Integration Project

Proposal for Establishment of Health and Social Care Community Learning Disability Teams

East Sussex County Council

Eastbourne and County Healthcare/ East Sussex County Healthcare

Eastbourne Downs Primary Care Trust

Sussex Downs & Weald Primary Care Trust

Hastings & St. Leonards Primary Care Trust

Bexhill & Rother Primary Care Trust

February 2002
1. Introduction

1.1 Both the NHS Plan and the White Paper, Valuing People, emphasise the need to integrate health and social care, to design services around users and involve users, carers and others in partnership. In particular, Valuing People, sets out the government objective to promote quality service provision for people with learning disabilities through effective partnership working between all relevant agencies in the commissioning and delivery of services. Although Learning Disability Services have often shown new approaches to partnership working, these have not in the past always been implemented widely because of a lack of agreement about values and service objectives, an unwillingness to agree on financial arrangements and low priority given to joint working within organisations.

1.2 Section 31 of the Health Act (1999), allows NHS bodies and local authorities to form partnership arrangements which improve the quality of services through joining up existing services or developing new coordinated services. The means of doing this is through pooled budgets, lead or joint commissioning and integrated provision.

1.3 The aim is of this proposal is to fully integrate those services where this will improve their quality and responsiveness to user needs more effectively than would otherwise be possible. Feedback from users, carers and staff working in both health and social care learning disability services is that this would certainly occur in specialist community services whose function is to assess, identify and ensure that heath and social care needs of adults with a learning disability are met. The proposal is to develop integrated health and social care community learning disability teams in East Sussex which will be jointly managed by the new East Sussex County Healthcare Trust and East Sussex Social Services department.

1.4 This will in many respects parallel work to develop integrated community mental health services, which have already been established in mental health services for working age adults and older people across the county. The establishment of the new East Sussex County Healthcare Trust by April 2002 will assist with achieving integration by bringing together all health learning
disability healthcare teams across East Sussex into one health provider organisation. This is being implemented in a way that will facilitate both integration with East Sussex Social Services and enable close working relationships with primary care trusts. This is viewed as a step towards the development of an Integrated Care or Partnership Trust by 2004.

2. Aim of this Paper
2.1 The document is closely based on a similar paper that was produced to summarise agreement on the model of CMHTs for younger adults and CMHTs for older people. It attempts to state many of the agreements that help define the model of integrated provision that is required.

3. Key Objectives of Integrated provision through CLDTs.
   The over-riding aim of bringing staff together into integrated teams is to improve the service as experienced by individuals with a learning disability and their carers.
   ✧ Provision of a seamless service to people with a learning disability and their carers
   ✧ Consistent, standardised and equal access across the county
   ✧ Client focussed/ person centred approach
   ✧ High quality, needs led service
   ✧ Meaningful user and carer involvement and empowerment
   ✧ Reduction in the number of assessments required
   ✧ Single worker responsible for co-ordinating care
   ✧ Improved information
   ✧ Commitment to development of local service competencies

4. Key Features of Integrated Community Learning Disability Teams (CLDTs)
4.1 One of the challenges to achieving integrated CLDTs is to reach agreement regarding the ‘model’ for such teams.
   The following are felt to be the essential characteristics of effective CLDTs in East Sussex:
   ✧ Locality teams working to the same boundaries as the local Primary Care Trusts, facilitating close working relationships between the Learning Disability Service and local GPs.
   ✧ Shared accommodation
   ✧ Joint Management posts
   ✧ Single point of access
   ✧ Shared process for screening and allocating referrals including shared access/ eligibility criteria
   ✧ Joint assessment process (fulfilling requirements for Health professionals as well as Community Care Assessments)
   ✧ Commitment to Comprehensive Care Management System
４．２ Function of teams
Through a process of care management, to assess, identify and meet the needs of people with a learning disability who meet the services’ eligibility/access criteria either:

1. Through direct input from the specialist learning disability team
2. Through supporting the access to other healthcare services
Or
3. Through the commissioning of alternative services that will meet any social care needs.
This is then supported through a process of care planning, review and monitoring.

５．Team Memberships
Teams will consist of:

- Team Manager
- Assessors/social workers
- Clinical psychologist(s)
- Community nurses (LD)
- Occupational Therapist
- Physiotherapist
- Speech and Language Therapist
- Psychiatrist input (work continues to identify how this service will be configured and how the mental health needs of people with learning disabilities will be met).
- Practitioner
- Admin/secretarial support

All team members, with the exception of medical staff, will be line managed by the Team Manager.

６．Professional Supervision and Clinical Networks
Professional supervision arrangements will be agreed with each of the professions involved. This will in a number of cases require clinical/professional supervision to be provided from outside the team.

The model proposes that within the service there will be a head of each professional group who will be responsible for providing leadership, advice on professional standards and contribute to clinical governance within the service.
There will need to be some robust arrangements to ensure that clinical governance is delivered, whether through the role of clinical director, lead clinician(s) or some other structure.

7. Joint Management Structure
   ✷ The service will be managed by a Service Manager, working alongside a Clinical Director (potentially a new appointment within new Trust).
   ✷ There will be 3 Locality Team Managers:
      Hastings and Rother
      Eastbourne Downs
      High Weald and Ouse Valley (Sussex Downs and Weald)
   This means that each team will be co-terminous with the local Primary Care Trusts i.e.
      Hastings and Rother with Hastings & St Leonards PCT and Bexhill and Rother PCT
      Eastbourne Downs with Eastbourne Downs PCT
      High Weald and Ouse Valley with Sussex Downs and Weald PCT
   The Service Manager and Locality Team Manager posts will be jointly appointed by ESCH and ESSS. All other team members will continue to be employed by their current employer.
   ✷ It is proposed that there will be a Joint Service Management Team responsible for the overall operational management of the service. This team membership will include the Service Manager, Clinical Director and Locality Team Managers, and will report to East Sussex County Healthcare Trust and to East Sussex Social Services.
   ✷ The Service Manager and Locality Team Managers will be jointly appointed, ideally with a background of both Health and Social Services and certainly familiar with both statutory agencies. They will be committed to bringing together the culture of both organisations.

8. Current Situation
Currently specialist health and social care to people with learning disabilities is provided by 3 Health Trusts and East Sussex Social Services. The current staffing levels are listed as an appendix.

From April 1st 2002, the 3 Health care teams will operate as one service within the new Countywide Trust. There will be 3 locality teams each covering the same area as will the new integrated teams, when established i.e.
   ✷ High Weald and Ouse Valley (Sussex Downs and Weald)
   ✷ Eastbourne Downs
   ✷ Hastings and Rother
See Appendix (map of catchment areas)
The teams will work together under the same Service Management Structure. This will ensure that a more consistent specialist health approach is provided across the county. Unfortunately it will not be possible to achieve integration within the same time-scale. It is anticipated, however that this can be achieved by October 1st, 2002.

9. Level of Client Need
The localities, as already mentioned are based on Primary Care Trust sizes. The general population levels within each locality are reasonably similar, ranging from 154,000 to 181,000. However, there may well be differences in levels of client need in each area, and this will need to be addressed by commissioners.

For example:

Numbers of People with A Learning Disability living in Residential Placements in East Sussex is:

- Ouse Valley and Wealden  559
- Eastbourne  141
- Hastings and Rother   613

It is important to acknowledge that these figures relate to district boundaries and not PCT areas, as data is not currently available in that form.

It is recommended that commissioners ensure that a client needs analysis is undertaken as a matter of high priority.

10. Staff Allocation
The principle of allocation of staff into new Locality Teams is based on current funded allocation, whilst trying to create teams that are approximately similar in terms of skill mix.

In order to achieve this, the major task has been to allocate staff currently working in EACH between the 2 localities covered by Eastbourne Downs and Sussex Downs and Weald Primary Care Trust.

Finance has been made available from South downs NHS Trust to recruit into the staffing establishment allocated to the Ouse Valley area. With the exception of one staff member who has been transferred from South Downs Trust, this has meant that there has been no major relocation required of Health Personnel in the Ouse Valley area.

Currently the ESSS Community Support Team is managed through the provider services within ESSS. A decision needs to be made, as to whether this service should be incorporated into the Community Learning Disability Teams.
11. Team Development
Issues of team building will need to be clearly addressed as a matter of high priority and before the formation of the integrated teams. Additionally the training needs of all staff but particularly new managers in post will need to be appropriately met, including the establishment of comprehensive Induction programmes.

12. Proposed Staffing Establishment within Locality Teams

**Hastings & Rother CLDT**
1 wte Locality Team Manager
2 wte Clinical Psychologists
0.4 wte Consultant Psychiatry
1.3 wte Speech & Language Therapist
0.3 wte Physiotherapist
0.5 wte Physiotherapist Assistant
1 wte Occupational Therapist
1 wte Practitioner (Cognitive Behavioural Therapist)
2 wte Community Nurse
2 wte Psychology Assistants
1 wte Senior Practitioner (SSD)
5 wte Assessors
3.6 wte Admin

**Eastbourne Downs CLDT**
1 wte Locality Team Manager
1.7 wte Clinical Psychologists
0.5 wte Consultant Psychiatry
1.3 wte Speech & Language Therapist
0.6 wte Physiotherapist
0.5 wte Physiotherapist Assistant
1 wte Occupational Therapist
1 wte Practitioner (Health)
1.6 wte Community Nurse
0.5 wte Psychology Assistant
1 wte Senior Practitioner (SSD)
4 wte Assessors
3.6 wte Admin

**Sussex Downs and Weald CLDT**
1 wte Locality Team Manager
2.1 wte Clinical Psychologists
0.65 wte Consultant Psychiatry
2 wte Speech & Language Therapist
1 wte Physiotherapist
0.5 wte Physiotherapist Assistant
1 wte Occupational Therapist
1 wte Practitioner (Health)
2.8 wte Community Nurse
0.5 wte Psychology Assistant
1 wte Senior Practitioner (SSD)
7 wte Assessors
5.8 wte Admin

Additional (currently) Central Staffing Resources

Duty Team
1 wte Senior Practitioner (SSD)
4 wte Assessors

Reviewing Teams
1 wte Practice Manager
2 wte Senior Practitioners (SSD)
9 wte Reviewers

Residential Placements Team
3 wte Assessors

Health Funded
1 wte Training & Development Officer

Any decision to change resource allocation or increase numbers within a particular locality will be with the full involvement and agreement of Commissioners.

13. Accommodation issues
13.1 St Mary’s House, Eastbourne
The Eastbourne CLDT will be based on the 5th floor of St Mary’s House. It is intended that both the current Health Team and Eastbourne Assessment Team will co locate this accommodation prior to integration and from April 2002.

13.2 Gambier House, St Leonards
The ground floor of Gambier House is currently the base of HART Health CLDS. It is believed that because of the first floor accommodation being secured for the Mental Health Service, space is now extremely limited. It is recommended that professional advice is sought regarding any structural work that could be undertaken to create additional or better use of existing ground floor space in which to accommodate the Hastings Assessment Team and create the integrated Hastings and Rother CLDT.
13.3 **Woodside, Hellingly**
In the short term, this will be the main base for the Wealden and Ouse Valley Health and Social Care CLDT. However although central to the county it is situated just outside the Sussex Downs and Weald locality area. We would like to pursue at an early opportunity accommodation more centrally located in the Sussex Downs and Weald locality area e.g. Uckfield or Lewes, as a base for the Wealden and Ouse Valley CLDT. In the short term we envisage the need for a sub-base to address the absence from April of a base in the Lewes area. Suitable accommodation has been found in Newhaven for this purpose. It is envisaged that staff will use this base when working in the area, although their permanent base will be Woodside.

Wherever the locality team base is, it is envisaged that Woodside will remain the central management base for the service. It is anticipated that if it remains a central service then the Duty Team will be based there also.

14. **Financial implications**

14.1 **Management costs**
In order to create the management structure for the service, the following new posts will need to be established and funded:

- 1 Service Manager
- 3 Locality CLDT Managers
- 1 Management Support post

It is anticipated that there is sufficient funding available within current resources to provide most of the new management structure, however, overall resources will need examining in order to find funding for the management support admin including a management support admin post. Resources will be drawn from:

- Operational Manager Commissioning (ESSS)
- Service Development Manager Post (EACH)
- Practice Manager posts (2) (ESSS)
- Management costs from HART and SDHT

14.2 **Accommodation costs**
Exact costs still need calculating on works that need undertaking to provide adequate and appropriate accommodation in St Mary’s House, Gambier House, Woodside and any sub base in the Sussex Weald area.

15. **Personnel issues**
The establishment of joint posts raises a number of personnel issues including employment stability, job descriptions and specifications, pay level, appointment process, induction, training and development needs and line management arrangements. A group will be taking forward these issues. It is
important to stress that staff will continue to be employed by their respective agencies and current terms and conditions. New appointments will be made jointly and depending on professional background will continue under NHS Trust or SSD terms and conditions of service.

Should anyone be displaced by this process, they will be eligible for redeployment in line with the Employment Stability Policy.

In order that CLDTs are the focus of service delivery, it will be essential that they, through the Locality Team Manager, are provided with full information about all of the resources accessed by the teams.

The Trusts and Social Services have different information systems and it is not possible at this stage to establish a unified system. It is however important to ensure that people can access both systems and we will be looking to establish completely integrated systems over the next 2 years.

17. Access and eligibility Criteria
It is important that work is undertaken to establish a joint access and eligibility criteria for the new integrated service. This work will form part of the implementation of the project plan.

18. Joint Policies and Protocols
There is a need to establish joint Operational Policies and joint policies on Risk Management, Clinical Governance and Best Value, Personnel and Financial Instructions etc. It will be useful to refer and build on the work that has been undertaken by CMHTs in this area.

19. Joint assessment process
This will be a vital ingredient of integrated practice. There is a need to work on how to bring together Health and Social Care Assessments so that a joint assessment process can be established. It will be useful to build on the work that has been initiated previously on establishing and implementing a joint assessment process.

20. Single point of access
Currently Social Services have a single point of access to their service which operates on a county wide basis. Each Trust has its own point of access at a locality team level. We will need to agree a shared approach that both agencies are satisfied with.

21. Implementation Timescale
✧ Draft consultation paper including project plan agreed for consultation by Health and Social Services Partners – March 2002
✧ Consultation period for staff, users, voluntary sector and other key organisations – March 2002 – June 2002
Revised proposal to Health and Social Services partners – June 2002
Implementation of agreed structure – October 2002

22. Project Management Arrangements
Implementation and achievement of the Learning Disability Integration Project will require the employment of a full time Project Manager or part time post holder with full time project management assistant, and Project Management Board.

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Appendices

Hastings and Rother CLDS
11.4wte staffing establishment
1.0wte Consultant Clinical Psychologist/Team Leader
1.0wte Clinical Psychologist (24k of this is paid through income generation)
1.0wte Practitioner (Cognitive Behavioural Therapist)
1.0wte Occupational Therapist
0.8wte Physiotherapist (includes 0.5wte Physiotherapy Assistant)
1.0wte Speech and Language Therapist
2.0wte Community Nurses
0.4wte??? Consultant Psychiatrist
2.0wte Psychology Assistants
1.2wte administration and clerical support

EACH CLDS
22.9wte staffing establishment
1.0 wte Clinical Director
1.0 wte Service Manager
4.6 wte Clinical Psychologists (includes 1.0 wte Psychology Assistant)
3.0 wte Community Nurses
2.0 wte Occupational Therapists
2.0 wte Physiotherapists (includes 1 wte Physiotherapy/ Generic Assistant)
2.5 wte Speech and Language Therapists
3.0 wte Intensive Support Practitioners
1.0 wte Consultant Psychiatrist
3.8 wte Administrative Support

FISS resources have not been included in this mapping exercise as the service is currently pursuing a future with Child Health Services in Eastbourne Downs PCG.

SDT DALDS (Ouse Valley)
4.225 wte Staffing establishment
?wte management time
0.25 wte Consultant Psychologist
0.125 wte Psychologist
0.15 wte Consultant Psychiatrist
0.6 wte Physiotherapist
0.5 wte Speech and Language Therapist
1.6 wte Community Nurses
1.0wte Administration and Clerical Support

East Sussex Social Services (Fieldwork and Assessment)
East and Duty Team
1.0wte Practice Manager

East
1.0wte Senior Practitioner
5.0wte Assessors
Duty Team
1.0wte Senior Practitioner
3.0wte Assessors

Eastbourne and West
1.0wte Practice Manager

Eastbourne
1.0wte Senior Practitioner
4.0wte Assessors

West
1.0wte Senior Practitioner
8.0wte Assessors

Reviewing Teams
1.0wte Practice Manager

West
1.0wte Senior Practitioner
4.0wte Reviewers

East
1.0wte Senior Practitioner
5.0wte Reviewers

Residential Placements Team
3.0wte Assessors