Executive Summary
The review and re-design of health and social care community services for adults with learning difficulties is one of the projects in the Learning Difficulties Transformation Programme set up in Summer 2011. The services within scope of this project are those health and social care community services provided by West Sussex County Council and the NHS to approximately 2500 adults with learning difficulties.

A 12 week targeted consultation has been undertaken between 26 March 2012 and 22 June 2012 on a new model for provision of these services with stakeholders being asked to provide views on the following 3 proposals:

- Re-branding of all services as services for adults with learning disabilities
- Enhancing and widening functions of health facilitation service
- Integrating specialist health and social care community services

Consultation responses are summarised in section 4 of this report with further detail provided in Appendix 1.

All three proposals were supported by a significant majority of stakeholders who engaged in the consultation. In addition, Clinical Commissioning Groups have reviewed proposals in light of consultation responses and given their support to the progression of these proposals.

Support has been given by the Head of Legal and Democratic Services and Executive Director Finance to conclude an agreement with the Service Provider by way of a single tender negotiation for a contract period of 2 years with the option to extend by 2 years to a maximum of 4 years under standing order 6.1.1

It is proposed that services are re-designed with implementation of new service model from 1 April 2013.

It is proposed that there is a single tender process for the award of contract for the provision of the re-designed specialist health services

Recommendations
That the Cabinet Member approves:

1. the specialist services be re-branded as those for adults with ‘learning disabilities.’ from April 2013 (paragraphs 4.1.1 – 4.1.2)

2. the number of learning disability healthcare staff working in health facilitation and linked to GP practices be increased. (paragraphs 4.2.1 –
1. **Background**

1.1 The review and re-design of health and social care community services for adults with learning difficulties is one of the projects in the Learning Difficulties Transformation Programme established in Summer 2011 to improve outcomes for customers, to provide modern and efficient services, and to secure savings.

1.2 The services that are within the scope of this project are those provided by West Sussex County Council and the NHS to approximately 2500 adults (18 years+) with learning difficulties. Specifically:

- Social Care Community Teams (Chichester, Worthing, Horsham bases) run by West Sussex County Council – Community Teams for People with Learning Difficulties (CTPLDs)
- Health Community Teams (Chichester, Worthing, Horsham bases) run by Sussex Partnership Foundation Trust (SPFT) - Also known as CTPLDs
- The Challenging Behaviour Commissioning and Support Team (a countywide service) managed by West Sussex County Council. This team is a fully integrated team of social care and health staff with the specialist (SPFT) health staff already seconded into the team.
- The Learning Difficulty Health Facilitation Team (a countywide service) run by Sussex Community Trust (SCT) which supports people to access mainstream health services, and works to ensure that people with learning disabilities are supported when using acute hospitals.

1.3 There were a number of drivers that led to the review and proposed re-design of these services. Particularly, services have remained largely unchanged for many years despite changes in policy and legislation and significant increase in demand. It was strongly considered that a re-design programme that included integration of some health and social care functions would ensure services are modern and in line with national best practice, and deliver improved service responsiveness for customers as well as greater efficiency.

1.4 In Autumn of 2011/12 LD commissioners worked with key stakeholders (customers, providers, staff, carers) to review services and also to develop proposals for consultation. In November 2011 the Adults Services Cabinet member made a decision that a formal consultation on changing these services could be undertaken in Spring 2012. At this time Adult Services Select Committee also scrutinised the proposal to redesign these services and strongly supported that this be taken forward.

1.5 During the winter proposals were developed. These were then consulted on between 26/3/12 and 22/6/12.
2. Proposals Subject to Consultation

2.1 The 3 proposals that have been consulted on are as follows:

- Proposal 1 - Establishing greater clarity around the services provided. It is proposed to do this by re-branding specialist services as services for adults with learning disabilities not difficulties (which is currently the term used). The term “learning disability(ies)” is commonly used in other parts of the country and this term is now widely agreed to be the best term to be used for this customer group requiring a specialist service response.

- Proposal 2 – Increasing support to all adults with learning disabilities to receive the general healthcare support that they need. National policy requires local health and social care economies to ensure people with learning disabilities have good health care and there is a strong evidence base that the development and provision of the learning disability health facilitation role within primary and acute healthcare services is the best service model to deliver this. This will be achieved by moving some (3-5) healthcare staff that currently work in specialist health CTPLD teams to the Learning Disability Health facilitation team. This proposal will increase GP Practice support with all GP practices having a link LD nurse.

- Proposal 3 - Integrating specialist health and social care community services (CTPLDs) for adults with LD to ensure services are modern and fit with national best practice. The Government has clearly established that an integrated model of service delivers best practice in the care of all individuals with complex health and social care needs and long-term conditions. (Health and Social Care Act and Caring for our future White Paper 2012) In addition, Valuing People Now: A New Three Year Strategy(2009) has encouraged local authorities and the NHS to work closely to improve the quality of services for adults with learning disabilities and integration has been at the centre of that process of improvement. As a result, integration is well developed in the field of learning disability across the country and indeed, is seen as the most effective pattern of working to deliver best outcomes for customers. It is proposed to do this by seconding some (around 25) health staff into County Council managed CTPLD teams. There will continue to be some specialist health functions which continue to be solely provided by the NHS for example specialist health services which are provided to individuals who are not the funding responsibility of West Sussex.

2.2 The proposals do not affect the current location of specialist services (there would continue to be a specialist service covering Crawley, Horsham and Mid Sussex based in Horsham, a specialist service in Worthing and a specialist service in Chichester/Bognor) nor would there be any reduction in clinical or social care staff supporting customers.

3. Consultation process

3.1 The consultation sought to:

- Inform stakeholders of the proposals
• Gain feedback (in a variety of formats) and assess the likely effect and impact of the proposed changes
• Identify any equality issues not already considered
• Allow reasonable time for those being consulted to put their views forward

3.2 A consultation document was produced in regular and easy-read format and was circulated widely to all stakeholder groups considered to have an interest in the provision of these services including customers/patients/self-advocates, family-carers, providers of services, staff working in services (including tradeunions) and commissioners of health and social care services including all Clinical Commissioning Groups in West Sussex.

3.3 People were invited to give their feedback at specially arranged meetings, and/or to complete an on-line questionnaire attached to the Consultation Document. At each consultation meeting, consultation documents and questionnaires were distributed and assistance provided with completion as necessary.

3.4 In total 202 attendees provided feedback at meetings and 101 individuals returned completed questionnaires. Of the 101 questionnaires returned 38% were from family carers, 19% from staff, 12% from providers of services and 6% from customers. Other returns were from respondents who chose not to specify their details, or who indicated they did not fit predefined roles and were ‘other’ (volunteers, GP or primary care, social care consultant). In addition to this of the 202 attending meetings around 50 customers attended 3 meetings across West Sussex, and meetings were also held with around 25 family carers.

3.5 Commissioners attended all Clinical Commissioning Groups to provide them with updates and analysis of the consultation returns. The services within scope of this project are commissioned through the LD Pooled Budget. As joint commissioners of these health and social care services, all Clinical Commissioning Groups have given their support for the Joint Commissioning Unit to progress the redesign as outlined in this paper.

3.6 Finally, in July 2012 the Health and Adults Social Care Select Committee Business Planning Group agreed to support the progress of this work without further scrutiny being required by them.

4. **Summary of outcomes of consultation**

Appendix 1 is the Consultation Output Report. This is a summary report which will be published and made available to all people who contributed to the consultation.

4.1. **Proposal 1 – Re-branding**

4.1.1 There was clear support for the term ‘Learning Disability’ as a more useful term to describe the individuals who need to use the services affected by the consultation. 79% of respondents supported this proposal. A common response was that the term ‘learning disability’ was clearer, and fitted with national terminology and Department of Health guidance. This general level of support was replicated in face to face meetings held with stakeholders.
4.1.2 However, many family carers said that they rarely found service details for the specialist services clear: a common request was that service information should be more easily accessible on line and kept up to date/accurate.

It is recognised that improvements can be made in how service information is made available. Service specifications will set out minimum expectations on setting out clear and accessible information about the service provided, with links to other websites as appropriate. 2 self advocacy meetings requested follow up visits from the services once changes have been implemented, and this will be followed up.

4.2 Proposal 2 – Health facilitation

4.2.1 A significant majority of respondents (69%) supported the proposal to increase the number of staff working in a Health Facilitation Team (to help adults with learning difficulties access GP and local health services). This level of support was replicated in face to face meetings with customers and with family carers. In particular, they welcomed additional support that a health facilitation team might offer during a vulnerable period, ie a hospital admission.

4.2.2 Some of the 31% of respondents who did not respond, were unsure or did not support this proposal said that they needed greater clarity on the role and function of additional health staff in the health facilitation team in order to be able to clearly support this proposal.

As set out in the consultation, the plan is to implement this from approximately April 2013, though exact dates for implementation cannot be determined until contract arrangements for services are confirmed and staff fully consulted about changes that affect them.

4.2.4 Consultees requested further detail on the function/role of posts in the health facilitation service and specification is being drawn up, with the clinical commissioning groups’ input which will provide greater detail about this.

4.3 Proposal 3 – Integration

4.3.1 64% of respondents supported the proposal to integrate health and social care services for adults with learning difficulties. This level of support was replicated in face to face meetings. Generally, the overall aim to provide more effective and seamless care for customers and carers was well supported but further detail was requested and in some cases suggested. This has helped shape the recommendations.

4.3.2 For most people registering support either via questionnaire or in face to face meetings, it was felt that involving social care and health professionals in assessment and support planning could improve services and outcomes for customers. Respondents felt that the proposal had potential to provide a more focused use of resources. Customers and family carers particularly welcomed the proposal to have a single named worker overseeing their health and social care needs, and a more co-ordinated assessment of their needs. For many the most important benefit of integrated care was that it had the potential to provide a more straightforward experience.
4.3.3 For many front-line staff, the benefits of integrated care were the same, ie the potential to improve the customer experience and provide a process of care that is easier to navigate. The benefits (and challenges) also included working with colleagues across health and social care, to more formally co-ordinate tasks and functions across traditional boundaries.

4.3.4 Concerns raised around development of integrated teams and responses to these
For those who gave no response, were unsure or did not support (36% in total) as well as those who did support but made comments concerns were raised in the following 4 key areas:

- **Level of integration and shape/function of teams and services – More information and greater clarity needed**
  Some people felt they needed more information and detail before they could give an opinion. In addition some comments were made that the proposal did not go far enough, and that there was a stronger rationale to have fully integrated specialist health and social care teams with immediate effect.
  Finally there were also some comments about whether the specialist challenging behaviour function should be retained as a separate team and also whether the health facilitation function should remain separate or be part of the integrated team function.
  Comments around CBCST and health facilitation team functions have been noted but it continues to be proposed that these functions will be managed as separate teams. This is because it is considered that managing these separately will deliver best outcomes for customers and also fit with national best practice around meeting these needs.
  The Adults’ Services Cabinet member is being asked to agree that integrated community teams are established but the final detail of how this is achieved will be agreed through the development of service specifications and a contract. Comments around the extent and level of integration of community teams have, therefore, been noted and will be helpful in developing these final and detailed service specifications with providers.
  Finally, it is acknowledged that the establishment of integrated community teams for adults with learning disabilities will be an important service change that will require robust monitoring and review over the first couple of years.

- **Professional roles in integrated teams**
  There were concerns expressed, largely by health staff, around the potential erosion of their professional expertise and identity as well as around their clinical leadership and supervision. It is accepted that these concerns are valid and reassurance has been and will continue to be given that professional roles and expertise will be recognised and valued in integrated teams and supervision will be ensured. Arrangements around this will be confirmed in the detailed service specifications for remodelled services which will be developed and agreed prior to implementation. Additionally, there will be clinical input into the development and finalisation of these specifications.

- **Social work capacity**
  There were some strong messages from staff, customers and carers that there are insufficient numbers of social workers in the service. There will be no change to the numbers of front line social workers as a result of these changes but there will be a larger pool of professional staff to support customers with the combination of WSCC and NHS staff. The resourcing of social workers will be kept under review and will be addressed through the service redesign and associated improvements in service responsiveness.
arising from integration. It will also be supported by work outside of the consultation, namely the establishment of the Reviewing Team, a new team of social workers who will support the review of LD customers over the next two years whose needs we think are ‘substantial’ or ‘critical’.

- **Team support and systems**
  There were concerns expressed around ensuring that integrated teams have sufficient administrative support particularly given the proposed reduction in health administrative support and in the light of the current level of administrative support to social care teams provided by Shared Support Services. There were also comments around ensuring that both health and social care staff would be given adequate training and development to support changes in working practices and also that IT and customer and patient management systems would be developed and available to support an integrated model of service delivery. It is acknowledged that staff in integrated teams will require the right admin support and IT systems to function effectively. LD commissioners and service providers will work together in the run up to implementation to ensure that enough support and systems have been established to make sure that teams can deliver their services effectively. Once a decision has been taken a joint implementation team, supported by a project manager, will be established in order to oversee this work.

4.3.5 The plan is to implement service changes in April 2013 following award of contract and staff consultation.

5. **Equality - Customer Focus Appraisal**

5.1 A Customer Focus Appraisal has been undertaken and is attached as an Appendix to this report. Its findings shall be used and integrated into the specification of requirements for the new service.

6. **Resource Implications and Value for Money**

6.1 The current cost of all services within scope is circa £5,250,000 pa. Within this amount WSCC and NHS currently spend around £3.5 m on specialist health services which are currently provided by Sussex Partnership NHS Foundation Trust who hold a contract with WSCC for their provision. This contract ends on 31/3/13 and a new contract will be required after this date for the on-going provision of the redesigned health services. It is considered that the redesign of these services can achieve around £450,000 recurring savings from the LD Pooled Budget. The savings are from greater efficiency of management and organisational costs and will be secured through the procurement of a new contract for these specialist health services.

6.2 From this, approximately £364,500 will benefit the County Council and £85,500 will benefit the NHS (as per the 81%/19% budget split in the LD pooled budget). The £85,500 NHS saving will be split between the Clinical Commissioning Groups in West Sussex.

6.3 The Head of Legal and Democratic Services and Executive Director Finance have agreed that under standing order 6.1.1 a single tender negotiation can be undertaken with the current provider (Sussex Partnership NHS Foundation
Trust) for a new contract period of 2 years with the option to extend by 2 years to a maximum of 4 years. A single tender negotiation for a relatively short term contract is proposed in order to ensure that the new model of service can be fully established prior to a full competitive procurement being undertaken. This will minimise disruption for customers and allow time for the new service model to embed. In addition it is not considered that a wider group of providers would want to consider incurring the costs of bidding for and setting up these services for such a short contract term.

6.4 The plan is that service changes will be implemented from 1 April 2013, with financial savings finalised when contract arrangements are confirmed.

7. **Risk Management Implications**

7.1 There is no risk associated with Proposal 1, ie to re-brand specialist services as services for adults with learning disabilities rather than learning difficulties.

7.2 Proposal 2 and 3 relate to changes in the operational model. A failure or delay to implement these proposals would hinder our ability to modernize services for customers. It would put at risk the identified £450,000 savings from the LD Pooled Budget, which cannot be released without changes to the way the service is delivered.

7.3 To progress the options as outlined will have Human Resource implications in terms of staff secondment into West Sussex County Council. Up to 25 staff would be seconded from the NHS into WSCC. The secondment of staff would be time limited (we are proposing an initial 2 year contract) and would mean that throughout the duration of the contract, the employment relationship would be maintained between these staff and their employer. An advantage of secondment would be that this is a pragmatic way to ensure that we have the skills and capacity to deliver an integrated service from first day of operation.

8. **Crime and Disorder Act Implications**

There are no Crime and Disorder implications arising from these proposals.

9. **Human Rights Act Implications**

There are no Human Rights implications arising from these proposals.

**Mike Sadler**

Executive Director Health and Social Care

[Appendix 1 –Consultation Responses]
[Appendix 2 Customer Focus Appraisal]

**Background Papers**

[CTPLD Re-design Consultation Analysis 2012]
Contact:  
Katie Glover, Principal Commissioning Manager 01903 839069