Appendix 12

Best Value Service Review – Young Disabled People

Independence Living Team – Nottingham City SSD

Comparative Visit by BVSR Team Members on Friday 25th March 2004

Present:

Jake Jacobs - Service Manager Joint Service for PD, and from Nottm City PIT

Janice Knight, Kirsten Greenhalgh, Jen Egan and Len Miller from BVSR-DP

Initial part of the meeting was in setting out respective objectives in terms of both current developments regarding Nottingham City Independent Living Team (ILT) and integration proposals with their Care Programmes for Adults with PD, and subsequently the terms and objectives of the BVSR - DP.

Jake Jacobs identified **key elements of the ILT**.

- The Team was initially established in 1999, following consultation with disabled people and was a multi disciplinary approach to provide integrated services to adults (age 18-45 predominantly) with physical and also neurological disability. At that stage were the 2 distinct elements of promoting Independence (assessment and Rehabilitation) but with a focus on integrated services across the board. Holistic Assessment of the needs of DP within their own homes combined with good practice models of service provision of Disabled Adults in their own homes.

- Good relationships rehab/training/skills development/ and learning programmes were the hallmark of this successful service, with emphasis on working with with Housing providers (statutory and social housing organisations) enabled specific units of suitable accommodation to be used to meet key objectives.

- The NSF emphasis on partnership working will now underpin the support the proposed partnership between the Care Programme for Adults with PD (CPAPD) and the Independence Living Team and aims to be inclusive of both service users and carers in the process.

- To ease the transition to and from acute services.
- Reduce the next for complex care packages in the community and avoidance of use of centre based activities/services.
- Enabling people to access the widest range of services which enable them to remain at 'home' with greatest level of independence.

Barriers:

1. Lack of clarity about management structure.

2. Difficulties in accessing financial resources to support the values/objectives

3. Lack of joint evaluation with Health Providers

4. Strategic and operational boundary issues
   Lack of clearly defined 'care' pathways for service users.

5. Maintaining consistent fully staffed and multi-disciplinary team has been problematic throughout the project.

Strengths:

1. Direct Payments to SU to sort out their own care packages has made very significant different to the success of the ILT project, and providing SU with real choices and alternative living options.

2. Establishing a Health and Social care Governance Board with wide range of reps has provided wider ownership and availability of integrated services both health and social care.

3. Scheme based on working with SU in their own homes has reinforced notions of real choice and strengthened independence concepts.

4. Diversity and joined up services in action = results which resonate with SU's.

5. Continues step by step consultation process with partners, SU and carers has been the bedrock of success of ILT.

6. Services to some 200+ SU's benefiting from the service.

7. Tangible experiential learning experiences for SU's

Joint Commissioning Group – Integration of Care Programme for Adults with Physical Disability and the Independent Living Team (Phase 1)

This Group has been in operation since mid 2003 and its membership includes NHS-Nottingham Community Rehab Service, Nottingham City PCT, and Nottingham City SSD. An initial briefing paper has been produced on the work of the Group thus far and identifies the follow key points.

1. **Vision:** To create integrated (Health and Social Services) community based services that enable easier access to services and eliminate institutional barriers to promoting Independence.

2. **Objective**: A sustainable programme of service change which will integrate the Care Programmes for Adults with PD (Health Service) and the Independent Living Team (SSD)

3. **Outcome**: Intended to provide flexible and seamless multi-disciplinary service for Users from single point of access.

4. **JCG -Phase 1** – **proposals:** a) Expected to create the basis and framework for greater service integration viz Health and Social Care b) The ILT and care Programme for Adults with PD will be integrated under a single management structure – emphasis again to provide seamless service integrated between health and SSD and c) Focal resource point being developed to enable all SSD and Health teams to enable DP to access Direct Payments more readily.

5. **JCG - Phase II** – will focus on strengthening integration, cost and effectiveness, quality services, best value, and governance.

Our discussions with the ILT highlighted **3 significant themes** which are of special interest to the BVR-YDP.

A. The 'very positive' relationship between the ILT and Housing Providers seems crucial to promoting independence in real terms for service users within 'their own homes'. This combined with the ILT 'training bungalow' seems a key strength for the effectiveness of the team ILT service users are supported within their living environment, with emphasis on making 'it work' for individuals carers in the context of their chosen lifestyle and accommodation. What is the 'mix' of the accommodation from housing providers in terms of service users choice/preference or 'hard to let' properties.

The concept of integrated services from a single access point (i.e. the ILT) and which comprises a broad spectrum of health and Social Services staff working towards a common purpose in terms of PI, is impressive and seems to work for the SU and the professionals involved - apart from a lack of stability in terms of stability/continuity of staff in the team., which undermines the full potential of the ILT.

B. The multi-disciplinary approach to service provision - using a mix of health and social care professionals seems to be a sound model for excellence in providing tangible integrated services, and is certainly something that we would want to further progress in terms of county provision to young disabled adults.

C. The Joint Commissioning Group looking at integration of Adult Physical Disability Service with the Independent Living Team appears have identified that the quality and impact of the Health and Social Services partnership is key to the success of the integrated service, and in something we would endorse.

Where do we go from here?

The visit was very useful at a comparative level but raises for us the need for further discussion/clarification on progress in terms of the A, B and C above in due course, in addition to the following points.

- Some elements of the JCG outcomes thus far are evidently at an aspirational/concept level rather than based on experience and we would be interested to see how these concept work in promoting excellence in terms of integrated service delivery

- We were unclear how the proposed staffing levels (and roles) initially identified as 'Phase 1' and subsequently to expand to include 'Phase 2' will be able to deliver the service, and how it is proposed to manage the integrated team operationally in terms of supervision and professional development. Of particular interest were proposals to provide a specialist home care service, but whether this was by way of 'topping up' on existing home care services, or supplementation by workers from within the integrated team we were less than clear.

- Whilst the meeting with ILF recognised the basis on which we (BVSR) have identified the need to include 16+ into the review, given significance of transitional services which embrace this crucial age group, we would be interested to know whether this is something that the JCG will go on to consider in their proposals for wholly integrated services.

- The strong references to the partnership between health and social services being a pre-requisite to fully integrated provision definitely resonated with BVSR Team members, although we were unclear how well defined the partnership is, or how well it is seen to be working on the ground. The quality and impact of such a crucial partnership is paramount to the concept of holistic and integrated services for young disabled adults.