



**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**

**18<sup>th</sup> 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 21<sup>st</sup> 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 12<sup>th</sup> September 2005 and ending on 30<sup>th</sup> 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 (Appendix 1) 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<sup>st</sup> 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 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<sup>th</sup> September and formally ended 30<sup>th</sup> November 2005. Comments have been received after 30<sup>th</sup> 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<sup>th</sup> 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 as shown at Appendix 1 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 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 4.a). 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 4.b. 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<sup>th</sup> September 2005 and the DCA Annual General Meeting 28<sup>th</sup> 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 5.a. 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 5.b.

## 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 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 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 8) spent two full days (1<sup>st</sup> and 12<sup>th</sup> 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<sup>th</sup> 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.

## 2.6 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 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 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 b), c) & d)) 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 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 (see page 3) 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 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.
- 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 2.1
  - Intended benefits to staff and comments received – Appendix 2.3
  - Intended benefits to partners in the Local Health Community – Appendix 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 5.b.
- 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 4.b.
- 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 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). 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 all 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<sup>th</sup> 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.
- 5.5 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.
- 5.6 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.
- 5.7 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 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<sup>st</sup> 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.

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