

3 December 2002

Scrutiny Report to the City Council

THE IMPACT ON PEOPLE WITH
SPECIFIC NEEDS WHO ARE
WAITING FOR PLACEMENTS OR
PACKAGES OF CARE TO BE
FUNDED IN SOCIAL SERVICES

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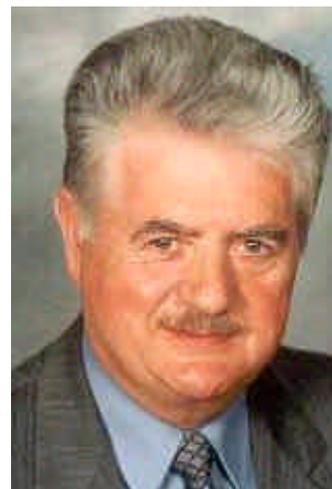
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1. PREFACE

By Councillor Hugh McCallion
Chair of the Health & Social Services
Overview and Scrutiny Committee



The work of this review team required us to focus on a number of key areas – many of which were complex and inter-related with the work of other agencies. Our health partners worked closely with us on this and we are grateful for their support.

The work we have undertaken has been timely - particularly in light of the landmark changes occurring in the health and social care agenda. Fair Access to Care, Fairer Charging and the Single Assessment process are just a few of these.

Guided by this framework, our recommendations make a valuable argument about services to people with specific needs. The needs of this particular group of people must be recognised as being of equal importance with those of older adults. I am sure this review will have a significant bearing in redressing the balance.

I would like to express my thanks to all those who made contributions both in terms of providing evidence and enhancing our understanding about this particular client group.

A handwritten signature in black ink that reads "Hugh McCallion". The signature is written in a cursive style and is positioned above a vertical line.

2. EXECUTIVE SUMMARY

- 2.1 The need for this review was identified by the previous Healthy, Caring and Inclusive City Overview and Scrutiny Committee because of concerns about people with specific needs that were waiting for packages of care or residential placements to be provided.
- 2.2 The parameters of the review were to examine data around waiting lists, criteria and processes for making decisions, funding arrangements and communication of information between users and different agencies in the provision of services to people with specific needs.
- 2.3 The conclusion of the review team is that the needs of this particular group of people must be recognised as being of equal importance with those of older adults both in terms of financial resources and reporting mechanisms.
- 2.4 The report makes some significant recommendations around the need for:
- robust reporting mechanisms, communication systems and planning arrangements for young adults,
 - establishing joint commissioning arrangements and integrated service teams
 - developing a holistic approach to service provision with clear transition processes
 - re-profiling of financial resources.

Details of the full recommendations can be found in section 7 of the report.

3. INTRODUCTION

3.1 This report is the result of a scrutiny review examining the issues affecting people with specific needs who are waiting for packages of care or residential placements to be provided.

3.2 Members of the review team were:

- Councillor Roy Benjamin;
- Mr Mike Boyle, Acting Assistant Director – Older People’s Services;
- Ms Helke Cureton, Commissioning Manager for People with Learning Disabilities;
- Ms Hazel Murphy, Lead Officer, Mental Health Services;
- Ms Sally Jellis, Capacity Planning Team;
- Ms Miriam Somerville, Lead Officer, Learning Disabilities Services.

4. TERMS OF REFERENCE

4.1 The terms of reference for the review covered the following issues:

- a. The process for making decisions;
- b. Availability of information about numbers and types of people waiting for packages and / or placements.
- c. How best to communicate information about waiting times to service users and to NHS colleagues;
- d. Whether any change in systems are needed;
- e. Views of service users and carers;
- f. Views of NHS colleagues in acute trusts and PCTs.

5. METHOD OF INVESTIGATION

5.1 The review team met periodically over the past 6 months. Following a scoping meeting held with users and carers, the Coalition of Disabled People ran a Focus Group for service users to gain their views. The processes around decision-making and data collection were scrutinised as were systems for communicating information and reporting issues about this group of people both internally and externally. Views were gained from social work staff about the difficulties they face in managing difficult situations while users are waiting and their suggestions for improvement.

5.2 A meeting was also held with representatives from PCTs and acute hospitals to examine the issues related to delayed discharges for people with specific needs.

6. FINDINGS

6.1 Definition of people with specific needs

For the purpose of this review, people with specific needs means adults under 65 years of age who may have a learning disability, a physical disability or are mentally ill. The budget for specific needs also includes people in this age group who have a terminal illness. People who are terminally ill do not wait and their service is normally provided immediately.

6.2 Typical Circumstances of People who are Waiting

- 6.2.1 John is a 40-year old man who has a physical disability and is a wheelchair user. He lives at home with a carer and accesses day services two days each week. John's carer is elderly and finding it increasingly difficult to help John manage at home. John and his carer would like John to be able to attend day services five days a week and would like some support at home to assist in everyday tasks. Assessment of his needs confirms that these services are required if John is to remain living at home. John has been waiting eight months for this package to be provided.
- 6.2.2 Julie has a learning disability and has been living in a short breaks (respite) service for several months. She has been assessed as needing a residential placement which will help her manage her challenging behaviour. Previously, she was living at home with her family but they could no longer cope with her behaviour and following one of her short breaks, her family said that she could not return home. Julie finds it stressful living in this unit as the other residents change each week. She knows that she will have to move on which is unsettling for her as she does not yet know where she may be going.
- 6.2.3 Paul is 19-years old and has just returned to Birmingham in July 2002, following several years in a residential school in another part of the country. He has a severe learning disability, autism and challenging behaviour. His family are happy for Paul to live at home with them as long as he can access day services or activities Monday to Friday. Paul is showing signs of frustration at home as he is used to being stimulated by a variety of activities and people while at school and now he is bored. His family are becoming anxious that they will soon not be able to cope with him and have approached their GP with a view to having Paul admitted to a hospital for people with learning disabilities.

6.3 How service decisions are made

- 6.3.1 In 2001 agreement was reached between the health authority and the local authority about the number of placements / care packages that should be provided. Assuming a net average cost per placement of £350.00 per week, it was agreed to provide 10 placements / care packages per month. This provision was based on a discharge rate of 17 per month. Although the figure of 17 was based on historical patterns, the actual discharge figure in 2001/2 was 10 per month and therefore 7 less than the affordable rate. To date in 2002, the discharge rate averages 17 per month but we are funding 30 packages per month at an average cost of £400.00 per week. **This results in a predicted deficit of just under £4 million for the current year.**
- 6.3.2 As part of an ongoing department pilot on devolved budgets, the specific needs part of the budget for adults with a mental illness was devolved down to the local Team Managers at the start of the financial year 2001\02. The overall performance of this budget across the City is performance managed through a project board, which meets monthly. Finance representatives attend in addition to the devolved budget holders and the Senior Managers for the Mental Health Service. Six teams organised on a constituency basis serve adults with mental health problems. There is a seventh team, which covers Reaside. The seven Team Managers hold the specific needs budget for all community care packages
- 6.3.3 People can recover completely from mental illness. For many service users that do not make a complete recovery most make significant improvements and their need for support declines. For many their needs fluctuate over time and this is reflected in the level and type of support they need to live as independently and as close to their home as possible. Given the nature of mental illness there is therefore more capacity for movement into, within and discharge from residential and nursing care.
- 6.3.4 In respect of physical and learning disabilities, Locality Managers are kept informed by their staff of the number of people waiting for packages to be provided. Locality managers scrutinise cases presented to them for a service and ensure that all other options have been explored before sending cases to the Capacity Planning Team who collate them for the city.
- 6.3.5 Each month, Locality Managers are asked to submit their top priorities for that month. The Acting Deputy Director then makes a decision as to what will / will not be provided that month. The decision takes account of the particular circumstances of the service user and the impact longer term of not providing a particular package at this point. The Acting Deputy Director ensures that all possible options have been explored. The Lead Officer for Learning Disabilities is also consulted about the learning disabilities cases. There are, in addition, emergencies that arrive within the month which are dealt with as they arise on the basis of up-to-date information on risk.

(**Appendix 1** details the numbers of people waiting as of 30 September 2002)

- 6.3.6 The Capacity Planning Team at Louisa Ryland House keep a detailed list of names of those waiting, date referred for a package or placement and the cost of the placement. This is updated each week.
- 6.3.7 For people with mental health problems, whilst Team Managers hold their own budget, there are set criteria for prioritising placement of people who need residential care (See **Appendix 2**). The criteria were agreed by the Mental Health Management structure.
- 6.3.8 In Mental Health, an additional £360,000 from the extra £1 million given to the Special Needs budget enabled all Mental Health service users assessed as requiring residential care to be placed by the end of March 2002. There were no service users waiting for a residential placement because of funding issues.
- 6.3.9 Comparative analysis of SSD resource investment and placement activity across the last three years evidences a consistent growth in investment and an associated rise in placement numbers for adults with mental health needs.
- 6.3.10 SSD funding issues in 2001/02 had an adverse short-term effect on this trend. However, with the injection of the mental health share of the £1m into specific needs placements as part of the overall recovery measures this trend was reversed. A pattern of continued investment with the number of placements rising was restored. There have been no disinvestments in this budget by SSD. This is detailed in the table below:-

Financial Year	Total Placements Residential & Nursing Care Including pre-99 statements	Actual Costs	Spot Purchased Home Care are as part of individual Community Care packages	Spot purchased Day Care as part of individual Community Care packages	Total costs community care packages residential, nursing placements and care packages in the community
99-00	285	5,480,706	44,997		5,525,703
00-01	307	6,081,131	97,295	384	6,178,810
01-02	324	6,789,520	146,714	32,623	6,968,847

- 6.3.11 For the new financial year, there is finance available in mental health services to fund placements on a rough calculation of "one in, one out". The waiting list as of 31st August 2002 is enclosed at **appendix 2**.

6.3.12 In learning disability and physical disability services, tensions arise for front-line staff who are trying to provide support to service users while they wait. There is some concern that the service is made available more quickly to those who are going for a Judicial Review or are subject to adult protection procedures.

6.3.13 A further tension arises in that once an assessment of need has been made, the Council has a legal duty to meet the identified need. The problem is that the need exceeds the resource available. It is important to decide what a reasonable length of waiting time should be for this group of service users.

6.4 Delayed Hospital Discharges

6.4.1 Although the additional funding provided through the Building Capacity Grant in 2001 was primarily allocated only to people over 65 years, all parties agreed that moving people out of hospital is a priority and some of this funding was therefore allocated for hospital discharges for those under 65. Indeed the 60/40 split for older people was considered a good model.

6.4.2 Given the high numbers of people on the community waiting list, it has been difficult for locality managers to regularly prioritise people who are waiting in hospital. This in turn has raised concerns with NHS colleagues eager to free up beds for people whose treatment has finished. (**Appendix 2** details the average wait for people in hospitals).

6.4.3 A further anomaly has arisen as the SitRep system has only included acute hospitals. SitRep is the national system that reports on blocked hospital beds. The exclusion of beds in Assessment and Treatment Units in Monyhull and Brooklands hospitals meant that people with learning disabilities were not featuring in reports on delayed hospital discharges. Neither were people with physical disabilities in Hillcrest or other non-acute units.

6.4.4 Lack of Social Services funding resulted in blocked beds at Monyhull and Brooklands and as people with learning disabilities behaviour became more challenging at home they were being admitted for lengthy periods to short break units in both Social Services and the NHS. Although it has not been possible to quantify, reports from staff indicate that people with learning disabilities have in some instances waited so long that a placement has been lost. This can result in a deterioration of their behaviour and the eventual need for a placement to be found that is more specialist and inevitably costlier than the first one.

6.5 Recent action taken to manage the resource as effectively as possible

6.5.1 The review highlighted a number of improvements that could be made easily. These have now been actioned as described below:

- 6.5.2 Acute and non-acute hospitals have been asked to submit priorities each month in the way that locality managers do. The monthly funding allocation can then be spread across the three groups. Measures have been taken to ensure inclusion of people in short breaks services as well.
- 6.5.3 A review has been undertaken of people on the community waiting list who have been waiting over 18 months. A decision has been taken to agree that if funding is still required after 18 months; the individual should at that point become a priority. If that were to be done in October 2002, the impact on the spend for October would be an additional £89.397 (full year effect of £172,172).
- 6.5.4 Acute and non-acute hospitals have also been given information about average waiting times via the Shared Data Set sent out weekly by the Capacity Planning Team, commencing 13 September 2002. This will continue on a weekly basis.
- 6.5.5 It has been agreed that a fast track process for people awaiting discharge from hospital requiring a home support package costing less than £150.00 will be introduced starting 16 September 2002. This will parallel the process operating for older adults since the end of July 2002.
- 6.5.6 All community packages of under £100.00 will in future not need to come to the Acting Assistant Director for approval but can be approved by locality managers. All people waiting for a package under £100.00 have now had funding approved.
- 6.5.7 A review of the criteria for continuing care for people with learning disabilities is underway. This will include packages of care that are jointly funded with NHS commissioners. Clarifying the criteria will rule out any further delays caused by disputes about the amount of funding from each organisation.
- 6.5.8 In Mental Health, 2 Reviewing Officers have been employed – one to cover North Birmingham and one in South Birmingham. Initially, they are reviewing all people placed in residential under Section 117 Mental Health Act, to ensure that people in residential care are appropriately placed and to identify anyone who could benefit from a move to the community via a rehabilitation programme.
- 6.5.9 In addition, a current provider is to refocus their service to provide a short-term rehabilitation service for people with mental health problems with an outcome focus. Funding has been received from the Performance Fund to underwrite the service.
- 6.5.10 Also in mental health services, there is considerable work underway to provide alternatives to residential care, with a particular focus on providing support services to people in their own homes. The promotion of the recovery model is facilitating this process. Work is in progress with the PCTs to agree a mechanism of how this work can be better co-ordinated

and shaped through a commensurate model of integrated commissioning. The final model and the process to reach an agreement about the most appropriate model for Birmingham are outstanding.

6.6 Fair Access to Care

- 6.6.1 The review is aware that from the 1 April 2003 the Council must implement government guidance on Fair Access To Care Services. This guidance will require the Social Services Department to assess everybody needing help. The assessment must classify the persons needs as critical, substantial, moderate or low.
- 6.6.2 In terms of resource allocation the Department will be required to allocate the budget on a cascading level. Critical needs must be funded first, then substantial and so forth. Specific needs users waiting for services have predominantly critical or substantial needs and will therefore be a priority for service provision.
- 6.6.3 An initial evaluation of existing users indicates that the Department will have sufficient funds to provide services to all critical and substantial cases and to some/most moderate cases. This would suggest that most of the people currently waiting will be provided with a service after April 2003. The review welcomes this development but would still seek assurance that following assessment any waiting period will be reasonable. The review understands that the government is likely to set targets for the time frame between referral, assessment and service provision.
- 6.6.4 The review understands that the new arrangements will constitute a redistribution of existing resources and therefore people with low needs currently receiving a service may have that service withdrawn. This process needs to be managed carefully and safely.

7. Recommendations

The report recommends that:

- 7.1 The number of people with specific needs who are waiting for placements or care packages is reported to Council members and senior officers within social services on a monthly basis. This reporting mechanism should be given the same degree of importance as is currently afforded to information relating to older people.
- 7.2 A communication system is implemented within area services to enable users to be contacted periodically to update them on their individual case.
- 7.3 The Department clarifies planning arrangements for services for younger adults. This must include arrangements for joint commissioning with progress made towards pooled budgets. Work has already started on this

within learning disabilities and mental health services but this must be formalised with clear commissioning strategies produced in 2003/04. These must include bids to access external funding to help build local capacity e.g. Invest to Save.

- 7.4 Progress continues with the work underway to create integrated community teams for people with learning disability across health and social services. Specialist social workers should be in place by April 2003 and working within joint protocols with health colleagues. This is in keeping with the restructuring in social services and research elsewhere indicates that creating the specialist expertise will help to sharpen practice and encourage more creative options for people with learning disabilities.
- 7.5 Support continues for the current discussions with mental health services to integrate Social Services' staff with a merged single NHS Mental Health Trust by April 2003. Together with the merging of the Care Programme Approach and Care Management, this should provide a holistic service that in many situations uses residential care as a short-term respite or rehabilitation facility, as part of an agreed Care Plan, rather than a permanent placement.
- 7.6 The department clarifies the management and lead arrangements for services to people with physical disability. Similar issues apply in this service as in mental health or learning disability in relation to the need for sufficient expertise within teams. It is also important that whatever the management structure, there is an appropriate link to Occupational Therapy services.
- 7.7 That clear transition processes are developed both for people moving from Children's Services and those moving from adults' services to services for older people. This is a statutory requirement and should be progressed as a matter of urgency.
- 7.8 An effective communication strategy is developed between social services and the housing department. This will enable priorities to be shared.
- 7.9 The processes about decision-making are communicated to front-line staff in social services to ensure clarity and transparency about service decisions.
- 7.10 Serious consideration is given by Members about whether or not the current funding deficit (predicted at £4million) should continue in future years and if not, how this should be addressed. This debate should include the need to identify £89,397 which if spent in October would meet the needs of all those waiting longer than 18 months. The full year costs of meeting the needs of this group is £172,172.
- 7.11 That the forthcoming budget should ensure that sufficient resources are available to meet the needs of adults within a reasonable period of time.

8 Conclusion

- 8.1 The conclusion of the review team is that the needs of this group of people must be recognised as being of equal importance with those of older people. This is both in terms of the financial resources required and the reporting mechanisms needed. There is also a clear requirement to decide on what is a reasonable amount of time to wait for a service to be provided.
- 8.2 This report should be considered alongside the report outlining the Departments response to the NSF target on Ageism. That report suggests that for some services older people face discrimination in terms of access to, and the cost of, services. Furthermore, this report must be a significant factor determining the implementation of the governments' policy on Fair Access To Care.

9 APPENDICES

Appendix 1	Information relating to Learning Disabilities and Physical Disabilities
Appendix 2	Mental health information.
Appendix 3	Consultation with Service Users
Appendix 4	Consultation with staff in Social Services
Appendix 5	Consultation with NHS

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Appendix 1

Proposed Banding by Length of Time Waiting

As at 30/09/02

Learning Difficulties

Bandings	Number in Community	Weekly Cost	In Acute Hospitals	Weekly Cost	In Non-acute Hospitals	Weekly Cost	Overall Totals	Overall Weekly totals	Total Commitment required to fund from 01-10-02 to Year end	Commitment for 2003/04
Waiting Longer than 18 Months	6	2,365	0	0	0	0	6	2,365	63,855	122,980
Waiting Between 12 t-18 Months	20	8,007	0	0	0	0	20	8,007	216,189	416,364
Waiting between to 12 months	13	4,387	0	0	5	5,033	18	9,420	254,340	489,840
Waiting between 3 to 6 Months	13	7,135	0	0	1	2,000	14	9,135	246,645	475,020
Waiting for less than 3 months	16	10,127	1	150	2	2,041	19	12,318	332,586	640,536
Totals	68	32,127	1	150	8	9,074	77	41,245	1,113,615	2,144,740

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Appendix 1

Proposed Banding by Length of Time Waiting

As at 30/09/02

Physical Disabilities

Bandings	Number in Community	Weekly Cost	In Acute Hospitals	Weekly Cost	In Non-acute Hospitals	Weekly Cost	Overall Totals	Overall Weekly totals	Total Commitment required to fund from 01-10-02 to Year end	Commitment for 2003/04
Waiting Longer than 18 Months	4	946	0	0	0	0	4	946	25,542	49,192
Waiting Between 12 t-18 Months	15	4,076	0	0	0	0	15	8,007	110,052	211,952
Waiting between to 12 months	14	6,172	0	0	1	578	15	9,420	182,250	351,000
Waiting between 3 to 6 Months	10	2,630	0	0	0	0	10	9,135	71,010	136,760
Waiting for less than 3 months	12	4,655	2	642	0	0	14	12,318	143,019	275,444
Totals	55	18,479	2	642	1	578	58	41,245	531,873	1,024,348

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Appendix 2

Mental Health Services

Bandings	Number Waiting	Cost from 01-10-02 to Yr end	Commitment for 2003/04							
Waiting Longer than 18 Months	0	-	-							
Waiting Between 12 t-18 Months	1	13,000	26,000							
Waiting between to 12 months	1	13,000	26,000							
Waiting between 3 to 6 Months	14	165,022	330,044							
Waiting for less than 3 months	4	70,148	140,296							
Totals	20	261,170	522,340							

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Appendix 1

Proposed Banding by Length of Time Waiting

As at 30/09/02

Mental Health

Bandings	Number in Community	Weekly Cost	In Acute Hospitals	Weekly Cost	In Non-acute Hospitals	Weekly Cost	Overall Totals	Overall Weekly totals	Total Commitment required to fund from 01-10-02 to Year end	Commitment for 2003/04
Waiting Longer than 18 Months	-	-	-	-	0	0	0	-	-	-
Waiting Between 12 t- 18 Months	1	-	1	500	0	0	1	500	13,000	26,000
Waiting between to 12 months	1	-	1	500	0	-	1	500	13,000	26,000
Waiting between 3 to 6 Months	14	2,454	9	3893	0	-	14	6,347	165,022	330,044
Waiting for less than 3 months	4	1,825	2	873	0	-	4	2,698	70,148	140,296
Totals	20	4,279	13	5,766	0	-	20	10,045	261,170	522,340

Summary of Points raised at Clients' Focus Group

This is a summary of the issues raised by users at the focus group convened to explore a user perspective on the difficulties faced by people waiting for packages to be funded. The group was hosted by the Coalition of Disabled People.

In order to gain views in a structured manner, a number of questions were posed.

Question 1. What information would people want to receive during the time that they are waiting for a package to be funded? How often would they wish to receive that information?

Responses

- People want a guaranteed time limit to the wait. If they are going to have to wait for 12 months, then a contact every twelve months would be helpful.
- The view was expressed that current services are not always what people want anyway, so users need to be fully consulted about what is on offer.
- There is a need to have an easily identified contact person to improve accessibility and make communication easier.
- Information about services on offer needs to be in accessible formats and easily available. This includes making information available in a variety of languages.
- It can appear that the budget determines the service offered, not the needs.
- Clients would like to have the ability to control the expenditure on their care package.
- There must be clarity about the process and decision-making surrounding funding of packages.

Question 2. What improvements would people like to see in relation to how social workers and other staff communicate with them?

Responses

- There is a need to employ more social workers that are representative of the local communities.
- There should be improvements made to ensure that interviews with people are held in a place where other people cannot overhear the conversation.
- Clients need to know with whom information about them will be shared and they should have some say in this.
- Carers should be shown more consideration.
- Training should cover "attitudes" to disability to ensure that the approach is always non discriminatory.
- A view was expressed that a contract between client and social worker was preferable to a care plan.
- Social workers need to understand that they are there to assist clients with their life, not determine what direction they should take.

- It should be easy to change your social worker.
- Following hospitalisation, people often need more support to help families understand disability.
- Advocates should be fully involved and listened to.
- More assistance is needed to help support families and clients whose first language is not English or who use alternative communication methods eg signing.
- People from underprivileged areas and under represented groups should have more help to become social workers.

The group also discussed the issues surrounding Direct Payments. The result of this discussion was that there is a lack of clarity about how the system for direct payments works. Clients are unclear and are of the opinion that social services staff are not always well informed either. There is a need to ensure good training and better communication about Direct Payments in general.⁸

Summary of Consultation with Staff in Social Services

Staff in area teams were asked to give a view about the impact on their performance and morale of working with people who were waiting for long periods. They were also asked to recommend improvements. This paper summarises the ideas expressed by staff.

1. Impact on Performance

Staff reported the following concerns:-

- Expectations of users are raised following assessment but are dashed again when they wait for long periods. This is demoralising for front line staff.
- Staff can become demotivated when they have worked hard to identify a need and months later the position for the user has not changed.
- Workers are likely to receive increasingly hostile communications and complaints from users and carers. This makes contact difficult.
- Carers and users question staff about whether or not they are doing their job properly if people are still waiting after several months.
- As some users wait, their care needs increase resulting in the need for reassessment and often a more costly package.
- Workers are not motivated to explore innovative solutions as they believe that a lot of effort will go into a package which will then not be funded.
- Concern about the legality of people waiting for lengthy periods.
- Concern that those who “shout the loudest” are more likely to have a package funded quickly.

1. Suggested Improvements

- Clarity about process and the criteria used for decision making.
- More feedback about the progress of cases waiting.
- A view was expressed that a liaison worker would help to communicate decisions to users.
- More finances for this group of users.

DELAYED HOSPITAL DISCHARGES FOR PEOPLE WITH SPECIFIC NEEDS

DATE: 3rd September 2002

TIME: 13.00 - 14.45

VENUE: VIP Room, Council House

AGENDA

- 1. Introductions and apologies**
- 2. Purpose of the meeting**
- 3. Scrutiny Review - Action to date**
- 4. Additional recommendations**
- 5. Agreement on the next steps**

1 **Introductions and apologies**

Introductions took place and no apologies were recorded.

2. **Reason for meeting**

- A) It has been identified in the city-wide Sitrep meeting that the specific needs remit is not recognised and
- B) There are difficulties with delays of discharges.

Because of these difficulties Birmingham city council has requested a scrutiny review which is headed by councillor Roy Benjamin. He is asking for the views of hospitals and PCTs.

Miriam ran through a set of ohps (attached)

Ohp 1 - specific needs budget

- ❖ The current position is 30 people are being discharged per month but funding is for 17, leaving a shortfall of 4.5m.

Ohp 2 - previous position

- ❖ The building capacity team keeps the list of people waiting for care packages. The information comes in via locality managers but there were in the past problems with this as people who are in hospital are not getting on the list.

Ohp 3 - improvements

- ❖ The improvements commenced in July 2002. Locality managers have been asked for their top priorities each month. Acute and non-acute hospitals are also asked to submit their priorities to the building capacity team on a monthly basis.
- ❖ Also reviewing people on the community waiting list who have been on longer than 18 months.
- ❖ Trying to stick to the 60/40 model that is used with older people.

Ohp 4 - Scrutiny review

- ❖ The main requirement is to ensure that the administration of the system is as good as it possibly can be.
- ❖ Two meetings have already been held with service users. The issues arising from these are the lack of communication to them.
- ❖ Research is underway to look for good working models within other cities.

Ohp 5 - Recommendations to date

- ❖ To raise the profile with both social services and health.
- ❖ Integrating community teams
- ❖ Clarity on who is responsible for which tasks.
- ❖ Ensuring the councillors know the exact financial position

Discussions followed around:-

- ❖ Transition planning – people appearing on the list at 18yrs of age with no prior planning
- ❖ How to develop contracts for day care
- ❖ How to decide which proportion comes from health and which from social services
- ❖ A number of people are still on the list who are over 65yrs of age. Should they be moved to the older peoples “pot”?

Ohp 6 - waiting list figures (waiting time = waiting for funding)

- ❖ A discussion took place around the figures e.g. The variations in the costs of care packages.

Mental health

Hazel Murphy summarised how the system works for mental health. Mental health has a portion of the specific needs budget. Budgets have been devolved. There is more throughput within the system at local level as people with mental health problems can recover. Only a minority of this group have particular complex needs.

Hazel distributed a report demonstrating investments and where the spending is, which included charts showing:-

- Placement numbers for the last 4 years
- Movement / throughput through the system
- Number of mental health clients in residential homes
- Number of mental health clients in nursing homes
- Waiting list for residential placements

The difference between waiting times for mh and sn was discussed. A query was raised as to how the decision is made on which area to allocate people to, for example, if someone has a head injury and challenging behaviour are they put under mh or learning/physical disability. This seems to depend on where the person is placed at the time. The criteria needs to be clarified. It appeared to be a problem that people were not getting a tailor-made package.

Miriam asked what information would we like to get on a regular basis? And should it be through the existing sit rep or through other means?

The following issues were raised:-

- Improvement is needed to the allocation of social workers to people waiting in hospital. It can be difficult to get a social worker allocated and an assessment done. The submission of priorities from the hospitals should help with this.
- Better communication with the housing department so that people are not waiting for adaptations even when the funding has been made available.
- Prioritisation of low cost packages (under £150.00) would help.
- Given the high numbers of people waiting in the community, application of the 60/40 split is not so relevant. Priorities should focus on the severity of the need and the length of time waiting.

4.

What information is needed? Recommendations are:-

Transition mechanisms (education and social services)

Continual reviews – Helke reported reviews are yearly at the moment. Review officers are now in place and the processes have been updated, therefore reviews should be more frequent. Not good at reviewing to see if needs have changed, particularly to ascertain if less support might be required.

- Lack of appropriate placements for people was also identified as a problem.

The group would like to see a summary of figures to gain the whole picture at the Sitrep weekly meeting. To ensure the data is accurate sally needs to be furnished with **all** information. Information needs to be provided on what the problem is e.g. Housing / social workers.

5.

Agreed

Paper exercise

Existing weekly meeting.

Finally, please e-mail Miriam if you think there is anything else that could be included as part of the report to the scrutiny committee. Notes of the meeting to follow with copies of the ohps. Miriam thanked everyone for attending.

ATTENDEES

NAME	POSITION	ADDRESS
Miriam Somerville CHAIR	Head of Learning Disabilities	Birmingham City Council Louisa Ryland House
Joanne Kirk	Group Manager	University Hospital
Colin Evans	Mental Health Manager	North Bham PCT Blakelands House
Viv Tsesselis	Director of Performance Mngmt	South Bham PCT
Phil Lyddon	Admissions & Discharge Manager	Heartlands Hospital
Clive Walsh	Director of Operations	City Hospital
Sandra Bains	Discharge Liaison Nurse	Good Hope Hospital
Liz Price	Intermediate Care Manager	Heart of Bham PCT Carnegie Centre
Helke Cureton	Commissioning Manager, LD	BCC, Silvermere Centre
Monica Thorpe	CNS, Community Care	University Hospital
Sally Jellis	Capacity Planning Co-Ordinator	BCC, Louisa Ryland House
Hazel Murphy	Lead Officer, Mental Health	BCC, Southside
Arley Selwyn MINUTES	Scrutiny Support Officer	BCC, Council House