DUNDEE CITY COUNCIL

REPORT TO: SOCIAL WORK COMMITTEE – 21 August 2000

REPORT ON: STRATHMARTINE HOSPITAL RESETTLEMENT PLAN – REVISED JOINT

COMMISSIONING PROTOCOL

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 421-2000

1.0 PURPOSE OF THE REPORT

This report advises members of the Social Work committee about the contents of an agreed Tayside wide protocol for the resettlement of individuals with learning disabilities from Strathmartine Hospital and seeks approval for this Tayside-wide approach to resettlement.

2.0 RECOMMENDATIONS

It is recommended that the Social Work Committee:-

- 2.1 Notes and approves the contents of the joint commissioning protocol.
- 2.2 Instructs the Director of Social Work to continue to meet the resettlement needs of remaining Strathmartine patients through this joint commissioning protocol and consortium approach.

3.0 FINANCIAL IMPLICATIONS

There are no financial implications that arise directly from the contents of this report.

4.0 LOCAL AGENDA 21 IMPLICATIONS

The protocol is concerned with providing clear lines of accountability and the most effective use of resources to ensure the best quality, standard and consistency of social services to people who need them.

5.0 EQUAL OPPORTUNITIES IMPLICATIONS

The protocol seeks to clarify the process for arranging services for people who are being resettled from Strathmartine Hospital, regardless of the local authority area from which they originate.

6.0 MAIN TEXT

The resettlement of individuals with learning disabilities from inappropriate long-stay hospital settings is a priority for all three Tayside local authorities, Tayside Primary Care Trust and Tayside Health Board. There are now 60 patients with complex needs who require resettlement from Strathmartine Hospital. Given the specialist needs of the people concerned, a personal needs-based approach was considered the most appropriate way of planning future homes and services. This needs a Tayside wide approach to the commissioning and provision of services to people who have lived together for years and who have similar needs and who wish to remain together in the community.

It was therefore decided to reach a Tayside-wide agreement about the location of the new homes for former Strathmartine patients. In order to do this, a resettlement consortium has been formed and a joint commissioning protocol has been drawn up to ensure that representatives of all three local authorities, Tayside Primary Care Trust and Tayside Health Board are working together effectively in the best interests of all the people concerned. The proposed protocol is attached as Appendix A.

Representatives of the three local authorities, Tayside Primary Care Trust and Tayside Health Board are signatories to the Joint Commissioning Protocol and form the resettlement Consortium.

7.0 CONSULTATION

7.1 The Chief Executive, Director of Finance, Director of Housing and representatives of Angus and Perth & Kinross Councils, Tayside Primary Care Trust and Tayside Health Board have been consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

SIGNATURE

9.0

No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing the above report.

Director of Social Work	
Date	

JOINT COMMISIONING PROTOCOL - STRATHMARTINE HOSPITAL RESETTLEMENT PLAN.

Introduction

The resettlement of individuals with learning disabilities from inappropriate long-stay hospital settings is a priority for all the signatories to this protocol.

Given the specialist needs of the people concerned, a needs based approach was considered the most appropriate way of planning services, entailing the requirement for a Tayside-wide approach to the commissioning and provision of services.

The purpose of the protocol is to define clear lines of accountability, and to ensure effective use of resources in meeting the needs of very dependent people who might previously have been reliant on Strathmartine Hospital for their long term care.

Basic Principles

For the purposes of the Resettlement and Retraction Plan, agreement will be reached on the broad deployment of resources across the three local authorities as determined by the agreed location of services.

The terms of resource transfer will be consistent with the Tayside Resource Transfer Protocol.

Resources to underpin the commissioning of services associated with resettlement will be transferred to meet the cost of services, and will continue to be used to meet the cost of those services for the duration of any contractual agreement.

Commissioning of services and subsequent monitoring of the contract under this agreement will be the responsibility of the host local authority in partnership with the Consortium.

Each authority will honour and recognise the partners' commissioning and contracting arrangements.

Once agreed, there will be a commitment to the investment plan proceeding, even if the needs of individuals change during the life of the Plan. (The investment plan refers to the level of resources agreed for a service or project, based on the assessed needs of the individual(s) receiving that service).

Proposed Protocol

The protocol is based on a fundamental assumption that each local authority will assume full responsibility for any individuals from Strathmartine who are resettled into specialist accommodation within their boundaries. These individuals will become the responsibility of that authority with regard to all aspects of their care and welfare for their lifetime. Legal advice indicates that this approach is not inconsistent with the Guidelines on Ordinary Residence when applied to the resettlement of individuals from long-stay hospital care.

- 1. Resource Transfer will be committed to the development and provision of commissioned services rather than to individuals.
- 2. The amount of resource transfer committed to each local authority under the terms of the Plan will be determined by the number of individuals for whom each local authority assumes responsibility, and the projected cost of meeting their social care needs.
- 3. The host authority will assume full responsibility for those individuals coming into their authority from another (within Tayside).
- 4. The host authority will be responsible for the future provision of care services for those individuals for whom they have accepted responsibility under the terms of the Plan.
- 5. The host authority will be financially responsible for those individuals for whom they have accepted responsibility under the terms of the Plan.
- 6. The host authority will assume care management responsibility for those individuals for whom they have accepted responsibility under the terms of the Plan.
- 7. Assumption of responsibility by each local authority will commence at the point at which each agency represented becomes a signatory to the Joint Commissioning Protocol.

- 8. In the event that the needs of one or more named individuals for whom a local authority has assumed responsibility change, either before, or after, the commissioned service becoming operational, it will be that local authority's responsibility to fund alternative provision.
- 9. In the circumstances described in 8, the commitment to meet the agreed cost of the service to be commissioned will continue to be met in full from resource transfer.
- 10. Vacancies arising prior to a project/service becoming operational will be filled as described in 14, giving priority to individuals within Strathmartine Hospital who would benefit from the service.
- 11. The authority within whose boundaries they are located will own care places commissioned under the terms of the Plan. This will include accommodation-based services and day services.
- 12. In the event that an individual's needs are no longer met by the commissioned service, it will be the responsibility of the host authority to identify and commission alternative provision.
- 13. The costs of commissioning alternative care will be met from the host local authority's resources identified for the provision of community care services.
- 14. Vacancies arising within accommodation-based services commissioned under the terms of the Plan will be notified to the Consortium. The Consortium will offer the vacancy to the host authority first. If the host authority is unable to fill the vacancy appropriately, the Consortium will then offer the vacancy to the two partner authorities, with the Consortium agreeing which applicant should have greatest priority on the basis of assessed need.
- 15. Where a service is no longer appropriate to meet assessed population needs, contracts will not be renewed in accordance with procedures defined within the contract, following agreement from the Consortium.
- 16. Resources released as a result of 15 will go to the host authority. Reinvestment of resources released in this way will be targeted on the development of services, which will meet the needs of individuals at the higher end of the dependency spectrum. Such developments will be subject to approval from the Consortium, and will complement existing services.
- 17. Any income generated from the "sale" of places to authorities outwith Tayside will be ring-fenced and deployed in consultation with the Consortium.
- 18. Where individuals living in commissioned services are funded through resource transfer from Health Boards outwith Tayside, these individuals will not be the responsibility of the host authority as defined in this Protocol. The resource transfer will be additional to that committed to the block funding of a resource, and its deployment will be the subject of consultation within the Consortium. Since this income will be received on the basis of a spot purchase, it cannot be considered as a stable source of funding for continuing services.

The Protocol will be the subject of review after the first year of operation, and every two years thereafter. Any changes will require the agreement of all signatories.

The Consortium

The Consortium will represent the commissioning partnership, involving the three local authorities, the primary care trust, and the health board.

The Consortium will initially secure appropriate care arrangements for the resettlement of up to 60 people from Strathmartine Hospital, in accordance with the agreed Plan.

The Consortium will subsequently manage the resource pool, and oversee the effectiveness of the services commissioned in meeting the needs of vulnerable adults with special needs.

Where vacancies occur which cannot be appropriately filled by the host authority, the Consortium will determine priority allocation.

The Consortium will be consulted by the host authority in circumstances where services no longer meet assessed needs with a view to working towards terminating a service and reinvesting. This will include the Consortium having responsibility for managing voids, and ensuring effective use of resources.

Plans for the reinvestment of resources released by terminating a service will be submitted by the host authority to the Consortium for consideration to ensure that new accommodation-with-care services to be commissioned complement, rather than duplicate, the range of provision across Tayside.

The Consortium will be consulted with regard to the deployment of any income generated by the access to services of local authorities outwith Tayside.

The Consortium will monitor the process of commissioning services to ensure equity of approach and the procurement of services which are consistent with best value.

The Consortium will operate at two levels: -

SIGNED:

Policy – focusing on the review and redevelopment of services, linking in to the formulation of a Strategy for People with Learning Disabilities;

Operational – monitoring the effectiveness of services in meeting individual needs, and making decisions with regard to issues such as priorities for the filling of vacancies.

Tim Brett	(Chief Executive, Tayside Health Board)	
Tony Wells	(Chief Executive, Tayside Primary Care NHS Trust)	
Bill Roberts	on	
Jacquie Roberts (Director of Social Work, Dundee City Council)		
lan Manson	(Director of Social Work, Perth and Kinross Council)	