CONSULTATION ON THE FUTURE ARRANGEMENTS

FOR THE MANAGEMENT AND DELIVERY OF SERVICES

FOR PEOPLE WITH LEARNING DISABILITIES

IN

DERBYSHIRE AND DERBY

Evaluation of the Proposed Changes Following the Completion of Stakeholder/Public Consultation and Parallel Preparatory Work

18th January 2006

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Preface

The term “learning disability” is the term mostly used in this report and associated documents. *Valuing People* the White paper and national strategy for learning disability (2001) defines learning disability as follows:

“Learning disability includes the presence of:

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with;
- A reduced ability to cope independently (impaired social functioning);
- Which started before adulthood, with a lasting effect on development.

This definition encompasses people with a broad range of disabilities. The presence of a low intelligence quotient, for example an IQ below 70, is not, of itself, a sufficient reason for deciding whether an individual should be provided with additional health and social care support. An assessment of social functioning and communication skills should also be taken into account when determining need. Many people with learning disabilities also have
physical and/or sensory impairments. The definition covers adults with autism who also have learning disabilities, but not those with a higher level autistic spectrum disorder who may be of average or even above average intelligence – such as some people with Asperger’s Syndrome.”

Valuing People: a New Strategy for Learning Disability for the 21st Century Chapter 1 1.5 - 1.6 pages 14 – 15.

Occasionally the term “learning difficulty/difficulties” will be used. This is commonly the way people with learning disabilities prefer to be referred to. The use of the term “learning difficulties” is therefore interchangeable with the term “learning disabilities” in this report.

However the term has a significant other meaning and relates to a much broader group of people defined by legislation as being in need of special assistance with education. People defined as having learning difficulties under education legislation may not be people with learning disabilities who are eligible for the provision of the specialist/dedicated social care and health services that are the subject of this report.

1. Introduction

1.1 The proposal for future arrangements for the management and delivery of services for people with learning disabilities in Derbyshire and Derby recommended a transfer of the NHS specialist/dedicated learning disability health services functions provided by Chesterfield Primary Care Trust and Derbyshire Mental Health Services NHS Trust to Derbyshire County Council Social Services and to Derby City Council Social Services.

1.2 The proposed transfer of responsibility for health services would be effected under the provision of S.31 of the Health Act 1999, which provides for the exercise by Local Authorities of certain prescribed health-related functions and the establishment of pooled budgets. Derbyshire County Council and Derby City Council already provide the lead management function for the commissioning of health and social care services and this unified strategic lead commissioning would be further developed and formalized by these proposals.

1.3 Separately to the proposed transfer of health service functions from Chesterfield PCT it is intended to transfer those staff and posts already seconded to provide care and support as part of the community, residential and nursing home care services provided by Derbyshire Care and Home Support (DCHS) working with Enable Housing Association. This proposed change is not subject to the consultation or decisions to be made about the proposed changes to the provision of NHS services pursuant to it but is the subject of a separate exercise.

1.4 Public/stakeholder consultation was conducted from the week commencing 12th September 2005 and ending on 30th November 2005. Derbyshire County Council and Derby City Council conducted the consultation as strategic lead commissioners for specialist/dedicated social care and health services for people with learning disabilities working jointly with and on behalf of Chesterfield Primary Care Trust, Central Derby and Greater Derby PCTs and Derbyshire Mental Health Services NHS Trust.

1.5 The purpose of the consultation was to seek the widest possible range of views from people and organisations with an interest in the social care and health services involved. As there was a single preferred option that had evolved from long-standing partnerships supported by national and local policy, it was important that the aims and objectives were tested widely to bring to the surface issues to be considered and resolved.

1.6 The consultation was arranged to support contributions from as many people and organisations as possible.

1.7 The consultation document explained the proposed changes; the reasons for the proposal; the perceived benefits; implications of the changes and how comments could be made. It was indicated that if the proposals were approved following consultation the transfer of services would be complete by 1 April 2006.

1.8 This document reports on the consultation and evaluates the proposed changes as explained by the consultation documents in the light of the comments received and the preparatory work completed during the same period. Appendix 2.2 provides the detailed analysis of the issues raised taking in turn each of the benefits referred to in the consultation document.

1.9 The Derbyshire Primary Care Trusts, Central Derby and Greater Derby Primary Care Trusts, Derbyshire County Council and Derby City Council, the Commissioners responsible for strategic lead commissioning of specialist/dedicated social care and health learning disability services, together with Chesterfield PCT and the Derbyshire Mental Health Services NHS Trust (NHS providers) have been working to implement *Valuing People* the national strategy for learning disability published in 2001. (http://www.valuingpeople.gov.uk/ValuingPeoplePapers.htm).

1.10 *Valuing People* aims to achieve a transformational change in the way people with learning disabilities are supported – promoting their *rights, independence, choice* and *inclusion*. A key requirement is the fullest possible integration of the organisation and management of services across social care and health.

1.11 The proposed transfer of the specialist/dedicated health service to Derbyshire County Council and Derby City Council builds upon the work already undertaken through the establishment of the Derbyshire and Derby City Learning Disability Services Partnerships and by developing new approaches in the joint commissioning of services.

1.12 The Derbyshire County Council Cabinet, Derby City Council Cabinet and the Boards of Chesterfield Primary Care Trust and Derbyshire Mental Health Services NHS Trust in principle agreed to the proposed transfer of services as the preferred option for further service improvement subject to consideration of the issues raised through the consultation. This reflected the long-term objectives of those bodies to integrate specialist/dedicated learning disability health services with social care services led by local government. It also reflected the proposed transfer of responsibility for the provision of Mental Health Social Care Services to the Derbyshire Mental Health Services (NHS) Trust that is currently the subject of a separate exercise.

1.13 The proposed transfer of responsibility for services will not alter the role and function of NHS services, which will continue to develop as agreed with service Commissioners. This was stated in the consultation document and means that the proposed change to the organisation and management of the current NHS services will not of itself result in any reduction or increase of facilities or alter the current services and support people receive.

1.14 Commissioners are keen to work with service providers to deliver real service improvements, continuing with the implementation of *Valuing People* the National Strategy for Learning Disability and fulfilment of the objectives of "Creating a Patient-led NHS: Delivering the NHS Improvement Plan" (Department of Health March 2005) and "*Independence, Well-being and Choice*", the Green Paper on the future of Adult Social Care (Department of Health May 2005) and "Commissioning a Patient-led NHS" (Department of Health July 2005). These policy themes will influence the content of the forthcoming White Paper on care outside hospital.

2. The Consultation Process

2.1 Consultation Period

The public/stakeholder consultation commenced during the week commencing 12 September and formally ended 30 November 2005. Comments have been received after 30 November and have been taken into account and incorporated in the overall evaluation up to the point where this report to Boards/Cabinets has been finalised (4 January 2006).

2.2 Communication – General Approach

a) An Executive Summary, a questionnaire and a one-page information leaflet/letter supported the formal consultation document explaining how to obtain a copy of the full consultation document as well as advice and assistance with participation. This leaflet/letter was widely distributed and the consultation was promoted by repeated official press releases that led to local press coverage of the subject.

b) The consultation documents and questionnaire were also placed on the Derbyshire County Council and Derby City Council Websites. The questionnaire could be completed directly from the Websites although most completed forms received were submitted as paper documents.

c) The consultation was further supported by a series of meetings arranged for the consultation (Appendix 2.3).

d) In addition the consultation coincided with the quarterly Business Plan review meetings for the Derbyshire Learning Disability Services Partnership. Time was given to discussion at these 6 district based meetings held from mid October, involving relevant local NHS and Social Services staff.

2.3 Communication With People With Learning Disabilities

Whilst some people with learning disabilities may have been able to participate through the general arrangement provided for the consultation, the Project Management Team asked the Derbyshire Advocacy Service (DAS) and High Peak and Dales Advocacy Forum (HPDAF), the two main organisations that provide advocacy support in Derbyshire and Derby, to conduct special meetings to facilitate the widest possible involvement of people with learning difficulties (Appendix 2.4). This also ensured the independence of the way comments were obtained and recorded. DAS prepared written information to support the special meetings. Further consultation with a person with learning difficulties nominated and

supported by DAS is described at Appendix 2.4. This consultation followed the evaluation work carried out by the Project Management Team.

2.4 Communication With Family Carers

Family carers were able to attend the series of open meetings held during the consultation period. In addition at the request of the Project Management Team Derbyshire Carers Association (DCA) assisted family carers with advice and information and supported two special meetings with family carers in addition to supporting the Family Carers Celebration Day 17 September 2005 and the DCA Annual General Meeting 28 September 2005 at which the consultation was discussed and information provided for people. Comments from DCA and obtained from the meetings referred to are shown at Appendix 2.5. Two family carers nominated by DCA assisted with further consultation following the initial evaluation work carried out by the Project Management Team and the record of this consultation is shown at Appendix 2.5.

2.5 Participation Via Correspondence and the Questionnaire

a) A total of 110 items of correspondence and/or records relating to 63 meetings were received during the consultation period and up to the finalisation of this report. An exercise was conducted to evaluate the comments received (see Section 3 below). This involved a detailed reading of all correspondence received together with the comments recorded at meetings held. A summary report deals with these comments more fully at Appendix 2.6.

b) The information gathered from the questionnaires received was also considered in detail and the Derbyshire County Council Quality Assurance Division prepared a report for the Project Management Team. This is shown at Appendix 2.7 and provides information about the perceived priorities for service improvement of the respondents.

c) The questionnaire was constructed to support the consultation without limiting the opportunity for comments to be made. It focused on gaining information about the issues to do with the provision and development of services for people with learning disabilities that people consulted felt were of most importance to them and that therefore should be given close attention when deciding if the changes proposed should proceed.

d) Many respondents to the consultation completed the questionnaire, with or without making additional comment, whilst others chose not to complete the questionnaire but responded in their own chosen format.

e) The Project Management Team (see Appendix 2.8) spent two full days (1 and 12 December) reviewing the comments received and the results of the parallel preparatory work. This resulted in an analysis of the proposed changes, with each of the stated benefits considered in detail, and comments and preparatory work assessed. Further work was carried out up to 18 January 2006 to complete the analysis and this report

f) This detailed analysis already referred to at 1.8 above is set out in full at Appendix

2.2.

2.6 Factors Influencing the Approach to the Consultation Process

The arrangements for the consultation took into account:

a) The Cabinet Office Code of Practice on Consultation (January 2004) and the need to engage relevant interested parties and secure the widest possible participation by supplementing the written exercise with a wide range of meetings.

c) The history of the proposed development of an integrated social care and health service for people with learning disabilities in Derbyshire and consultations over the past five years. (See Appendix 2.10 that sets out Section 3, Page 10 as an extract from the full consultation document).

d) The fact that the proposed transfer of responsibility and resources for the current specialist/dedicated NHS learning disability health service to the two Councils would not of itself result in any change to the role and function of these services. If the proposed changes were implemented successfully NHS services would continue as now and there would be no change to their nature and scope (as discussed at 1.13 above). In the same way there would also be no change to the nature and scope on of the social care services provided by the two Councils save only for the intended benefits referred to in the consultation document.

e) The challenge of engaging people in a discussion about what may be seen as an obscure and abstract organisational restructuring, especially people with profound learning disabilities.

f) The partner organisations had a clear preferred approach to the organisational arrangements and wanted to consider issues that may be raised before making a decision as to whether to proceed.

g) The timetable needed for evaluation of the proposals following consultation and decisions to be made by the organisations involved allowing the option to proceed with changes at the beginning of the financial year if this was the decision.

2.7 Assessment of the Scope of the Consultation

The Project Management Team assessed the scope of the consultation as part of the overall evaluation (see Section 3 below) and considered it to have been satisfactory based on the following considerations and taking into account specific criticisms made:

a) **The process followed** took into account the guidance issued by the Cabinet Office (see 2.6 a)) and the substantial prior consultation and involvement of stakeholders in the development of the learning disability services in Derbyshire and Derby and the implementation of *Valuing People,* the national strategy (see Appendix 2.9).

b) **The time provided** for the receipt of written comments was 11 weeks from the date the consultation documents were published and circulation commenced. In practice comments were being received and incorporated into the evaluation more

than 2 weeks after the official date stated and over 13 weeks after the commencement of the consultation period.

c) There has been some specific criticism of the time allowed for the consultation. The Cabinet Office Code of Practice on Consultation (January 2004) recommends 12 weeks as the minimum and the arrangement made for this consultation included as recommended considerable extra effort to involve difficult to reach stakeholders (e.g. people with learning disabilities and family carers) by "supplementing the written exercise with other methods of consultation" e.g. extensive stakeholder meetings and targeted leaflet distribution (Page 6, Criterion 1 1.7 & 1.8).

d) **Widespread and repeated communication** about the proposed changes was initiated by the Project Management Team during the consultation period. This strengthened the effort to reach the widest possible range of stakeholders and reinforced communication about the opportunity to participate and comment.

e) **Written information** about the proposed changes was provided in different formats including material prepared by Derbyshire Advocacy Service to support the special meetings arranged to support the participation of people with learning disabilities (see f below).

f) Some comments received criticised the quality of written information, including the material prepared by DAS for people with learning disabilities. The Project Management Team accept that further improvements may have been possible, including the preparation of audio/video and CD Rom formats and with more time and resources available this may have been enhanced the quality of the consultation.

g) The written information provided is considered to have been adequate when taken together with the nature of the proposals (see) and the meetings arranged to support the efforts to involve hard to reach stakeholders.

h) The proposed changes involves the transfer of organisational and administrative responsibilities for the provision of services (facilitated by the establishment of a pooled budget under S.31 of the Health Act 1999) and information consistent with this was provided, including the clear identification of the services to be transferred and the intended benefits.

i) **The questionnaire** (see 2.5) provided a standard framework for people to comment and some comments received allege that this was biased (leading people to make positive comments) and any conclusions drawn from it are invalid.

j) Notwithstanding the criticism made about the perceived limitations and alleged bias of the questionnaire, it has elicited a wide range of comments by no means confined to the set format. It has been possible to complete a meaningful evaluation of the comments received from the questionnaires completed (see Appendix 2.7). This has contributed to the clarification of the defined issues expressed in the six challenges referred to in section 4 of this report.

k) **Special arrangements were made to discuss the proposed changes with people with learning difficulties and family carers** (see 2.3 and 2.4 above). This resulted in more than 200 people with learning disabilities being able to comment on the proposed changes. In addition special arrangements were made to reach and meet with family carers. The criticism of the arrangements, including the time available for the preparation of supporting material and meetings has been considered and discussed with Derbyshire Advocacy Service, Peak and Dales Advocacy Forum and Derbyshire Carers Association representatives. The conclusion is that whilst more time would have been preferred there has been sufficient time and special facilities available to assist the involvement of those people likely to want to make comments.

l) **The purpose of the consultation** was made clear in the introduction to the full consultation document and supporting letters/leaflets. This was to obtain the views of relevant stakeholders on the proposed transfer of the specialist/dedicated health service to Derbyshire County Council and Derby City Council before any final decisions are made by Derbyshire County Council Cabinet, Derby City Council Cabinet and Boards of Chesterfield Primary Care Trust and Derbyshire Mental Health Services NHS Trust. In particular to ensure that we understood the issues that would be most important to address when evaluating the proposed change and in deciding whether to recommend that we should proceed.

m) There has been a substantial body of opinion gained from correspondence received and meetings held where comments made have been recorded.

n) There is a sufficient scale and variety of responses to judge that the consultation has been successful and achieved the stated objectives. In addition there are strong and consistent themes that have emerged and it has been possible to distill these into six challenges that are explained in section 4. The response to these will be assisted by further post consultation discussions with stakeholders and this is addressed in the recommendations at the conclusion of this report.

3. Evaluation of the Proposed Changes and Comments Received

3.1 The evaluation of the comments received and the work completed preparatory to a recommendation being made for decision was carried out by the Project Management Team and the methodology is explained in this section. The team was assisted by Dr Jon Glasby from the Health Service Management Centre, Birmingham University His commentary on the process followed and the issues addressed is set out at Appendix 2.10.

3.2 The Project Management Team reviewed all the comments received and prepared an analysis. This detailed analysis together with an overall evaluation of the work

completed preparatory to making recommendations already referred to above is Appendix 2.2.

3.2 The evaluation considers the full range of comments and issues to be considered against the intended benefits of the proposed changes to the way services are organised and delivered now as stated in the consultation document 10.1 – 10.3. The evaluation considers the three blocks as follows:

- Intended benefits to people with learning disabilities and family carers and the comments received – Appendix 2.2.1
- Intended benefits to staff and comments received – Appendix 2.2.2
- Intended benefits to partners in the Local Health Community – Appendix 2.2.3

3.3 Each suggested benefit is considered and the comments received or key issues noted, the responses identified and an overall conclusion set out and scored for importance and probability (of being done or not done). Each of the three blocks has an overall score.

3.4 The Project Management Team, in considering all the comments received, identified three ways of responding to comments when considering the preparation of a final report and recommendations. Comments may indicate that a:

- Restatement and further explanation of the existing proposed changes (and detailed arrangements supporting this) is required.

Or the:

- Refinement of aspects of the proposed changes e.g. the scope of joint arrangements between Derbyshire and Derby City within the proposed changes.

Or the:

- Full adjustment to the proposed changes in whole or in part e.g. recommending certain functions are not transferred as proposed or that the transfer is to another body.

3.5 When considering views obtained the following was taken into account:

a) The consultation was not a vote for or against a proposal.
b) The volume of opinion is only one dimension when considering importance; comments made by few people may carry equal significance alongside comments made by many people and vice versa.
c) The views obtained involve a mixture of considered and evidence based comment (comments on the facts); belief (that something is good/bad, may/may not happen) and emotion (e.g. fear of change).
d) People employed in the services involved were encouraged to contribute to the public/stakeholder consultation without prejudice to the need for formal consultation that would be required at a later stage were the decision to be made to proceed with the proposed changes (TUPE).

3.6 Organisational/policy imperatives and constraints have also been considered in the evaluation:

a) The development of services for people with a learning disability is a lead responsibility for social care and the links between specialist/dedicated learning disability health services and social care are stronger and more significant in this context than links into other NHS programmes.
b) Policy development in Derbyshire over the past 20 years to which national policy added impetus from 2001.
c) Local Government boundaries are a significant and important reference point and will influence other NHS structure decisions e.g. structure of PCT commissioning.
d) Re-organisation of Primary Care Trusts that may result in wider changes to the organisation and commissioning of NHS services.
e) Current financial framework and requirements for efficiency savings (Gershon) to match the call for additional investment to meet increased need for services.

3.7 The analysis of the comments received together with the overall evaluation of the work completed preparatory to making recommendations was further tested before the preparation of this report via the following consultation meetings and reports:

a) Derbyshire Carers Association representatives (9.12.05) Appendix 2.5.
b) Keith Wilshere, Assistant Director Allied Health Professionals & Governance, DMHST meeting the Project Management Team and Dr Jon Glasby (12.12.05).
c) SH supported by Chris Beech, Derbyshire Advocacy Service (12.12.05) Appendix 2.4.
d) Staff/Trade Union Representatives - continuation of consultation meetings commenced August 2005 (13.12.05).
e) Derbyshire Learning Disability Services Partnership Clinical Network Group (14.12.05).
f) Dr Jon Glasby, Health Services Management Centre, Birmingham University and external independent expert to the Project Management Team (19.12.05) Appendix 2.10.

4. Six Key Challenges: Issues Identified From the Consultation and Preparatory Work

The themes that have emerged from the consultation and parallel work preparatory to a decision can be expressed as six key challenges. These can be summarised as follows:

1. There is broad support for the principle of further integration of services and a clear recognition of the need for service improvements e.g. better co-ordination, planning to meet needs and support for family carers. Is structural change needed to achieve the service improvements/benefits identified in the consultation document?
2. Do Derbyshire County Council and Derby City Council Social Services have the expertise and track record needed to manage the proposed integrated learning disability social care and health service?

3. Will the proposed change diminish for the current NHS professions their professional identity, role and ability to practice?
4. How does the development of separate services for Derby City and Derbyshire result in overall service improvement as this involves creating new boundaries for the provision of NHS services and the concern that this may reduce the scale of some services?
5. Is the pace of change too fast and has the consultation undertaken resulted in a reasonable cross section of views being obtained from interested people and organisations?
6. How will the practical barriers to integration of services e.g. pay and conditions, different regulatory, information, IT and care record systems be managed and resolved?

5. Moving Forward – Dealing With the Challenges

5.1 The six challenges referred to in this report have been addressed through the analysis of the proposed changes in the light of the comments received (Appendix 2.2). The overall assessment completed by the Project Management Team concludes that the proposed changes are feasible, will achieve the aims set out in the consultation document and can be delivered.

5.2 There is confidence that the key organisational frameworks needed to support a sustainable change in the manner proposed are available and are capable of being put in place.

5.3 The proposed changes set out in the consultation document embody key concepts and frameworks. These are to:

a) Build on the valued, distinctive and continuing contribution of <u>all</u> NHS professions / disciplines.
b) Integrate NHS specialist/dedicated learning disability services with related social care programmes.
c) Deliver NHS services, meeting NHS standards and performance managed by the Healthcare Commission (HC) (the Commission for Social Care Inspection will merge with the HC by 2007).
d) Maintain clinical governance via existing tools and systems including the provision of insurance under the NHS Litigation Authority, Clinical Negligence Scheme for Trusts.
e) Facilitate a continuation of NHS pay and conditions including the NHS pension scheme to ensure the service are able to recruit and retain relevant staff that may come from and wish to return to other NHS services and providers.
f) Ensure that Primary Care Trusts remain responsible for commissioning NHS services for their patient populations working through a unified commissioning structure with social care (Commissioning a Patient-led NHS - 28.7.05).

5.3 Discussions with the Department of Health about access to the NHS Pension Agency (NHSPA) scheme on terms that will allow protection of existing staff at transfer and inclusion of staff recruited in future, has led to an agreement in principle. Detailed terms of the agreement discussed at a meeting on 16 December are awaited and we expect to have arrangements that meet the operational requirements of the service for the future.

5.4 The process followed for stakeholder/public consultation was based on the extensive development work and stakeholder involvement that has preceded this proposed change over the past five years.

5.5 There are however continuing uncertainties. This together with the message from the consultation that people perceive significant challenges including the pace of change as being too fast, indicate the need for further work ahead of final decisions to implement in full the changes proposed.

5.6 This requires the continuation of organisational development work aimed to further strengthen communication and stakeholder involvement with monitoring current service performance, shaping service improvement initiatives and wider service strategy. The consultation identifies a range of priorities for service improvement.

5.7 Substantial progress has been made with organisational development work through the development of the Derbyshire Learning Disability Services Partnership over the past 18 months. Senior management structures have been progressively adjusted to further integrate the management of services provided by Derbyshire County Council Social Services and Chesterfield PCT, and closer co-ordination of management with the Derbyshire Mental Health Services NHS Trust has been achieved, facilitating the development of an integrated Business Plan.

5.8 Changes to the current management of services provided by DMHST, arising from the movement of key personnel, creates an important opportunity to establish interim management arrangements that support the strategic development of the service.

6. Conclusion

6.1 Based on the considerations outlined above, and after taking into account the wide range of comments received, the Project Management Team consider that the proposed changes as set out in the consultation document represent the best available option for service improvement. There is a strong-shared agenda and emerging organisational and cultural fit between the services involved. Continuing with the existing arrangements even in the short-term, present a significant risk that the service would be overtaken by the immediate and future challenges facing the service.

6.2 However, whilst it is considered that the stage has been reached where the establishment of a fully integrated service may be confirmed as the preferred approach and approved in principle, there remain a number of issues that would require further work, including post consultation discussions with stakeholders as part of the organisational development work referred to above. These are identified as follows:

6.2.1 The arrangements for clinical negligence insurance have not been resolved at this stage. This is a fundamental issue affecting the scope of professional and clinical practice. The preferred arrangement is to maintain access to the NHS Litigation Authority (NHSLA) Clinical Negligence Scheme for Trusts (CNST). This has been provided for independent organisations providing treatment services to the NHS under contract from April 2005. It is preferred for reasons of cost and fit with compliance with NHS core standards, Clinical Governance procedures and practice. Further discussions with the Department of Health are being held. An alternative to the NHSLA scheme involves insurance provided from the insurance market and the scope and cost of this is being determined.

6.2.2 Further work is now required to establish the organisational structure needed to achieve the stated aims, respond to the six key challenges and meet the requirements of service commissioners within the current and future finance available.

6.2.3 Outline organisational structures have been proposed and the option for Derbyshire has been subject to comment during the consultation period.

6.2.4 Detailed organisational structures need to be confirmed as soon as possible and are dependent upon a number of factors:

a) Confirmation of overall finance committed to the service.
b) Agreement about the level of shared services between Derbyshire and Derby City (a point emerging from the consultation and preparatory work as a key challenge).
c) The future role of DMHST staff currently involved in Trust/County wide work.
d) Level of finance releasable from the transfer of responsibility for the provision of NHS services and functions from Chesterfield PCT and DMHST to Derbyshire County Council and Derby City Council.

6.2.5 The full picture of all current expenditure committed by the health and social care community to the provision of services for people with learning disabilities needs final confirmation along with the detailed arrangements for the organisation and management of the proposed pooled budgets. Work to deliver this is continuing and good progress is being made.

6.2.6 Service specifications need to be confirmed by commissioners detailing service performance and outcomes. This work is in progress and needs to be completed before a final decision is made about whether to complete the proposed changes.

6.2.7 Detailed partnership agreements need to be drawn up and governance arrangements agreed.

6.3 Importantly these details need to be agreed before a final decision is taken to proceed with the proposed changes in order to secure the confidence of all stakeholders and to ensure that the two Councils are able to accept full responsibility for the provision of the NHS services and functions being transferred. This is dealt with by the recommendations that follow.

6.4 The establishment of a pooled budget for commissioning all specialist/dedicated learning disability social care and health services is a crucial structural change that underpins the changes proposed to the provision of the directly provided services. Pooled budgets assist the development of person centred services, fostering new flexibility and levels of accountability for the way funds are used. The comments made by Dr Jon Glasby with respect to the challenge involved (both complexity of issue, timescale and the need to develop the commissioning focus – see Appendix 2.10) are noted. Work with other health communities has been undertaken (Lincolnshire; Norfolk and Leicestershire) and the Project Management Team has established a strong appreciation of the breadth and depth of the issues involved. The specifications for the service, defined by commissioners based on an assessment of needs, is central to the proposed changes.

7. Recommendations

The Project Management Team recommends that:

1. The objective of establishing a fully integrated specialist/dedicated learning disability social care and health service provided by the two Councils is confirmed as the preferred option.

2. Work should continue to secure the establishment of a pooled budget for commissioning of all social care and learning disability services under S.31 Health Act 1999. The objective should remain to establish this by 1 April 2006 and the feasibility of this should be further evaluated and reported to Boards/Cabinets by the beginning of March 2006.

3. Further preparatory work should be carried out to confirm organisational structures, and to make satisfactory governance arrangements that will be required to implement a fully integrated service. Progress should be reported in March 2006.

4. Consultation with staff affected by the proposed transfer of services should commence as soon as possible and when officers are satisfied with the documents required to support this. The results of this consultation should be reported during July 2006 to allow a final decision to be taken as to whether to proceed with the proposed changes.

5. Post consultation discussions with stakeholder groups should continue to explore the proposed changes in order to assist with shaping the development of the service.

6. Detailed work is continued to support the organisational development of the existing partnerships (see 5.6 & 5.7 above). This would focus particularly on further developing existing joint initiatives in Derbyshire e.g. the joint Business Plan now preparing for the third year and new initiatives to strengthen the development of integrated services in Derby e.g. the co-location of Community Learning Disability Teams and development of integrated business planning.

8. Timetable for Decisions and Change

If the recommendations were accepted the following timetable would appear to be reasonable:

a) **March 2006**: – Further reports to Boards/Cabinets to confirm and clarify arrangements for pooled budgets, detailed organisational frameworks and structures and confirming consultation with staff.
b) **April 2006: –** Commence pooled budget for commissioning learning disability services.
c) **April 2006 – June 2006**: - Consultation with staff affected by the proposed transfer of responsibility for services.
d) **July 2006: -** Decide on final implementation of proposed changes.
e) **October 2006: -** Implementation if approved.

Andrew Milroy
Head of Service – Disabled People
(Disability and Learning Disability – Social Care and Health)
Derbyshire County Council Social Services

Mick Connell
Senior Assistant Director – Adult Social Services
Derby City Council

Introduction

Appendix 2.2 is in three parts and provides the detailed analysis of the comments received evaluated against the intended benefits as described in the consultation document:

2.2.1 People with learning disabilities and family carers
2.2.3 Staff
2.2.4 Partners in the Local Health Community

Each section is laid out in the same way with the intended benefits referred to in the left hand column, key comments arising from the consultation set out in the second column and cross referenced to the schedule contained in Appendix 3. The right hand column sets out the response to the points raised. Each intended benefit is dealt with separately and the analysis is concluded for each with summary comments and a score.

The scoring is a judgement made by the Project Management Team of the impact/confidence of securing the intended benefit based on the following:

Reference No	Importance (of Point)	Confidence (of a successful Outcome)
1	Nominal	Slight
2	Low	Low
3	Average	Average
4	Above Average	Above Average
5	High	High Degree

An overall score for each section is also given. This allows the reader to identify those areas where there remain more concerns.

Evaluation of Indicated Benefits to People With Learning Disabilities and Family Carers and the Comments Received

Indicated Benefit	Relevant Comments Received	Response
1. Reduced operating costs of the service achieved by removing the current duplications of management and administration. More of the money available to the service will be spent on the direct care and support needs people have.	1. 60% of respondents completing the questionnaire considered this to be very important with a further 36% seeing saving money as important (see Appendix 7). 2. The extent of the savings and the way these can be achieved has not been stated. Savings may not be achievable. (49) 3. County/City split retains or creates new duplications of management and administration (95) 4. Concern that transferring responsibility to Social Services Departments will lead to finance being transferred out of NHS – posts may not be filled and/or NHS professionals will be required to carry out social care functions e.g. Social Care Needs Assessments and Care Management. (51)	<u>1. & 2. The extent of the savings etc</u> i. The preparatory work on a proposed service structure suggest the potential to realise cash releasing savings of at least £100,000 for immediate reinvestment subject to agreement with Service Commissioners. ii. The estimated savings are in addition to the £50,000 already saved as a result of the initial restructuring of senior management for Derbyshire. iii. Further long-term savings will be achieved from business process changes. Estimates of the potential for cash releasing efficiency savings will be made, as the detailed organisational structures are prepared. iv. In addition to cash releasing efficiencies savings, improved performance and outcomes are also expected and will be identified as the work on business processes develops. v. All savings identified are part of the overall financial performance required to deliver cashable and non-cashable Gershon efficiency savings. <u>3. County/City split retains or creates new duplications</u> i. Central Derby and Greater Derby PCTs stress the importance of a “critical mass” for services and “work between the two partnerships to develop countywide services” where needed (see Appendix 2.3.2.4). ii. Service Commissioners have already required that Derbyshire as part of a County/City service should provide the proposed Assessment Treatment and Support Service for Southern Derbyshire and Derby City. iii. The consultation identifies this as one of the six challenges for the service re-structuring and Dr Jon Glasby indicates the importance of this in his commentary (Appendix 10) <u>4. Concern that transferring responsibility to Social Services Departments etc</u> i. The proposed changes aim to strengthen the role and focus of specialist/dedicated learning disability health services. This will be achieved by a very much more detailed service specification than exists at present. ii. Derbyshire County Council and the PCTs will require detailed service specifications before agreeing to the proposed change. This will spell out the resources allocated and service outcomes expected. iii. The advantage of the pooled budget arranged under S.31 of the Health Act 1999 is that funding agreed for the service by the partners is effectively locked in.

Evaluation of Indicated Benefits to People With Learning Disabilities and Family Carers and the Comments Received

Indicated Benefit	Relevant Comments Received	Response
Conclusion: 1. Reducing operating costs is a key objective. 2. Savings have already been achieved during the partnership phase of service integration (2002-2005) preparatory to the proposed formal integration. 3. Further immediate savings have been identified through the analysis of the proposed service structures. 4. Longer-term savings can be expected through improved synergy of operations and improved performance of key tasks e.g. better co-ordination and quality of multi-disciplinary assessment and independence/care planning. 5. Further work is needed to optimise the synergy available through shared services between Derbyshire and Derby City and this is recognised as one of the six challenges arising from the consultation. 6. The development of detailed service specifications with clear performance outcomes and Service Level Agreements as part of the changes involved with the introduction of a pooled budget for commissioning all learning disability services, improves the accountability for the use of NHS finance. **Score:** Importance 5 Confidence 4 Total 20		

Evaluation of Indicated Benefits to People With Learning Disabilities and Family Carers and the Comments Received

Indicated Benefit	Relevant Comments Received	Response
2. Clearer accountability for co-ordination of local services, management of priorities and use of all resources.	1. Completed questionnaires indicate that most people consider improving accountability very important or important and that making sure NHS and Social Services (inc services commissioned by councils) work together effectively is the most important. (Appendix 7). 2. Comments received from people with learning disabilities and family carers indicate the priority that people attach to a single point of contact/responsibility for specialist/dedicated services. (50) (Appendix 4 & 5) 3. Comments from people working for DMHST and Chesterfield PCT point to the fact that co-ordination can be achieved without full transfer of staff. (5)(13) 4. Family carers have expressed concerns about the decline in the availability/reliability of short-break support. This is attributed to the reduction in NHS capacity. (45) (Appendix 5) 5. Staff have expressed concern about loss of professional autonomy. (13)(57) (Appendix 6)	<u>1. 2. & 3. Comments … single point of contact/responsibility etc</u>. i. DMHST preparations for the introduction of Choose and Book (national GP secondary care referral system) suggest that as few as 4% of referrals come from Primary Care. ii. Most referrals to the NHS specialist/dedicated learning disability health service are generated from social care services. This level of internal transaction combined with wider national policy for greater social inclusion, are some of the reasons for opting for a full integration with social care services. iii. The level and pattern of interagency work (frequency, case specific nature and variability of issues transacted) indicate a greater level of co-ordination is possible if services are fully integrated and provided by one organisation. <u>4. Family carers have expressed concerns - availability/reliability of short-break support etc</u> i. Current pressures on NHS spending on learning disability are linked to breakdowns in social care – family carers unable to cope; residential care home providers unable to cope; arrangements for independent living for individuals breaking down. ii. Assessment Treatment and Support Services, NHS residential and in-patient services need to optimise the capacity of social care to support people to live independently. This includes supporting family carers as well as formal social care providers. The Business Plan for the Derbyshire Learning Disability Services Partnership already gives priority to the improvement of short-break support for family carers. iii. In turn the social care services directly provided by the two Councils need to be focused on delivering high quality commissioned long-term support services promoting independence and fullest possible social inclusion. iv. The primary objective of the combined service is to ensure as few people as possible need to be supported by specialist services and to minimise the costs involved for those that do. This can be secured more effectively through the full integration of the specialist/dedicated NHS functions. <u>5. Staff have expressed concern about loss of professional autonomy.</u> i. Whilst existing multi-disciplinary teams are person centred in the way assessment and care planning is conducted, responsibility for leadership and accountability is not clear. ii. CLDTs are the foundation of the integrated specialist/dedicated learning disability social care and health service. The proposed changes would strengthen the focus of local accountability for service co-ordination balanced against the requirements of a broader professional responsibility (and capacity) to meet assessed needs. iii. The current practice of balancing professional supervision with general management will continue if the proposed changes are made.

Evaluation of Indicated Benefits to People With Learning Disabilities and Family Carers and the Comments Received

Conclusion:

1. The proposed changes secure clear and complete accountability for co-ordination of specialist services.
2. Continuing with the current arrangements or variations of these (with different providers) ignores the reality of current and future transactions between services.
3. The pressure on current provision can be expected to increase making choices about service priorities more difficult to achieve. Informal partnerships or formalised network service arrangements are harder to co-ordinate and more difficult to direct.
4. The difficulties in achieving progress with improvements to the availability and consistency of access to short-break support for family carers experienced by the Derbyshire Learning Disability Services Partnership despite the priority attached to this in the Business Plan over the past two years, illustrates the current problems.
5. Links with other NHS services will continue to be important and should be seen as a collective responsibility for the service as a whole. Links between current NHS specialist/dedicated learning disability health services and social care services are more significant.

Score:

Importance 5
Confidence 4
Total 20

Evaluation of Indicated Benefits to People With Learning Disabilities and Family Carers and the Comments Received

Indicated Benefit	Relevant Comments Received	Response
3. Enhanced ability to ensure that services focus on priorities: ▪ People with high and individualised support needs and/or living with older family carers ▪ People who are inpatients in NHS acute care services and delayed in transfer of their accommodation, care and support or at risk of admission ▪ People who are placed out of county and out of city ▪ Improved consistency of access to services.	1. 72% of respondents to the questionnaire considered this very important. The remaining 38% thought it was important. Overall this ranked second only to making sure the NHS and Social Services work together effectively (see Appendix 7). 2. Comments received from family carers and people with learning disabilities identify a range of priorities for services. 3. A consistent theme of the comments received from colleagues working for Chesterfield PCT and DMHST has been concern about professional autonomy. (31) 4. DMHST Psychologists questioned the choice of priorities and how these had been selected. (57)	<u>Response to all comments:</u> i. The choice of priorities has emerged from the past three years of work to improve business planning based on superior knowledge of current and future needs. The priorities indicated are not exclusive but reflect the principle areas of concern. ii. The proposed changes seek to strengthen the role of professional judgments within a more coherently organised service. iii. Resources are always limited and currently less than might be ideally provided despite four years of sustained investment by the two Councils and the health community. iv. Choices are being made every day by different professions and professionals about priorities for access to limited capacity. For the two Councils this already operates within a system defined by regulation – Fair Access to Care Services. v. Recent reports identify a growing problem with the funding of Learning Disability Services nationally (Local Government Association & Association of Director of Social Services October 2005) vi. This resource strain is mirrored in the local experience and all organisations are currently either limiting services in year to manage budget over commitments or constraining new commitments to avoid unsustainable budget deficits. vii. Recent press coverage of NHS finance points to an emerging general problem with NHS budgets. viii. The underpinning assumption of the proposed changes to organisational structure is that all services must take responsibility to make the required choices and the consultation sets out the key priorities (without suggesting this is the only choice). ix. The responses received from people working in the service appear to be focused on the way priorities are selected and the threat priorities create for the freedom of action of individual professions and practitioners.

Evaluation of Indicated Benefits to People With Learning Disabilities and Family Carers and the Comments Received

Conclusion:

1. The priorities referred to are strategically significant.
2. The consultation has stressed the importance of other issues that are not in competition with these: e.g. better provision and consistency of access to short-break support that has been a key concern for family carers is consistent with the stated priorities.
3. The proposed changes do seek to create a new level of leadership in order to optimise the effectiveness of current investment. This will require more direction of professional efforts. The judgment about priorities will need to spring from the skills, knowledge and expertise of all the professions and therefore the approach to new management arrangements needs to support professional/clinical engagement.

Score:

Importance	5
Confidence	4
Total	20

Evaluation of Indicated Benefits to People With Learning Disabilities and Family Carers and the Comments Received

Indicated Benefit	Relevant Comments Received	Response (including project work)
4. Stronger focus on consistent continuous improvement through robust business planning and unified performance management delivering better outcomes for people with learning disabilities and family carers.	1. Comments received from PCTs identify this benefit. 2. Comments received via the questionnaire indicate that people attach high priority to saving money if this is then reinvested and on the NHS and Social Services working more effectively together. However there is strong concern that this may not happen and that the Councils and the NHS will cut services (see Appendix 7).	Response to all comments: i. There is a clear and sustained pressure on commissioners to provide increased funding for services for people with learning disabilities, accompanied by a lack of clarity abut service outcomes. ii. The Derbyshire Learning Disability Services Partnership commenced in January 2004. Using a Business Planning process that involves a coordinated and repeated discussion across the services involved at all levels (and that links into the Derbyshire Learning Disability Partnership Board as well as the Business Plans for each partner organisation), a focus on performance management has been developed that begins to address the deficiencies noted by the Healthcare Commission (see 2.1). iii. The current consultation by the Healthcare Commission on the plan for health services for people with learning disabilities indicates the growing importance attached to continuous improvement. iv. The development of an integrated social care and health service is an essential step to the achievement of an effective performance management system. v. There remain difficulties in developing a systematic approach to business planning and it will take time to deliver.

Conclusion:

1. The absence of a robust business planning process has resulted in poorly directed service development and escalating costs that are difficult to explain to service commissioners.
2. The National Director for Learning Disability and the Healthcare Commission note that nationally we are unable to explain how the health of people with learning disabilities is being dealt with or improving despite the scale of investment in services.
3. Given the pressure on health and social care budgets now and for the foreseeable future, the service needs to fully integrate assessment and planning for individuals at the local and strategic level to ensure the most cost effective use of all resources and to strengthen the position of the service in the competition for further public spending.

Score:

Importance 5
Confidence 3
Total 15

Evaluation of Indicated Benefits to People With Learning Disabilities and Family Carers and the Comments Received

Indicated Benefit	Relevant Comments Received	Response (including project work)
5. Greater flexibility and responsiveness of services to changing needs enhancing the development of person-centred services.	1. Comments received via the questionnaires indicate strong support for action to improve the way services work together and meet changing priorities (see Page 2 of Appendix 7). 2. Dr Jon Glasby (Appendix 10) points to the way the current debate about the future of services for people with learning disabilities in Derby and Derbyshire might be viewed as rather provider led and become preoccupied with delivery systems rather than outcomes and responsiveness to changing needs.	<u>Response to all comments</u>: i. The development of person centred services is central to national and local policy. Following from *Valuing People,* Government policy continues to emphasise the importance of choice and control in the way services are arranged and funded. ii. This is achieved by clearer accountability for services provided (see 2.1.1 above). iii. The overriding objectives for all elements of the service and professions will stem from the national and local policy framework (referred to elsewhere in this document) and the annual agreement reached with Service Commissioners about the allocation of resources and performance objectives. iv. National policy continues to emphasise the importance of the development of personalised services and individualised budgets. The extension of Direct Payments is already a priority for national and local policy and is mirrored in the development of "Choose and Book" in the NHS (referred to above). v. Derbyshire's development of Business Planning combined with the work of the Derby and Derbyshire Learning Disability Partnership Boards has resulted in a significant shift to a more person centred approach to service development. vi. Both Councils have invested strongly in the development of strategic commissioning working closely with PCTs. Service development strategy emphasises the importance of grater choice and control and the development of Direct Payments. vii. This trend will continue and strengthen in time as the service benefits from significant improvements in the use of information and long-term planning based on better knowledge of individual needs.

Evaluation of Indicated Benefits to People With Learning Disabilities and Family Carers and the Comments Received

Conclusion:

1. Local and national policy will continue to promote service arrangements that place people assisted at the centre of assessment, decision-making and organisational control of the provision of services.
2. The six challenges emerging from the consultation indicate a strong concern for this.

Score:

Importance 4
Confidence 5
Total 20

Evaluation of Indicated Benefits to People With Learning Disabilities and Family Carers and the Comments Received

Stated Benefit	Relevant Comments Received	Response (including project work)
6. Greater flexibility in the use of finance including investment in staff and facilities supporting local services tackling local priorities.	1. The evaluation of the questionnaires received indicates that flexibility is seen to be important. There is also an indication of concern about the accountability for NHS funding and a perception that social care services are under funded (see Appendix 7). 2. Comments received from family carers and colleagues working for DMHST and Chesterfield PCT indicate there is considerable concern that the proposed changes are a device to divert funds from the NHS into Social Services. (26)	Response to all comments: i. The consultation has surfaced an underlying insecurity for people using services about the provision of services. ii. The comments received indicate a considerable degree of cynicism (pessimistic doubt) about the motivation for any change. This appears to crystallise into a view that the motivation for the transfer of NHS functions to the two Councils is in order to gain control of the funding or due to an "envy" of the standards achieved by the NHS. iii. The move to a fully integrated social care and health service operating under a S.31 Partnership Agreement will assist greater flexibility in the use of finance within defined parameters. As referred to elsewhere the detailed service specifications agreed with Service Commissioners and the enhanced scrutiny involved will create a framework for the integrated service to adjust service pattern more easily to local needs and priorities whilst being accountable for these decisions.

Conclusion:

1. The current division of finance makes it very difficult to account for the total public spending committed to specialist/dedicated learning disability health and social care services.
2. The current division of health and social care finance inhibits the service from adapting to changing needs. The sterile arguments about how health and social care finance should be used day to day impede person centred responses.
3. The proposed changes will create more flexibility balanced by greater accountability to service commissioners.

Score:

Importance 5
Confidence 3
Total 15

Evaluation of Indicated Benefits to People With Learning Disabilities and Family Carers and the Comments Received

Stated Benefit	Relevant Comments Received	Response (including project work)
7. Sustained investment in services from improved efficiency / effectiveness.	1. Some comments received support this objective whilst questioning the evidence. (99) 2. Some comments indicate that people working in the service see this as shorthand for turning Community Nurses into Care Managers or Psychologists into expensive duty officers. (15) 3. Comments from organisations recognise the importance of and support this objective. (7)	Response to all comments: i. The strategy for learning disability services depends on securing the continued support of the health and social care community to maintain current levels of spending and give priority to increasing expenditure within available resources. It is therefore essential that the Learning Disability Service is able to demonstrate Best Value/Value for Money and that all resources (health and social care) are optimised. ii. Improved efficiency is achievable from the integration of senior management and back office functions. The proposed organizational structures aim to strengthen frontline management capacity and support an enhanced role for existing professionals, whilst reducing unnecessary duplications of tasks and involvement. iii. The proposed integration is based on a strengthening of the definition of NHS functions and responsibilities of all NHS professions. The successful achievement of a shared objective will be secured by strengthening the weave of the distinctive contribution of all NHS professions not by homogenising/blending with the resulting loss of expertise and/motivation. This has been made clear throughout the consultation at all meetings and in all correspondence.

Conclusion:

1. Best Value principles have been at the heart of the service modernisation agenda.
2. The current partnerships have begun to deliver changes that are reducing costs and improving outcomes. This is being achieved only by a concerted and managed effort at all levels in the service and the proposed changes strengthen this work.
3. The proposed structure for the management of NHS functions within the fully integrated service will support the objectives of improved efficiency by strengthening the definition of the NHS professions whilst lowering the organizational boundaries that impede effective co-ordination of work. It is the clear objective that the knowledge of the social care needs or people held by skilled and experienced community nurses should not be unnecessarily duplicated by detailed social care needs assessments conducted by a skilled and experienced social worker in order to reach a decision to commission social care support. Likewise it is appropriate to enhance the competence of social care staff to respond to the health care needs of people with learning disability, including providing Health Facilitation, without the direct involvement of a community nurse.

Score:

Importance 5
Confidence 3
Total 15

Evaluation of Indicated Benefits to People With Learning Disabilities and Family Carers and the Comments Received

Stated Benefit	Relevant Comments Received	Response (including project work)
8. The proposed transfer of specialist/dedicated health services to Councils creates opportunities for a closer partnership between the County and City sharing essential scarce resources and reducing risk.	1. A number of comments received question this and point to the contradictions of promoting integration of NHS functions whilst there appears to be a continuation of separation between the two Councils. (38)	Response to all comments: i. Service Commissioners have already required that Derbyshire as part of a County/City service should provide the proposed Assessment Treatment and Support Service for Southern Derbyshire and Derby City. ii. The consultation period and parallel work has been used to help identify opportunities and constraints. All organisational arrangements involve making strategic choices about the relative costs and benefits of structures and the benefits/problems of different boundaries. iii. The existence of tow local authorities will be a significant consideration and the benefits of integrating learning disability health services with the relevant local authority are important: contributing to the wider strategic objective of social inclusion by strengthening the relationship with services that are most frequently interacted with.

Conclusion:

1. The proposed changes are already producing new levels of shared function e.g. ATSS and access to inpatient services provided through Ash Green, Chesterfield.
2. Further work is needed to optimise the value of this developing partnership.

Score:

Importance 5
Confidence 4
Total 20

Conclusion & Score: 146 out of 175 = 83%

Impact/Confidence Index

Reference No	Importance (of Point)	Confidence (of a successful Outcome)
1	**Nominal**	**Slight**
2	**Low**	**Low**
3	**Average**	**Average**
4	**Above Average**	**Above Average**
5	**High**	**High Degree**

Evaluation of Indicated Benefits to Staff and Comments Received

Indicated Benefit	Relevant Comments Received	Response (including project work)
1. Integrated management by organisations with an established record of investment and leadership in learning disability and established joint arrangements for joint working with NHS Trusts.	1. Many comments received from people working for Chesterfield PCT and DMHST as well as from family carers reflected a perceived negative reputation for Social Services. Case specific problems, personal experiences and financial pressures were cited as evidence. (50)(71)(98) A significant number of staff comments reveal substantial concerns about a perceived threat to professional practice (see 5 below). 2. Some comments questioned the expertise available to the Councils needed to run NHS functions. (33)(48)(101) 3. Comments received from organisations especially PCTs reflect the positive leadership given to the development of services for people with learning disabilities.	<u>1. The reputation of the Councils</u> i. The two Councils have had strategic responsibility for the leadership of learning disability services development and wider efforts across public services. ii. The two Councils have a track record of achievement in effective performance management of complex public services operating to local and national standards. Both Local Authorities have secured 4 Star rating by the Audit Commission in the recently announced Comprehensive Performance Assessment. Derby City Social Services is rated 2 Stars and Derbyshire Social Services 3 Stars. <u>2. The expertise available to the Councils needed to run NHS functions</u> i. Both Councils have substantial experience of joint working with NHS bodies, have played a key role in the development of PCGs and PCTs and have a record of supporting service developments that put people first e.g. the proposed transfer of social care mental health services and functions to the DMHST. ii. The aim has been to achieve transformational change in health and social care and social inclusion following the publication of *Valuing People* the national strategy for learning disability. iii. The Healthcare Commission notes “the framework for performance was not formally classed as a national service framework (NSF), and was not aimed at meeting targets (And) was not assessed to produce national ratings of performance in the same way as other areas. iv. By contrast the performance of local authorities in this area is rated against some of the criteria set out in *Valuing People*” (Healthcare Commission November 2005). The performance of the two Councils in this respect feeds into the overall Performance Assessment and related Star Ratings. v. The proposed changes have been discussed with the Area Manager for the Healthcare Commission. No barriers to the proposed development were identified and the advice and comments received from this consultation has assisted the project work that is underway to complete self-assessments against NHS Core Standards as required for the Annual Health Check. <u>3. Positive leadership</u> i. Derbyshire County Council Social Services has been responsible since 2001 for the senior management of the specialist/dedicated learning disability health services provided now by Chesterfield PCT. ii. Both Councils hold responsibility for leading the implementation of *Valuing People* and the range of service improvements arising from the 11 main objectives and 43 sub-objectives.

Evaluation of Indicated Benefits to Staff and Comments Received

Indicated Benefit	Relevant Comments Received	Response (including project work)
		iii. The proposed transfer of responsibility involves the continuation of arrangements for Clinical Governance and performance management (See Appendix 2.3.5). iv. Positive leadership is crucial for staff confidence and the success of the proposed changes if implemented.

Conclusion

1. The comments questioning the reputation of the social care services provided by the two Councils and the level of experience to justify taking responsibility for the current NHS functions does not reflect the objective facts and appear to ignore the current senior management arrangements for learning disability health services (Derbyshire) or the various partnership projects that have developed with the NHS for both Councils.
2. The proposed changes strengthen the strategic relationship between the closely related services.
3. The proposed changes are consistent with national policy and the various examples of integration adopted across England.
4. The concerns raised if accepted would call into question all integration projects unless this involved the transfer of social care functions to the NHS. They therefore appear to be more based on a resistance to the choice of method.
5. The proposed transfer would be the first of its kind but follows the same path adopted by other Councils.

Score:

Importance 5
Confidence 4
Total 20

Evaluation of Indicated Benefits to Staff and Comments Received

Indicated Benefit	Relevant Comments Received	Response (including project work)
2. Sustainable service development based on improved organisational efficiency – streamlining organisation, management and administration.	1. "The undisputed point is that service integration is the best way to deliver services to people with learning disabilities. I don't think anyone from health or social services would disagree with this. It is the most efficient use of scarce resources and is in keeping with National directives. However, a fundamental problem with the Derbyshire (City and County) consultation is that is based on the ***false assumption*** *that integration is dependent on the transfer of health staff into Social Services when* ***this is clearly NOT the case***." (5) 2. Comments received indicate some people are cynical about the potential for this to be achieved. (12) 3. Dr Jon Glasby point to the initial dip in performance and potential recovery time of 18/12 as well as the evidence that approximately 70% of commercial mergers fail within 5 years. 4. Comments made by commissioners stress the importance of this objective whilst emphasising that "it is critical that the professional	<u>1. Service integration …the best way forward etc</u> i. There is no assumption that integration is dependent upon the transfer of NHS staff. It is correct that this is in principle (and subject to the consideration of the issues raised by the consultation) the method preferred by the bodies currently responsible for service commissioning and provision. <u>2. The potential to achieve aims</u> i. The proposed transfer of responsibility for NHS specialist/dedicated learning disability health services will continue the reduction in administrative and management costs already achieved from the gradual merger of senior management. ii. The adoption of a host organisation (the two Councils in this case) facilitates cost reductions that would not be possible by leaving services structured as at present or by establishing another organisation e.g. Care Trust. iii. Current service planning involves considerable duplication (or worse) of management and staff time as it involves the responsibilities of three separate organisations. iv. Reporting structures will be reduced. This benefits all staff. v. The critical issue is the level of cultural and strategic fit of the organisations being brought together. The strategic fit is clear and underpins national and local policy. vi. Whilst most NHS professionals who have commented suggest there is a strong cultural difference between social services and NHS professions, the evidence on the ground points to an increasing convergence of organisation and culture achieved through a common service planning system, multi-disciplinary teams and shared accommodation. vii. In Derbyshire cultural fit has been fostered by the development of an integrated Business Plan and planning process that is based on the central contribution of local multi-disciplinary Community Learning Disability Teams (CLDT). viii. The potential dip in performance is recognised as a risk and requires active management of the proposed changes if agreed. This will involve close attention to organisational and personal development plans and investment in staff training and development. It also requires the active involvement of all staff and professions. ix. The history of the service is that CLDTs in many parts of Derbyshire and in Derby City have been co-located for some time. All in Derbyshire are now co-located and will be in Derby City by early next year. x. The proposed changes take forward the objectives set out in *Commissioning a Patient-led NHS* and *Health Reform in England: update and next step* (December 2005).

	identity of the NHS professionals is maintained" (Central Derby and Greater Derby PCTs). (65) (99)	

Conclusion:

- See Appendix 2.7
- The proposed changes are not based on an assumption that there is only one way of achieving service improvement rather that this is the preferred approach and the reasons for this are explained in this evaluation.
- Success will depend on active management of the proposed change, building on the valued characteristics of current service arrangements and the full contribution of all staff and professions.

Score:

Importance 5
Confidence 4
Total 20

Evaluation of Indicated Benefits to Staff and Comments Received

Indicated Benefit	Relevant Comments Received	Response (including project work)
3. Development of enhanced services as a result of improved economy of scale from countywide and citywide services committed to working together.	1. This is challenged by comments received from DMHST Psychologists and other staff who suggest that there would be an adverse effect on services by separating NHS services between Derbyshire and Derby City. (11)(12)(57)(101) 2. DMHST Psychologists have expressed "their wish to remain within the Derbyshire Mental Health Services NHS Trust, whatever the outcome of the current public consultation." The detailed submission argues that untried arrangements may jeopardize the existing excellent service (sic); that recruitment could be adversely affected and services difficult to deliver from outside the NHS i.e. not having access to NICE Guidelines, Clinical Governance etc. The submission is endorsed by the DMHST Head of Psychology Services. 3. Comments received from DMHST Speech and Language Therapists and the lead S&LT for Amber Valley PCT question the effort needed to realise the intended benefit and suggest the alternative that S&LT	<u>1. ..an adverse effect on services by separating NHS services between Derbyshire and Derby City:</u> i. Comments received that question this intended gain appear to disregard the gain achieved from the integration of services currently provided by DMHST and Chesterfield PCT. ii. The proposed development of the Assessment and Treatment Service for the south of the County and Derby City, as an integrated county wide service led by Derbyshire County Council is clear evidence of the opportunities that have not been available previously. iii. The proposed development of the ATSS service has been under discussion for at least four years and was unable to make progress due to limited investment and availability of cost effective options. <u>2. DMHST should retain responsibility for the provision of psychology services</u> i. The submission made notes the importance of securing a "critical mass" and "cross patch working". ii. The value of the combination of the different professions working with people with learning disabilities (including social care) to achieve the critical mass is not given any consideration. iii. The way the combination of psychology services provide by DMHST and Chesterfield PCT achieves a critical mass, economy of scale and flexibility of services is not considered in any detail. iv. Where this is acknowledged it is noted that there are currently differences in the way Chesterfield PCT services are organised. This is seen as a threat to the current quality of provision on the assumption that the different service element will be imposed on current provision. v. The current strategy for the development of the service partnerships has involved the gradual exploration of differences in service provision and practice. The work already underway through the Derbyshire Learning Disability Services Partnership Clinical Network Group will continue and supports the objective of building on the valued characteristics of the different service elements. vi. Understandably the submission focuses on the perceived reduction in scale and flexibility created by a Derbyshire and Derby City structure. As referred to elsewhere in this document this potential limitation is recognised and potential joint service arrangements are being explored to offset any difficulties whilst facilitating the intended benefits from a closer integration of current specialist/dedicated learning disability

	should be hosted by one organisation. Based on detailed concerns about the perceived problems with the proposed transfer to Social Services, they propose three NHS provider options as the solution. (13) 4. Mary Heritage, Professional Lead for Southern Derbyshire SLT proposes that the remaining Speech & Language Therapists employed by DMHST should be transferred to the Southern Derbyshire SLT Service hosted by Amber Valley PCT (23)	health services with the relevant social car provision. <u>3. All Speech and Language Therapists working in learning disabilities should be employed by one organisation.</u> i. The submission notes that the current services is provided by "a complex and fragmented arrangement with differing budgetary positions…" and that "Clearly it would be preferable to rationalise the situation by locating Speech and Language Therapy in one organisation, thereby streamlining and unifying the service". ii. The detailed concerns about the proposed changes cover the same issues as referred to elsewhere in this document including: risks arising from possible professional isolation, loss of professional autonomy; loss of flexibility (Derby/Derbyshire boundary); problems with recruitment and retention; HPC registration and access to training. iii. These concerns are addressed in detail in other sections e.g. 2.5 below. The project Management Team considers that the organisational frameworks for the proposed changes answer satisfactorily all the concerns referred to. iv. The specific concern that the proposed changes might lead to increased professional isolation and difficulties in facilitating access to other health services is not evidenced from the current fragmented structure. v. The proposed changes would increase the scale of the SLT for people with learning disabilities and there are significant potential gains arising from the overall increase in the scale of the specialist/dedicated social care and health service generated. vi. The proposed changes involve the establishment of pooled budgets and would be accompanied by significantly more detailed service specifications (see 2.3 especially sections 3,4& 5 and 5.xiv) vii. The Derbyshire Learning Disability Services Partnership has given priority to the development of SLT as a key strategic investment to make improved communication the central theme of service development and the responsibility of all professions.

Evaluation of Indicated Benefits to Staff and Comments Received

Conclusion:

1. The comments received make little or no reference to the potential and significant gains available from the combination of specialist/dedicated social care and health learning disability services and the improved scale of the service created from this.
2. There are legitimate and important issues to be addressed in order to deal with the management of the new boundary created for the provision of specialist/dedicated learning disability health services between Derby and Derbyshire. Commissioners expect this to be managed effectively and where necessary joint service arrangements adopted.
3. The case for psychology services remaining with the DMHST has not been made and the arguments ignore the benefits of combining current DMHST services with those provided by Chesterfield PCT as well as the critical mass generated by combining with other professions in a specialist/dedicated learning disability service (which the DMHST will not be).
4. The submission made by SLT accepts the need to streamline and unify the service and the conclusions reached are based on incorrect assumptions about the terms of the proposed changes and a no detailed consideration of other factors.
5. The proposal made by the professional lead is also partial and whilst this may be an option for future development should be noted at this stage.
6. See Appendix 2.1.8

Score:

Importance 5
Confidence 3
Total 15

Evaluation of Indicated Benefits to Staff and Comments Received

Indicated Benefit	Relevant Comments Received	Response (including project work)
4. Continued service improvement achieved through an established business planning process based on Community Learning Disability Teams/local services as the foundation of the service.	1. DMHST Psychologists argue that this could be achieved without changes to the current structure. (57) 2. Central Derby and Greater Derby PCTs indicated that "stronger business planning and unified performance management – very important". (99) 3. The value of a clear strategy for health service provision and clearer measures within current business plans is seen as important by one person commenting on this aspect. (5)	Response to all comments: i. The Business Planning process adopted by the Derbyshire Learning Disability Services Partnership since January 2004 has helped to strengthen the focus of work across organisational boundaries. ii. Community Learning Disability Teams and local services are the building blocks to this process (see iii. Existing structures make the process more expensive and reduce the impact of the Business Plan as it competes with other management planning systems within the three organisations. This year all partners did not sign off the Business Plan until July, thus impeding the impetus to service development that is stressed as a priority by service commissioners (see Appendix 8.3.1, 2&4). iv. The Healthcare Commission identifies significant weaknesses in the current arrangements for performance management of specialist/dedicated learning disability health services compared to the progress made with the performance management of the implementation of *Valuing People* by local authorities. v. National policy identifies the importance of access to general health care services for people with learning disabilities and that this should be seen as a part of the wider process of social inclusion that will change the life chances of disabled people (see **Improving the Life Chances of Disabled People** (ILCDP) **–** The Prime Minister's Strategy Unit January 2005 http://www.strategy.gov.uk/output/Page5046.asp).
Conclusion: ▪ See Appendix 2.1.4 **Score:** Importance 5 Confidence 3 Total 15		

Evaluation of Indicated Benefits to Staff and Comments Received

Indicated Benefit	Relevant Comments Received	Response (including project work)
5. Strengthened professional networks supporting continuous professional development, quality assurance and clinical governance.	1. DMHST Psychologists question this gain citing the disadvantages created by splitting existing integrated specialist/dedicated learning disability health services between Derbyshire and Derby City. (57) 2. Speech and Language Therapists also question the advantages and express concerns about the effect of being "outside the NHS". (23) 3. Nurses (from letters and comments made in meetings) express concerns about what they perceive to be their professional identity and links. (2)(45) Etc. 4. DMHST Staff Side Committee has made similar points. (27) 5. The Nursing Advisory Committee has commented, "Networking sharing best practice (Principles of Essence of Care) and improving patient care could be compromised." The NAC identifies a range of steps needed to safeguard this. (68) 6. Keith Wilshere, Assistant Director AHPs and Governance supports the principle of a single service for people with a learning disability. He notes the	<u>Response to all comments:</u> i. See Appendix 2.3.5. ii. The Consultation document states aims that need to be underpinned by clear operational management and organisational structures. iii. The formulation of the detail has been in progress as part of the parallel preparatory work. Final decisions are being taken in the light of the comments received from the consultation. iv. The comments received do not reflect the considerable work done to enhance professional practice and quality through the Derbyshire Learning Disability Services Partnership since January 2004. v. A key organisational development initiative has been the establishment of a County Clinical Network Group. This has brought together the Heads of Professions and clinical leaders from both the DMHST and Chesterfield PCT and introduced Lead Practitioners from Derbyshire Social Services. The CNG has fostered a larger community of practice and initiated debate and specific work to reduce differences of approach that have developed over the years. vi. Clinical governance would be maintained as now via existing systems including the requirements of the MHA Commission and the provision of clinical negligence insurance under the NHS Litigation Authority (NHSLA) Clinical Negligence Scheme for Trusts (CNST). vii. The organisation and management of clinical governance and quality assurance will be mapped out within the proposed organisational structures. viii. The advice offered by amongst others the Clinical Network Group (15), the Nursing Advisory Committee (68), Sue Jessup (66) and Keith Wilshere (14 + discussions at the meeting with the Project Management Team 12.12.05) provides important and detailed evaluation of key issues and will be used to shape the organisational arrangements needed. ix. Separate provision will be needed for NHS functions within the proposed new structure of services, although it is anticipated that economies of scale will be possible as a result of existing quality assurance and health and safety management procedures followed by the two local authorities. x. The Derbyshire Adult Protection Committee led by the Social Services Head of Service - Quality Assurance, has prepared training material that is to be used by the NHS University. xi. Derbyshire has already achieved Chartermark and ISO accreditation for a number of

	absence of evidence offered in the consultation document to support the aim strengthened professional networks, CPD or Clinical Governance. (14) 7. The Derbyshire Learning Disability Services Partnership Clinical Network Group has provided a detailed assessment of the requirements needed to support effective clinical and professional development. (15)	the services it provides providing a track record of achievement relevant to the challenges involved in maintaining and developing quality services.

Conclusion:

1. The evidence of development through the work of the Clinical Network Group (Derbyshire Learning Disability Services Partnership) supports the view that significant gains can be made from the proposed change.
2. There will be new boundaries to be managed and new service level agreements will be required. This is an accepted practice within the NHS and applies now.
3. The proposed changes involve the continuation of the current NHSLA and with it the current architecture for clinical governance and risk management that all NHS professions are familiar with.
4. The particular requirements of Clinical Governance required to support NHS functions will be supported by the existing quality assurance and risk management procedures operated by the Councils and further work will be completed working with a cross section of staff and managers to agree and establish the required arrangements.

Score:

Importance 5
Confidence 3
Total 15

Evaluation of Indicated Benefits to Staff and Comments Received

Indicated Benefit	Relevant Comments Received	Response (including project work)
6. Enhanced opportunities for training and development within and across established professional groups.	1. Comments received from various professional groups and individuals express concern that the proposed organisational changes will weaken not strengthen access to training. (2)(87)(101) 2. Colleagues responsible for NHS staff training and development have commented that they "are left wondering how this will be achieved when, as yet, we have no assurances of our continued access to funding streams, which currently support these activities for Health staff e.g. NHS Learning Accounts, Learning Beyond Registration money and the Learning Disabilities Training Budget". (38) 3. DMHST Psychologists fear a reduction in opportunities for training. (57) 4. OTs and Physiotherapists perceive difficulties securing CPD. (31)(33)(34)(66) 5. "I fear that Social Services would accord the training of future Clinical Psychologists a low priority, given the existing pressures on resources." (87)	<u>Response to all comments:</u> i. A key objective of the proposed changes is to secure a sustainable service that will build on the valued, distinctive and continuing contribution of <u>all</u> NHS professions/disciplines. ii. Across the current service structure and through three separate organisations there is a substantial investment made in staff training and development. iii. The proposed changes are made with the assumption that all current investment in staff training and development will continue in line with the overall financial settlement agreed with service commissioners. iv. Some training will continue to be accessed via the DMHST, Chesterfield PCT and other NHS providers as now. A judgment will need to be made about how existing finance is apportioned to either a transferred training function or retained to support continued access to training. It is noted that there are already strong joint training arrangements across the three existing organisations. It is anticipated that this will be reflected in the final arrangements following detailed planning and further consultation. v. All the organisations involved have established structures to support Continuous Professional Development. Both Social Services Departments use personal Development Planning. Derbyshire County Council Social Services is an accredited Investor in People. OTs already employed by Social Services are supported to fulfil their required 5-day investment in CPD. vi. The organisational structures to be agreed subject to the agreement to proceed with the proposed transfer of staff will create a clear and distinct NHS function within the integrated social care and health service. vii. The changes would deliver NHS services, meeting NHS standards regulated by the Healthcare Commission (the Commission for Social Care Inspection will merge with the HC by 2007) and performance managed by Derbyshire PCTs. This would be done through unified commissioning with social care and a Partnership Board set up under S.31 1999 Health Act. viii. Maintaining continuous professional development and training is now and will be a central objective for services. The effective development of KSF will be important to the future of the service and is reflected in the current Derbyshire Business Plan. ix. Only one comment has been received directly from an external professional responsible for the provision of professional training (87). This brief comment

		expressed a fear that training for Clinical Psychologists would be given low priority and that the proposed transfer would make this difficult if not impossible to avoid. The comment was not based on any evidence that this would be the outcome and did not make any reference to the detailed objectives and frameworks that would underpin the proposed transfer. x. The Derbyshire Learning Disability Services Partnership has been working closely with Sheffield Hallam University on the development of the Dual Honours Nursing and Social Work Course that has been accredited and will commence in the next academic year. The course leaders are aware of the proposed transfer of staff and service responsibility.

Conclusion:

1. The S.31 Partnership will strengthen the role of service commissioners in the agreement of detailed service specifications and the allocation of resources. There is no reason to believe that the proposed changes will reduce the current level of spending on professional training and development, if service commissioners maintain the current investment.
2. There is no evidence to support the suggestion that access to professional qualification training (or the provision of practice teaching placements) will be adversely affected by the proposed changes.
3. The framework for the organisation of the service is dependent upon the continued contribution of all the current NHS professions.
4. Continuous Professional development (CPD) and investment in workforce development and the Knowledge and Skills Framework underpinning Agenda For Change are essential for the service in order to meet the requirements of professional bodies governing professional registration and the Healthcare Commission through Better Standards for Health.

Score:

Importance 5
Confidence 4
Total 20

Evaluation of Indicated Benefits to Staff and Comments Received

Indicated Benefit	Relevant Comments Received	Response (including project work)
7. Strengthened partnership between City and County Social Services.	1. A number of comments received question this and point to the contradictions of promoting integration of NHS functions whilst there appears to be a continuation of separation between the two Councils. (2)(64)(101)(11)(12)(13) 2. Central derby and Greater Derby PCTs have stressed the importance of this partnership especially where this is necessary to secure "a critical mass of staff or clients". (99) 3. Dr Jon Glasby identifies the relationship between Derby and Derbyshire as "a key unresolved issue." (Appendix 10)	<u>Response to all comments:</u> i. Service Commissioners have already required that Derbyshire as part of a County/City service should provide the proposed Assessment Treatment and Support Service for Southern Derbyshire and Derby City. ii. Options for the most appropriate arrangement for the organisation and management of services are being explored. The Project Management Team consider that it is likely that the most effective arrangements for professional leadership will involve this being provided across the two service structures from the Derbyshire service. iii. The consultation period and parallel work has been used to help identify opportunities and constraints. All organisational arrangements involve making strategic choices about the relative costs and benefits of structures and the benefits/problems of different boundaries. iv. The existence of two local authorities will be a significant consideration and the benefits of integrating learning disability health services with the relevant local authority are important: contributing to the wider strategic objective of social inclusion by strengthening the relationship with services that are most frequently interacted with. v. Arrangements for Strategic Commissioning are developing jointly between Derbyshire and Derby whilst reflecting the separate organisational structures and accountabilities. The outcome of the current proposed changes to the arrangements for PCTs and service commissioning structure, currently subject to consultation, will be taken into account when known. vi. The development of the proposed changes has created a structure for the development of the partnership between the City and the County over the past 16 months.

Conclusion:

- See Appendix 2.1.8
- Proposals for the detailed organisation and management structures for the service will further strengthen the partnership and provide practical and sustainable ways of delivering services that are consistent and person centred.

Score:

Importance 5
Confidence 4
Total 20

Evaluation of Indicated Benefits to Staff and Comments Received

Conclusion & Score: 125 out of 175 = 71%

Impact/Confidence Index

Reference No	Importance (of Point)	Confidence (of a successful Outcome)
1	Nominal	Slight
2	Low	Low
3	Average	Average
4	Above Average	Above Average
5	High	High Degree

Appendix 2.2.3

Evaluation of Indicated Benefits to Partners in the Local Health Community and Comments Received

Indicated Benefit	Relevant Comments Received	Response (including project work)
1. Improved joint working and flexibility in the use of all resources available for the provision of specialist/dedicated services for people with learning disabilities in Derbyshire and Derby.	1. Comments received from PCTs (including the Director of Public Health for Chesterfield and NED PCT) and the Local Medical Committee (LMC) acknowledge this indicated benefit. (24)(65)(99) 2. Derbyshire Dales and South Derbyshire PCT Board expressed strong support as well as seeking assurances about the management of change (that should happen quickly) and continued efforts to control escalating costs for people with complex needs. (65) 3. Issues that need to be addressed include access criteria; financial planning and management; use of Continuing Care Criteria. (33)	<u>1. & 2. The importance of improved joint working and flexibility in use of resources</u> i. Service Commissioners have already required that Derbyshire as part of a County/City service should provide the proposed Assessment Treatment and Support Service for Southern Derbyshire and Derby City. (Kathryn Blackshaw, Director of Service Improvement & Commissioning, Central Derby & Greater Derby PCTs, 30.11.05 refers) ii. £5.4m capital investment planned by Derbyshire County Council to replace older registered residential care services has been planned to support an integrated social care and health service. New facilities will provide accommodation capable of supporting health care assessments work as needed. iii. The distribution of investment develops local facilities in the south of the County complementing the investment made by the NHS in North Derbyshire and facilitating the re-focusing of the role and function of Ash Green, Chesterfield, the specialist/dedicated learning disability facility. Ash Green will take on responsibility for in-patient services for people living in Derbyshire or Derby who are at risk of placement out of County. iv. Strategic planning requires long-term investment in the development of superior knowledge of local needs within a three to five year horizon. The restructuring of service management made possible under the proposed changes will support improved co-ordination of planning developed from the multi-disciplinary Community Learning Disability Teams already in place across Derbyshire and Derby City. v. The timetable for consultation, evaluation and preparation of recommendations for decisions by the responsible organisations took into account the need to manage change carefully and quickly a point noted by Derbyshire Dales and South Derbyshire PCT. <u>3. Issues that need to be addressed etc</u> i. Work is already in progress to agree revised eligibility criteria to establish a consistent approach across Derbyshire. The same work will be completed for Derby City. This has been developed through the Derbyshire learning Disability Services Partnership (DLDSP) Clinical Network Group and draws on work done by other social care and health communities. ii. The Business Planning process adopted by the DLDSP is now entering a third year. This has significantly improved the quality of financial planning and management. iii. The Senior Project Manager has undertaken detailed work and Finance Officer to develop a financial planning and management framework to support the successful introduction of pooled budgets. iv. Work is already underway to develop the consistency of assessment and decision making in respect of Continuing Care Criteria.

Evaluation of Indicated Benefits to Partners in the Local Health Community and Comments Received

Indicated Benefit	Relevant Comments Received	Response (including project work)

Conclusion:

1. Evidence from the existing partnership arrangements indicates the positive progress that has been possible.
2. The proposed changes are needed to secure the full potential for service improvement by removing the organisational boundaries across which most activity is transacted between the existing organisations and their professionals.
3. Health community organisations that have commented, support the proposed integration and stress the importance of a focus on continued service improvement and that a clear strategy for reinvesting savings is agreed with commissioners.
4. Detailed work has been done or is in progress addressing the range of issues identified by respondents as being important and that require attention preparatory to the proposed changes (were these to be approved).

Score:

Importance 4
Confidence 4
Total 16

Evaluation of Indicated Benefits to Partners in the Local Health Community and Comments Received

Indicated Benefit	Relevant Comments Received	Response (including project work)
2. Improved accountability and performance management – sustaining and improving standards and achieving consistency of access to services.	1. Comments received from PCTs support the proposed changes and attach importance to establishing access criteria and a framework for measuring performance. (24)(99)(65) 2. Comments from DMHST staff/staff groups criticise the proposed separation of Derbyshire and Derby City services suggesting that there will be reduced consistency of access to services (see 4 below).	<u>1. The Importance of access criteria and framework for measuring performance</u> i. This is dependent on the development of integrated databases. Work has already been completed in Derbyshire to deliver this and full integration of data was delayed to accommodate the set up of new IT records systems. ii. Both Councils are responsible for measuring and reporting on the performance of learning disability services and the implementation of *Valuing People* through the Delivery & Improvement Statement and Annual Review. The Healthcare Commission acknowledges that the performance management framework for the NHS for the provision of services for people with learning disabilities is not adequate compared to that of local authorities (see Appendix 2.2.1) iii. The Commission for Social Care Inspection will merge with the Healthcare Commission from 2007 supporting a more streamlined regulatory and performance management system. iv. The Healthcare Commission indicate the need for an integrated approach as part of their three year strategic plan and identify working in partnership with CSCI to achieve "an assessment of performance that is oriented to people that use services." (*Draft three-year strategic plan for assessing and encouraging improvement in the healthcare of adults with learning disabilities 2006-2009 – Consultation November 2005).* v. The proposed new service arrangements will remain regulated by the Healthcare Commission and will require the two Councils to complete the annual health check self-assessment supporting the regulatory regime. The proposed organisational structure for the service identifies arrangements for Clinical Governance, Quality Assurance and Risk Management that will meet the distinctive needs of the NHS functions that would be transferred whilst making use of the established processes already in place to support the same processes required for social care. Mention Standards for Better Health and NHSLA Assessment? vi. The two Councils have a track record of achievement in effective performance management of complex public services operating to local and national standards. Both Local Authorities have secured 4 Star rating by the Audit Commission in the recently announced Comprehensive Performance Assessment. Derby City Social Services is rated 2 Stars and Derbyshire Social Services 3 Stars. <u>2. The potential to reduce consistency of services etc</u>

		i. The re-alignment of services that would result from the proposed changes would immediately improve consistency of approach for services provided for people in Derbyshire. At present there are a variety of significant differences in the scope and methods of services provided between Chesterfield PCT (North Derbyshire) and the DMHST (Southern Derbyshire) ii. Where there may be differences of approach to service provision generated by differences of arrangements and policy between the two Councils, this would simply alter the point where differences occur. iii. Both Councils are committed to close co-operation over the management and co-ordination of the provision of learning disability services. iv. Service commissioners are requiring both Councils to look carefully at how services are arranged and where necessary to operate joint services.

Conclusion:

1. Current arrangements leave the existing partnership arrangements less effective than possible. Co-ordination of services is less decisive and decision-making is slower.
2. Comments received have already pointed to inconsistencies of access to services within the current partnerships.
3. The proposed changes would be accompanied by new access criteria and service commissioners seek this.
4. The two Councils have achieved consistently high standards in routine annual external assessments reflecting a strong track record of performance management and service improvement.
5. The two Councils are committed to working together to minimise the differences of provision and to optimise overall service flexibility through shared services and joint arrangements. The changes proposed for learning disability services and the project management supporting the process is of itself an example of this.

Score:

Importance 4
Confidence 4
Total 16

Evaluation of Indicated Benefits to Partners in the Local Health Community and Comments Received

Indicated Benefit	Relevant Comments Received	Response (including project work)
3. Improved efficiency, effectiveness and economy (reduced costs) achieved from streamlined organisation and management (reduced duplication of activities) and pooled budgets.	1. Agreement needed about what is included in the Pooled Budgets. Does this extend to Level 3 Continuing Care (fully funded NHS care)? (99) 2. There are concerns about the impact of currently over committed budgets. (7)(99) 3. Derbyshire Dales and South Derbyshire PCT wanted assurances about continued efforts to control escalating costs for people with complex needs. (65) 4. Central Derby and Greater Derby PCTs stress the importance of a "critical mass" for services and "work between the two partnerships to develop countywide services" where needed. They also seek an indication of a target for financial savings. (99) 5. Difficulties with connectivity of current separate IT systems and potential problems with access to National Care Records System. (2)(52)(101)(103)	<u>1. Pooled Budgets</u> i. The proposed change would be established via a Partnership Agreement under S.31 Health Act 1999. This would set up a Pooled Commissioning Budget bringing together all expenditure currently assigned in support of learning disability health and social care services, including those purchased from independent providers. ii. A Partnership Advisory Board (PAB) would be established bringing together Strategic Lead Commissioners (Derbyshire and Derby City Social Services Departments) with the Derbyshire PCTs. Current thinking is that this will need to be two separate PABs. iii. The responsible organisations will need to decide the full extent of the S.31 Pooled Budget following the completion of further preparatory work. The Project Management Team considers that this should extend to all finance allocated to support health and social care services, conditional on there being clear and proportionate arrangements for the sharing of risks between the responsible bodies (the two Councils and PCTs responsible for commissioning services). <u>2. & 3. Concerns about…over committed budgets (and) continued efforts to control costs</u> i. Current over commitment of budgets experienced by all the partner organisations underlines the importance of bringing all the finance together providing the risk management is clearly defined consistent with the proportionate responsibilities of the relevant organisations. (The framework adopted by Norfolk County Council and PCTs provides an effective and tested model for this.) ii. The creation of a formal pooled budget would establish new financial disciplines (as referred to above) and both Councils have an established record in delivering high standards of financial management (see 2.1.vi. above). <u>4. The importance of "critical mass" (and) target financial savings</u> i. Both Councils agree with the importance of these requirements and are seeking to agree an optimum arrangement for shared services. ii. Financial savings are a top priority and central to the strategy for service improvement. The reinvestment of the savings made back into services for people with learning disabilities agreed with service commissioners, is a priority if the service is to meet the continuing pressure to increase the quantity, scope and capability of the service. <u>5. Separate IT systems etc</u> i. There are current difficulties with IT systems (NCRS and Framework I) and concern about connectivity and associated problems accessing data and communicating efficiently across NHS boundaries. This reflects a national problem and lack of

		integration at Government level between the investment made in Electronic Health Records and Electronic Social Care Records. ii. The two Councils have supported the investment made in the development of the Single Assessment Process (SAP) in the hope that this will lead to long-term improvements in quality and interoperability of systems across the health and social care community. However, progress is inevitably slow and gains difficult to see at this stage. Reductions in operating costs are unlikely to be available in the short-term and interim solutions will be necessary including the cumbersome use of dual information systems as now.

Conclusion:

1. See 2.1.1
2. Current and emerging financial pressures on the social care and health community reinforce the importance of the proposed changes providing the best opportunity to secure significant savings and reinvestments that can be identified and agreed.
3. Polled budgets, related partnership agreements and improved service specifications will provide a more secure position for the funding and organisation of services for people with learning disabilities.
4. The proposed changes require continued access to NHS IT systems so long as these remain separate processes and arrangements will be made to secure the requited access whilst integrated systems develop. This work is being dealt with by linking to strategic and operational planning for Connecting for Health.

Score:

Importance 5
Confidence 4
Total 20

Evaluation of Indicated Benefits to Partners in the Local Health Community and Comments Received

Indicated Benefit	Relevant Comments Received	Response (including project work)
4. An enhanced strategic capability from a larger service delivering increased capacity and co-ordination of local specialist/dedicated health and social care services and reducing the need to secure out of area/county treatment or long-term high cost care placements.	1. "I agree there should be many benefits to an integrated service" Dr David Black, Director of Public Health Chesterfield PCT who also outlined some concerns referred to elsewhere that needed to be dealt with before the establishment of an integrated service. (7) 2. The Director of Public Health for Chesterfield PCT wanted clarification about the arrangements for robust commissioning of the service and the clear separation of provision and commissioning. (7) 3. Comments from Central Derby and Greater Derby PCTs stress the priority attached to this objective (see 3.3 above) (57) 4. Comments from DMHST staff/staff groups criticise the proposed separation of Derbyshire and Derby City services as well as the perceived loss of contact with other NHS services (a more general concern voiced consistently by staff working for both Chesterfield PCT and DMHST). (2)(64)(101)(11)(12)(13)	<u>1. 2. & 3. Benefits of scale (and) arrangements for commissioning</u> i. The proposed changes will strengthen the scope and depth of the specialist/dedicated learning disability service provided in Derbyshire. This will be achieved by bringing together the existing services of two NHS Trusts. ii. Alongside this the clear alignment of responsibilities with the two Councils adds value by linking learning disability health services with existing relevant social care responsibilities and community leadership role. iii. The development of unified commissioning for social care and health learning disabilities is a central feature of the overall strategy for service improvement. Already the developing strategic lead commissioning arrangements have begun to support significant savings in recurrent costs (estimated for Derbyshire at £450,000 for 2005/06) for services purchased with independent sector providers as well as supporting better outcomes for people. Savings have been reinvested to close the gap between increased demand and the new investment available for the health and social care learning disability services. iv. In addition to service improvement and Business Process Redesign for services provided by independent sector providers, the investment made in Strategic Lead Commissioning is leading to important changes in the way directly provided services operate. Particular attention is being given to the quality of assessment and independence/care planning. v. The development of detailed service specifications for the directly provided service combined with more robust and systematic business planning processes is intended to establish a new discipline for the directly provided services, ensuring that there is a continual dialogue with service commissioners about the programme of service improvement and cost control. This approach moves the way service commissioner's deal with the directly provided service towards that followed for independent service providers. vi. The arrangements for Strategic Lead Commissioning will need to adapt to the arrangements that emerge from the current consultation on the future of PCTs in Derbyshire. <u>4. Perceived loss of contact with other NHS services etc</u> i. The proposed outline management and organisational structures indicate the development of a direct relationship to the S.31 Partnership Board for the Strategic Lead Commissioning Managers. This will complement the existing links with the directly provided health and social care service, supporting service redesign and the practice based" commissioning responsibilities held by Community Learning Disability Teams

		springing from there assessment and independence/care planning responsibilities. ii. Current links with other NHS services is on the basis of mutual respect and co-operation between different clinicians and service providers. Current arrangements would continue as now. iii. The services of the two NHS Trusts have different traditions and capabilities. The current Business Plan and work flowing from this through the Clinical Network Group (see 2.5) aims to build on the valued characteristics of both services.

Conclusion:

1. Whilst there may be some reductions in the overall scale of some services resulting from the Derbyshire/Derby City split, the overall effect of the proposed changes is to increase the scale of the service through the combination of professions and health with social care.
2. The increased scale is greatest for the County. This is leading to appropriate partnership arrangements where there are clear advantages i.e. where better outcomes at lower cost can be achieved.
3. Commissioners have already required the establishment of shared arrangements and indicate this as an expected response where there are difficulties in obtaining critical mass or economies of scale.
4. The value of integration with the local authorities is an important factor given the wider policy objectives. This will give a new impetus to the contribution the specialist/dedicated NHS learning disability service can make to the wider objectives of equality and access. The Councils have significant community leadership responsibilities including Health Scrutiny functions.
5. The proposed transfer fits with the developing approach to strategic lead commissioning.

Score:

Importance 5
Confidence 4
Total 20

Evaluation of Indicated Benefits to Partners in the Local Health Community and Comments Received

Indicated Benefit	Relevant Comments Received	Response (including project work)
5. A specialist/dedicated learning disability service that will be at the cutting edge of service development regionally and nationally, improving standards and maintaining a competitive position in the recruitment and retention of the range of medical and allied health professionals (AHP) required now and for the future.	1. Central Derby and Greater Derby PCT "welcome the proposals for service integration" and are keen to see "that continuous improvement is achieved". (99) 2. Comments from the RCN (83), UNISON (88), the DMHST Staff Side Secretary (73), Chesterfield PCT Nursing Advisory Committee (68) and Keith Wilshere, AD AHPs and Governance (14) support the aims whilst raising various questions about the security of various key frameworks likely to affect the objective: pay & conditions (especially pensions); clinical negligence insurance; access to staff training and CPD and arrangements for clinical governance. 3. Most comments from staff expressed concern about the impact of the proposed changes on their professional practice. 4. Some people express concern about being the first to make this change or point to the experience o other health communities where outcomes appear to have been uncertain or problematic (e.g.	<u>1. 2. & 3. Clinical governance, professional practice and continuous improvement etc</u> i. The proposed changes would establish a unique level of integration of social care and health services and represent a radical and progressive approach to service improvement at the cutting edge of contemporary government policy. ii. The proposed changes set out on the consultation document embody key concepts and frameworks. These are to: iii. Build on the valued, distinctive and continuing contribution of <u>all</u> NHS professions/disciplines/staff iv. Integrate NHS specialist/dedicated learning disability services with related social care programmes v. Deliver NHS services, meeting NHS standards and performance managed by the Healthcare Commission (HC) (the Commission for Social Care Inspection will merge with the HC by 2007) vi. Maintain clinical governance via existing tools and systems including the provision of insurance under the NHS Litigation Authority (NHSLA), Clinical Negligence Scheme for Trusts (CNST). vii. Facilitate a continuation of NHS pay and conditions including the NHS pension scheme to ensure the service are able to recruit and retain relevant clinical staff that may come from and wish to return to other NHS services and providers. viii. Ensure that Primary Care Trusts remain responsible for commissioning NHS services for their patient populations working through a unified commissioning structure with social care (Commissioning a Patient-led NHS - 28.7.05) x. The adoption of the proposed arrangements for admitted body status for the NHS Pension Agency (NHSPA) and the continuation of related pay and conditions that are based on an identified NHS function within the integrated social care and health service, competitive to the contemporary NHS community, will help deliver the framework needed to support recruitment and retention (now and for the future). xi. Systems for Clinical Governance already exist and the current structure will be transferred with the service changes and linked as appropriate to existing systems for the management of quality assurance and health and safety operated by the two Councils. Detailed work on the structures required will follow a decision on the proposed changes and the completion of the work detailing current expenditure and releasable costs. xii. The proposals for the delivery of future NHS functions outlined in *Creating a Patient-led NHS (March 2005)* and *Commissioning a Patient-led NHS (July 2005)* envisage a

	Lincolnshire)	growing variety of service delivery arrangements that create new diversity and pluralism of service provision. xiii. The proposed changes were they to be approved would consolidate the continuing provision of specialist/dedicated learning disability health services as an integral part of combined social car and health programme, linking with the strategic functions of the local authorities including their leadership responsibilities for the implementation of *Valuing People.* This is likely to be reflected in the proposals to be made in the forthcoming White Paper on Out of Hospital and Community Care Services. xiv. The further development of strategic lead commissioning with accompanying introduction of detailed service specifications and outcomes in service level agreements, will provide the accountability for NHS services and functions needed to secure the proposed changes as a sustainable improvement. xv. The proposed changes have been discussed with the Healthcare Commission and no adverse comments have been made. <u>4. Being the first to make this change etc</u> i. The Project Management Team has looked at the experience of other health communities, specifically Lincolnshire, Norfolk and Leicestershire. ii. The path followed by Norfolk County Council, NHS Trusts and PCTs and the preferred conclusion to the integration of services achieved, mirrors most closely the changes proposed for Derbyshire and Derby City. iii. Leicestershire are following a similar approach but have some way to go. iv. The model adopted by Lincolnshire has not been proposed for Derbyshire and Derby and reflects a different service pattern and an early initiative. A particular difference is the clear position adopted for Derbyshire and Derby on the retention of the distinct roles and responsibilities of all NHS professions within the proposed new service structure and the continuation of current NHS services and functions as an NHS service. v. There is some risk if the proposed approach is not backed by the comprehensive measures and frameworks identified to support the proposed changes. If limitations are encountered this may result in continued difficulty in securing full confidence of all stakeholders in the proposed changes.

Evaluation of Indicated Benefits to Partners in the Local Health Community and Comments Received

Conclusion:

1. The proposed change would mean that Derbyshire and Derby City would be the first social care and health communities to have fully integrated specialist/dedicated services for people with learning disabilities.
2. Other service integrations have been more formalised but have not yet gone to full transfer of staff. Discussions with other organisations suggest that this step will be taken and has clear advantages over a staff secondment arrangement.
3. The competitive position will be achieved from the combination of improved organizational focus and the continued support of the existing partners.

Score:

Importance 5
Confidence 4
Total 20

Evaluation of Indicated Benefits to Partners in the Local Health Community and Comments Received

Indicated Benefit	Relevant Comments Received	Response (including project work)
6. Completion of the closure of long-stay hospitals and full transfer of responsibility for accommodation, care and long-term support from remaining NHS provided accommodation and care.	1. Comments received suggest that some people see this as already completed or something that will happen anyway. (71) 2. Central and Greater Derby PCTs note that there has been investment in additional services to support the retraction from Aston Hall and that "there is a lack of clarity over how this service will be provided longer term." (99)	<u>1&2</u> i. The closure of Aston Hall hospital was completed as a joint project with investment co-ordinated across the two local authorities. ii. Certain service developments supporting the closure were interim investments and require further adjustment as agreed with Commissioners. iii. There remain a significant number of legacy "NHS Campus" beds that have yet to be decommissioned and must be seen as part of the local service priorities rather than a separate project to be resolved via some other management and financial planning process. iv. Whilst the 4 hospitals in North Derbyshire closed by 1997, there is a continuing requirement to adjust the pattern of services that were commissioned to facilitate the closure to ensure value for money and long-term strategic fit. Chesterfield PCT has initiated separate discussions with DCHS/Enable to achieve a completion of the restructuring of service arrangements. It is proposed that staff seconded to work with DCHS/Enable should transfer to DCHS.

Conclusion:

1. There is further work required to fully complete the closure of the long-stay hospitals in Derbyshire.
2. Across Derbyshire (Derby) there are legacy arrangements that require further work and responsibility for this needs to be integrated with the overall structure for the service and service development objectives.

Score:

Importance 5
Confidence 3
Total 15

Evaluation of Indicated Benefits to Partners in the Local Health Community and Comments Received

Indicated Benefit	Relevant Comments Received	Response (including project work)
7. Continued focus on service improvement, implementing national strategies including: *Valuing People; "Creating a Patient-led NHS: Delivering the NHS Improvement Plan"* and "*Commissioning a Patient-led NHS"; Independence, Well-being and Choice* (the Adult Social Care Green Paper)	1. Comments made by DMHST Psychologists indicate that this is seen as a given. (57) 2. Comments made by UNISON for the joint staff/trade union representatives group that has been meeting with the Project Management Team acknowledge the wider policy objectives and drivers for change. Concern is that the staff remain employed in the public sector, the pace of change is slowed and that there are further discussions about what would be seen as a viable arrangement if this initiative were to continue. (88)	<u>1&2</u> i. The consultation document sets out the wider policy context. ii. At the time the decisions are needed about the proposed transfer there are consultations in progress ("Your Health, Your Care, Your Say") ahead of the publication of a White Paper on the future of Out of Hospital Care Services. iii. Careful consideration has been given to this and the implications. Current assessment is that the core themes are set and that the proposed changes fit and may even be seen as a leading edge of the future direction for the policy on the provision of services. The key themes are: a. Central Government providing strategic direction whilst leaving implementation to local decision. b. Continued emphasis on closer partnerships and integration of services between social care and health. c. A clearer separation of provision from commissioning. iv. The linkage with the wider policy context is important in judging the relative value of the proposed changes and the comments received. In particular **Improving the Life Chances of Disabled People** (ILCDP) **–** The Prime Minister's Strategy Unit January 2005 http://www.strategy.gov.uk/output/Page5046.asp referred to in the Consultation Document. v. The launch of the Office for Disability Issues on 28th November takes forward the growing emphasis on disabled people (including people with learning disabilities) as citizens for whom improvements to health will depend on improved social and economic inclusion. vi. The role of local authorities in providing community leadership becomes increasingly important and with it the gains for an integrated social care and learning disability service. vii. The current challenges facing the service are considerable and escalating at a time when the likely level of new funding for the development of the service will be more restricted than in recent years. Whilst it is important to keep the pace of change within bounds, delay may make it more difficult to meet the increase in demand.

Evaluation of Indicated Benefits to Partners in the Local Health Community and Comments Received

Conclusion:

1. The proposals have been considered against current national policy.
2. The support for the proposed change by service commissioners (PCTs) and Dr Jon Glasby reflects the judgment that the proposed change will be ahead of the emerging direction for the development of community social care and health services and represents an appropriate local solution.
3. The proposed changes would establish a stronger strategic focus for services for people with learning disabilities, linking the provision of specialist/dedicated learning disability health services more directly to the bodies responsible for promoting the social and economic participation of all disabled people as well as the provision of social care and other community services.

Score:

Importance 5
Confidence 4
Total 20

Indicated Benefit	Relevant Comments Received	Response (including project work)
8. Supporting the	1. Comments where received	1,2 &3

development of a closer relationship with Primary Health Care leading to improved focus on the needs of people with learning disabilities and their access to the full range of community health care services.	that support this objective. (24) 2. This is particularly important for GPs, PCTs and commissioners. (1)(7)(65)(99)(107) 3. High Peak & Dales PCT pointed out the particular importance of this relationship for dispersed rural communities and the development of local services. (108) 4. Comments received by staff and staff/professional organisations suggest limitations arising from the proposed changes and seek reassurance about the attention to the frameworks needed to deliver e.g. maintaining professional networks, Clinical Governance and access to professional training.	i. This will be particularly important with the development of Practice Based Commissioning. ii. The role of Community Learning Disability Teams as the most related secondary care element to primary care practice based commissioning will be increasingly strategically important as this develops. iii. This supports the development of local services and will continue to play a key role in dispersed and rural communities. iv. Whilst there has been progress with the implementation of Health Facilitators and the associated developments, there remains a great deal to do. To be fully effective there will be a need to ensure that social care services are fully engaged in this work and recognise the contribution to be made. v. The Story So Far, the report of the National Director for *Valuing People* on the implementation of the national strategy (22.3.05 www.valuingpeople.gov.uk) noted that the health needs of people with learning disabilities were getting addressed where: ▪ "There is Primary Care Trust and Strategic Health Authority learning disability leadership that works closely with other agencies and has the time to develop its knowledge – this does not happen in many places. ▪ There are good local plans for improving peoples' health, led by Primary Care Trusts and developed through Partnership Boards. ▪ Health Action Planning is linked in with person centred planning rather than being a separate process." vi. A close relationship with Primary care health services is essential both at the practical level via established Community Learning Disability Teams and the strategic level through PCTs. vii. The two Councils have a significant strategic relationship with PCTs reflected in their Governance arrangements and the Health Scrutiny functions of the Councils. The future arrangements for service commissioning are likely to reflect the importance of this relationship.

Evaluation of Indicated Benefits to Partners in the Local Health Community and Comments Received

Conclusion:

1. The thrust of national policy is to secure health improvements though the commissioning work of PCTs and the attention paid by health care providers to the needs of people with learning disability. Specialist/dedicated learning disability health services will provide a limited input for a small number of people with very high support needs whilst working in support of Primary Care, Community services and other NHS providers.
2. Community Learning Disability Teams (CLDT) will continue to be the focus for the development of the service and key relationships with the wider health community. The organisational status of the teams is not a barrier currently to effective links and should not be so in future.
3. Arrangements for Strategic Lead Commissioning, the development of Practice based Commissioning and the S.31 Partnership Board will enhance the strategic engagement of PCTs.
4. Experience from the temporary hosting of learning disability services by Chesterfield PCT demonstrates the value of PCT engagement in the arrangements for the provision of specialist/dedicated learning disability health services for people with learning disabilities.

Score:

Importance 5
Confidence 4
Total 20

Indicated Benefit	Relevant Comments Received	Response (including project work)
9. Support in	1. Most relevant comments	1,2 &3

achieving the targets of improving the health of individuals with Learning Disability set out in *Valuing People* the National Strategy for Learning Disability and Choosing Health.	received express concern or doubt about the ability of the proposed new service arrangements to deliver improvements to the health of people with learning disability (see other sections of Appendices 8.1, 8.2 and 8.3) 2. Comments commonly assert the positive achievements of current NHS arrangements without offering hard evidence of outcomes. 3. Central and Greater Derby PCTs acknowledge "that significant service development and improvement has taken place over the past few years, largely as a result of the work undertaken to deliver the standards set out in *Valuing People*." (Led by the two Councils as the accountable bodies for implementation of *Valuing People*.) (99) 4. The adequacy of current arrangements for expert pharmacy advice have been criticised by Dr David Branford, Chief Pharmacist DMHST. "Who currently has the responsibility to advise and lead on medicines related issues has been a mess since the start of PCTs (and probably before)." "I think there needs to be some model emerge that	i. See Appendix 2.2.1 ii. There is an absence of evidence to confirm the overall effectiveness and outcomes of current NHS specialist/dedicated learning disability health service structure. iii. The Story So Far, the report of the National Director for *Valuing People* on the implementation of the national strategy (22.3.05 www.valuingpeople.gov.uk) stated: "We know that the health of people with learning disabilities is much worse than the rest of the population. They are 58 times more likely to die before 50 than the rest of the population. It is difficult to tell whether this situation is improving because the NHS does not collect any information to tell us about the health of people with learning disabilities". iii. The Healthcare Commission has proposed a range of measures to establish an appropriate and adequate framework for measuring the performance of specialist/dedicated health services for people with learning disabilities whilst maintaining the developing focus on measuring health gains through the performance of PCTs (as the bodies responsible for all patients receiving NHS care). iv. The proposals made by the Healthcare Commission will be assisted by the proposed changes to the organisation of services in Derbyshire and Derby City. The development of the Business Plan for the Derbyshire Learning Disability Services Partnership from 2004 has provided a substantial platform for the performance management of the service required. v. The consultation highlights a perceived need to secure improvements in health care services and a range of priorities is identified by respondents (Appendix 6 & 7). vi. No adverse comments have been received from GPs or other medical practitioners and PCTs that have commented support the proposed changes. vii. The closer alignment of NHS specialist/dedicated services with the roles and responsibilities of the two Councils (including their statutory health scrutiny function) supports increased attention on those measures contained in Choosing Health most likely to affect disadvantage groups, including people with learning disabilities who are most likely to be excluded from social and economic activity, with the resulting problems associated with life long poverty. viii. Improvements to pharmacy advise are considered important and a current issue. The restructuring of learning disability health services provides and impetus to act on the discussions and assessment of current problems. We welcome the suggestions made by Dr Branford and expect the requirement to be reflected in the revised service specifications to be agreed with Commissioners.

	compliments both the health facilitation role and supports the parties involved in relation to people on LD getting the best drug treatment. I have no master plan but here are some options." (4)	

Conclusion:

1. The two Councils have been responsible for the implementation of ***Valuing People*** now acknowledged as responsible for delivering measurable improvements to the opportunities and quality of support afforded to people with learning disabilities.
2. Developments in the monitoring of performance of specialist/dedicated learning disability health services proposed by the Healthcare Commission fit with and will be supported by the changes proposed for learning disability services for Derbyshire and Derby City.
3. The merger of the Commission for Social Care Inspection with the Healthcare Commission planned for 2007 further underlines the convergence of the regulatory and performance management framework.

Score:

Importance 5
Confidence 4
Total 20

Evaluation of Indicated Benefits to Partners in the Local Health Community and Comments Received

Indicated Benefit	Relevant Comments Received	Response (including project work)
10. Equity of access to Learning Disability Services	1. Comments received point to potential new inequities of access created by splitting the NHS service provided by DMHST between Derbyshire and Derby City (see 2 & 4 above).	1. i. It is accepted that there may be differences in provision across the two local authority areas. Commissioners have already indicated a requirement o consider carefully the level of critical mass of services and where this is insufficient to establish partnership arrangements between Derbyshire and Derby City to deliver the required NHS services and functions. ii. The consultation over the future of PCTs envisages the potential for two PCTs reflecting this important boundary for local communities. iii. Variations of access will reflect local decisions within an overall national policy framework and a system of national regulation. iv. Arrangements for joint services are being made between Derbyshire and Derby where necessary and this will continue to be supported by existing shared arrangements for strategic commissioning.

Conclusion:

1. The proposed changes create a new and appropriate focus for the measurement of consistency of access to services within local authority boundaries.
2. Where necessary and required by Commissioners joint service arrangements will be established between Derbyshire and Derby City (e.g. Assessment Treatment and Support Service).

Score:

Importance 5
Confidence 4
Total 20

Conclusion & Score: 187 out of 250 = 75%

Impact/Confidence Index

Reference No	Importance (of Point)	Confidence (of a successful Outcome)
1	Nominal	Slight
2	Low	Low
3	Average	Average
4	Above Average	Above Average
5	High	High Degree

Appendix 2.3 Schedule of documents & meetings

LIST OF LETTERS & DOCUEMNTS SUBMITTED AND SCHEDULE OF MEETINGS HELD

This list shows all letters and documents received up to the 4th January 2006, but excludes all questionnaires.

Ref No	Dated	Source	Duplicate
1	19 October 2006	Dr I R Sorrell	
2	23 November 2006	C Reeves & Qualified Staff at Ash Green	
3	1 November 2005	Mr & Mrs W	
4	25 November 2006	Dr Dave Branford	
5	6 November 2005	Denny Fransman	
6	4 November 2005	S Derbyshire LD Community Team	
7	21st September 2005	Dr David Black, Director of Public Health, Chesterfield PCT	
8	13 October 2005	Gary Ord	
9	Not Dated	Janet Dring	
10	11 November 2005	Tracey Proctor	
11	25 October 2005	Jane Harlow	
12	March 2005	Gwyn Fraser, Gill Baker	
13	11 November 2005	Judy Stephens, Liz James	
14	1 November 2005	Keith Wilshere	
15	9 November 2005	Gwyn Fraser, Jane Stapleton – Joint Chairs of the Clinical Network Group	
16	16 November 2005	Caroline Darby	
17	6 November 2005	Denny Fransman, duplicate, not recorded, see 5	**
18	14 October 2005	Gary Ord, duplicate, not recorded, see 8	**
19	14 October 2005	Gary Ord, duplicate, not recorded, see 8	**
20	1 November 2005	Ashlea Meeting	
21	18 November 2005	The Knoll	
22	24 November 2005	Wetherby	
23	November 2005	Mary Heritage	
24	8 November 2005	Shelley Robotham, LMC	
25	22 November 2005	Humbleton View	
26	25 November 2005	Project Management Team	
27	10 November 2005	St Paul's House LD Staff	
28	14 November 2005	Humbleton View	
29	16 November 2005	St Paul's House LD Staff	
30	28 November 2005	Kingsway Hospital Staff	
31	20 November 2005	Ann Irving, Ash Green	
32	28 November 2005	Gwyn Fraser, Chris Gillespie	
33	23 November 2005	Anna L Neale, Head Physiotherapist, DMHST	
34	21 November 2005	Shirley Medlar	
35	28 November 2005	Pat Robinson	

Appendix 2.3 Schedule of documents & meetings

36	28 November 2005	Gwyn Fraser, Chris Gillespie, duplicate, not recorded, see 32	**
37	March 2005	Gwyn Fraser, Gill Baker, see 12	**
38	29 November 2005	Karen Billyeard, Lynn Hutton	
39	30 November 2005	Linda Wright	
40	29 November 2005	LD Managers	
41	16 November 2005	St Paul's House staff, duplicate see 29	**
42	16 November 2005	Open session Alfreton	
43	3 October 2005	Open session Staveley Office	
44	7 October 2005	Open session Ash Green (2 meetings a.m. & p.m.)	
45	21 October 2005	Open session Ash Green	
46	26 October 2005 am	Open session Ash Green	
47	26 October 2005 pm	Open session Ash Green	
48	26 October 2005 pm	Open session Ash Green	
49	31 October 2005	Open session Robertson Road Buxton	
50	31 October 2005	Open session Orchard Cottage, Darley Dale	
51	9 November 2005	Open session Orchard Cottage, Darley Dale	
52	2 November 2005	Open session Ash Green	
53	15 November 2005	Open session Amberley Core Unit, Eckington	
54	22 November 2005	Open session Ash Green	
55	26 October 2005	Ash Green Staff, duplicate see 46	**
56	31 October 2005	Robertson Road, Buxton, duplicate see 49	**
57	November 2005	DMHST Clinical Psychologists	
58	Undated	Michaela Wright	
59	25 November 2005	Derbyshire Carers Association	
60	28 November 2005	Tracey Sellars	
61	28 November 2005	Brenda Byfield	
62	28 November 2005	Kay Morley	
63	28 November 2005	Anne Hodkin	
64	9 November 2005	Elizabeth Nicholson-Morris	
65	29 November 2005	Nina Ennis, Chief Executive, Derbyshire Dales and South Derbyshire PCT – confirms Board Meeting decision 23.11.05.	
66	30 November 2005	Sue Jessup	
67	8 November 2005	LMC, Unrecorded see 24	**
68	29 November 2005	Karen Martin, Nurse Advisory Cmmte	
69	29 November 2005	Amanda Bagg	
70	29 November 2005	Emma Clarke	
71	28 November 2005	Rowland Brown, Derbyshire Carers Association	

Appendix 2.3 Schedule of documents & meetings

72	28 November 2005	Sue Jessup, duplicate see 66	**
73	29 November 2005	Lee Hodkin, Derbyshire MHS Trust Staff Side	
74	29 November 2005	Dave Goss, Derbyshire Advocacy Service – report from 24 meetings with people with learning difficulties held between 31 October and 18 November.	
75	16 November 2005	St Paul's House Staff, duplicate see 41	**
76	10 November 2005	St Paul's House Staff	
77	14 November 2005	Humbleton View, duplicate, unrecorded see 28	**
78	22 November 2005	Humbleton View, unrecorded see 25	**
79	24 November 2005	Wetherby Day Centre, unrecorded see 22	**
80	18 November 2005	The Knoll, duplicate see 21	**
81	Undated	Unnamed Questionnaire	
82	25 November 2005	Rowland Brown Derbyshire Carers, duplicate see 59	**
83	6 December 2005	Royal College of Nursing	
84	5 December 2005	The Mediators, Ash Green	
85	5 December 2005	Peter Dawson, Peak & Dales Advocacy Forum – report of two meetings with people with learning difficulties	
86	11 December 2005	Mr & Mrs T	
87	7 December 2005	Dr Thomas Schroeder, Course Director, Trent Doctorate in Clinical Psychology	
88	9 December 2005	Charlie Carruth, Regional Organiser, UNISON	
89	29 November 2005	Care Support Workers, Ash Green	
90	24 November 2005	Support Services Staff, Ash Green	
91	28 November 2005	Mr Harry Burrows	
92	8 November 2005	Patrick McLoughlin MP	
93	25 November 2005	J R Blackburn	
94	1 December 2005	Dennis Skinner MP on behalf of Chris Reeves & qualified staff at Ash Green (see 2 above)	**
95	29 September 2005	Chesterfield PCT CEO Open Door Sessions 11.8.05 & 19.8.05 Q & A	
96	17 November 2005	Derbyshire LD Partnership Board Meeting-Questions/Issues	
97	24 November 2005 1st Session (26 people)	Derbyshire Carers Association notes of two meetings	
98	24 November 2005 2nd Session (11 people)	Derbyshire Carers Association notes of two meetings	
99	30 November 2005	Central & Greater Derby PCTs	

100	17 September 2005	Derbyshire County Council Family Carers Celebration Day-list of key points from discussion	
101	30 November 2005	Lara Hardy, Senior OT AV CLDT	
102	30 November 2005	Rani Gosal & Gill Baker	
103	28 November 2005	Alison Rawcliffe	
104	30 November 2005	Derby City Learning Disability Partnership Board (Valuing People)	
105	30 November 2005	Claire Leahy	
106	30 November 2005	Deb Cooper	
107	21 December 2005	Ian Mather, Chairman , North Eastern Derbyshire PCT – confirmation of PCT Board meeting decision 16.11.05	
108	22 September 2005	High Peak & North Dales PCT Board meeting – notes.	
109	4 November 2005	Mrs L W	
110	6 December 2005	Chloe Pilbeam	

SCHDULE OF MEETINGS HELD OR REFERRED TO DURING THE CONSULTATION

Ref No	Dated	Source
6	4 November 2005	S Derbyshire LD Community Team
20	1 November 2005	Ashlea Meeting, Derby
21	18 November 2005	The Knoll, Derby
22	24 November 2005	Wetherby, Derby
25	22 November 2005	Humbleton View, Derby
26	25 November 2005	Project Management Team
27	10 November 2005	St Paul's House LD Staff
28	14 November 2005	Humbleton View, Derby
29	16 November 2005	St Paul's House LD Staff
30	28 November 2005	Kingsway Hospital Staff
40	29 November 2005	LD Managers
42	16 November 2005	Open session Alfreton
43	3 October 2005	Open session Staveley
44	7 October 2005 a.m.	Open session Ash Green
45	7 October 2005 p.m.	Open session Ash Green
45	21 October 2005	Open session Ash Green
46	26 October 2005 am	Open session Ash Green
47	26 October 2005 pm	Open session Ash Green
48	26 October 2005 pm	Open session Ash Green
49	31 October 2005	Open session Robertson Road Buxton
50	31 October 2005	Open session Orchard Cottage, Darley Dale

Appendix 2.3 Schedule of documents & meetings

51	9 November 2005	Open session Orchard Cottage, Darley Dale
52	2 November 2005	Open session Ash Green
53	15 November 2005	Open session Amberley Core Unit, Eckington
54	22 November 2005	Open session Ash Green
65	23 November 2005	Derbyshire Dales and South Derbyshire PCT Board Meeting.
74	24 meetings held between 31 October & 18 November	Dave Goss, Derbyshire Advocacy Service – report from 24 meetings with people with learning difficulties.
76	10 November 2005	St Paul's House Staff
84	5 December 2005	The Mediators, Ash Green
85	30 November 2005	Peter Dawson, Peak & Dales Advocacy Forum
85	1 December 2005	Peter Dawson, Peak & Dales Advocacy Forum
95	29 September 2005	Chesterfield PCT CEO Open Door Sessions 11.8.05
95	29 September 2005	Chesterfield PCT CEO Open Door Sessions 19.8.05
96	17 November 2005	Derbyshire LD Partnership Board Meeting-Questions/Issues
97	24 November 2005 a.m. (26 people)	Derbyshire Carers Association
98	24 November 2005 p.m. (11 people)	Derbyshire Carers Association
100	17 September 2005	Derbyshire County Council Family Carers Celebration Day
104	30 November 2005	Derby City Learning Disability Partnership Board (Valuing People)
107	16 November 2005	North Eastern Derbyshire PCT Board meeting
109	22 September 2005	High Peak & North Dales PCT Board meeting.

Notes of Meeting with SH Supported by Derbyshire Advocacy Service - 12th December 2005

Chris Beech, Derbyshire Advocacy Service, supported Sarah.

During the day the Project Management Team identified six challenges that emerged from the consultation about the proposed integration of social care and health learning disabilities in Derbyshire and Derby City.

Each challenge was explained and Sarah invited to comment. This is the record of the main points Sarah wanted to make.

1. There is broad support for the principle of further integration of services and a clear recognition of the need for service improvements e.g. better co-ordination, planning to meet needs and support for family carers. Is structural change needed to achieve the service improvements/benefits identified in the consultation document?

- Social Services struggle to manage with the money now.
- I used to be paid at the day centre.
- Responsibility for the service isn't clear.
- People want more information about decisions.
- Need a clear plan about how services are organised.
- People should work in one organisation (instead of being awkward)

2. Do Derbyshire County Council and Derby City Council Social Services have the expertise and track record needed to manage the proposed integrated learning disability social care and health service?

- Social Services work properly (to a certain extent).
- People sort out problems.
- Staff take their work seriously.

3. Will the proposed change diminish for the current NHS professions their professional identity, role and ability to practice?

- Why?
- Nurses (and others) shouldn't do other people's jobs.
- But it would be good if people could work closer together (depends on what the problem is).
- People shouldn't be petty (about who is responsible).

4. How does the development of separate services for Derby City and Derbyshire result in overall service improvement as this involves creating new boundaries for the provision of NHS services and reduces the scale of some services?

- Would be easier because County and City are different Have different services.
- Transport is a problem in the County.
- It's different.
- Needs to be fair.

5. Is the pace of change too fast and has the consultation undertaken resulted in a reasonable cross section of views being obtained from interested people and organisations?

- Can't rush into things straight away.
- Can't talk to everyone – don't have enough time/involvement.
- I get to hear about the Partnership Board.
- Don't know whether Partnership Board representatives know what is going on.
- Try to involve people in what is happening.
- Talking to the right people – who gives the service, does matter so talking about how things are organised is important.
- Everybody should have the right (to be involved) – but you can't do it.
- Talking to 200 + people (this is the approximate number of people with learning difficulties that Sarah was told we had spoken to directly through the meetings arranged by Derbyshire Advocacy Service and Peak and Dales Advocacy Forum).
- I filled in the questionnaire (but I have that many things to do)

6. How will the practical barriers to integration of services e.g. pay and conditions, different regulatory, information, IT and care record systems be managed and resolved?

- Important to make a plan first so that we know what needs sorting – otherwise it doesn't work.
- People with learning difficulties should be involved (to a certain extent) if they've got the ability. I have seen people who can't (don't have the ability).

Consultation on the Future Arrangements for the Management and Delivery of Services for People With Learning Disabilities in Derbyshire and Derby

Meeting With Derbyshire Carers Association Representatives 9.12.05 (10:30 –13:45)

Present: Harry Burrows (DCA)
Janice Handley (DCA)
Andrew Milroy (DCC/Chesterfield PCT)

- Future of independent sector in provision of health and social care services.
  - Noted national policy to shift PCTs and Local Authorities to strategic commissioning rather than providing services directly.
  - Derbyshire strategy for learning disability is to fit with national policy whilst strengthening directly provided services to support assessment, independence planning and market management.
  - Noted changes to provision of DCC day services including contract with LCF for services for adults with physical and sensory impairments.
- Ashbrook Centre, Chesterfield and NE Derbyshire day services.
  - Noted investment committed by DCC and progress with Holmewood Community Centre development and tender for services.
- Policy objectives.
  - Making better use of all available resources (health and social care).
  - For Derbyshire priorities already set through integrated Business Plan and planning process bringing local directly provided services together every 3 months.
  - Places strong emphasis on effective and appropriate use of NHS specialist/dedicated health services for people with learning disabilities that supports related social care services to secure independence and optimum social inclusion.
  - Providing consistent support to family carers, especially older family carers.
  - Further work to do for Derby building on the appointment of the Joint Head of Service and the direction set through the Derby Learning Disability Partnership Board.

Emerging themes from the consultation were considered based on the likely response to each and comments were noted as follows:

1. Do we need organisational change to gain service improvement? Improved partnership working between NHS and SSD learning disability services is important, has widespread support and has been achieved through current partnerships.

Likely Response:

- We have made good progress over the past 5 years and in the past 2 especially.
- There is strong support for further integration – the issue appears to be the choice of vehicle to achieve this.
- Current service structure impedes effective co-ordination and management of competing priorities.
- Separate organisations create separate decision-making and corporate priorities interfere with action most appropriate for people with learning disabilities and family carers.
- Assessment and care co-ordination are impeded due to organisational boundaries and a single organisation will assist all professionals to use their distinctive roles and responsibilities in more effective and person centred approaches – reducing costs of assessment, improving speed of response and establishing a clear and single point of access.

- Comments:

- Noted outline structure for Derbyshire – helpful indication of the way the NHS functions will continue to operate and be developed.
- Problems at the moment are all at the intersection of services – CLDT is where all the problems happen.
- Need to create capacity to co-ordinate services better and plan ahead.
- Remove or reduce duplications/hand offs – need to make sure people own responsibility for responding for the whole service.
- Want to see best use of resources and value for money.
- Want to see delivery and results.

2. Reputation of Social Services – an issue for some people. Do Derbyshire and Derby have the expertise and track record needed to manage the proposed integrated services (Appears to reflect funding pressures, access to accommodation/support.)?

Likely Response:

- Individual experiences are important and need to be understood.
- Reputation of Social Services is also to be judged through external evaluation e.g. Commission for Social Care Inspection judgement on performance – Derbyshire and Derby just confirmed as 3 and 2 star organisations for third year.
- Complaints data suggests the Social Services Departments are focus for dissatisfactions that are product of whole system. Complaints data shows SSDs are responsive to needs and resolve problems effectively when these arise
- Scale of Social Services activity is significantly greater than NHS specialist/dedicated learning disability services and involves long-term commitments to supporting people to develop independence and social inclusion. – inputs and outcomes are more difficult to co-ordinate.
- Responsibility for providing support for people with learning disabilities has been progressively transferred to SSDs over the past 30 years. Level of funding to meet current and future needs is below actual requirements despite substantial and unprecedented increases in revenue spending made by Derbyshire County Council, Derby City Council and Derbyshire/Derby PCTs.
- NHS brand has been strongly promoted by Government.
- Less information is available about the actual quality and outcome of NHS specialist/dedicated learning disability health services.
- Current structure gives SSDs lead responsibility for commissioning NHS services and for senior management of NHS services (Chesterfield PCT).
- Messages from consultation indicate need for better information about role of SSDs and overall performance and outcomes.
- Proposed changes involve continuation of NHS specialist/dedicated learning disability health services, more clearly specified than now, operating within an integrated social care and health service.

Comments:

- Additional information provided is helpful.
- Need to understand criteria used to judge SSD performance.
- Need to know how accountability for services will work.
- Want to be able to see baseline for current service and criteria for measuring improvement.

3. Accountability for NHS finance – concern that Social Services will gain control over NHS funds leading to reduction in services provided by NHS.

Likely Response:

- Proposed changes will operate under a S.31 Health Act 1999 partnership with clear arrangements for specifying NHS services to be provided (and outcomes) and monitoring delivery (see outline organisational structure).
- Arrangements have the effect of locking funding into the service.
- Flexibility will be matched by new discipline required to operate within allocated budgets and agree with service commissioners any significant variations to use of funds that affect performance objectives.

Comments:

- Detailed explanation is helpful.
- Securing clear control for spending is seen to be essential.

4. Enhanced NHS learning disability services for Derbyshire from the proposed changes and diminished services for Derby due to smaller scale. Why not operate all NHS functions as for Assessment Treatment and Support Service with a SLA for City?

Likely Response:

- Service Commissioners have already required that the proposed Assessment Treatment and Support Service for Southern Derbyshire and Derby City should be provided by Derbyshire as part of a County/City service.
- The consultation period and parallel work has been used to help identify opportunities and constraints.
- All organisational arrangements involve making strategic choices about the relative costs and benefits of structures and the benefits/problems of different boundaries.
- The existence of two local authorities will be a significant consideration and the benefits of integrating learning disability health services with the relevant local authority are important: contributing to the wider strategic objective of social inclusion by strengthening the relationship with services that are most frequently interacted with.

Comments:

- Need to be able to show overall improvement in services and how integration with social care offsets apparent reduction in scale elsewhere.

5. Putting people first not organisational politics.

Likely Response:

- See above.

Comments:

- Family carers want support and don't mind how this is provided if people are put first and services are secure and consistent.

6. Charging for services – NHS free at point of delivery whilst SSD charge for (some) services provided.

Likely Response:

- Policy for NHS is decided nationally
- Proposed changes would mean continuation of NHS provision as now.
- Policy for charging for provision of residential care and nursing home services is decided nationally.
- Charging for domiciliary care services is a matter for local authority policy within a national framework to ensure any charges are applied fairly across all services.

Comments:

- Position clear.
- No issues arising from the proposed changes.
- Support action to ensure people who need NHS support get it and those who need social care support are provided with this based on their needs.

7. NHS Professions – professional identity; clinical practice – supervision/support (including Continuous Professional Development and training); autonomy.

Likely Response:

- A key objective of the proposed changes is to secure a sustainable service that will build on the valued, distinctive and continuing contribution of all NHS professions/disciplines.
- Across the current service structure and through three separate organisations there is a substantial investment made in staff training and development.
- The proposed changes are made with the assumption that all current investment in staff training and development will continue in line with the overall financial settlement agreed with service commissioners.
- It is noted that there are already strong joint training arrangements across the three existing organisations. It is anticipated that this will be reflected in the final arrangements following detailed planning and further consultation.
- All the organisations involved have established structures to support Continuous Professional Development. Both Social Services Departments use personal Development Planning. Derbyshire County Council Social Services is an accredited Investor in People. OTs already employed by Social Services are supported to fulfil their required 5-day investment in CPD.
- The organisational structures to be agreed subject to the agreement to proceed with the proposed transfer of staff will create a clear and distinct NHS function within the integrated social care and health service.
- The changes would deliver NHS services, meeting NHS standards regulated by the Healthcare Commission (the Commission for Social Care Inspection will merge with the HC by 2007) and performance managed by Derbyshire PCTs. This would be done through unified commissioning with social care and a Partnership Board set up under S.31 1999 Health Act.
- Maintaining continuous professional development and training is now and will be a central objective for services. The effective development of Knowledge and Skills Framework will be important to the future of the service and is reflected in the current Derbyshire Business Plan.
- The comments received do not reflect the considerable work done through the Derbyshire Learning Disability Services Partnership since January 2004.

- A key organisational development initiative has been the establishment of a County Clinical Network Group. This has brought together the Heads of Professions and clinical leaders from both the DMHST and Chesterfield PCT and introduced Lead Practitioners from Derbyshire Social Services. The CNG has fostered a larger community of practice and initiated debate and specific work to reduce differences of approach that have developed over the years.
- Clinical governance would be maintained as now via existing systems including the requirements of the Mental Health Act Commission and the provision of insurance under the NHS Litigation Authority, Clinical Negligence Scheme for Trusts.

Comments:

- This has been raised repeatedly at meetings and the response given is clear and consistent.
- If the framework outlined is delivered there is no reason to see this as a problem.
- Issue is delivery!

8. Service level agreements and governance – understanding potential to improve security of investment in LDS via S.31 Health Act 1999 pooled budgets and associated SLAs and contracts with Local Authorities for provision of services.

Likely Response:

- As referred to at 3 and 7 above.

Comments:

- Explanation and approach is clear.

9. There appears to be a lack of information/understanding/communication and respect between NHS/Local Government roles, responsibilities and practices.

Likely Response:

- Extensive development work has been carried out (see 7 above).
- The development of an integrated Business Plan and planning process for the Derbyshire Learning Disability Services Partnership has substantially strengthened knowledge and working relationships between professions and service areas.
- Further work is needed and will be a priority for Derby where the same development work has not been possible.
- When substantial changes are proposed there is a tendency to focus on and amplify differences that have or may continue to exist.
- The differences between the current two NHS service providers are as significant as any differences between the NHS and SSD (Chesterfield PCT and DMHS Trust). Work via the Clinical Network Group has been directed at this and progress has been made.
- Further organisational development work will be needed to support the integration of the service and this is continuing and will be further developed in line with the decision taken about the future structure and management of the service.

Comments:

- Pace of change is too fast.

- Many family carers feel they have been involved in the debate about the future of the service late on in the process (although noted that family carers have been involved over the years)

10. Improvements in day services and short-breaks (respite care) – anxiety about the security of care/support services and risk that change will weaken the position.

Likely Response:

- The concerns of family carers and people with learning disabilities that the proposed changes may lead to a reduction in support are unfounded.
- The programme of service improvement and priorities for this are already set as part of the strategic plan for services (national and local).
- Better access to short-break support and stronger support for older family carers are current priorities.
- The proposed changes seek to strengthen the role of professional judgments within a more coherently organised service. Resources are currently less than needed and choices are being made every day by different professions and professionals about priorities for access to limited capacity.
- Recent reports identify a growing problem with the funding of Learning Disability Services nationally. This is mirrored in the local experience and all organisations are currently either cutting services in year to manage budget over commitments or constraining new commitments to avoid unsustainable budget deficits.
- Recent press coverage of NHS finance points to an emerging general problem with NHS budgets.
- The underpinning assumption of the proposed changes to organisational structure is that all services must take responsibility to make the required choices and the consultation sets out the key priorities (without suggesting this is the only choice).
- The responses received from people working in the service appear to be focused on the way priorities are selected and the threat priorities create for the freedom of action of individual professions and practitioners.

Comments:

- The message about priorities is clear.
- Families will continue to worry about the future and need more information in order to be reassured.

11. Pace of change – including concerns about the scope, time and support provided for consultation.

Likely Response:

- Proposed changes are the result of long-term organisational change over the past 30 years.
- Reflects national and local policy.
- Builds on local consultation including that undertaken through the Derbyshire and Derby Learning Disability Partnership Boards (supported by strong involvement of people with learning disabilities and family carers.)
- Consultation takes forward proposed development of a countywide service referred to in the consultation conducted in 2002.
- Time allocated for stakeholder/public consultation takes this into account.
- Also takes into account the fact that the proposed transfer will not alter the role and function of NHS services, which will continue to develop as agreed with service

Commissioners. Therefore the proposed changes will not have a substantial direct impact on the provision of services and are difficult to communicate to people at any level.

- Some people/groups were not able to access supported consideration of the proposals until mid October.
- Some people may not have been aware the consultation was taking place.
- Information was distributed widely in various written formats.
- Information was sent repeatedly to different organisations e.g. PCTs were mailed twice and at the beginning of November a memo was sent to all staff (attached) together with the amended letter/leaflet issued to PCTs for the second time. The objective was to seek support from staff across the service to reach people supported by the service.
- At the same time a second press release was issued.
- Derbyshire Advocacy Service responsible for taking forward consultation with people with learning disability to ensure this was dealt with independently including the preparation of material to support discussions and arrangements for meetings.
- Additional work carried out by Peak and Dales Advocacy Forum.
- Derbyshire Carers were asked to take responsibility for distribution of information to family carers and to assist with meetings.
- Questionnaire has been criticised for being biased in order to generate a favourable response.
- The questionnaire was constructed to provide a simple focus for people to consider the issues that should be given careful consideration and to indicate where they see priorities. The evaluation of questionnaires indicates that the design has not prevented people from presenting critical comments.
- The proposed change is a preferred option with the status quo as the immediate alternative. Stakeholder/public consultation was aimed to test opinion and identify issues that must be addressed before a decision is taken.

Comments:

- Initial communication with family carers appears to have been limited to people supported by NHS services.
- There appears to have been a difference in the level of communication and facilities for meetings between North Derbyshire (more) and Southern Derbyshire (less). This may reflect different nature of NHS services.
- Views of people in Southern Derbyshire appear to have been more favourable to proposed change.
- Some people don't want to get involved.
- Could have done more to improve scope and quality of communication. However overall picture would not be different if more time was made available and more people reached.
- Opportunity for further information and explanation might lead to reduction in number of people opposed to the proposed changes.
- Feel there is enough comment generated to consider that this represents a fair picture of the views/concerns of family carers.

12. Cultural differences – level of knowledge SSD has to be able to manage NHS functions.

Likely Response:

- See 1,3,7 above.
- Senior management and lead responsibility for strategic commissioning of the NHS learning disability health services is already with SSDs
- NHS management expertise is embedded in current services and will migrate with proposed changes.

Comments:

- Not seen as a big issue.
- The quality of general management is the key factor linked with structure and deployment of professional expertise within this.

13. Concern about practical barriers to successful integration e.g. compatibility of different IT systems (National Care Records System used by NHS and Electronic Social Care Records System used by social care services and differences between Derbyshire and Derby City systems).

Likely Response:

- There are a range of real practical barriers that impact on current capacity of the service to co-operate and co-ordinate work effectively.
- Acquisition, manipulation and use of information is problematic and impedes quality of knowledge developed at an organisational level.
- Short-term practical measures will be needed to ensure staff are able to utilise systems relevant to their area of expertise.
- Systems are already being standardised e.g. use of common assessment tools within the health community policy on the Single Assessment Process.

Comments:

- Response understood.

14. Risk of double change – some services provided by DMHST are remnants of the decommissioning of Aston Hall hospital and will need to transfer to independent sector providers. Also wider policy context means there may need to be further changes.

Likely Response:

- This involves the legacy services from Aston Hall hospital decommissioning.
- The Project Management Team is considering best options to prevent need for double change.
- Wider policy context has been considered.
- Changes likely from the White Paper on the provision of out of hospital care services is expected to continue to promote local service responses within a national policy framework, a strengthening of the partnerships between social care and health services and a separation of commissioning from provision of services.

Comments:

- Noted.

CONSULTATION ON THE FUTURE ARRANGEMENTS FOR THE MANAGEMENT AND DELIVERY OF SERVICES FOR PEOPLE WITH LEARNING DISABILITIES IN DERBYSHIRE AND DERBY

Notes of the consultation meeting with family carers held at Ilkeston 24.11.05 (11 people)

- AM gave presentation (see separate sheet).
- **What does "deliver health mean"?** Clarification that we are talking about LD specialist services delivered through community teams and small in-patient services (medical).
- **Who runs Ash Green?** – AM but responsible through 2 separate organisations so proposed changes reduce this to 1 organisation.
- **Consultation document not clear.** Meetings allowing discussion essential. (Detailed explanation of purpose of changes – NHS services will continue unchanged and will develop as agreed with Commissioners etc).
- **Who will monitor? Can we complain to the PCT or PALS?** (Discussed continuation of accountability for services via PCTs)
- **What about investment to get this up \and running won't this be needed?** (Noted investment being made by DCC and NHS).
- **Concerns about current dental provision on NHS.** Old system in hospital had more back up and could do all treatment in one go. DRI now only does extractions. Problems with dentistry across the board. Should be able to argue for changes in mainstream NHS. (Noted new structure will help to identify need for service improvements).
- **Respite Care Services.**
  - **Will existing Health provision charge as Social Services does?** (Answer – national policy for NHS and social services – free at point of delivery for NHS and specified charges for RCH for SSD).
  - **Nothing suitable for 20 year old in Amber Valley** – no age appropriate provision. Using Bingham House – isn't suitable for everyone.
  - **Why more provision in Erewash?** (Historical but developments planned for Parkwood/Bingham).
  - **One size does not fit all.** Respite aimed at placid people. Some physical activity needed or behaviour can deteriorate. Needs to be person centred.
  - **Respite is for both carer and cared for** and should be a good experience for the person with a learning disability. (Noted current pattern of short-break support and objectives for improvement. Noted Councillor Allen's speech at 2nd Family Carers Celebration Day 17.11.05 – copies distributed).
- **What about getting and keeping the right kind of staff?** There are never enough staff. (Discussed way in which service changes need to help staff recruitment and retention)
- **What input are staff having to the consultation?** (Answer - all encouraged to be involved and range of opportunities to do so; seen as key contribution).
- **Understaffing at Petersham.** Carers get worn out and need respite and cannot always have it when needed. (Noted and discussed current pressures and strategies for improvement)
- **Some carers think Adult Placement Carer is a good option.** Others want residential respite. Agreed all need to have confidence in the arrangements so they can have peace of mind.
- **Direct Payments can be an answer.** If the person is happy so is the carer.
- **Why do old services close before new services in place?** Example Broadway in Derby. (Noted problems that can occur and aim to avoid same).
- **Difficult to get general concerns addressed.** Need specific information about individuals
- **Replacement for Eaton Vale Centre, Long Eaton.**
  - **Concerns that there are only 45 places, therefore no place for some people.** Carers don't know what is happening. (Noted communication with people and event to be held in February and everyone having a review).
  - **Unhappy with service at Trinity.** Too few activities, no stimulation, no storage, no kitchen. Concern about losing friends as people are split up across 3 places during transition (this will be part of the review process)
- **Need to bid for new investment to meet increasing demand.** If we don't get what we want what then? (Lead to discussion about service strategy as set out in Business Plan and responsibility of service to take the difficult decisions and keep people informed.)

CONSULTATION ON THE FUTURE ARRANGEMENTS FOR THE MANAGEMENT AND DELIVERY OF SERVICES FOR PEOPLE WITH LEARNING DISABILITIES IN DERBYSHIRE AND DERBY

Notes of the meeting with family carers held at the Arkwright Centre 24.11.05 (26 people)

- AM gave presentation (see separate sheet).
- **Use of Ash Green – how would this change?** Current plans will continue – aim is to develop role and function as countywide service reducing need for expensive out of county placements.
- **Does the NHS report on how finance is spent?** Yes but detail of outcomes is very limited. The National Director of Learning Disability noted this when he reported to the Government about the implementation of *Valuing People* noting that it was not possible to state how the health of people with learning disabilities had improved because data is not collected. Derbyshire Learning Disability Services Partnership Business Plan seeks to significantly improve detail reported.
- **Issue is not NHS (getting better) but Social Services improving.** The proposed changes will help secure improvement across the whole system. The role of specialist/dedicated learning disability health services supporting the quality and capability of social care services is very important.
- **Quality of care – staff fit for the job.** Moving and Handling and training – approach favours staff and leaves family carers dealing with problems staff will not tackle. There are difficulties imposed by Health & Safety regulations. However, services should be organised in ways that are sympathetic to the preferences of people supported and the needs family carers (including their safety).
- **Countywide versus local – loss of support?** The proposed changes aim to strengthen local services and provide better back up when local services are unable to cope. Current variations in access to short-break support must be better managed within resources whilst further investment is sought
- **What about charges?** The proposed changes will mean that NHS services will continue to be provided for the NHS by the integrated health and social care service organised by Derbyshire and Derby City Councils. NHS services will be free at the point of provision (national policy). Charges made for residential social care are decided by Government and notified to Councils each year. Derbyshire County Council does not currently charge for domiciliary care services.
- **Will services be reduced as double rooms are removed?** It has been policy for some time to avoid using double rooms.
- **What about providing special support for people admitted to general health services e.g. District General Hospitals?** The specialist/dedicated social care and health service for people with learning disabilities continues to work with other NHS Trusts/providers to ensure that we improve the access people with learning disabilities have to high quality health care support. Other NHS Trusts/providers have a responsibility to make reasonable adjustments to assist disabled people (Disability Discrimination Act). Recent case experience suggests there is still a great deal for us to do and that we will need to continue to make special arrangement including looking at the role of special hospitals such as Ash Green.
- **Communication** – a general problem and especially so for social care services in the experience of some people. The proposed changes will streamline the organisation of services, making it easier to co-ordinate support. All Community Learning Disability Teams (CLDT) are now co-located and everyone receiving continuous and substantial support should have a Named Person who is responsible across services to co-ordinate care and support for people.
- **Notification of meetings?** These were arranged via Derbyshire Carers Association. Roland Brown explained how this was done and some of the problems faced in passing information on.

- **Staff qualifications – day services?** The national framework for qualifications is set by *Valuing People*, which set as a target 50% of staff qualified at NVQ 2. Derbyshire's policy is to require training at NVQ 3 and all staff are expected to undertake this.
- **Autism and availability of specialist staff?** The need for specialist staff/services is increasing. Derbyshire contracts with specialist providers when needed and has facilitated investment in new services e.g. NORSACA and HFT.
- **Social inclusion and public attitudes?** This is a real concern for many family carers. There are worries that special needs will be ignored. The difficulties are recognised and this has influenced the proposed changes as well as investment decisions that will see the continuation of special services for people with high support needs e.g. Pine Bank at Chesterfield nor run by HFT has benefited from a substantial investment to improve the quality of the centre whilst continuing to encourage access to ordinary community services.
- **People are totally against the proposed changes.** There are strong views being expressed (for and against change) and all views will b listened to carefully. The consultation is not arranged as a vote and even if everyone was in favour of the proposal it might not be approved (and vice versa).
- **Social Services Envious of NHS.** The proposed changes build on the valued characteristics of current health and social care services. The proposed change aims to strengthen the role and distinctive contribution of all NHS professions within a new integrated social care and health service. The new service, if the proposed changes were approved, would be subject to a much more detailed specification of services and outcomes. It would be regulated by the Healthcare Commission (as now) and a Partnership Board (S.31 Health Act 1999).
- **Will we win extra money and will the service be better organised?** We can't be certain that e will win extra money next year. There is a great deal of debate about the state of NHS funding (and for all public services). The proposed changes must deliver better organisation and reduced costs and will be closely monitored to see that this is achieved. None of the organisations involved will want to proceed if there is any significant doubt about achieving stated objectives or sustaining the service.
- **Direct Payments and development of private care?** The proposed changes will not alter current policy to promote Direct Payments. The proposed changes will help to strengthen the existing directly provided services whilst the development of a wider range of provision continues. Government policy expects there to be a continuing development in the range of providers to increase the choice available to people. The proposed changes envisage the continuation of a substantial directly provided service that is geared to providing better support to all commissioned social care services and to promote the widest possible opportunities for people with learning disabilities to achieve as much social inclusion and independence as possible.

During the course of the meeting questions/concerns were raised that involved one family and matters that were at the time subject to separate consideration under the formal complaints and enquiry procedures of Derbyshire County Council Social Services. The concerns raised involve questions about the adequacy of the support provided by social services to the family and include questions about the effectiveness of communication and co-ordination of support. The concerns were noted but are not referred to in detail in this record as they are subject to separate formal investigation, consideration and response.

Appendix 2.6

Consultation on the Future Arrangements for the Management and Delivery of Services for People With Learning Disabilities in Derbyshire and Derby

Report on Consultation Response – Letters, Documents and Meetings

Introduction

The consultation analysis has 3 parts; -

1. Consultation questionnaires
2. Southern Derbyshire Advocacy Service questionnaires
3. Notes and minutes from consultation events
4. Letters and e-mails from interested parties

This report explores points 2, 3 and 4 above for the three-month period to 30 November 2005.

It does not include any analysis of 1 above. This review will be handled separately.

For the purposes of this report, it was agreed at a meeting on 25 November 2005, by the Project Group, that a form of tabulated analysis would be completed showing a breakdown of the different types of comments received. A narrative, highlighting the range of comments, both supporting the Learning Disability Partnership integration and expressing concerns about the integration, is included here. This report also highlights particular areas of concern voiced by respondents.

We have examined all comments based upon the principle that all NHS and local government learning disability parties have submitted comments if they wished. This covers both Derby City and Derbyshire County Council geographical areas.

The comments came as minutes of meetings, e-mails, letters and reports.

Analytical Process

All comments from all sources were given a reference number during the process of examination. Each document was examined and reviewed and then categorised against the points laid down in paragraph 10.1 – 10.3 (see "Consultation on the Future Arrangements for the Management and Delivery of Services for People with Learning Disabilities in Derby and Derbyshire", dated September 2005). Although each document was read and considered on its own merit, it was necessary to highlight and identify subjectively the key themes raised within each document.

A summary monitoring sheet was designed which enabled the key factors identified to be allocated to one of three categories: A) People with Learning Disabilities and Family Carers, B) Staff, or, C) Health Community Partners, "*concerns".*

In addition, each category was split over five areas to reflect the points laid down in the consultation document. These were: Reduced Cost, Improved Accountability, Better Co-ordination, Service Improvement and Closer Partnership (Working), *"concerns".* The results of this work are shown below.

Where appropriate, a list of additional comments will be included from the documents examined, later in this report.

An audit trail was developed so that each comment highlighted and counted could be traced back to its source at any future time.

<u>Summary of Issues identified</u> – (number of times an issue was raised by a group)

	PWLD and Family Carers	**Staff**	**Health Community Partners**
Reduced Cost	14	0	22
Improved Accountability	0	3	0
Better Co-ordination	0	14	6
Service Improvement	17	48	0
Closer Partnership	4	28	8
Totals	**35**	**93**	**36**
Overall Total			***164***

<u>Sources of Documents Received</u>

Source	**Number of documents received**
Local government staff groups	4
NHS staff groups	47
GP's	1
Specialist working groups	13
PCTs	5
Pharmacist	1
Carer	13
Trusts	4
PWLD	1
MPs	**2**
Sub Total	**90**
Duplicated responses	16
Total	**107**

Comments arising from the tables above

It can be seen that 108 separate documents were received from across Derby City and Derbyshire County Council geographical area that were included in this analysis. (16 of these were later identified as duplicates and excluded from the analysis, leaving 90 items.) This number excludes the staff questionnaires mentioned above. Out of the 90 documents, 47 were from NHS staff and a further 4 were from Local Government staff groups. Many of the documents had multiple authors and all of the 4 local government staff documents were as a result of staff briefings.

It should be noted, therefore, that the remaining 39 of the 90 documents were from other specialist and interested parties to the consultation.

We subjectively identified 164 occasions when referral was made to the consultation document within the 90 documents, which were considered significant during the review of these returns.

Respondents identified *service improvements* and *closer partnership working* as important matters for their concern. In particular they felt that the future quality of the service coupled with their professional skills would be endangered by the proposed partnership integration. There was also a strong concern from NHS staff about working for Local Government from a professional and clinical governance point of view. Several comments were made by Derbyshire Mental Health staff that splitting their current service, from one joint service to two services, serving Derby City and Derbyshire County, would reduce the quality of the current service and duplicate current processes.

Service improvement and closer partnership totalled 105 out of the 164 points raised. This accounted for over 64% of the main concerns raised. Whilst there were some general comments in support of an integrated service, the overwhelming majority of comments *received* expressed concerns about the proposed merger.

Short breaks (see *Reduced Cost* in the “Health Community Partners” category) were also an area of great concern, in the open sessions in the north of the county, which aroused high levels of emotion and passion about perceived threats and cuts to these services.

There have been extensive consultations carried out across both the City and County. In total there were 61 recorded meetings held across the whole county area during the consultation period, at which minutes were taken and submitted to the consultation process. A further two meetings had been held in August by Chesterfield PCT and the questions and answers given were submitted to the consultation.

It was also noted that letters referenced as 60 to 63, 4 documents, were the same but signed individually by four different members of staff.

These responses received need to be weighed against the total number of stakeholders contacted across Derby City and Derbyshire during the consultation.

Specialist Working Groups

A response was received from Derbyshire Advocacy Service following consultations with people with learning disabilities across the city and the county. This showed that out of 170 responses, 134 “liked the idea”. However, this number relates only to people who completed the advocacy consultation forms, many others were advised of the opportunity to contribute but did not take part. This document is available for further scrutiny. (Reference 74).

A detailed report was also received from the Derbyshire Mental Health Services NHS Trust Clinical Psychologists setting out their concerns about the consultation process. This report is also available for scrutiny. (Reference 57).

A letter was also received from the Staff Side Unions with a list of their concerns for staff within learning disability services. This is also available for examination. (Reference 88).

A letter was further received from Central and Greater Derby PCTs setting out their answers to the consultation document following a meeting of their Board and Joint PEC on 16 November 2005. (Reference 99). This emphasises several key points including the need to establish a “critical mass” across the county as has been agreed with the ATSS.

Additional comments received not counted above

As far as possible, all key points were categorised through the key points laid down in the consultation document within paragraphs 10.1 – 10.3, as mentioned above. However, many comments were received on points that were not covered by the document. The number shown in brackets after each comment represents the amount of documents received which highlighted these issues as points of concern. The number of comments may be taken as an indication of the depth of feeling of the respondents. These points were summarised as follows;

- Terms and conditions of future employment (35 comments)
- Future professional status and clinical standing (23 comments)
- Future pension arrangements (22 comments)
- Any Alternative Structural Option (16 comments)
- Lack of clarity on future management structure (12 comments)
- Timescale (11 comments)
- Perceived bias in consultation document (and staff questionnaire) (11 comments)
- Questions over the ability of Local Government management skills (10 comments)
- Distribution & Availability of Consultation Document (7 comments)
- Mental Health Act (7 comments)
- Staff recruitment to Local Government difficulties (5 comments)

- Problems with IT integration and access to data (5 comments)
- Clinical negligence risk (5 comments)
- Eligibility criteria (5 comments)
- Complexity and Language in Questionnaire (4 comments)
- Possible loss of salary (2 comments)
- Lack of detailed information within the consultation document. (2 comments)
- Erosion of Health Posts (2 comments)
- Student Training (2 comments)
- Service with the Lead having the Power base (2 comments)
- Future arrangements for the supply and funding of drugs (1 comment)

Comments highlighted from respondents

Clearly within each document there were many detailed points raised that cannot be fully reflected in this summary. All the documents involved have been filed together so that they can be read further if required, to obtain a fuller picture around the proposals.

The following comments have been extracted from the documents in order to give a flavour of the points the respondents wish to be noted. (The corresponding figure shown relates to the document source number).

'We are generally in favour of the proposals to merge the services….however we have serious reservations on this matter and are worried that if the overall control of the services passes to Social Services, the level and efficiency of the service would deteriorate very rapidly' (3)

'There is a need for some leadership of medicine related issues across all LD sectors'. (4)

'I agree that there should be many benefits to an integrated service…(however) if the points I have raised are not carefully addressed, then it will not be possible to make appropriate financial plans and …. disagreements in the future could distract us from the commissioning and delivery of high quality health and social care services.' (7)

'The principle of a single service for people with a learning disability is supported and endorsed'. 'The lack of evidence and detail (in the consultation document) precludes further comment at this time'. (14)

'How do we ensure that the specialist health role does not become diluted i.e. by health professionals becoming care managers or not being replaced when vacancies occur' (15).

' We should like to be. …further consulted about the potential affect of these enhancements on the services we currently provide' (1).

'LMC was broadly in favour of the proposals in the consultation document'. (24).

‘We (NHS nurses) are frightened of our future… we cannot help but feel our roles will be eroded in the longer term…we will loose our links and networks….we are fearful of becoming Social Service employees… Therefore we would like it recorded.. it is our wish not to become Social Services employees’ (2).

‘There will be an increase in duties around care management’ (5)

‘Role of health staff may become diluted after TUPE’ (6)

‘We believe it will not improve the outcomes for our clients to divide our service which is at present South Derbyshire wide between Derby and Derbyshire’ (11)

‘Critical mass is essential to ensure that high professional standards are set and maintained. Professional isolation can lead to reduced performance effectiveness’. … we are unable to think of a single benefit to people with a learning disability of this proposal and can only view it in terms of loss in all areas’ (12).

‘A staged move would give social services time to build the trust of the staff transferring rather than forcing staff to transfer in an atmosphere of mistrust and suspicion’. (13)

‘ I do feel that joining the health and social care team in the same office is a really good idea… It’s difficult to make an informed decision when you don’t have all the information’ (16)

‘What will be the impact on Social services staff?’ (21)

‘It is therefore our proposal that SLT services in southern Derbyshire including those to adults with learning disabilities are hosted by a single organisation i.e. Amber Valley PCT’ (23)

‘do we have a job or drop in wage?’ (25)

‘main anxiety is that we stay with an NHS organisation’ (29)

‘We could loose the ability to use staff from other teams to help out’… the lines of communication have been dreadful’ (30)

‘We are extremely worried about being able to deliver health care if we were outside the NHS’ (32)

‘Social Services are stepping outside their area of practice and expertise’ (33)

“One Derbyshire, one integrated service would in our opinion make more sense to people with learning disabilities , their carers, workers , commissioners and providers.” (38)

"I wouldn't have come into this profession (LD) if it hadn't been a health organisation " (41)

"Staff felt confident working under an NHS badge" (48)

"It was noted that Social Services staff had not attended the open sessions" (48)

"Health will be taken over by Social Services" (49)

"It was stated that if it is pushed through before Christmas parents and carers would protest at County Offices, they did not want this move to go ahead." (50)

We have been on a roller-coaster of change" (52)

"We are frightened" (53)

"Overall, the committee felt that the document was good in principle…" (68)

"Health provision is free-Social Services cost. Will the change mean that all the services have a charge?" (85)

(We) recognise that this particular initiative is being driven by Government as well as Social Care and Health Agencies….our over-riding commitment….will be to maintain (staff) terms and conditions in totality wherever possible." (88)

"emotions ran high at all meetings" (91)

Conclusion

Whilst it is not intended to arrive at firm conclusions from the above review, in this report, it needs to be noted that the response rate achieved represents only a small number of potential respondents to the consultation. Most external parties to the two councils have not expressed any concern about the proposed merger. Most responses have come from NHS staff, who have expressed concern about their career and professional development as opposed to the broader principle of a Learning Disability integrated service.

1. Is structural change needed to achieve the service improvements/benefits identified in the consultation document?

2. Do Derbyshire County Council and Derby City Council Social Services have the expertise and track record needed to manage the proposed integrated learning disability social care and health service?

3. Will the proposed change diminish for the current NHS professions their professional identity, role and ability to practise.?

4. How does the development of separate services for Derby City and Derbyshire result in overall service improvement as this involves

creating new boundaries for the provision of NHS services and may be perceived to reduce the scale of some services?

5. Is the pace of change too fast and has the consultation undertaken resulted in a reasonable cross-section of views being obtained from interested people and organisations?

6. How will the practical barriers to integration of services e.g. pay and conditions, different regulatory, information, IT and care record systems be managed and resourced?

The outcome of this report needs to be seen within the context of all the comments received before arriving at a final conclusion.

Acknowledgements

Can I thank all those who helped with the examination and review of the documents: Kate Wilson, Ann Gibbins and Carolyn Gilby.

Michael Freeman
Senior Project Manager
16th January 2006

Consultation on the future Arrangements for the Management and Delivery of services for People with Learning Disabilities in Derbyshire and Derby

Report on Consultation Response

Introduction

The consultation analysis has 3 parts; -

1. Consultation questionnaires
2. Southern Derbyshire Advocacy Service questionnaires
3. Notes and minutes from consultation events
4. Letters and e-mails from interested parties

This report explores points 2, 3 and 4 above for the three-month period to 30 November 2005.

It does not include any analysis of 1 above. This review will be handled separately.

For the purposes of this report, it was agreed at a meeting on 25 November 2005, by the Project Group, that a form of tabulated analysis would be completed showing a breakdown of the different types of comments received. A narrative, highlighting the range of comments, both supporting the Learning Disability Partnership integration and expressing concerns about the integration, is included here. This report also highlights particular areas of concern voiced by respondents.

We have examined all comments based upon the principle that all NHS and local government learning disability parties have submitted comments if they wished. This covers both Derby City and Derbyshire County Council geographical areas.

The comments came as minutes of meetings, e-mails, letters and reports.

Analytical Process

All comments from all sources were given a reference number during the process of examination. Each document was examined and reviewed and then categorised against the points laid down in paragraph 10.1 – 10.3 (see “Consultation on the Future Arrangements for the Management and Delivery of Services for People with Learning Disabilities in Derby and Derbyshire”, dated September 2005). Although each document was read and considered on its own merit, it was necessary to highlight and identify subjectively the key themes raised within each document.
A summary monitoring sheet was designed which enabled the key factors identified to be allocated to one of three categories: A) People with Learning Disabilities and Family Carers, B) Staff, or, C) Health Community Partners, “*concerns”.*

In addition, each category was split over five areas to reflect the points laid down in the consultation document. These were: Reduced Cost, Improved Accountability,

Better Co-ordination, Service Improvement and Closer Partnership (Working), *"concerns".* The results of this work are shown below.

Where appropriate, a list of additional comments will be included from the documents examined, later in this report.

An audit trail was developed so that each comment highlighted and counted could be traced back to its source at any future time.

Summary of Issues identified – (number of times an issue was raised by a group)

	PWLD and Family Carers	**Staff**	**Health Community Partners**
Reduced Cost	14	0	22
Improved Accountability	0	3	0
Better Co-ordination	0	14	6
Service Improvement	17	49	0
Closer Partnership	4	29	8
Totals	**35**	**95**	**36**
Overall Total			***166***

Sources of Documents Received

Source	**Number of documents received**
Local government staff groups	4
NHS staff groups	49
GP's	1
Specialist working groups	13
PCTs	6
Pharmacist	1
Carer	13
Trusts	4
PWLD	1
MPs	2
Sub Total	**94**
Duplicated responses	16
Total	**110**

Comments arising from the tables above

It can be seen that 110 separate documents were received from across Derby City and Derbyshire County Council geographical area that were included in this analysis. (16 of these were later identified as duplicates and excluded from the analysis, leaving 94 items.) This number excludes the staff questionnaires mentioned above.

Out of the 94 documents, 49 were from NHS staff and a further 4 were from Local Government staff groups. Many of the documents had multiple authors and all of the 4 local government staff documents were as a result of staff briefings.

It should be noted, therefore, that the remaining 41 of the 94 documents were from other specialist and interested parties to the consultation.

We subjectively identified 166 occasions when referral was made to the consultation document within the 94 documents, which were considered significant during the review of these returns.

Respondents identified *service improvements* and *closer partnership working* as important matters for their concern. In particular they felt that the future quality of the service coupled with their professional skills would be endangered by the proposed partnership integration. There was also deep concern from NHS staff about working for Local Government from a professional and clinical governance point of view. Several comments were made by Derbyshire Mental Health staff that splitting their current service, from one joint service to two services, serving Derby City and Derbyshire County, would reduce the quality of the current service and duplicate current processes.

Service improvement and closer partnership totalled 107 out of the 166 points raised. This accounted for over 64% of the main concerns raised. Whilst there were some general comments in support of an integrated service, the overwhelming majority of comments *received* expressed concerns about the proposed merger.

Short breaks (see *Reduced Cost* in the “Health Community Partners” category) were also an area of great concern, in the open sessions in the north of the county, which aroused high levels of emotion and passion about perceived threats and cuts to these services.

There have been extensive consultations carried out across both the City and County. In total there were 63 recorded meetings held across the whole county area during the consultation period, at which minutes were taken and submitted to the consultation process.

It was also noted that letters referenced as 60 to 63, 4 documents, were the same but signed individually by four different members of staff.

These responses received need to be weighed against the total number of stakeholders contacted across Derby City and Derbyshire during the consultation.

Specialist Working Groups

A response was received from Derbyshire Advocacy Service following consultations with people with learning disabilities across the city and the county. This showed that out of 170 responses, 134 “liked the idea”. However, this number relates only to people who completed the advocacy consultation forms, many others were advised of the opportunity to contribute but did not take part. This document is available for further scrutiny. (Reference 74).

A detailed report was also received from the Derbyshire Clinical Psychologists setting out their concerns about the consultation process. This report is also available for scrutiny. (Reference 57).

A letter was also received from the Staff Side Unions with a list of their concerns for staff within learning disability services. This is also available for examination. (Reference 88).

A letter was further received from Central and Greater Derby PCTs setting out their answers to the consultation document following a meeting of their Board and Joint PEC on 16 November 2005. (Reference 99). This emphasises several key points including the need to establish a "critical mass" across the county as has been agreed with the ATSS.

Additional comments received not counted above

As far as possible, all key points were categorised through the key points laid down in the consultation document within paragraphs 10.1 – 10.3, as mentioned above. However, many comments were received on points that were not covered by the document. The number shown in brackets after each comment represents the amount of documents received which highlighted these issues as points of concern. The number of comments may be taken as an indication of the depth of feeling of the respondents. These points were summarised as follows;

- Terms and conditions of future employment (35 comments)
- Future professional status and clinical standing (23 comments)
- Future pension arrangements (23 comments)
- Any Alternative Structural Option (16 comments)
- Lack of clarity on future management structure (12 comments)
- Timescale (11 comments)
- Perceived bias in consultation document (and staff questionnaire) (11 comments)
- Questions over the ability of Local Government management skills (12 comments)
- Distribution & Availability of Consultation Document (7 comments)
- Mental Health Act (7 comments)
- Staff recruitment to Local Government difficulties (5 comments)
- Problems with IT integration and access to data (7 comments)
- Clinical negligence risk (5 comments)
- Eligibility criteria (5 comments)
- Complexity and Language in Questionnaire (4 comments)
- Possible loss of salary (2 comments)
- Lack of detailed information within the consultation document. (2 comments)
- Erosion of Health Posts (2 comments)
- Student Training (2 comments)
- Service with the Lead having the Power base (2 comments)
- Future arrangements for the supply and funding of drugs (1 comment)

Comments highlighted from respondents

Clearly within each document there were many detailed points raised that cannot be fully reflected in this summary. All the documents involved have been filed together so that they can be read further if required, to obtain a fuller picture around the proposals.

The following comments have been extracted from the documents in order to give a flavour of the points the respondents wish to be noted. (The corresponding figure shown relates to the document source number).

'We are generally in favour of the proposals to merge the services….however we have serious reservations on this matter and are worried that if the overall control of the services passes to Social Services, the level and efficiency of the service would deteriorate very rapidly' (3)

'There is a need for some leadership of medicine related issues across all LD sectors'. (4)

'I agree that there should be many benefits to an integrated service…(however) if the points I have raised are not carefully addressed, then it will not be possible to make appropriate financial plans and …. disagreements in the future could distract us from the commissioning and delivery of high quality health and social care services.' (7)

'The principle of a single service for people with a learning disability is supported and endorsed'. 'The lack of evidence and detail (in the consultation document) precludes further comment at this time'. (14)

'How do we ensure that the specialist health role does not become diluted i.e. by health professionals becoming care managers or not being replaced when vacancies occur' (15).

' We should like to be. …further consulted about the potential affect of these enhancements on the services we currently provide' (1).

'LMC was broadly in favour of the proposals in the consultation document'. (24).

'We (NHS nurses) are frightened of our future… we cannot help but feel our roles will be eroded in the longer term…we will loose our links and networks….we are fearful of becoming Social Service employees… Therefore we would like it recorded.. it is our wish not to become Social Services employees' (2).

'There will be an increase in duties around care management' (5)

'Role of health staff may become diluted after TUPE' (6)

'We believe it will not improve the outcomes for our clients to divide our service which is at present South Derbyshire wide between Derby and Derbyshire' (11)

‘Critical mass is essential to ensure that high professional standards are set and maintained. Professional isolation can lead to reduced performance effectiveness’. … we are unable to think of a single benefit to people with a learning disability of this proposal and can only view it in terms of loss in all areas’ (12).

‘A staged move would give social services time to build the trust of the staff transferring rather than forcing staff to transfer in an atmosphere of mistrust and suspicion’. (13)

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‘It is therefore our proposal that SLT services in southern Derbyshire including those to adults with learning disabilities are hosted by a single organisation i.e. Amber Valley PCT’ (23)

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“One Derbyshire, one integrated service would in our opinion make more sense to people with learning disabilities , their carers, workers , commissioners and providers.” (38)

“I wouldn’t have come into this profession (LD) if it hadn’t been a health organisation “ (41)

“Staff felt confident working under an NHS badge” (48)

“It was noted that Social Services staff had not attended the open sessions” (48)

“Health will be taken over by Social Services” (49)

“It was stated that if it is pushed through before Christmas parents and carers would protest at County Offices, they did not want this move to go ahead.” (50)

We have been on a roller-coaster of change” (52)

“We are frightened” (53)

"Overall, the committee felt that the document was good in principle…" (68)

"Health provision is free-Social Services cost. Will the change mean that all the services have a charge?" (85)

(We) recognise that this particular initiative is being driven by Government as well as Social Care and Health Agencies….our over-riding commitment….will be to maintain (staff) terms and conditions in totality wherever possible." (88)

"emotions ran high at all meetings" (91)

Conclusion

Whilst it is not intended to arrive at firm conclusions from the above review, in this report, it needs to be noted that the response rate achieved represents only a small number of potential respondents to the consultation. Most external parties to the two councils have not expressed any concern about the proposed changes. Most responses have come from NHS staff, who have expressed concern about their career and professional development as opposed to the broader principle of a Learning Disability integrated service.

The themes from the analysis of comments emerges into six key challenges.

1. Is structural change needed to achieve the service improvements/benefits identified in the consultation document?

2. Do Derbyshire County Council and Derby City Council Social Services have the expertise and track record needed to manage the proposed integrated learning disability social care and health service?

3. Will the proposed change diminish for the current NHS professions their professional identity, role and ability to practise.?

4. How does the development of separate services for Derby City and Derbyshire result in overall service improvement as this involves creating new boundaries for the provision of NHS services and may reduce the scale of some services?

5. Is the pace of change too fast and has the consultation undertaken resulted in a reasonable cross-section of views being obtained from interested people and organisations?

6. How will the practical barriers to integration of services e.g. pay and conditions, different regulatory, information, IT and care record systems be managed and resourced?

The outcome of this report needs to be seen within the context of all the comments received before arriving at a final conclusion.

Acknowledgements

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Michael Freeman
Senior Project Manager
18th January 2006

Detailed Analysis of Issues Identified within Report (ie The number of times each issue was raised)

Code for Paragraph Bullet Points
A= 10.1
B= 10.2
C= 10.3

	A PWLD & Family Carers	B Staff	C Health Community
Reduced Cost A1,A7,A8,C3	County-6,12, 46,47,48,49,50,51,52,53,54,83,95=13 City-38=1		County-7,10,11,26,30,31,34,43,44,45,48,49,50,51, 52,54,85,95,99,105=20 City-21,38=2
Improved Accountability A2,B2,C2		County-5,13,23=3	
Better Co-ordination B1,B4,C4, C10		County-6,13,14,15,23,26,3,43,43,47,103=11 City-21,22,38=3	County-15,32 ,44,65,68,85=6
Service Improvement A3,A4,A5,B3, B5,C5,C7,C9, A6	County-1,3,3,3,6,6,7,7,9,12,32,32,45, 54,54,71=16 City-22=1	County-2,5,5,6,8,9,13,14,15,27,29,30,31,32,33, 34,43,44,45,47,39,40,58,60,61,62,63,64 ,68,69,70,73,76,83,85,89,95,99,101,102 ,103,103,104,105,110=45 City-16,20,28,41=4	
Closer Partnership A9,B6,B7,C1, C6,C8	County-33,47,54,71=4	County-2,5,9,12,12,13,13,15,26,31,32,33,34,43, 44,45,47,38,68,69,70,73,83,87,89,95,10 1,110= 28 City-20=1	County-1,7,11,30,43,44,53,85=8

Notes to above

1. Reference numbers relate back to individual documents received and reviewed in this analysis
2. Final numbers represent total number of points raised.

Additional Comments Received and not Counted Above

Additional Comments	Reference of Source Document
Terms and Conditions of future employment	43,44,46,47,48,50,39,41,42,54,76,70,69,68,66,64,63,60,61,62,2,5,6,73,21,30,31,34,83,88,90,99,101,103,106=35
Future Pension Arrangements	44,45,46,47,51,39,42,54,58,77,5,6,15,22,25,27,28,30,88,101,105,106,110=23
Future Professional Status and Clinical Standing	45,46,47,48,50,51,52,38,42,54,60,61,62,63,77,6,8,9,15,34,95,97,99=23
Possible loss of Salary	44,25=2
Staff Recruitment to local government difficulties	45,47,50,52,30=5
Problems with IT integration and access to data	43,41,68,76,5,101,103=7
Lack of clarity on future management structure	40,41,42,60,61,62,63,66,10,15,30,33=12
Clinical Negligence Risk	50,39,41,15,33=5
Perceived Bias in Consultation Document (& questionnaire)	46,48,41,69,70,71,16,29,35,83,91=11
Future Arrangements for the Supply and Funding of Drugs	3=1
Questions over the ability of local government management skills	46,48,50,51,52,53,71,91,92,93,106,109=12
Eligibility Criteria	49,51,24,7,15=5
Lack of Detailed Information within the Consultation Document	46,16=2
Erosion of Health Posts	43,73=2
Student Training	43,38=2
Mental Health Act	43,46,48,49,50,7,15=7

Any alternative Structural Option (eg Care Trusts, Status Quo, one service)	44,47,49,50,51,52,53,38,41,11,12,13,14,23,32,33=16
Timescale	45,46,50,51,52,53,41,77,71,28,34=11
Distribution & Availability of Consultation Document	46,48,49,50,51,52,59=7
Service with the "Lead" having the Power Base	48,50=2
Complexity and Language in Questionnaire	50,51,42,59=4

Final numbers shown represent total number of points raised.

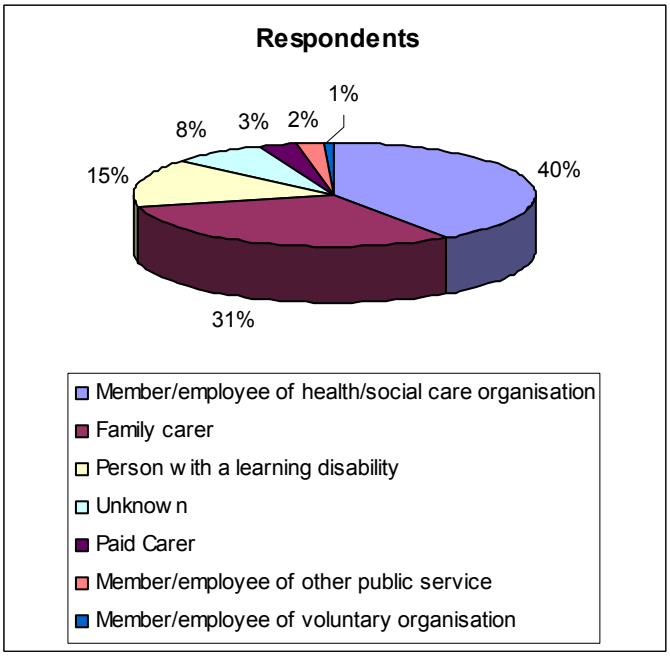
CONSULTATION ON THE FUTURE ARRANGEMENTS FOR THE MANAGEMENT AND DELIVERY OF SERVICESFOR PEOPLE WITH LEARNING DISABILITIES IN DERBYSHIRE AND DERBY

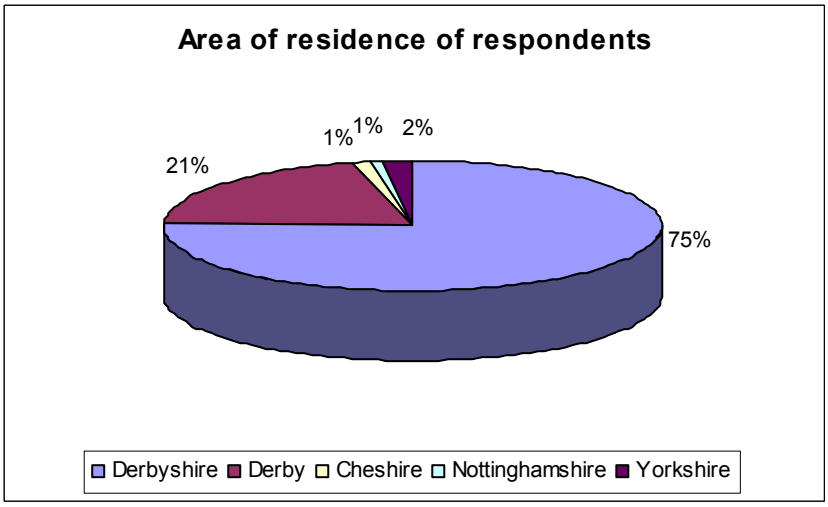
Consultation Questionnaire Analysis - January 2006

The consultation questionnaire (See Appendix 1) was made available as an on-line form on the DCC website and as a paper version. Both Derbyshire and Derby City Social Services promoted the consultation and this report draws together responses from both Departments. The term learning difficulties is used interchangeably with learning disabilities reflecting the preferred way people with learning disabilities prefer to refer to themselves.

The cut off date for return of questionnaires was extended to include a number of questionnaires that came in after 30th November. A total of **133** questionnaires were returned as at 10th December 2005. A breakdown of who returned the questionnaires is shown in the box below. Some participants were not exclusive to one particular group, i.e. paid carer/member/employee of health/social care organisation. In such instances their primary category was recorded.

Status of person completing questionnaire	Count
Family carer	41
Member/employee of health/social care organisation	54
Person with a learning disability	20
Unknown	10
Paid Carer	4
Member/employee of other public service	3
Member/employee of voluntary organisation	1
	133



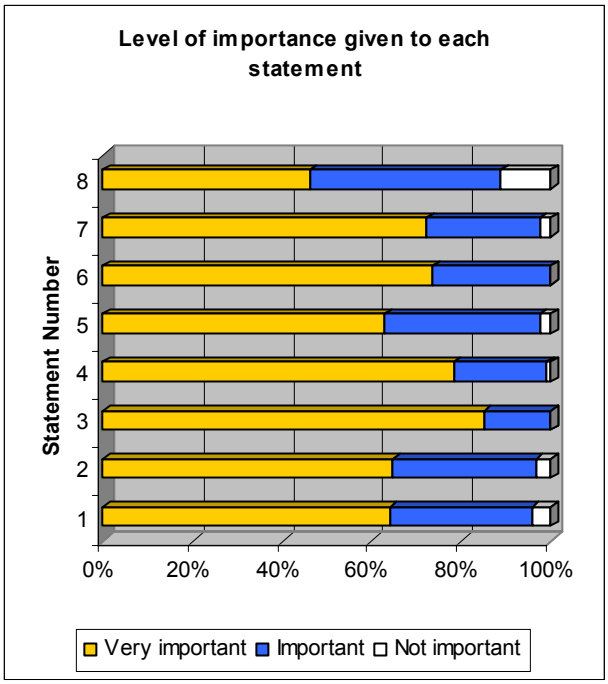


Sue Whetton
Project & Research Manager – Quality (Acting)
11th January 2006

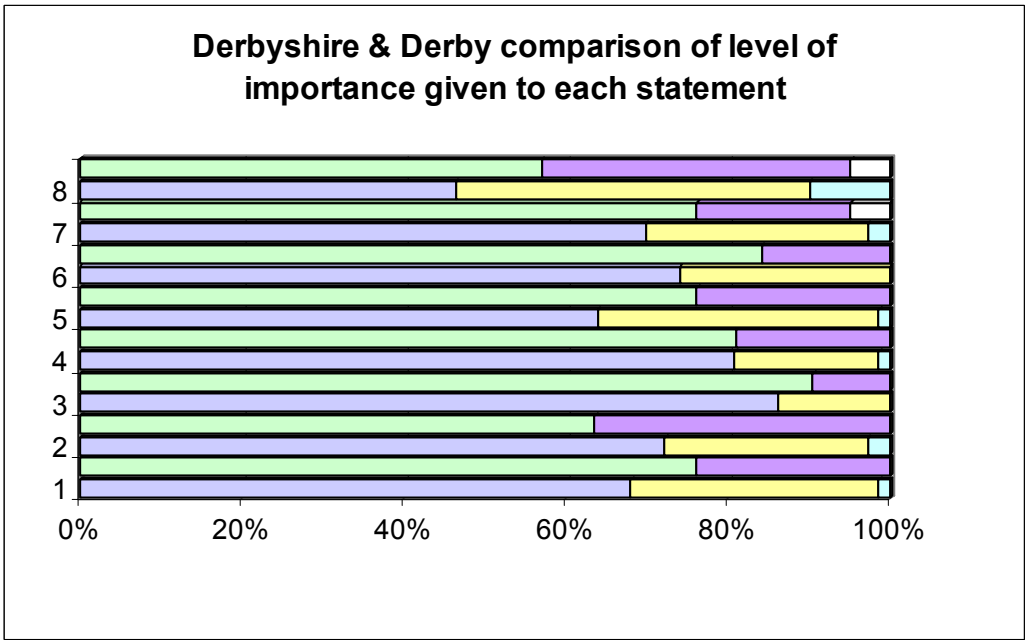
The questionnaire included a mix of qualitative and quantitative questions to enable a measure of what people perceived the priorities to be but also to enable them to freely make comments about the proposed transfer.

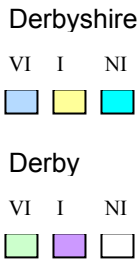
A number of statements were listed and respondents were asked to rate them by level of importance.

1	Saving money be reorganising management and administration to ensure more money is available to spend directly on people
2	Improving accountability and accessibility by making it clearer who is responsible for organising health and social care services
3	Making sure NHS and Social Services (inc services commissioned by councils) work together effectively
4	Enhanced ability to ensure that services focus on priorities including people with high and individualised support needs and/or living with older family carers
5	Greater flexibility and responsiveness of services to changing needs
6	Investment in staff and facilities supporting local services and tackling local priorities
7	Improved quality of specialist/dedicated health services
8	Stronger business planning and unified performance management



The following stacked chart shows the level of importance given to each statement as a comparison between Derbyshire and Derby respondents:

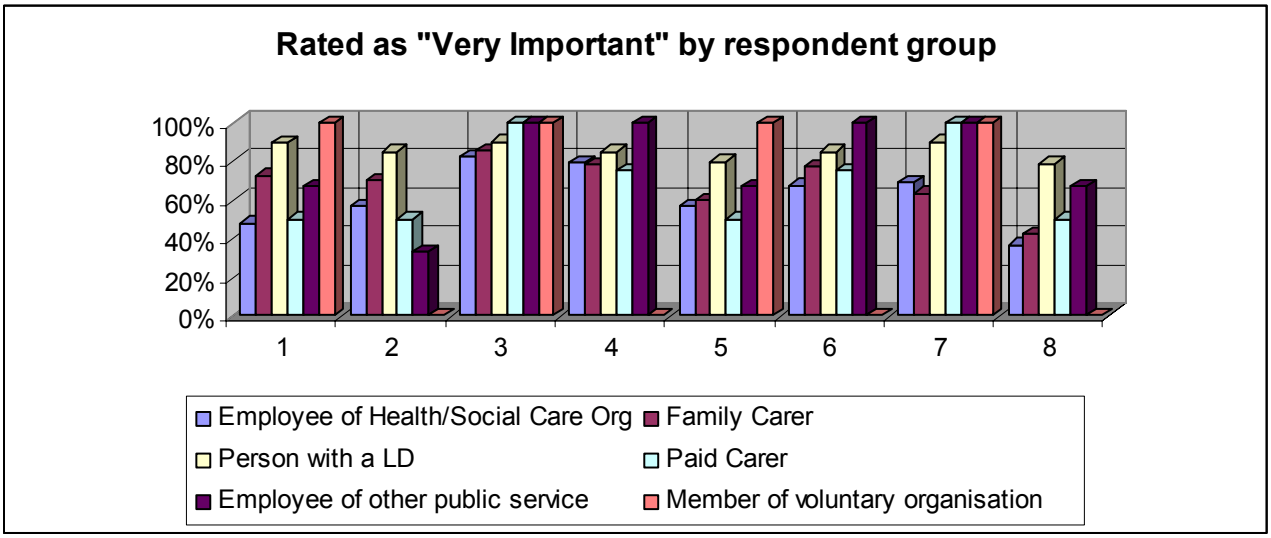




VI	Very Important
I	Important
NI	Not Important

Sue Whetton
Project & Research Manager – Quality (Acting)
11th January 2006

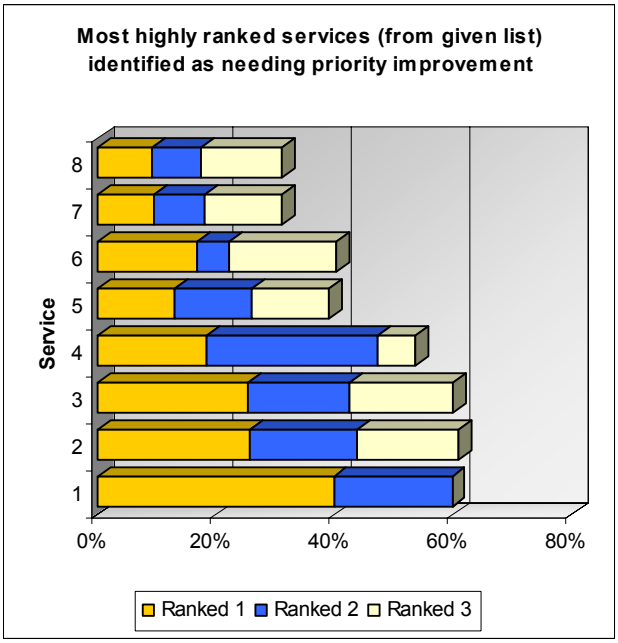
The following chart shows the comparison of which statement was rated "very important" by different respondent groups. The chart does not include those respondents whose group was unknown. It is important to consider that some respondents belonged to more than one group and that they have been attributed to a primary group category.



A second question asked respondents "**What are the services that need to be improved most?"** Eight suggestions were made and respondents were asked to rank them in priority order. There was also space for respondents to add their own suggestions.

There were a mixture of responses to this question and a proportion of the respondents chose not to rank the eight suggestions, instead commenting that they were all equally important and that different people would have different priorities depending on their status, i.e. as a health or social care professional, as a carer or as a person with learning disabilities.

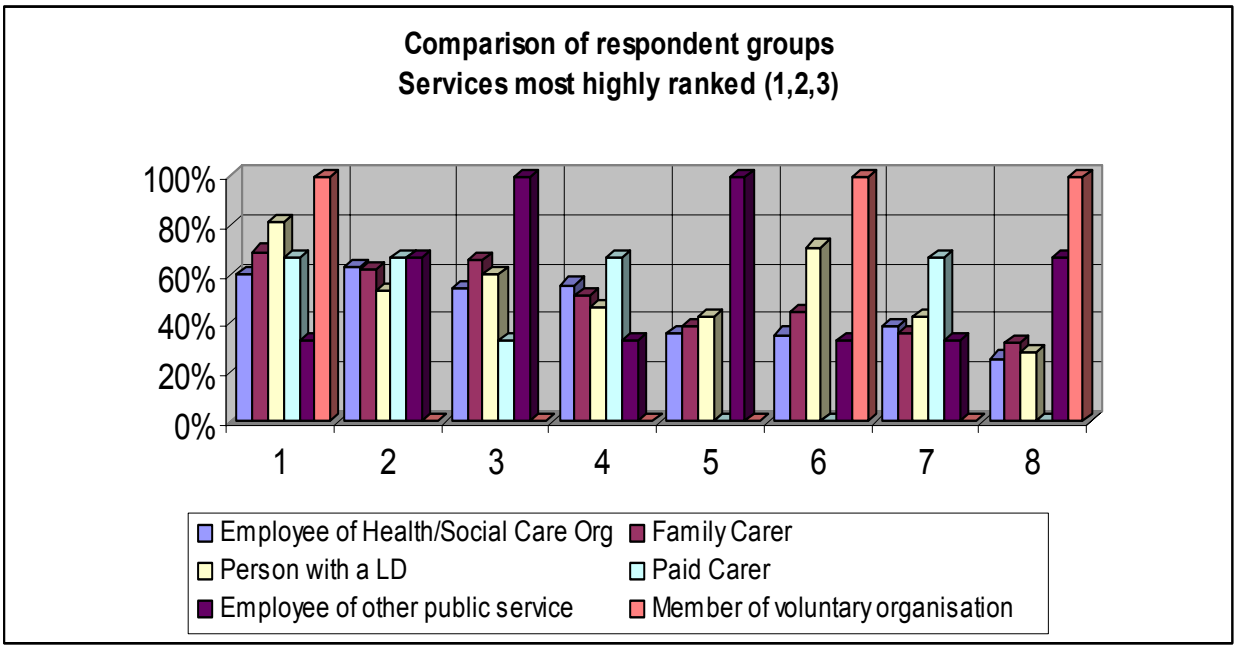
The following chart shows the rating (from those who chose to complete) of the 8 suggested service areas:



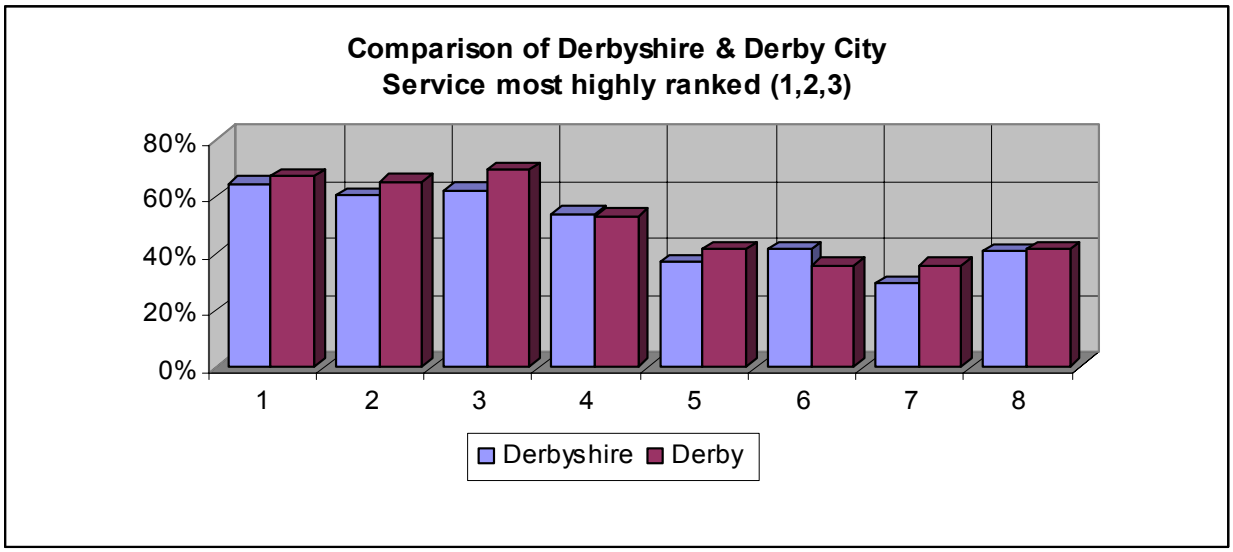
1	Specialist dedicated health care
2	Short break support services
3	Day Activities
4	Assessment, treatment and support services
5	Leisure services
6	Community LD teams
7	Rehabilitation
8	Specialist sensory, occupational and physiotherapy

Sue Whetton
Project & Research Manager – Quality (Acting)
11th January 2006

The following chart shows the comparison of which services were ranked highly (1, 2, 3) as needing priority improvement by different respondent groups. The chart does not include those respondents whose group was unknown. It is important to consider that some respondents belonged to more than one group and that they have been attributed to a primary group category. For example many paid carers work for organisations providing health and social care.



The chart below shows the comparison between the results of Derbyshire and Derby City in terms of which services were ranked highly as needing priority improvement.



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Project & Research Manager – Quality (Acting)
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There was space allowed on the questionnaire for respondents to suggest other priorities for service development and these are shown below.

Other suggested priorities

Volunteers x 6	Assertive Outreach
Long Term Care	Advocacy Service
Social Services x 8	Telephone Helpline
Supported Employment x 3	Specialised Autistic Service x 3
Transport Services In Rural Areas	Hydrotherapy
Community Presence	Emergency Dentist
Profound Disability Care - One To One	Mentoring
Direct Payments	Children-Adult Transition Services
Children's Services Respite	Regular Carer Meetings
Sheltered Housing	Smaller Transport
Care In The Community x 3	One To One Support
Adult Placement - As Short Break Option	Independence Training
Specialist Nursing Care for high level needs	Resources for persons with change in circumstances
Creative person-centred day activities for people with complex needs	Enhanced Psychology services for people with complex needs in transition

Evaluation of qualitative data

There was some criticism of the questionnaire by professionals that it appeared to be biased and did not allow respondents to freely say what they thought about the proposed transfer. However, at analysis stage, it is clear that this is not the case. Respondents had the opportunity in the free text boxes to express their views in whichever way they wished and they clearly did so.

Many comments were made in response to questions asking what the most important issues for consideration were and what disadvantages there might be in the Learning Disability service transferring to Social Services. These have been summarised below and fall into a number of themes:

Communication and Information

Some respondents commented on the importance of clear and understandable information about the proposed changes and that “easy read formats” had not been made available until near the end of the consultation period making it difficult for service users to take part. A number of respondents expressed concern that the consultation was not well publicised and many carers/clients do not have access to the internet or have computer literacy skills in order to access the consultation documentation.

“I feel this consultation document has not been widely communicated and it was left to staff on wards to inform parents and carers as to what is happening”.

Respondents also raised a number of questions in their responses, indicating that they were not well informed of documentation already available. This would again indicate a need to improve communication and dissemination of existing information.

Respondents also stated the importance of keeping everyone involved, well informed of meetings, decisions and progress and that advance warning of any change is absolutely

paramount. Also any new structure will need to be clear so users, carers and staff know whom to contact directly with concerns and issues.

A need for accessible information about what services are available in Derbyshire was also suggested by a number of respondents.

Continuity and Quality of Care

Maintaining current service levels was generally the main concern for people with learning difficulties, family carers and for a number of staff. It is clear that people with learning difficulties and carers do not want disruption to the care that they receive; they wish to receive high quality care from highly trained and committed staff and they want to continue to be able to access specialist health workers. They also felt it most important that both individual and family needs are met well.

"The quality of the present service must not be reduced. It must continue to change, improve and adapt to the needs of people with learning difficulties their families and their carers - it must not be allowed to deteriorate and the levels of service must not be reduced - adequate resources must be made available"

"The merger of both services will provide an opportunity to create a unified service producing consistency and continuity of service delivery".

There were a number of comments about consistency of access to services across County and City and also unfounded concerns that residential services under the management of Social Services would no longer remain free of charge at the point of access, as is the case now.

"Ensuring a co-ordinated service which is of the same high quality and accessibility wherever in the county service users live, particularly Glossop as services are virtually non-existent".

Cultural barriers

A number of comments related to differences in NHS and Social Services cultures. For example, policies and procedures could be difficult to define across organisations; different IT systems are in place across all organisations involved i.e. Framework I and Swift; clarification as to how services between City and County would run; Social Services go out of county for reviews and health do not; Pay, pensions, benefits and working conditions will be affected; a need to balance focus between health social care and activity so the approach is holistic; fear of loss of cross patch working; increased paperwork; Health staff will be devalued, loss of identity; increased 'double-speak' documentation and communication; loss of objectivity and increase in 'economic' discussions; conflicting Codes of Conduct.

Finance

A number of respondents expressed concern about accountability for NHS funding leading to a reduction in service. The comments also suggest that there is a strong perception that Social Services "have no money" and a fear that there will be an inappropriate redistribution of budgets.

"A need to ensure that the funding from NHS is transferred to the local authorities and that any savings in management and admin costs are used at the point of delivery of services, thus increasing the amount available".

NHS Staff

Comments from those respondents who are currently employed by the NHS show a clear concern for protection of their current working conditions, including pension and pay; clinical governance issues; Continued Professional Development; clinical negligence insurance; autonomy and clear allocation of roles; clinical practice training and a need to ensure links to

educational facilities and clinical placements; risk monitoring; recruitment and retention and continual recognition of specialist role and a reduction in staff morale.

"Large numbers of staff feel unhappy about the transfer. Nursing staff will lose their credibility and eventually their ability to practice (which has happened in other areas). Accountability is important but within social services it does not appear to be at present".

NHS staff also talked about the perceived negative public perception of social services and not wanting to lose their current respect and credibility by being employed by Social Services. NHS staff also expressed the need to conform to Healthcare standards. Their comments also reveal a common fear of loss of ability to practice skills amongst nursing staff.

"If this transfer is forced through despite general negative feeling from health staff, there are several issues to be addressed: ensuring that learning disability nurses continue to be able to use their specialist clinical skills and knowledge unhindered by being asked to undertake roles outside of their scope of practice e.g. care management".

Organisational and Management Issues

There were many concerns about how any new structure might look and the effects of the transfer on clinical governance.

"Make sure that any changes to management structure are not at the expense of health facilitation and ongoing clinical supervision and support"

"any new structure will need to be clear so users, carers and staff know who to contact"

Many comments referred to the need for good partnership working and consistent working practices across organisations as well as adequate staffing levels and expertise working in multi-disciplinary teams.

"Staff need to have a clear understanding of their role and responsibilities, the aims of their team and how their work fits the broader service and they must feel secure within their careers"

Another recurring theme was the need for good long-term planning and implementation and the importance of identifying and planning for gaps in service whilst at the same time recognising ongoing and successful programs that are already in place.

Also important to respondents was that any new partnership should be service user led ensuring appropriate and effective involvement of service users and carers in provision of services.

"That the people requiring the service understand how the service will operate, what its aims are and what they can expect from the service".

Other comments falling under this heading were:

- A need for central management, administration and care management;
- Needs to be at arms length from the council;
- The need to accommodate and value staff and ensure they are not disadvantaged by the transfer;
- Improve data collection around children coming into services and the current population of learning disabled people in Derby which identifies their needs so that a 5 -10 year service plan can be developed;
- Mental Health and Learning Disabilities – can't group together as they have totally different needs;
- Learn from other Authorities;
- PCT boundary issues particularly in Glossop

Pace of change

There seems to be a general feeling that things are going too fast and that not enough time had been allowed to widely publicise the consultation to all those concerned. Also, that not enough time was being allowed for the consultation period.

"People with learning disabilities do not like change, carers get the backlash"

Perception of Social Services as an organisation

A general theme running throughout comments made by respondents suggests that public and professional perception of Social Services is a barrier to the proposed transfer of the service. These perceptions include that Social Services is too bureaucratic with too many layers of responsibility; the Departments have no money; that Councils are too large to adequately provide services in rural areas such as High Peak and North Dales; that there is a perceived Social Services stigma; perceived cuts to service and cheaper options being pursued if Social Services lead; that Social Services are not health trained; it is perceived that health will become low priority and will be more social care focussed; a lack of Social Services support in the past leading to a lack of trust from carers.

"We don't think that social services is capable to take care of the health issues of severely impaired people with learning disabilities"

Service Provision

Assessment and treatment beds
Some respondents suggested there are not enough A&T beds leading to inappropriate use of admission to general psychiatric wards and a particular mention was made concerning bed blocking at Ash Green in order to provide respite care; assessment and treatment outreach needs improving with the back up of local beds for clients with mental health and moderate to severe learning disabilities; better planned admission policy and arrangements for 2 weeks plus stays

Crisis prevention/response
Need for team of support staff similar to mental health that work with individuals who regularly have difficulties before crisis occurs; many general comments about the need for improved crisis response

Day Care
It is clear from both the quantitative and qualitative data that there is a need for improved day care provision particularly for those with complex needs and for service users aged 65 and over. Comments suggested a demand for improved quality and variety of activities within day care provision as well as improved links with colleges to find off-site educational facilities that are more inclusive.

"Can't we have one or two good activities a week instead of 5 days of crayoning?"

"Don't forget the Dales, without the Medway Centre, we would have no services for our loved ones with a Learning Disability"

Other comments about day care referred to decreasing the size of centres, making them safe and secure, and a need to improve quality of staff and sickness absence among staff.

Development of work and leisure opportunities
Comments from people with learning difficulties and family carers indicate a need for more employment and volunteering opportunities for people with learning difficulties with medium or high support needs, with some suggesting that this is developed alongside day care provision.

Independent Living
To increase suitable Independent Living provision and training

Sue Whetton
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11th January 2006

Nursing and Residential Care
Comments suggest there is not enough provision of adequate nursing and residential care in Derbyshire. Specialist provision needs to be provided to prevent costly out of area placements.

Older People
Need to look at the health needs of ageing learning disabilities population and what happens when they require acute admission and management. A number of people currently supported by the NHS are over 65 – respondents query whether there will be a new older adult service, day or residential as part of the proposals.

Provision for severe, complex multiple disabilities
Many respondents' comments indicate that there should be an increased focus on improving and increasing service provision and opportunities for those people with severe, profound and complex multiple disabilities. Need to focus on specific groups such as autism, dual physical / learning disability, and dual mental health in order to provide local services that can be sufficiently regulated.

"Complex needs are often left by the wayside"

Psychology Services
A number of respondents commented on the need for improved psychology services for people with learning disabilities with complex needs.

"Enhanced psychology services are desperately to assist service users with challenging and complex needs".

Respite Care
Comments suggest a need for more provision of local respite care countywide and an increased provision of respite care for complex needs.

"To improve services in the north of the county - i.e. respite being one major issue"

Transition Services
Transition services for young people with severe, complex disabilities, particularly autism.

"A dedicated support team to meet the needs of people with autism and challenging behaviour due to the changing needs of service users coming through transition".

Transport
A need for much improved transport for better access to support leisure services

"Transport it is ten times worse than it was before the 'improvement'"

Summary

The arrangements for this consultation have been criticised including the design of the questionnaire, availability of information in other formats and the length of time allowed for the consultation, especially for people with learning difficulties.

The analysis indicates that those who have responded to the questionnaire were able to express their views, wishes and concerns. The deadline for the questionnaire consultation was also extended by over 4 weeks to allow replies received after the initial closing date to be included in the analysis. It is also noted that people were able to participate in the consultation through the range of meetings held during the consultation period and comments obtained in this way have been aggregated and evaluated separately along with comments, letters and other documents received.

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11th January 2006

Consultation with people with learning difficulties was conducted through 24 separate meetings led by Derbyshire Advocacy Service and Peak and Dales Advocacy Forum. In addition, there were a further 39 stakeholder meetings including 2 specific meetings held with representatives nominated by family carers to review the proposals.

Additionally, staff affected by the proposed transfer of the Learning Disability Services, will be consulted before any changes are made. Details of the other consultation activity, outcomes and correspondence received to each organisation have been reported separately.

Although the comments received via the consultation questionnaires appear to be in the main negative, many of the concerns raised had already been anticipated and are addressed by the proposals set out in the consultation documentation also made available on-line with the questionnaire. Despite the somewhat negative concerns about the proposed transfer, there is clearly support for better and closer inter-agency working and it must be noted that many of the issues or concerns were about existing services and did not necessarily anticipate that the new arrangements would make things worse.

Further analysis of the *themes* identified in this report suggests a broad fit within the six key challenges that have emerged from the wider consultation activity carried out alongside the questionnaire:

1. Is structural change needed to achieve the service improvements/benefits identified in the consultation document?

2. Do Derbyshire County Council and Derby City Council Social Services have the expertise and track record needed to manage the proposed integrated learning disability social care and health service?

3. Will the proposed change erode the professional identity, role and ability to practise for NHS staff?

4. How does the development of separate services for Derby City and Derbyshire result in overall service improvement because the creation of new boundaries may be perceived to reduce the provision of some services?

5. Is the pace of change too fast and has the consultation undertaken resulted in a reasonable cross-section of views being obtained?

6. How will the practical barriers to integration of services e.g. pay and conditions, different regulatory, information, IT and care record systems be managed and resourced?

The evaluation report of all consultation findings will soon be completed. This will provide detailed consideration of the above key challenges involved in the proposed transfer of the Learning Disability Services.

Sue Whetton
Project & Research Manager – Quality (Acting)
11th January 2006

Appendix 2.8

Derbyshire and Derby Learning Disability Services Partnerships

Integration Project Management Team

Andrew Milroy	Head of Service – Disabled People (Disability and Learning Disability – Social Care and Health) Derbyshire County Council Social Services
Mick Connell	Senior Assistant Director – Adults Social Services Derby City Council
Kathryn Blackshaw	Director of Service Improvement and Commissioning (1) Central Derby and Greater Derby PCTs
Carolyn Gilby	Acting Associate Director – Learning Disability Derbyshire Mental Health Services NHS Trust
David Snowdon	Assistant Chief Executive/Chief Nurse (1) Derbyshire Mental Health Services NHS Trust
Jenny Liew	Acting Head of Learning Disability Services Derby City Council Social Services
Claire Saul	Strategic Lead Commissioning Manager – Learning Disability Derby City Council Social Services
Deborah Jenkinson	Strategic Lead Commissioning Manager – Learning Disability Derbyshire County Council Social Services
Michael Freeman	Senior Project Manager
Paul Goodfield	Finance Manager Chesterfield PCT
Ann Gibbins	Nurse Manager/Matron – Ash Green (2) Chesterfield PCT
Jackie Lawley	Assistant Head of Service – Learning Disability (3) Derbyshire County Council Social Services

Notes:

(1) Member of the Project Management Team not directly involved in the evaluation meetings and contributing by document review.
(2) Leading the Clinical Governance Work stream. Contributed to the evaluation meeting 12.12.05 and Open Session Meetings held in Derbyshire
(3) Contributed to the evaluation meetings 1.12.05 and 12.12.05 and the Open Sessions in Derbyshire. Now left Derbyshire County Council.

CONSULTATION ON THE FUTURE ARRANGEMENTS FOR THE MANAGEMENT AND DELIVERY OF SERVICES FOR PEOPLE WITH LEARNING DISABILITIES IN DERBYSHIRE AND DERBY

Consultations already undertaken

- "The Way Forward" Southern Derbyshire & Derby City 2000/2001
- Derbyshire Joint Investment Plan
- North Derbyshire, September 2001 – December 2001
- North Derbyshire, January 2002 – April 2002
- Derbyshire Learning Disability Partnership Board – October 2001 and continuing as part of the service development work of the Partnership Board.
- Derby Learning Disability Partnership Board – November 2003 Integration Project Plan
- Aston Hall Hospital Closure

The key themes of the outcome of consultation have been:

- Concern that the valued characteristics of existing services should be maintained (local access, familiar staff and ways of organising)
- Managing change
- Gaining the benefits of a stronger person-centred approach to service delivery.
- Maintaining a viable specialist/dedicated service capable of meeting the needs of people with individualised and high support needs whilst creating separate integrated health and social care services for Derbyshire and Derby
- Maintenance of professional networks.

From the Consultation Document, Section 3 Page 10.

Consultation on the Future Arrangements for the Management and Delivery of Services for People With Learning Disabilities in Derbyshire and Derby

Meeting With Derbyshire Carers Association Representatives 9.12.05 (10:30 –13:45)

Present: Harry Burrows (DCA)
Janice Handley (DCA)
Andrew Milroy (DCC/Chesterfield PCT)

- Future of independent sector in provision of health and social care services.
  - Noted national policy to shift PCTs and Local Authorities to strategic commissioning rather than providing services directly.
  - Derbyshire strategy for learning disability is to fit with national policy whilst strengthening directly provided services to support assessment, independence planning and market management.
  - Noted changes to provision of DCC day services including contract with LCF for services for adults with physical and sensory impairments.
- Ashbrook Centre, Chesterfield and NE Derbyshire day services.
  - Noted investment committed by DCC and progress with Holmewood Community Centre development and tender for services.
- Policy objectives.
  - Making better use of all available resources (health and social care).
  - For Derbyshire priorities already set through integrated Business Plan and planning process bringing local directly provided services together every 3 months.
  - Places strong emphasis on effective and appropriate use of NHS specialist/dedicated health services for people with learning disabilities that supports related social care services to secure independence and optimum social inclusion.
  - Providing consistent support to family carers, especially older family carers.
  - Further work to do for Derby building on the appointment of the Joint Head of Service and the direction set through the Derby Learning Disability Partnership Board.

Emerging themes from the consultation were considered based on the likely response to each and comments were noted as follows:

1. Do we need organisational change to gain service improvement? Improved partnership working between NHS and SSD learning disability services is important, has widespread support and has been achieved through current partnerships.

Likely Response:

- We have made good progress over the past 5 years and in the past 2 especially.
- There is strong support for further integration – the issue appears to be the choice of vehicle to achieve this.
- Current service structure impedes effective co-ordination and management of competing priorities.
- Separate organisations create separate decision-making and corporate priorities interfere with action most appropriate for people with learning disabilities and family carers.
- Assessment and care co-ordination are impeded due to organisational boundaries and a single organisation will assist all professionals to use their distinctive roles and responsibilities in more effective and person centred approaches – reducing costs of assessment, improving speed of response and establishing a clear and single point of access.

- Comments:

- Noted outline structure for Derbyshire – helpful indication of the way the NHS functions will continue to operate and be developed.
- Problems at the moment are all at the intersection of services – CLDT is where all the problems happen.
- Need to create capacity to co-ordinate services better and plan ahead.
- Remove or reduce duplications/hand offs – need to make sure people own responsibility for responding for the whole service.
- Want to see best use of resources and value for money.
- Want to see delivery and results.

2. Reputation of Social Services – an issue for some people. Do Derbyshire and Derby have the expertise and track record needed to manage the proposed integrated services (Appears to reflect funding pressures, access to accommodation/support.)?

Likely Response:

- Individual experiences are important and need to be understood.
- Reputation of Social Services is also to be judged through external evaluation e.g. Commission for Social Care Inspection judgement on performance – Derbyshire and Derby just confirmed as 3 and 2 star organisations for third year.
- Complaints data suggests the Social Services Departments are focus for dissatisfactions that are product of whole system. Complaints data shows SSDs are responsive to needs and resolve problems effectively when these arise
- Scale of Social Services activity is significantly greater than NHS specialist/dedicated learning disability services and involves long-term commitments to supporting people to develop independence and social inclusion. – inputs and outcomes are more difficult to co-ordinate.
- Responsibility for providing support for people with learning disabilities has been progressively transferred to SSDs over the past 30 years. Level of funding to meet current and future needs is below actual requirements despite substantial and unprecedented increases in revenue spending made by Derbyshire County Council, Derby City Council and Derbyshire/Derby PCTs.
- NHS brand has been strongly promoted by Government.
- Less information is available about the actual quality and outcome of NHS specialist/dedicated learning disability health services.
- Current structure gives SSDs lead responsibility for commissioning NHS services and for senior management of NHS services (Chesterfield PCT).
- Messages from consultation indicate need for better information about role of SSDs and overall performance and outcomes.
- Proposed changes involve continuation of NHS specialist/dedicated learning disability health services, more clearly specified than now, operating within an integrated social care and health service.

Comments:

- Additional information provided is helpful.
- Need to understand criteria used to judge SSD performance.
- Need to know how accountability for services will work.
- Want to be able to see baseline for current service and criteria for measuring improvement.

3. Accountability for NHS finance – concern that Social Services will gain control over NHS funds leading to reduction in services provided by NHS.

Likely Response:

- Proposed changes will operate under a S.31 Health Act 1999 partnership with clear arrangements for specifying NHS services to be provided (and outcomes) and monitoring delivery (see outline organisational structure).
- Arrangements have the effect of locking funding into the service.
- Flexibility will be matched by new discipline required to operate within allocated budgets and agree with service commissioners any significant variations to use of funds that affect performance objectives.

Comments:

- Detailed explanation is helpful.
- Securing clear control for spending is seen to be essential.

4. Enhanced NHS learning disability services for Derbyshire from the proposed changes and diminished services for Derby due to smaller scale. Why not operate all NHS functions as for Assessment Treatment and Support Service with a SLA for City?

Likely Response:

- Service Commissioners have already required that the proposed Assessment Treatment and Support Service for Southern Derbyshire and Derby City should be provided by Derbyshire as part of a County/City service.
- The consultation period and parallel work has been used to help identify opportunities and constraints.
- All organisational arrangements involve making strategic choices about the relative costs and benefits of structures and the benefits/problems of different boundaries.
- The existence of two local authorities will be a significant consideration and the benefits of integrating learning disability health services with the relevant local authority are important: contributing to the wider strategic objective of social inclusion by strengthening the relationship with services that are most frequently interacted with.

Comments:

- Need to be able to show overall improvement in services and how integration with social care offsets apparent reduction in scale elsewhere.

5. Putting people first not organisational politics.

Likely Response:

- See above.

Comments:

- Family carers want support and don't mind how this is provided if people are put first and services are secure and consistent.

6. Charging for services – NHS free at point of delivery whilst SSD charge for (some) services provided.

Likely Response:

- Policy for NHS is decided nationally
- Proposed changes would mean continuation of NHS provision as now.
- Policy for charging for provision of residential care and nursing home services is decided nationally.
- Charging for domiciliary care services is a matter for local authority policy within a national framework to ensure any charges are applied fairly across all services.

Comments:

- Position clear.
- No issues arising from the proposed changes.
- Support action to ensure people who need NHS support get it and those who need social care support are provided with this based on their needs.

7. NHS Professions – professional identity; clinical practice – supervision/support (including Continuous Professional Development and training); autonomy.

Likely Response:

- A key objective of the proposed changes is to secure a sustainable service that will build on the valued, distinctive and continuing contribution of all NHS professions/disciplines.
- Across the current service structure and through three separate organisations there is a substantial investment made in staff training and development.
- The proposed changes are made with the assumption that all current investment in staff training and development will continue in line with the overall financial settlement agreed with service commissioners.
- It is noted that there are already strong joint training arrangements across the three existing organisations. It is anticipated that this will be reflected in the final arrangements following detailed planning and further consultation.
- All the organisations involved have established structures to support Continuous Professional Development. Both Social Services Departments use personal Development Planning. Derbyshire County Council Social Services is an accredited Investor in People. OTs already employed by Social Services are supported to fulfil their required 5-day investment in CPD.
- The organisational structures to be agreed subject to the agreement to proceed with the proposed transfer of staff will create a clear and distinct NHS function within the integrated social care and health service.
- The changes would deliver NHS services, meeting NHS standards regulated by the Healthcare Commission (the Commission for Social Care Inspection will merge with the HC by 2007) and performance managed by Derbyshire PCTs. This would be done through unified commissioning with social care and a Partnership Board set up under S.31 1999 Health Act.
- Maintaining continuous professional development and training is now and will be a central objective for services. The effective development of Knowledge and Skills Framework will be important to the future of the service and is reflected in the current Derbyshire Business Plan.

- The comments received do not reflect the considerable work done through the Derbyshire Learning Disability Services Partnership since January 2004.
- A key organisational development initiative has been the establishment of a County Clinical Network Group. This has brought together the Heads of Professions and clinical leaders from both the DMHST and Chesterfield PCT and introduced Lead Practitioners from Derbyshire Social Services. The CNG has fostered a larger community of practice and initiated debate and specific work to reduce differences of approach that have developed over the years.
- Clinical governance would be maintained as now via existing systems including the requirements of the Mental Health Act Commission and the provision of insurance under the NHS Litigation Authority, Clinical Negligence Scheme for Trusts.

Comments:

- This has been raised repeatedly at meetings and the response given is clear and consistent.
- If the framework outlined is delivered there is no reason to see this as a problem.
- Issue is delivery!

8. Service level agreements and governance – understanding potential to improve security of investment in LDS via S.31 Health Act 1999 pooled budgets and associated SLAs and contracts with Local Authorities for provision of services.

Likely Response:

- As referred to at 3 and 7 above.

Comments:

- Explanation and approach is clear.

9. There appears to be a lack of information/understanding/communication and respect between NHS/Local Government roles, responsibilities and practices.

Likely Response:

- Extensive development work has been carried out (see 7 above).
- The development of an integrated Business Plan and planning process for the Derbyshire Learning Disability Services Partnership has substantially strengthened knowledge and working relationships between professions and service areas.
- Further work is needed and will be a priority for Derby where the same development work has not been possible.
- When substantial changes are proposed there is a tendency to focus on and amplify differences that have or may continue to exist.
- The differences between the current two NHS service providers are as significant as any differences between the NHS and SSD (Chesterfield PCT and DMHS Trust). Work via the Clinical Network Group has been directed at this and progress has been made.
- Further organisational development work will be needed to support the integration of the service and this is continuing and will be further developed in line with the decision taken about the future structure and management of the service.

Comments:

- Pace of change is too fast.

- Many family carers feel they have been involved in the debate about the future of the service late on in the process (although noted that family carers have been involved over the years)

10. Improvements in day services and short-breaks (respite care) – anxiety about the security of care/support services and risk that change will weaken the position.

Likely Response:

- The concerns of family carers and people with learning disabilities that the proposed changes may lead to a reduction in support are unfounded.
- The programme of service improvement and priorities for this are already set as part of the strategic plan for services (national and local).
- Better access to short-break support and stronger support for older family carers are current priorities.
- The proposed changes seek to strengthen the role of professional judgments within a more coherently organised service. Resources are currently less than needed and choices are being made every day by different professions and professionals about priorities for access to limited capacity.
- Recent reports identify a growing problem with the funding of Learning Disability Services nationally. This is mirrored in the local experience and all organisations are currently either cutting services in year to manage budget over commitments or constraining new commitments to avoid unsustainable budget deficits.
- Recent press coverage of NHS finance points to an emerging general problem with NHS budgets.
- The underpinning assumption of the proposed changes to organisational structure is that all services must take responsibility to make the required choices and the consultation sets out the key priorities (without suggesting this is the only choice).
- The responses received from people working in the service appear to be focused on the way priorities are selected and the threat priorities create for the freedom of action of individual professions and practitioners.

Comments:

- The message about priorities is clear.
- Families will continue to worry about the future and need more information in order to be reassured.

11. Pace of change – including concerns about the scope, time and support provided for consultation.

Likely Response:

- Proposed changes are the result of long-term organisational change over the past 30 years.
- Reflects national and local policy.
- Builds on local consultation including that undertaken through the Derbyshire and Derby Learning Disability Partnership Boards (supported by strong involvement of people with learning disabilities and family carers.)
- Consultation takes forward proposed development of a countywide service referred to in the consultation conducted in 2002.
- Time allocated for stakeholder/public consultation takes this into account.
- Also takes into account the fact that the proposed transfer will not alter the role and function of NHS services, which will continue to develop as agreed with service

Commissioners. Therefore the proposed changes will not have a substantial direct impact on the provision of services and are difficult to communicate to people at any level.

- Some people/groups were not able to access supported consideration of the proposals until mid October.
- Some people may not have been aware the consultation was taking place.
- Information was distributed widely in various written formats.
- Information was sent repeatedly to different organisations e.g. PCTs were mailed twice and at the beginning of November a memo was sent to all staff (attached) together with the amended letter/leaflet issued to PCTs for the second time. The objective was to seek support from staff across the service to reach people supported by the service.
- At the same time a second press release was issued.
- Derbyshire Advocacy Service responsible for taking forward consultation with people with learning disability to ensure this was dealt with independently including the preparation of material to support discussions and arrangements for meetings.
- Additional work carried out by Peak and Dales Advocacy Forum.
- Derbyshire Carers were asked to take responsibility for distribution of information to family carers and to assist with meetings.
- Questionnaire has been criticised for being biased in order to generate a favourable response.
- The questionnaire was constructed to provide a simple focus for people to consider the issues that should be given careful consideration and to indicate where they see priorities. The evaluation of questionnaires indicates that the design has not prevented people from presenting critical comments.
- The proposed change is a preferred option with the status quo as the immediate alternative. Stakeholder/public consultation was aimed to test opinion and identify issues that must be addressed before a decision is taken.

Comments:

- Initial communication with family carers appears to have been limited to people supported by NHS services.
- There appears to have been a difference in the level of communication and facilities for meetings between North Derbyshire (more) and Southern Derbyshire (less). This may reflect different nature of NHS services.
- Views of people in Southern Derbyshire appear to have been more favourable to proposed change.
- Some people don't want to get involved.
- Could have done more to improve scope and quality of communication. However overall picture would not be different if more time was made available and more people reached.
- Opportunity for further information and explanation might lead to reduction in number of people opposed to the proposed changes.
- Feel there is enough comment generated to consider that this represents a fair picture of the views/concerns of family carers.

12. Cultural differences – level of knowledge SSD has to be able to manage NHS functions.

Likely Response:

- See 1,3,7 above.
- Senior management and lead responsibility for strategic commissioning of the NHS learning disability health services is already with SSDs
- NHS management expertise is embedded in current services and will migrate with proposed changes.

Comments:

- Not seen as a big issue.
- The quality of general management is the key factor linked with structure and deployment of professional expertise within this.

13. Concern about practical barriers to successful integration e.g. compatibility of different IT systems (National Care Records System used by NHS and Electronic Social Care Records System used by social care services and differences between Derbyshire and Derby City systems).

Likely Response:

- There are a range of real practical barriers that impact on current capacity of the service to co-operate and co-ordinate work effectively.
- Acquisition, manipulation and use of information is problematic and impedes quality of knowledge developed at an organisational level.
- Short-term practical measures will be needed to ensure staff are able to utilise systems relevant to their area of expertise.
- Systems are already being standardised e.g. use of common assessment tools within the health community policy on the Single Assessment Process.

Comments:

- Response understood.

14. Risk of double change – some services provided by DMHST are remnants of the decommissioning of Aston Hall hospital and will need to transfer to independent sector providers. Also wider policy context means there may need to be further changes.

Likely Response:

- This involves the legacy services from Aston Hall hospital decommissioning.
- The Project Management Team is considering best options to prevent need for double change.
- Wider policy context has been considered.
- Changes likely from the White Paper on the provision of out of hospital care services is expected to continue to promote local service responses within a national policy framework, a strengthening of the partnerships between social care and health services and a separation of commissioning from provision of services.

Comments:

- Noted.

External Commentary on Proposed Changes to Learning Disability Services in Derbyshire and Derby

As an external researcher and consultant specialising in inter-agency collaboration in health and social care, I was commissioned to attend two one-day meetings of a Derby/Derbyshire steering group that was analysing feedback from a recent consultation and considering future service changes. At the meetings, I was asked to act as a critical friend – subjecting proposals to external scrutiny, drawing on experience from research and from other health and social care communities.

My understanding of the initial consultation is that it was designed, not to decide between various different options for the future, but to test out a single preferred option already agreed in principle by all partner agencies. This 'testing out' was therefore not a vote in favour or against a particular model, but a way of assessing its feasibility and identifying key issues that will need resolving if the model is taken forward.

While it sounds extremely basic, I have always believed that it depends what you want to know as to who you ask, how you ask them, and what you ask. Thus, a full and formal public consultation about user and carer priorities for the future and about what works/doesn't work well at the moment would require a very different approach than in this consultation (which was designed to test opinion about a preferred model and identify key practical issues to resolve). Against this background, the Derby/Derbyshire consultation seemed to me to involve a broad range of stakeholders (including users and carers) and to generate a series of consistent messages and themes. This, to me, is more significant than the number of responses alone, as the breadth of comment and consistency of findings implies a degree of saturation (that is, that the consultation seems to have elicited many of the key themes likely to emerge and that asking additional questions, prolonging the timescales or seeking additional views is unlikely to generate substantially different findings).

From participating in steering group meetings, I sensed a genuine desire to listen to the views expressed, evaluate their validity and develop an inter-agency consensus on the best way forward. With hindsight, however, clarifying the nature of the consultation (to test out an already agreed preferred option rather than to seek broader views about service models) may have helped to reduce staff anxiety.

In the first workshop on 1 December 2005, I facilitated a session which sought to draw out desired outcomes for people with learning difficulties, to evaluate how well current services achieve these, and to make sure that the proposed model is the best way of moving from where we are now to where we want to be. This exercise generated significant consensus that this model was the best (and potentially the only) way forward given current constraints. Relevant issues included:

- The importance of linking health and social care to broader local government services and to the well-being agenda.

- The need to integrate health and social care learning disability services in order to protect and maximise this expertise at a time of considerable financial strain in the public sector (and in the NHS in particular).

- The current reorganisation of the NHS and the emphasis on health and social care partnerships, efficiency savings and a clearer separation of commissioning and provision (which mean that doing nothing is not an option).

In exploring consultation responses, there seemed to be particular concern about professional roles and identities from NHS staff. Behind these seemed to be three different issues and motives:

1. Fear of change (which is entirely natural, and needs to be acknowledged and worked with).

2. Concerns about practical issues (where the steering group is well paced to provide early reassurance). Examples here might include NHS terms and conditions.

3. A desire for longer-term reassurance and for details that do not yet currently exist – here the message may well need to be that health and social care are on a journey together; while they may not yet know where this will lead them, they are committed to travelling together and resolving these issues as they arise en route.

In addition, a number of respondents sought further information about the evidence of the benefits of integration. This is extremely difficult to provide, as most research has focused on process not outcomes, and many partnerships do not include formal evaluation (and indeed don't necessarily have a sense of what success would look like when they start out).

Achieving the aspirations in the consultation document will be extremely challenging (and local services will be entering uncharted territory). However, it may be that some respondents who questioned the evidence behind the proposals would find it difficult to provide evidence about the impact of current structures and approaches (and indeed there is considerable evidence of unmet need, concerns from users and carers, poor health etc at a local and national level). For me, resolving these issues involves being very clear about why proposed changes are thought to be the best way of achieving desired outcomes and why they are worth the upheaval that such significant change will entail.

In addition, there were several situations where it was not clear whether some professional groups were opposed to integration in itself, or were more concerned about a sense of 'us' integrating into 'them'. The latter objection is, of course, very different to the former (even if expressed in similar ways), and it would be interesting to see if some NHS staff concerned about integration would be equally concerned if the preferred model was for a transfer of social care to the NHS through, for example, a Care Trust. Some NHS concerns also seemed to be based on stereotypes about social care (which may or may not be true in practice), and further work to explore staff understandings of each other's roles and responsibilities may be helpful.

In the second meeting on 12 December 2005, consultation responses were analysed in more detail and were found to fall into six emerging themes and issues:

1. Do we need structural change to deliver desired outcomes?

2. Does social care have the expertise and track record to manage an integrated service?

3. How can the roles and identity of specialist NHS professions be protected and nurtured?

4. Why is the proposal to split NHS staff between two local authorities?

5. Has the consultation been sufficient and is the pace of change appropriate?

6. How can we overcome various practical barriers to integration?

While the steering group was able to provide relatively robust answers to most of these questions, a key unresolved issue was the relationship between Derby and Derbyshire. Playing devil's advocate, if I was an NHS employee being asked to integrate into a new organisation from two previous NHS partners on the grounds of value for money and the long-term interests of people with learning difficulties, I would want to know why social care staff were not doing the same. Being told that a single, Derbyshire-wide service is not possible given the realities of current local government boundaries (even if true), might not be very convincing to me. This would particularly be the case if I came from a small professional group and was concerned about my expertise being diluted if my colleagues were split into two new organisations. A similar issue might also arise around some NHS staff potentially not transferring to local government – if this is a radical attempt to create a new and integrated service, then shouldn't all relevant health and social care be included?

As Derby/Derbyshire develops these proposals, there seems to me to be a number of key issues to resolve:

1. How does the steering group maintain current momentum whilst not rushing or going too quickly? By definition, you don't know what you don't know, and partners have a difficult balance to strike between making a quick decision (and committing to resolve any subsequent issues together at a later stage) and taking time to 'dot the i's and cross the t's'. Which of these approaches is the least unsettling for staff is an important local judgement.

2. Whether integration is the best way forward may well depend on local history of partnership working to date and the degree of organisational and cultural fit.

3. As proposals are developed there are a number of fundamental issues that will need resolving before integration can proceed (examples might include insurance, pay and conditions etc.)

4. The timescales involved are very tight, and I am concerned that the reality of creating a pooled budget and an integrated provider may well prove too complex and onerous. At the same time, I understand the desire to reach a quick decision so as to cement current progress to date, provide a clear direction of travel and reduce the amount of time when staff are potentially 'left in limbo'. However, detailed discussion with other health and social care communities with recent experience of the Health Act may be helpful to identify likely practical issues and potential sticking points.

5. Crucial for me are the organisational development interventions that are put in place to make future integration work effectively and to help users, carers and staff share their aspirations for a new service and organisation. Given the current pace of change, it is easy to lose sight of this.

As a final observation, I have been struck by the way in which the process to date has seemed to be led from a service provider perspective. In contrast, the logic of policies such as *Commissioning a Patient-led NHS* is that commissioners should increasingly decide the sorts of services that people with learning difficulties in Derby and Derbyshire need, and commission these accordingly, whether this be from the public, private or voluntary sectors. The advent of direct payments and individual budgets will also add further impetus to this, and mean that any future learning disability organisation (whether NHS, local authority or integrated) will need to be very clear about why what it offers is what users and carers want and offers value for money. Put another way, if users and carers can genuinely choose what they want and have access to the resources to make these decisions real, why would an integrated health and social care organisation be their first choice?

Jon Glasby
Health Services Management Centre
University of Birmingham
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