

## Best Value Service Review of Promotion of Independence for Young Disabled Adults

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### Purpose of Document

The purpose of this document is to set out initial information to define the scope of the best value review promotion of independence of young adults with disability. The Project Initiation Document (PID) will form the basis for the management of the project and the assessment of overall success of the Review.

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## Background

### Autumn 2001

Nottinghamshire County Council Chief Officers Management Team (COMT) identify the promotion of independence of adults as one of the County's 2002-3 cross-cutting Best Value Reviews

### July 2002

The Best Value Review is initiated. An Ad Hoc Select Committee (for Scrutiny function) is established, a Project Team, and a wide stakeholders' Steering Group invited to form

### November 2002

Overview Select Committee accept revision that the first review of the promotion of independence should focus on older people, at a level of need and risk to independence established at the Fair Access to Care Services (FACS) "low" to "moderate" levels; and to extend the review time-scale from April to July 2003

### July 2003

The Review is completed and recommendations are accepted by Overview Select Committee. Cabinet receive the report and resolve that the Cabinet Member for Social Services convene as necessary a cross-portfolio meeting to consider the findings and provide a response to overview Select Committee on 29<sup>th</sup> October.

July 2003	SSD Directorate confirm the business case that the scope of the subsequent Review should cover Young Disabled Adults aged 18-25 who are likely to be eligible for adult care services under Nottinghamshire FACS eligibility
September 2003	Ad Hoc Select Committee agree the broad scope of the best value service review of young disabled adults and the proposed project management structure
November 2003	<p>The Best Value Review Project team make the case to extend the lower age range to 16. The factors they raise are the following:-</p> <ul style="list-style-type: none"><li>• Disabled young people and young adults say this has more meaning for them</li><li>• "Transitions" issues were not covered by the BVSr on Disabled Children, Nov 2001</li><li>• Significant Social Security Benefit changes at 16.</li><li>• The SSD's own 'transitions' policy requests adult services team managers to participate in 16 year old child care reviews "when there are complex issues and the young person is likely to require adult services".</li></ul>

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## Project Definition

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Project objectives	<ol style="list-style-type: none"><li>1. To determine the appropriateness and effectiveness of services that contribute to the promotion of independence for young disabled adults during the period of transition from adolescent to adult services, age range 16-25.</li><li>2. To build on local programmes already initiated in response to national requirements.</li><li>3. To identify the key elements that make the greatest impact on independence.</li><li>4. To identify gaps in provision</li><li>5. To learn from leading Authorities on improving services across the 16 to 25 age group</li><li>6. To utilise national and local research on improving transitional services</li><li>7. To consult with those groups vulnerable to losing, or not acquiring, their independence in order to understand their needs, knowledge of services and their experience of current services. Also to consult with young adults who feel they have achieved independence</li><li>8. To consult with carers and parents of young disabled adults.</li></ol>
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9. To consult with key stakeholders who provide services relevant to the promotion of independence for this age range.
10. To analyse different models and approaches to the promotion of independence.
11. To determine how best to utilise County Council, Social Services, Health and their resources in the promotion of independence
12. To produce an Improvement Plan at the end of the Review

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## Initial Business Case

1. Promotion of well-being of Citizens – new Duty on Local Authorities under the Local Government Act
2. Building a future, Nottinghamshire's 2001-5 Strategic Plan includes a focus on: "We will promote independence" "We will promote good health"
3. Rights and responsibilities of Citizenship for young adults with disabilities
4. Social inclusion drivers from Central Government
5. Diversion from mainstream services
6. Role of NCC:-
  - As a major employer
  - To promote cultural change
  - In employing disabled people
  - More skilled working population
  - Supporting People Strategy
  - Information/Access to services
  - As a major Commissioner and Provider of Services
7. Fair Access to Social Services {SSD} = Risk to loss of Independence

Date: 13<sup>th</sup> January 2004

**Defined method of approach** It is intended to use Best Value Service Review methodology with reference to the Nottinghamshire County Council Best Value and Performance Management Companion for managers. Components of the Prince 2 project management method will be used. The greater part of the work is within Nottinghamshire County Council although it is expected that non Nottinghamshire County Council members of the Stakeholders reference group, Connexions, and Nottinghamshire Healthcare NHS Trust will contribute to the analysis.

The broad principles for conducting best value service reviews remains the "4C's". In carrying out Reviews, the Review Team should:

**Challenge** Why, how and by whom a service is being provided;

**Compare** Process and performance of others across a range of relevant indicators, taking into account the views of both service users and potential suppliers;

**Consult** Local taxpayers, Service Users, partners, the wider Business Community, the Voluntary Sector, Social Enterprises, Staff and Trade Unions;

Use fair and open **Competition** wherever practicable as a means of ensuring efficient and effective services.

Date: 13<sup>th</sup> January 2004

Project scope

1. Service user category:
  - Learning Disability
  - Mental Health
  - Physical Disability
  - Visual Impairment
  - Hearing Impairment
  - Dual sensory Impairment

2. Age range:  
16-25 inclusive

3. Eligibility as defined by Dept of Health Fair Access to Care (FACS):

**Critical** level of risk to loss of independence:

WHEN:

- Life is, or will be, threatened; and/or
- Significant health problems have developed or will develop; and/or
- Serious abuse or neglect has occurred, or will occur; and/or
- There is, or will be, an inability to carry out personal care or domestic routines; and/or
- Vital involvement in work, education or learning cannot or will not be sustained; and/or
- Vital social support systems and relationships cannot, or will not be sustained; and/or
- Vital family and other social roles and responsibilities cannot or will not be undertaken

**Substantial** level of risk of loss of independence

WHEN:

- There is, or will be, only partial choice and control over the immediate environment; and/or
- Abuse or neglect has occurred, or will occur; and/or
- Involvement in many aspects of work, education or learning cannot or will not be sustained; and/or
- The majority of social support systems and relationships cannot or will not be sustained; and/or
- The majority of family and other social roles and responsibilities cannot or will not be undertaken.

**Moderate** level of risk of loss of independence

When

- There is, or will be, an inability to carry out several personal care or domestic routines; and/or
- Involvement in several aspects of work, education or learning cannot or will not be sustained; and/or
- Several social support systems and relationships cannot or will not be sustained; and/or

- Several family and other social roles and responsibilities cannot or will not be undertaken

**Low** level of risk of loss of independence

When

- There is, or will be, an inability to carry out one or two personal care or domestic routines; and/or
- Involvement in one or two aspects of work, education or learning cannot or will not be sustained and/or
- One or two social support systems and relationships cannot or will not be sustained; and/or
- One or two family and other social roles and responsibilities cannot or will not be undertaken

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**Project deliverables**

The deliverables will be defined within the objectives of the review. The process of the best value review includes the stage of appraising various options for delivering services. Resulting recommendations will feed into an Improvement Plan at the end of the review, as supported by Cabinet.

Deliverables :

- Baselines on the 8 dimensions of independence by 10<sup>th</sup> February 2004
- Analysis of strengths and weaknesses by February 2004
- Options definitions by April/May 2004
- Interim Report to the Add Hoc Select Committee April 2004
- Implementation Alternatives/Timescales July 2004
- BVSr Improvement Plan by September, 2004

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**Exclusions**

Within the four care groups – mental ill-health, learning disability, physical disability, and sensory impairment – there are no specific services or activities excluded at this initial stage of the review.

Young disabled adults not eligible for social care services, as defined by FACS, will not come within the scope of the review.

Whilst the review may examine the impact of certain key processes on young people with disabilities who are under 18, this will be in the context of their influence and effect on services responses in the post 18 period.

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**Constraints**

The constraints for the project are:

1. The extent to which it will be possible to manage the project generically across all four care group areas without in effect moving to a position of operating within 4 “silos” consisting of mini best value reviews. In that event the Board would need to make a decision about the continuing viability of the best value review.

Date: 13<sup>th</sup> January 2004

2. The responsiveness and organisational capacity of the 7 Primary Care Trusts and 4 Acute NHS Trusts, and the Best Value Review project structure, to obtain sufficient "buy into" the process and implementation of the review. This is also applicable to the 7 District Councils.
  3. Budget and human resource availability to implement an Improvement Plan
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## Interfaces

The best value service review has linkages with the following programmes:

1. National Service Framework for Mental Health and associated mental health workstreams:
  - Liaison with PCTs
  - Early intervention in Psychosis
  - Day Support service Review
  - Supported Living
  - Direct Payments
  - Rehabilitation Review
  - Introduction of Support, Time and Recovery (STAR) Workers
  - Development of Community Forensic Service
  - Gateway/graduate workers in PCTs
2. Valuing People – A new Strategy for Learning Disability in the 21<sup>st</sup> Century, March 2001.

Valuing People has an implementation plan which is overseen by the Nottinghamshire Learning Disability Board

Key linkages with the implementation plan are:

- Short breaks
- Housing
- Health Action
- Person Centered Planning
- Transitions
- Quality Assurance
- Workforce Planning
- Modernising Day services
- Advocacy
- Older Carers
- Employment
- Communication
- CLDT Review
- Health Act Flexibilities

3. JCG for Physical and Sensory Impairment, Implementation Plan for 2003-5, Greater Nottingham (Dec 2002):

- Access to Services/communication
- Access to Buildings
- Service User Involvement
- Information
- Staff awareness
- Employment and transport
- Equipment and housing
- Carers
- Black and ethnic minority issues relating to disability

4. Welfare to Work for Disabled People Joint Investment Plan.

The purpose of the plan is to show how effective and co-ordinated services will be developed to improve working opportunities for disabled people. Some of the key findings of the multi-agency Nottingham-Nottinghamshire forum were:

- There is a lack of information for service users and service providers
- Lack of disability awareness among employers
- Lack of support in accessing training and employment opportunities.
- There are social, environmental and organisational barriers to accessing training and employment, e.g transport, accessible workplaces, inflexible practices.
- Benefit rules need to be sufficiently flexible to accommodate fluctuating conditions.

An action plan had been developed in 2002 to address these Issues.



## 5. Supporting People Strategy

These have developed from the local vision and analysis of supply mapping, strategic links and information about local need. Two specific consultation events have been held to help form these priorities and additional consultation has taken place through the Inclusive Forum. The priorities identified for each client group are as follows

### People with learning disabilities

- Development of floating support services to enable independent living and promote choice
- Continue work to increase the number of units available in order to meet objectives within related strategies

### People with mental health problems

- Establish links with private sector to ensure an integrated/coordinated approach to service provision
- Development of floating support schemes to meet differing levels of need
- Investigate support needs of black and minority ethnic communities (the partnership is contributing towards research into the housing needs of BME communities in the south of the county, which will provide valuable information over the next 12 months)

### People with HIV/AIDS People with a sensory impairment/Refugees

- Identify current and potential need

## 6. Relevant Connexions Programmes

7. LSC – Dec 2003 Research into Mapping the Provision of Learning and learning needs of those people aged 19 and above with learning Difficulties (incl. learning disability and mental ill health) and/or Physical Disability. Reporting in July 2004.

7. SSD Best Value Service Reviews on Physical Disability Day Services (Date 28<sup>th</sup> July 2000) and the Visual Impairment Teams. (Date 14<sup>th</sup> June 2000)

## 9. Outcomes Development Programme

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## Assumptions

The key assumptions on which this document and the achievement of the best value review are based are:

1. It is a fundamental assumption of this cross-cutting review that there is a commonality of disability experience across care groups (within a social model of disability) that transcends the experience of impairment as defined by the original clinical condition.

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2. It is assumed that Chief Officers of the County Council (represented by Social Policy Board agreement with this BVSr scope) are committed to the success of the review and will ensure that resources are made available to implement it and that the necessary changes in resource allocation, processes and practices are implemented as determined by decisions of the County Council Cabinet.
  
3. That all staff working in the BVSr project team will have managerial support in attending monthly project team meetings, and be able to engage in a reasonable level of associated 4Cs work arising. That staff in the project team can take responsibility for "work packages" as requested by the project manager.

## Project organisation structure

### Key Roles and Responsibilities

Cabinet Portfolio Holder	Cllr. Dick Anthony Cabinet Member with responsibility for Social Services	Considering the outcomes of the review and their implementation
Ad Hoc Select Committee	Chair Cllr. Chris Baron Members (5)	Responsible for monitoring and "reality checking" the progress and process of the review
Joint Project Sponsors	Malcolm Dillon, A.D. Joy Cooper, A.D.	Ensuring the rigour of the review. Chairs of the Project Board
Project Manager	Joe Pidgeon Service Standards and Business Development Manager	Responsible for the overall planning of the review and the day-to-day running of the project on behalf of the sponsors
Project Board	See Membership below	Responsible for providing challenge, checking progress and ensuring the rigour of the review
Stakeholder Reference Group	See Membership below	Responsible for ensuring cross-agency contribution and engagement with the review and its outcomes
Project Team	See Membership below	Responsible for undertaking and involving others in specific review activities

### Project Board

It is proposed that the Project Board has the following membership:

- Malcolm Dillon, Assistant Director, Adult Care Commissioning
- Joy Cooper, Assistant Director, Mental Health and Learning Disability
- Gary Longden, Deputy Chief Executive, Connexions, Nottinghamshire
- Helen Scott, Executive Director, Nottinghamshire Healthcare NHS Trust.

The Project Board will meet at least once during the three phases of the review:

- Stage 1 Initial Analysis/Scoping the Review, Autumn 2003
- Stage 2 Researching and Developing Options – Interim report, April 2004
- Stage 3 Reporting Findings – Final Report and Improvement Plan, Sept 2004

### Social Policy Board

The Social Policy Board is a sub committee of Corporate Management Board {CMB} which meets on a monthly basis. It has representative Senior Managers from all Nottinghamshire County Council Departments sitting on it. It is therefore the most appropriate cross-departmental senior management body to support the work of the Best Value Service Review

### Stakeholder Reference Group

Bev Ansell	Learning and Skills Council, Nottinghamshire
John Bailey	Internal Auditor, NCC
Stewart Berry	Performance Review Manager - Social Services, NCC
Margaret Clement	Youth Community & Play
Nigel Farrow	Interagency Partnership Manager, NCC
Jane Gregg	Assistant Unit Manager Caudwell House
Chris Harrison	Department of Education, NCC
Dr Christine Hopton	Consultant in Public Health, Strategic Health Authority
Ian Hotchkiss	Service Head - Mental Health, NCC
Judi Juno	Supporting People Team
Aneeta Kashyap	Assistant Accountant Service Review, NCC
Val Leyland	Transitions coordinator
Bob Francis	Connexions Nottinghamshire
Len Miller	Social Services Day Service Manager
Julie O'Farrell	Development Manager, J.I.P Welfare to Work
Robin Riley	Environment Department - Public Transport
James Rooney	Operational Manager - Mansfield & District PCT
Jennifer Clegg	University of Nottingham
Malcolm Dillon	Assistant Director - Commissioning Adults, NCC
Lorraine Mills	Service Manager Day & Community Support Services
Jon North	Co-ordinator – NAVO
Christopher Warren	Culture & Community, NCC
Les Wilkins	Deputy Director of Education, Nottinghamshire County Council
Sue Wayne	Policy Development Officer Notts County Council

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**Date:** 13<sup>th</sup> January 2004

Phil Bradley  
Lucy Cooper  
Joy Cooper

Service Head Learning Disability Notts County Council  
head of Mental Health Support Metropolitan Housing Trust  
Assistant Director Mental Health & Learning

**Disabilities**

Janice Knight  
Trudi Clark  
Liz Vivyan  
Gill Westcott  
Chris Harrison

Voluntary Sector Officer  
Researcher Notts County Council  
Principle Welfare Rights Officer NCC  
Principle Welfare Rights Officer NCC  
Disabled Access Policy Officer Fountaindale

**Special School**

Alison Timmins  
Sherwood District Council

Community Housing Manager Newark &

**Project Team**

<b>Name</b>	<b>Post</b>	<b>Agency</b>
Len Miller	Manager	Nottinghamshire County Council High Pavement Resource Centre
Joe Pidgeon	Project Manager	Nottinghamshire County Council – Social Services
Janice Knight	Voluntary Sector Officer	Nottinghamshire County Council
Dr Mike Rowe	“Critical Friend”	Nottingham Trent University
Helen Horabin	OT Team Manager	Nottinghamshire County Council Newark Social Services
Dr Christine Hopton	Consultant in Public Health	Strategic Health Authority
Val Leyland	Transitions Co-ordinator	Nottinghamshire County Council
Judi Juno Jill Jeffries	Partnership Officer	Nottinghamshire County Council
Paul Johnson	Commissioning Officer – Learning Disabilities	Nottinghamshire County Council Social Services
Hilary McNeeney	Dual Sensory Impairment Co-ordinator	Nottinghamshire County Council
Gill Vasilevskis	Mental Health Commissioning Officer	Nottinghamshire County Council
Gill Westcott Liz Vivian	Senior Welfare Rights Officers	Nottinghamshire Welfare Rights Service
Kirsten Greenhalph	“Critical Friend” Nottingham Trent University	Nottingham Trent University, Accounting and Finance Business School
Carol Devanney	Research NTU	Nottingham Trent University
Sue Wayne	Senior Policy Development Officer	Nottinghamshire County Council
Chris Harrison	Disabled Access Policy Officer	Fountaindale Special School
Sarah Hampton	Partnership Officer	Nottinghamshire County Council
David Gibbons	Service Head Transport & Catering Services	Nottinghamshire County Council
Julie O’Farrell	Development Manager	Nottinghamshire County Council Welfare to Work

**Additional Reference Groups**

It is envisaged that a number of already existing service user groups in the different care group areas (learning disability, physical disability and sensory impairment and mental health) will be approached and invited to contribute to the review process.

Consultation with the Trade Unions will be undertaken in the Joint Consultative Negotiating Panel (JCNP) for Children and Adult Commissioning. The next meeting of this Panel is 4<sup>th</sup> December 2003.

The views of staff who are engaged in relevant service areas will be sought by variety of means.

The independent sector (voluntary and private provision) is a major contributor in a number of service areas relevant to the review and it is planned for a "Provider" Reference Group to be established.

## Communication Plan

Interested Party	Means of Communication	Frequency
Elected Members	Ad Hoc Select Committee	Three meetings during course of the Review
Stakeholders	Stakeholder Reference Group	Three meetings during the course of the Review
Service Users	Pre-existing Service User Groups	As required
Community, Voluntary and Independent Providers	Reference Group with help of NAVO	As required
NCC Departments	Social Policy Board	Three presentations during the course of the review
Trade Unions	JCNP for Children and Adult Commissioning	Three presentations during the course of the Review
Partners	<ul style="list-style-type: none"> <li>• Learning Disability Board</li> <li>• 2 JCGs for Physical and Sensory Impairment</li> <li>• Equivalent body with Notts Healthcare Trust</li> </ul>	As required
Staff	Team Meetings/Coms	As Required

Individual members of the project team are responsible for ensuring that appropriate consultation and communication takes place for the work packages under their control

## Project Quality Plan

Key Quality Criteria:

Date: 13<sup>th</sup> January 2004

Will be determined according to standards or quality expectations contained within national and local policy statements applying to adults with disability.

#### **Quality Control:**

The project Initiation document and subsequent reports will be subject to quality review by the Policy and Performance Team (Best Value).

Individual project documents will be subject to quality review through the Project Board. They will also be reviewed by the stakeholder reference group and, where appropriate, other reference groups established by the Review.

#### **Audit Process:**

This will be provided by initial, mid Review and end Review reports by the NCC Audit Programme for Best Value Service Reviews.

#### **Initial Project Plan**

The best value service review will be undertaken in three stages with formal Board review and Ad Hoc Select Committees taking place at the end of each stage.

**Stage one** Initial analysis/scoping the review Sept-Dec 2004

This stage is under way with a first stakeholder scoping meeting having taken place on 5<sup>th</sup> September 2003. It includes the preparation of the Project Initiation Document. {PID} The key milestones for the stage are:-

1. Project Team refinement of the PID on 11<sup>th</sup> November
2. Approval by the Project Board 27<sup>th</sup> November
3. Approval by the County Council Social Policy Board on 28<sup>th</sup> November
4. Trade Unions consulted on 4<sup>th</sup> December
5. Approval by Ad Hoc Select Committee {date to be confirmed}

**Stage 2** Researching & Developing Options – Interim Report. April 2004

The key milestones for this stage are interim report meetings for:

- 1 Stakeholder Reference Group 27 Feb 2004
2. Project team 9 March 2004

Date: 13<sup>th</sup> January 2004

3. Project Board

18 March 2004

4. Ad Hoc Select Committee

30 March 2004

Stage 3 Reporting findings – Final Report and Improvement plan Sept 2004

## Initial Risk Log

1. There is a risk that the Review will repeat the experience of the best value review promotion of independence of older people in the early stage of determining review scope. It took some three months for the project team to “bed down” a realistic but effective review scope. This was considered by the team to be a weakness of the review. This will be managed by a more determined approach to establishing priority areas and utilizing earlier scoping material by the review team
2. There is a risk that the work of the Review duplicates parallel programmes already under way in the County Council or other agencies. This will be managed by an early mapping exercise and agreement on how the Review utilizes and brings in other relevant programme reviews.
3. There is a risk of not being able to sufficiently “bring on board” partner agencies who have a role to play in promoting the independence of young adults with disability. This will be managed by the Board considering how to maximize use of “Partnership” mechanisms already in existence.
4. There is a risk that the membership of the project team is too large to be effective or, conversely, that it does not contain the right representation of key stakeholders across all care groups and relevant services. This will be managed by consideration at the first and subsequent team meetings
5. There is a risk that project team members will have insufficient time to take on work packages. This will be managed by liaison between the Project Manager and the Project Board.
6. There is a risk that the assumption no 1, on page 8, does not prove to be the case {i.e. the assumed commonality of experience of disability}. This will be managed by close attention to the conclusions of the 8 baselines in the first instance.
7. There is a risk that the members of the stakeholder steering group are not brought in to contribute to work packages, where appropriate. This will be managed by consultation with work packages “leads”.
8. There is a risk that F.A.C.S. eligibility will not be sufficiently precise to rule in, or out, the population of mentally ill young adults who are not receiving secondary care services. This will be managed by the mental health “lead” on the Project team.