with a disability, to be agreed by the Health and Wellbeing board (building on existing frameworks)
- 2. Implement a **joint commissioning approach** that aligns activity and pools resources where appropriate with a key principle to make better use of people's own resources and community resources
- 3. Introduce a joined up commercial approach
- 4. Review operational team practices to ensure all teams are aligned to the proposed commissioning approach and new outcomes framework
- 5. Produce and **publish a joined up service offer articulated in a single pathway** document that reflects eligibility criteria. This should be underpinned by key principles e.g. personalisation
- 6. Review leadership, management and governance for the delivery of an all age service and ensure it aligns to the proposed joint commissioning approach
- 7. Introduce a **single overview of budgets** for all age disability services
- 8. (Cross cutting objective) Implement a programme of **cultural change and codesign that promotes joining up of services** to improve the customer experience
- 9. (Cross cutting objective The opportunity to achieve better outcomes through **co-design and co-production of services** with users and communities.



Services under the framework

Council and NHS provided services: These will include

- Assessment and care management teams in children's and adults social care
- In house respite and long term residential resources
- Specialist equipment and occupational therapy services
- Specialist community health services for disabled children and adults
- Specialist in-patient resources for disabled children and adults
- Specialist transport home to school transport
- Transition Pathway Service
- Learning Disabilities Services (Adults)

Commissioned services: These will include

- Educational Placements
- Specialist Health Placements including Continuing Health Care
- Social Care Placements
- Direct Payments and Personal Budgets
- Support Planning and Brokerage Services
- Palliative Care
- Educational Psychology and specialist educational resources
- Voluntary and Community Sector Services
- Educational psychologists
- Specialist Learning Disability Services
- Short Breaks and Carers Breaks

Commissioners of Disability Services: These will include:

- Education Funding Agency (YPLA)
- CWD and SEN commissioners in SCF
- Sensory Services (Adults and Children)
- The Working Age Adult Commissioning Team
- NHS Commissioners for disability related services

Commissioning support functions:

- Commercial
- Procurement
- Contract Management
- Commissioning Intelligence
- Policy
- Governance

List currently represents all teams/services that have a part in the commissioning cycle for people with disabilities. These were listed in the outline business case (June 2012)



Project Board Members

PROJECT BOARD	
Dave Hill (Chair)	Executive Director, Schools, Children and Families
Liz Chidgey	Executive Director, Adult Health and Community Wellbeing
Andrew Pike	Director of Essex NHS Commissioning Board
(Deputy – Ian Stidson)	
Sunil Gupta	Accountable officer, Castlepoint & Rochford CCG
Helen Lincoln	Director of Children's Social Care
Tim Coulson	Director for Education and Learning
Craig Derry	Director of Strategic Planning and Commissioning, AHCW
Nick Presmeg	Commissioning and Delivery Director, NE Essex
Steve Allen	Senior Commissioning Manager
Will Patten	Commercial Director, AHCW
Ian Fulton	Financial Analyst
Ben Sutherland	Project Manager
Mike Adams	Chair of HealthWatch and chief executive of ECDP
Barbara Herts	Commissioning Programme Manager
Mike Gogarty	Director of Public Health
Paul Abraham	Director for Strategy, Transformation and Performance, SCF
Caroline Dollery	NHS Mid Essex



Key milestones for delivery of business case

Milestone	Date
Project board sign off objectives	31.10.2012
Detailed descriptions of objectives created by working group members	16.11.2012
Potential cashable and non cashable benefits identified	23.11.2012
Project Board Meeting – progress review	28.11.2012
Implementation plan and resource schedule drafted	7.12.2012
Business Case taken to AHCW and SCF Leadership Teams	11.12.2012
Business case taken to ECC Outcomes Board	16.01.2013
Implementation phase begins	February 2013
Implementation and engagement plan brought to HWB	February 2013



Questions for Health and Wellbeing Board Members

- How should the project board and the Health and Wellbeing Board interact on this project?
- Do we have the right representation?
- How can the project engage with CCGs?
- What is the potential for joint working?
- How far should health structures and budgets be looked at?
- What are the key strengths and weaknesses in the ways we collectively support people with a disability now, from your perspective?
- Are you aware of any areas where 'quick wins' should be explored?
- Do the areas of long term change indicated by the objectives match your own ideas?

