

## CABINET ITEM COVERING SHEET PROFORMA

**AGENDA ITEM**

**REPORT TO CABINET**

**25 OCTOBER 2007**

**REPORT OF CORPORATE  
MANAGEMENT TEAM**

### **CABINET DECISION**

**Adult Services & Health – Lead Cabinet Member – Councillor Mrs McCoy**

The Integration of Adult Services across SBC and NTPCT  
Phase 1 Consultation

1. Summary

This report proposes a restructuring and reconfiguration of adult services across Stockton on Tees. This is linked to the national drive to improve outcomes for all members of the community as determined by the government white papers:-

- Choosing Health
- Safeguarding Children
- Our Health, Our Care, Our Say

The government white paper “Our Health, Our Care, Our Say” describes a vision to “provide people with good quality social care and NHS services in the communities where they live”<sup>1</sup> requiring;

- Improved access and care closer to home
- Practice Based Commissioning
- Joint PCT / LA teams

Vision for Adults – a strategy for Adult Care Services in Stockton on Tees 2006 – 2011;

- Independence
- Fulfilment
- Choice and control
- Respect
- Dignity

Integrated service provision

These proposals particularly concentrate on the delivery of services and the processes that will be needed to support delivery. They are a starting point on the development of a more integrated approach to the delivery of services and should not be seen as an end in themselves. Earlier discussions and consultations have centred on some of the principles,

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<sup>1</sup> Our health, our care, our say: a new direction for community services; 30 January 2006, Department of Health;

these proposals concentrate on some of the structural issues and there will be further developments around front-line service delivery and developing a changed culture all of which will take time to implement and inbed.

Following initial, informal consultation and discussion, the proposals for Adult Services concentrate on a range of services that work across Stockton-on-Tees-:

- Community Nursing Services
- Adult Care Management & Social Work
- Day Care Services
- Residential Care Services
- Domiciliary Care Services
- Specialist Services: -
  - Sensory Support
  - Intermediate Care encompassing Rapid Response, Community Therapy, Home Care Support and Occupational Therapy Team
  - Welfare Rights
  - Macmillan Team
  - Hospital Discharge Team
  - STEPS
  - Learning Disabilities Service
  - CHC/ FNC Operational Team

## 2. Recommendations

1. It is proposed that NTPCT community nursing staff and CESC staff from older people & physical disabilities social work teams will integrate into 4 teams across Stockton, each team providing health & social care to the community within which it resides.
2. It is proposed that the Integrated Service Areas for Adults mirror the geographies established within the Integrated Service Project developed through the Children's Trust.
3. Specialist services (full list detailed in Appendix A of the report) will continue to work across the borough / trust.
4. That 5 new posts are created (replacing existing 3<sup>rd</sup> tier Adult Operations management roles in both organisations) to provide joint management of adult service areas across NTPCT & SBC: -
  - Integrated Service Area Manager x 4
  - Specialist Service ISA Manager x 1

## 3. Reasons for the Recommendations/Decision(s)

1. Integrated teams of community nursing staff and social care staff provides the opportunity to remove barriers to seamless care, allows for improved communication and allows community services to be more locally tailored to the community needs.
2. The proposed model demonstrates a reasonably equitable split in service demand for adult social care.

3. This provides a good starting point from which to build services and tailor them to the communities needs whilst maintaining current quality of service.
4. Demand for community nursing services varies across the four proposed areas however maintaining practice-attached community nursing staff mirrors the pattern of demand.

#### 4. Members' Interests

Members (including co-opted Members with voting rights) should consider whether they have a personal interest in the item as defined in the Council's code of conduct (**paragraph 8**) and, if so, declare the existence and nature of that interest in accordance with paragraph 9 of the code.

Where a Member regards him/herself as having a personal interest in the item, he/she must then consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest (**paragraphs 10 and 11 of the code of conduct**).

A Member with a prejudicial interest in any matter must withdraw from the room where the meeting considering the business is being held -

- in a case where the Member is attending a meeting (including a meeting of a select committee) but only for the purpose of making representations, answering questions or giving evidence, provided the public are also allowed to attend the meeting for the same purpose whether under statutory right or otherwise, immediately after making representations, answering questions or giving evidence as the case may be;
- in any other case, whenever it becomes apparent that the business is being considered at the meeting;

and must not exercise executive functions in relation to the matter and not seek improperly to influence the decision about the matter (**paragraph 12 of the Code**).

**Further to the above, it should be noted that any Member attending a meeting of Cabinet, Select Committee etc; whether or not they are a Member of the Cabinet or Select Committee concerned, must declare any personal interest which they have in the business being considered at the meeting (unless the interest arises solely from the Member's membership of, or position of control or management on any other body to which the Member was appointed or nominated by the Council, or on any other body exercising functions of a public nature, when the interest only needs to be declared if and when the Member speaks on the matter), and if their interest is prejudicial, they must also leave the meeting room, subject to and in accordance with the provisions referred to above.**

**AGENDA ITEM**

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**REPORT OF CORPORATE  
MANAGEMENT TEAM**

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**SUMMARY**

This report proposes a restructuring and reconfiguration of adult services across Stockton on Tees. This is linked to the national drive to improve outcomes for all members of the community as determined by the government white papers:-

- Choosing Health
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- Our Health, Our Care, Our Say

The government white paper "Our Health, Our Care, Our Say" describes a vision to "provide people with good quality social care and NHS services in the communities where they live" requiring;

- Improved access and care closer to home
- Practice Based Commissioning
- Joint PCT / LA teams

In order to achieve these goals the government has set milestones for Trusts and Local Authorities, one of which is;

- Joint networks and/or teams for the management of health & social care needs between PCTs and local authorities.

**RECOMMENDATIONS**

1. It is proposed that NTPCT community nursing staff and CESC staff from older people & physical disabilities social work teams will integrate into 4 teams across Stockton, each team providing health & social care to the community within which it resides.
2. It is proposed that the Integrated Service Areas for Adults mirror the geographies established within the Integrated Service Project developed through the Children's Trust.
3. Specialist services (full list detailed in Appendix A of the report) will continue to work across the borough / trust.

4. That 5 new posts are created (replacing existing 3<sup>rd</sup> tier Adult Operations management roles in both organisations) to provide joint management of adult service areas across NTPCT & SBC: -
  - Integrated Service Area Manager x 4
  - Specialist Service ISA Manager x 1

## **DETAIL**

### **The NTPCT / SBC vision for adult care and the Implications for patients / clients**

1. Our aim is the integration of community nursing and adult social care services in Stockton. We want to create easily accessed, multi skilled teams to respond quickly and appropriately to a persons needs: -
  - Multi-disciplinary teams developed where appropriate
  - Multi-agency integration with services being closely aligned and managed under common management
  - The continued practice attachment of adult community nursing services
  - Co-location of services
  - Geographically/locality based services, which are accessible by communities.
2. In order to achieve this goal, Stockton Borough Council and North Tees PCT are developing a vision to provide a central hub of service delivery for adults within discreet communities.
3. This central hub will act as a one-stop shop for services, through which patients/clients, carer's and professionals can access advice, assessment and service provision.

### **What does this mean for the staff in Adult services now?**

4. It is proposed that community nursing staff and CESC staff from older people & physical disabilities social work teams will integrate into 4 teams across Stockton, each team providing health & social care to the community within which it resides.
5. Specialist services will continue to work across the borough / trust.
6. 5 new posts are currently in development –
  - Integrated Service Area Manager x 4
  - Specialist Service ISA Manager x 1
7. These posts will be appointed to following the human resource protocols of NTPCT & SBC and ring fenced posts appropriate to the process have been identified in both organisations. Each newly appointed ISA Manager will provide strategic and operational leadership for the services within their area / remit.

### **The proposals for Adult ISAs**

8. We will enter into formal consultation in October 2007 on the following proposals;
  - Integrated Service Areas for Adults – the geography of which mirrors the Children's Service ISAs
  - The Job descriptions of 5 ISA managers (4x ISA Managers / 1x Specialist Service Manager)

- Those services that are 'specialist' and will continue to work across the borough / trust
- Domiciliary care, day care and 24-hour residential care will be considered as an integral part of the development of integrated services on a Stockton wide basis with strong links to ISA's if not actually line managed within them.
- The 'role' composition of the ISA teams – that is to say that each ISA will have a team composed of;

Community Matrons

CESC Administrative Staff

Review Staff

Assistant Care Coordinators

District Nursing Staff (Sisters / Staff)

Health Care Assistants

Social Work Staff (Social Workers / Seniors / Team managers)

(Full details are contained within Appendix A - **Adults ISA's Consultation Document Vs 1.5**)

9. The project aims to advertise and appoint ISA managers by January 2008.
10. In January 2008 the next phase of the project will be planned to include the development and definition of structures of ISA teams and the timescale in which these become operational.

### **Reasoning**

11. The project board looked at existing integrated services in other authorities and collated and analysed service demand data for both social care and PCT adult services in Stockton. The proposed model demonstrated a reasonably equitable split in service demand for adult social care. This provides a good starting point from which to build services and tailor them to the communities needs whilst maintaining current quality of service. Demand for community nursing services varied across the four proposed areas however by maintaining practice attachment the distribution of community nursing staff mirrors the pattern of demand.
12. These 4 integrated service areas mirror / cover the partnership boards within Stockton and will give each community a more area specific services and information on community care.
13. 3 key drivers for this project are: -
  - Locally accessible services for communities
  - Practice attached nursing services
  - Where possible, areas that mirror children's service areas in order to facilitate good transitional care and solid, coordinated management
14. The proposed geography of Adult ISAs meets the project drivers and vision for adult care.

### **FINANCIAL IMPLICATIONS**

15. The project aims to be revenue neutral.

16. Currently, members of finance departments in both the PCT and SBC are examining the impact of the creation of 5 ISA manager posts.
17. Estates and ICT needs have been identified as potential cost risks.
18. Recorded in risk log pending further information.

## **LEGAL IMPLICATIONS**

19. Summarise legal implications, in particular making reference to relevant legislation. Further advice available.

## **RISK ASSESSMENT**

20. This proposal to create Adult Integrated Service Areas is categorised as low to medium risk. Existing management systems and daily routine activities are sufficient to control and reduce risk.

## **COMMUNITY STRATEGY IMPLICATIONS**

### **Healthier Communities and Adults**

21. The proposals for integrated adult services facilitate joint working and seamless care delivery and therefore support Community Strategy in the following areas: -

#### ***Key Themes***

Promote the independence of vulnerable older people and adults

Support independent living

Provide an integrated range of support options for adults with special needs

Maintain ability to provide a primary care professional within 24 hours and to see a GP within 48 hours

## **CONSULTATION INCLUDING WARD/COUNCILLORS**

22. Ann McCoy – Member of ACPG – Invited to Consultation Events.
23. A separate elected members session is to be arranged.
24. Informal consultation has taken place in the form of 2 Information / Staff briefing days in April & May 2007. From July 2007 to date, informal discussion and feedback with staff and stakeholders has been collated.
25. The formal consultation period runs from 1<sup>st</sup> October 2007 to the 31<sup>st</sup> October 2007. All staff groups / stakeholders and Trade Unions have been contacted and invited to the consultation events arranged.
26. Future consultation is to be planned following the formal phase 1 period. The next stage of consultation is to include public and patient involvement with advice from the SBC consultation departments and the NTPCT Public & Patient Involvement unit.

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**Post Title: Project Manager (Integration of Adult Services)**

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Background Papers

**Adult ISA consultation Document Phase 1 Vs 1.5**

Ward(s) and Ward Councillors:

**All**

Property

As part of the process for ISA development there is ongoing work around the Estate requirements. This will feed into the Capital Programme and Asset Management Plan.



# **Integrated Services/Integrated Service Areas**

## **Consultation report**

### **Proposals on the restructuring and reconfiguration of Adult Services – Phase 1**

- 1. Introduction**
- 2. Phased Development**
- 3. Proposed structures**
- 4. HR Implications**
- 5. Co-location Process**
- 6. Information Sharing Process**
- 7. Training/Induction Process**
- 8. Consultation/Involvement**
- 9. Financial Implications**
- 10. Governance arrangements**
- 11. Appendices**

## 1. **INTRODUCTION**

1.1 This report proposes a restructuring and reconfiguration of adult services across Stockton on Tees. This is linked to the national drive to improve outcomes for all members of the community as determined by the government white papers-:

- Choosing Health
- Safeguarding Children
- Our Health, Our Care, Our Say

The government white paper “Our Health, Our Care, Our Say” describes a vision to “provide people with good quality social care and NHS services in the communities where they live”<sup>2</sup> requiring;

- Improved access and care closer to home
- Practice Based Commissioning
- Joint PCT / LA teams

1.2 Vision for Adults – a strategy for Adult Care Services in Stockton on Tees 2006 – 2011;

- Independence
- Fulfilment
- Choice and control
- Respect
- Dignity
- Integrated service provision

1.3 These proposals particularly concentrate on the delivery of services and the processes that will be needed to support delivery. They are a starting point on the development of a more integrated approach to the delivery of services and should not be seen as an end in themselves. Earlier discussions and consultations have centred on some of the principles, these proposals concentrate on some of the structural issues and there will be further developments around front-line service delivery and developing a changed culture all of which will take time to implement and inbed.

1.4 The direction of travel is around: -

- Multi-disciplinary working- bringing together the range of workers involved in Adult services into teams, with single line management, who can then deliver a more consistent and cohesive range of services.
- Multi-agency working – ensuring that where there are different services working together that there is clear planning of service delivery that ensures services are used effectively and efficiently.
- Co-location- looking to bring services together in multi-use premises which will support joint working and improve access to service users.
- Common processes- bringing existing processes around management information, assessment and care management, case file systems, care pathways and the Single Assessment Process / Common Assessment Framework together.
- Geographically based services- front-line services being based in geographical areas which are readily accessible to service user
- The maintenance and improvement of service performance across Adult Services.

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<sup>2</sup> Our health, our care, our say: a new direction for community services; 30 January 2006, Department of Health;

1.5 Following initial consultation and discussion, the proposals for Adult Services concentrate on a range of services that work across Stockton-on-Tees:-

- Community Nursing Services
- Adult Care Management & Social Work
- Day Care Services
- Residential Care Services
- Domiciliary Care Services
- Specialist Services: -
  - Sensory Support
  - Intermediate Care encompassing Rapid Response, Community Therapy, Home Care Support and Occupational Therapy Team
  - Welfare Rights
  - Adult Protection
  - Macmillan Team
  - Hospital Discharge Team
  - STEPS
  - Learning Disabilities Service
  - CHC/ FNC Operational Team

1.6 Discussions and negotiations continue with partners; including voluntary/ community sector services, Public Health, General Practitioners, Acute Trust services and TEWV, in a phased way in order to promote the most appropriate levels of integration across services.

1.7 The proposals therefore represent a starting point on a journey of continual improvement in services and should not be seen as an end in themselves.

1.8 Relevant background papers to these proposals are: -

**National:**

- “Our Health, Our Care, Our Say” Department of Health White paper January 2006
- “Choosing Health” Department of Health White paper November 2004
- “Independence, Well-being and Choice”: Our vision for the future of Social Care for Adults in England: Social Care Green Paper March 2005

(And those relevant to the development of Children’s Integrated Service Areas)

“Every Child Matter” Department for Education and Skills Green paper  
Children Act 2004

“Safeguarding Children” CSCI July 2005

“Every Child Matters in the Health Service” Department of Health letter

**Local:**

- Children and Young People’s Plan, 2006-09
- Vision for Adults – a strategy for Adult Care Services in Stockton on Tees 2006 – 2011
- Older People Strategy
- Consultation papers

- 1.9** Formal consultation is taking place between 1<sup>st</sup> October 2007 and the 31<sup>st</sup> of October 2007. Comments should be sent to: -

[david.smith@stockton.gov.uk](mailto:david.smith@stockton.gov.uk) or Tel: 01642 524577

Or by letter to -:

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TS19 8RH

## **2. PHASED DEVELOPMENT**

**2.1** It is proposed that there is a phased introduction to the development of integrated services/integrated service areas. This is necessary due to the complexity of change, the range of generic and specialist services the need to ensure there is a safe transfer to new arrangements and configurations and the need to align with other reorganisation processes e.g.; Children's ISA's, PCT reconfiguration, Complex Needs Review.

### **2.2 Phase 1 (June 2007 / January 2008).**

**2.3** The first phase will see the appointment of 3<sup>rd</sup> tier managers into post and alignment with Heads of Service.

**2.4** Integrated Service Areas will be defined (function & structure).

**2.5** Integrated Specialist Services will be defined and managed by a 3<sup>rd</sup> tier manager.

**2.6** Timely and appropriate engagement with GPs and their practices will be a key and ongoing priority to ensure that these stakeholders benefit from integration and that their needs are considered.

**2.7** Co-location will be identified as an ongoing priority, with services moving in line with the strategy as buildings/space, etc are identified.

**2.8** Clarification and identification of access to services will be part of phase 1 developments.

**2.9** Governance arrangements as a result of the development of multi-disciplinary teams and posts to be clearly established.

**2.10** Information sharing protocols to be confirmed and established.

**2.11** Clinical Lead responsibility for professional roles established.

**2.12** An assessment tool appropriate to the qualitative analysis of the creation of Integrated Teams will be identified and agreed.

**2.13** Consideration will be given to the development of a partnership agreement with the aim that, in phase 2, an agreement is reached around partnership working and a policy drawn up.

**2.14** This phase will see the **planning** of viable options for the structure and function of service areas, and the roles within these structures, at 4<sup>th</sup> tier and beyond. Administration alignment options will be proposed. This planning phase will involve staff by forming focus / working groups. All viable options will be taken further in phase 2.

### **2.15 Phase 2 (January 2008 onwards)**

**2.16** Administration resources will be aligned within service groupings following appropriate discussion and consultation and within existing resources.

**2.17** The speed and scope of developments will vary depending on the needs of the service, outcomes of reviews and consultations. Developments will be aligned to the principles of integrated services and integrated service areas as outlined in the introduction.

**2.18** Integrated case file/case management will be developed.

- 2.19** Budget developments to take place for both integrated service areas and borough-wide services. Consideration to take place around integrated budget arrangements- pooled, aligned, development of the Local Area Agreement.
- 2.20** Work will take place with other partner agencies, community and voluntary sectors to further develop integration at a locality level and where appropriate on a borough-wide basis.
- 2.21** Co-location will be defined. The locations for ISA teams will be agreed as will equipment / housekeeping arrangements.
- 2.22** This phase will see the development of, and agreement to, a timetable to deliver the third phase of the project
- 2.23** **Phase 3. (To be arranged as a product of phase 2.)**
- 2.24** It is expected that Integrated Services and Integrated Service Areas will be fully implemented during this period.
- 2.25** Integrated budget framework developed and implemented in line with a partnership working agreement.

### **3. PROPOSED STRUCTURES**

**3.1** The premise on which proposed structures have been developed is based on the following;

- Multi-disciplinary teams developed where appropriate
- Multi-agency integration with services being closely aligned and managed under common management
- That practice attachment of adult community nursing services is maintained
- Co-location of services
- Linked / complimentary processes in terms of IT systems, assessment and care management
- Geographically/locality based services, which are accessible by communities.
- That the project is revenue neutral
- That the performance of Adult Services is maintained during change transition and improved as integrated services develop

### **3.2 Present position**

There exists a national and local drive towards integration in health & social care. Stockton Borough Council and the North Tees Primary Care Trust have already taken steps to bring together care delivery through joint working, which demonstrates a long-standing commitment to Integrated Services.

- An integrated Learning disabilities and Mental Health service – this co-located service already delivers across the Stockton area.
- Intermediate Care Service – This service consists of Acute, PCT and CESC staff, co-located and managed by a joint head of service.
- Social Work services for Older People – this service took steps to deliver a more locally tailored service some years ago by forming 2 geographical teams
- Some Integrated Assessment and Care Coordination procedures and protocols are already in place and have had Accredited Integrated Care Coordination Training in Partnership with Teesside University.

These examples of joint working demonstrate a natural progression towards seamless care delivery, of which the development of Integrated Service areas is the next step.

### **3.3 Existing senior management arrangements**

The existing Head of Adult Strategy and Head of Adult Operations are joint appointments responsible for services across both Stockton Borough Council and North Tees Primary Care Trust. Across Children, Education & Social Care, five of the seven Heads of Service are joint appointments across these two organisations. These arrangements at a senior level again demonstrate a long-standing commitment to Integrated Services.

**3.4** As part of the restructuring process, consideration will be given to the various job titles and the need to change them to be consistent with responsibilities.

### 3.5 Current System Overview

Currently PCT Community Nursing Services are GP practice attached and managed by Locality managers. CESC Adult Services are managed within CESC.

- Head of Community Nursing
- 2 Community Nursing Locality Managers
- 3 CESC Community Care Managers
- Head of Intermediate Care
- Integrated Mental Health and Learning Disability Services with TEWV NHS Trust;
- Community Matrons (8 in place currently – total of 14 by Mar 08) – practice attached
- District Nursing staff (Sisters / Staff Nurses / Health Care Assistants) – practice attached across 27 GP practices in Stockton.
- CESC adult assessment & review teams: -

STAFF
<ul style="list-style-type: none"><li>○ Team Managers</li><li>○ Senior Social Workers</li><li>○ Social Workers</li><li>○ Rehabilitation Officers</li><li>○ Assistant Care Coordinators</li><li>○ Review Officers</li><li>○ Team / Review Clerks</li></ul>

TEAMS
<ul style="list-style-type: none"><li>○ Older People North Team</li><li>○ Older People South Team</li><li>○ Physical Disabilities Team</li></ul> <p>A mix of geographical and clinical divisions</p>

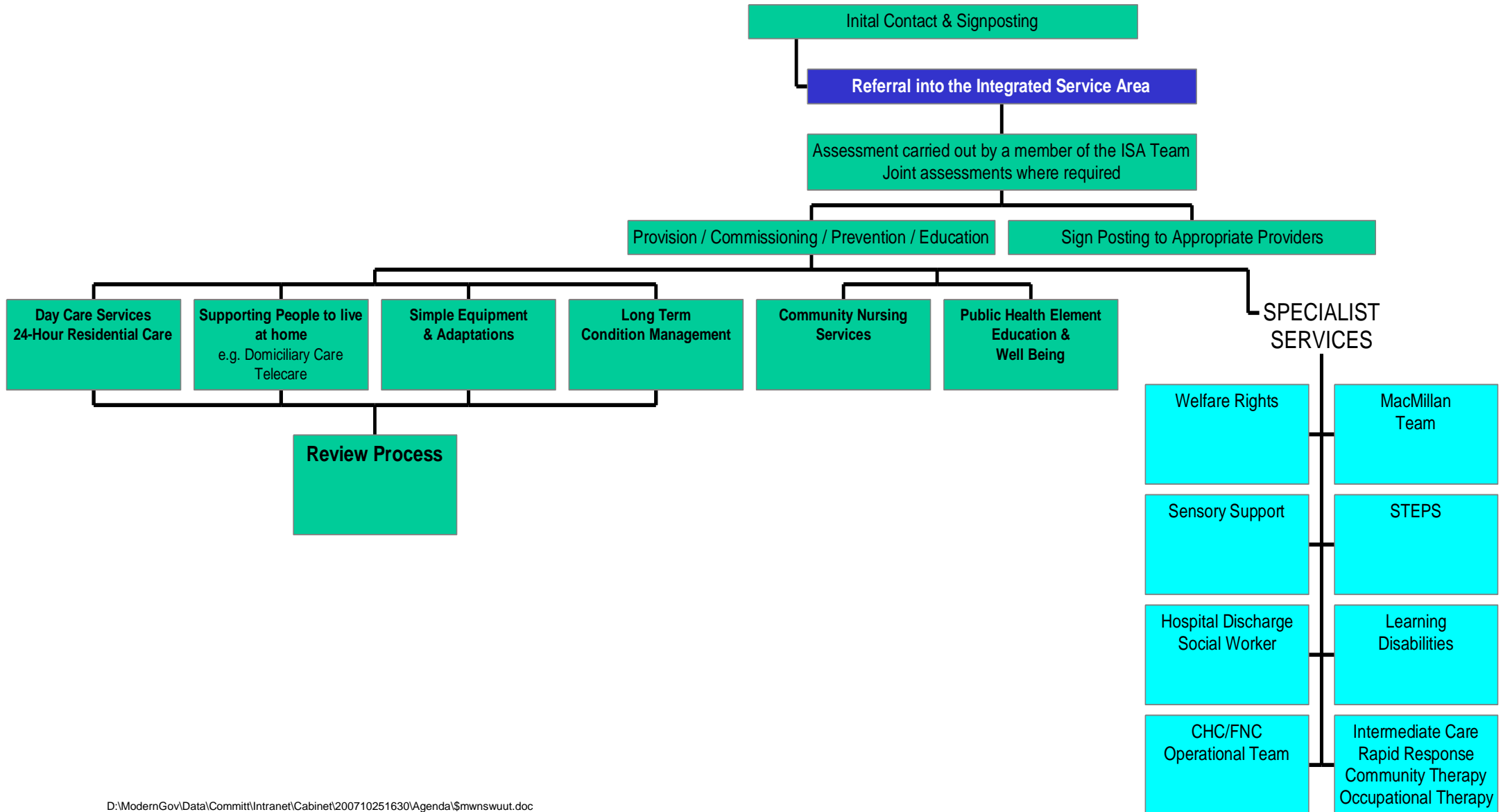
- Currently Intermediate Care runs as an integrated service (Rapid Response / Community Therapy / Home Care Support / Occupational Therapy) with separate budgets but PCT & CESC teams line managed by a Head of Joint Service and the teams co-located.
- Day Care Services (Older People & Physical Disabilities); Residential Care Services (Older people and Physical Disabilities); Domiciliary Care Services.
- Specialist Services (Sensory Support Team / Macmillan Service / STEPS / Welfare Rights / Hospital Discharge Social Worker / CHC/FNC Operational Team / Learning Disability - line management).
- Joint Commissioning for Adult Social Care and Health Services around, for example: -

Older People  
Drugs / Alcohol  
MH / LD  
HIV/AIDS  
Supported People in receipt of services  
Carers  
Amongst others...



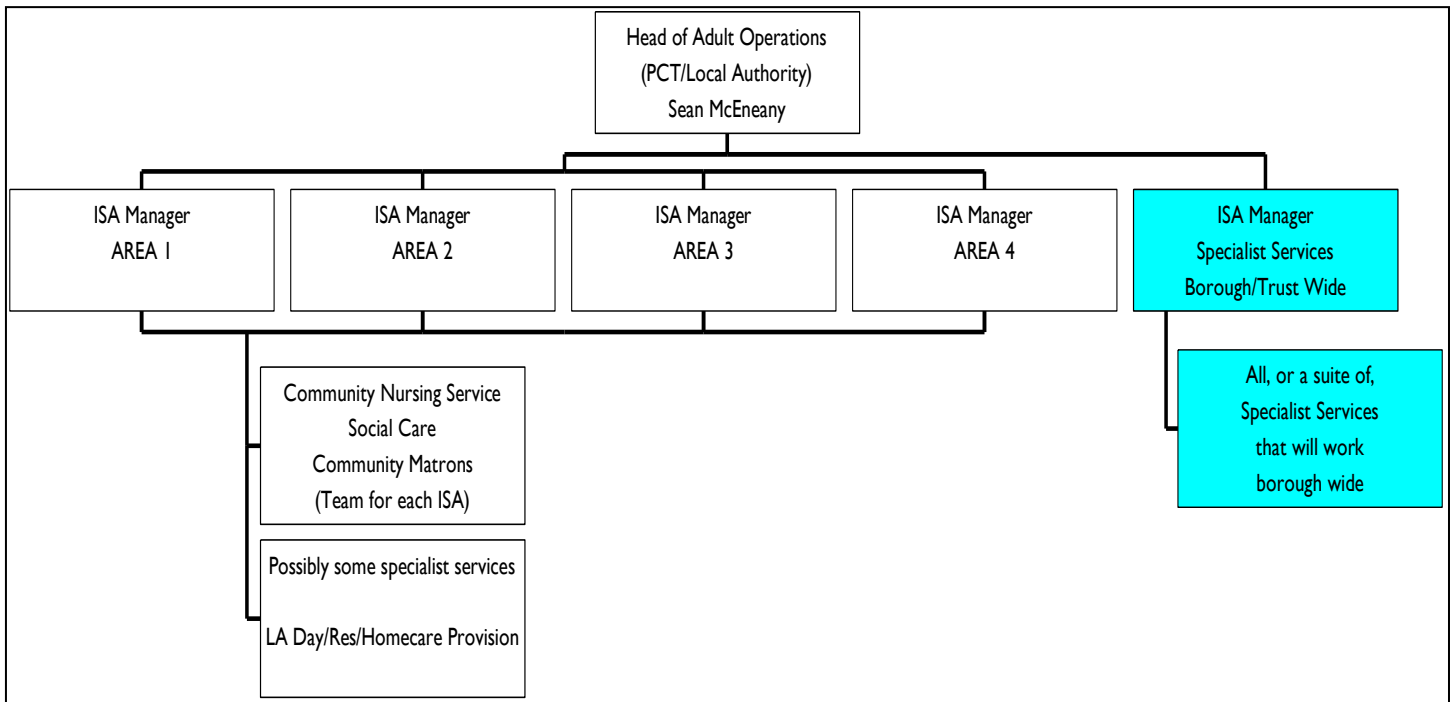
## Proposed Service Groupings (phase 1)

### 3.6 Proposed Functions of Adult Services

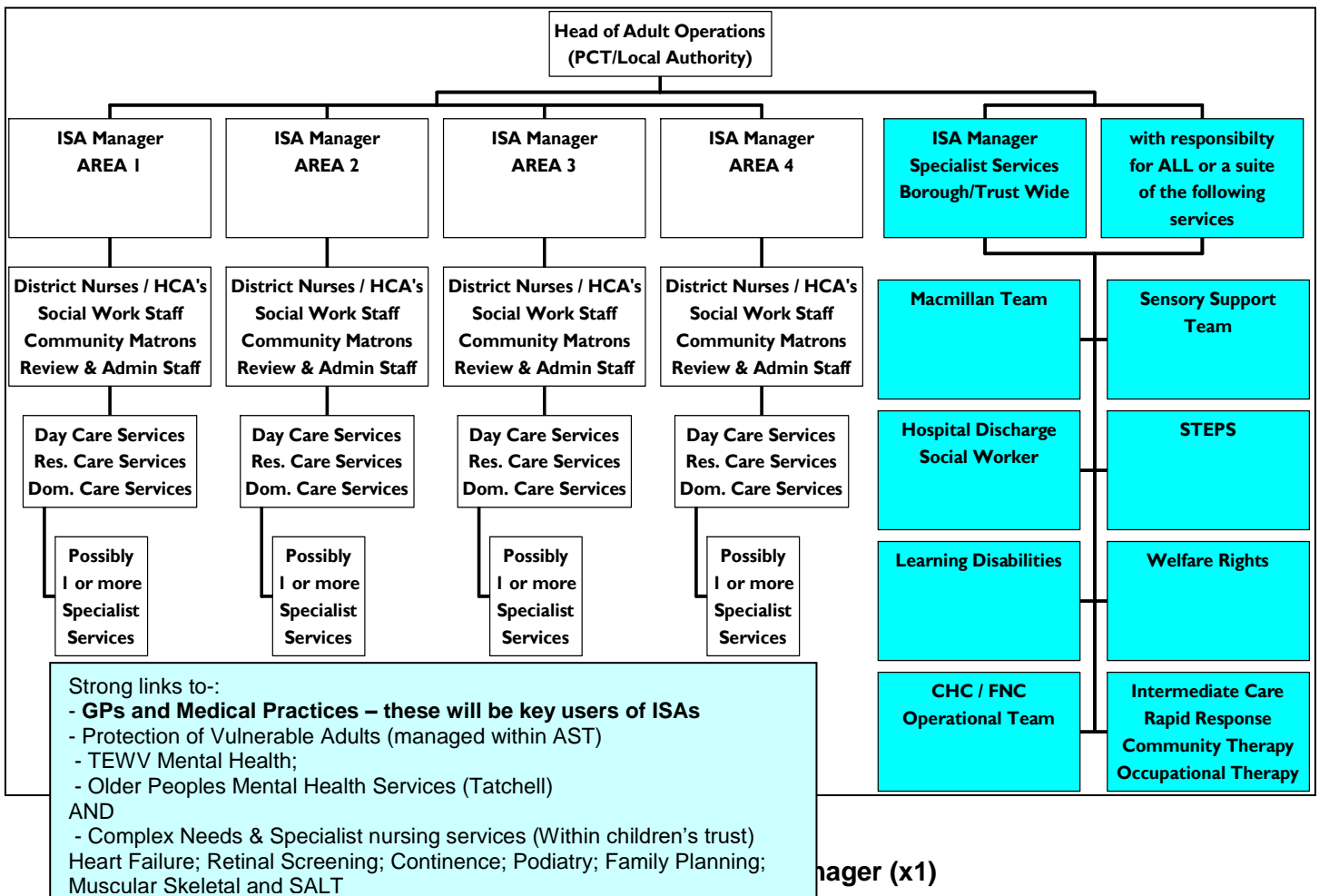


### 3.7 Proposed Structures of Adult Services

#### Broad Picture



From this very broad picture the following more detailed proposal has been drawn.



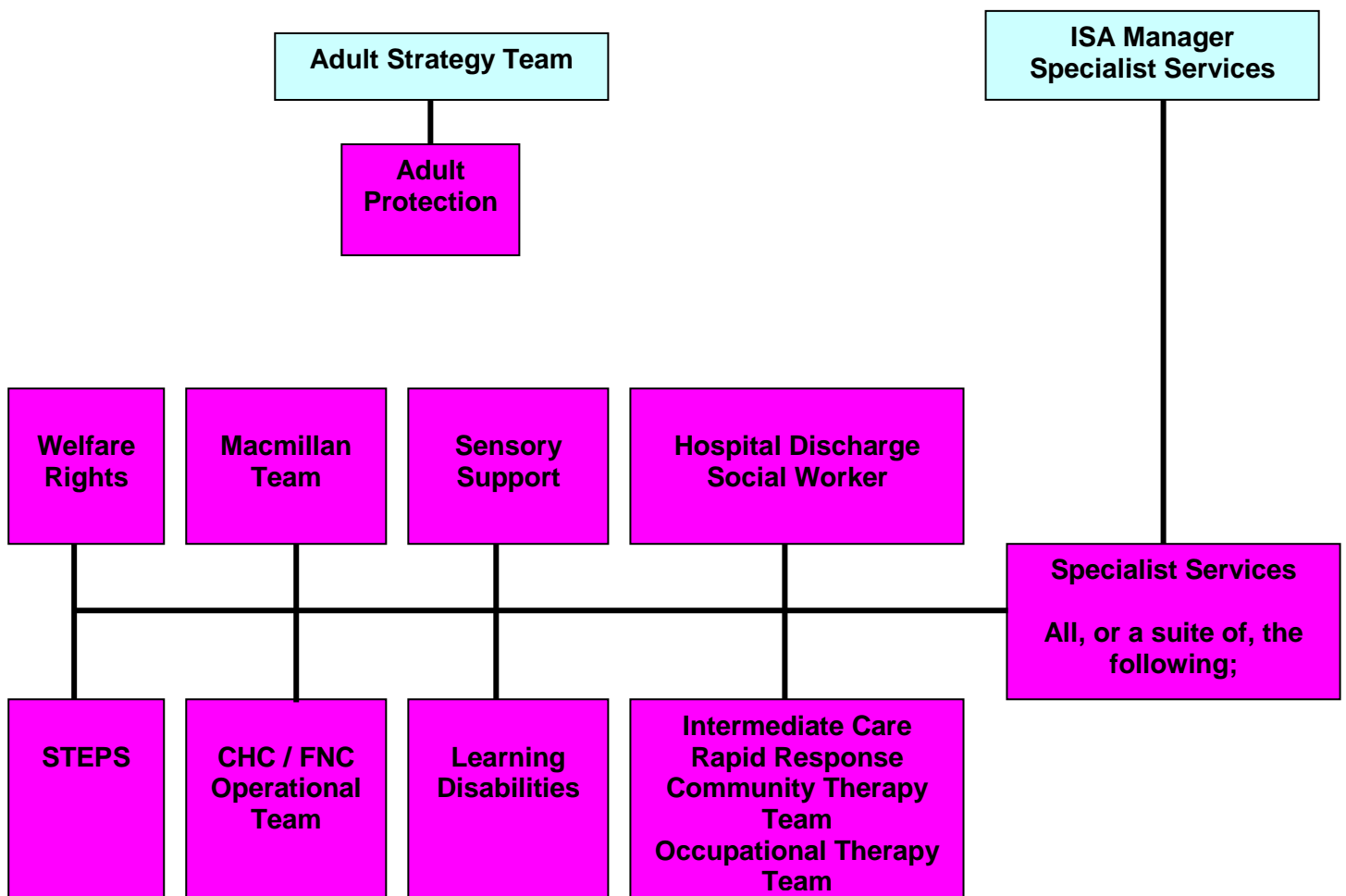
This is a new group with a range of existing services being brought together.

This 'suite' of specialist services will continue to work borough / trust wide. Currently the following services are to be included;

- Welfare Rights;
- Learning Disabilities;
- Macmillan Team;
- Sensory Support;
- Hospital Discharge Social Worker;
- Intermediate Care including Rapid response / Community Therapy / Occupational Therapy and
- STEPS

(The Protection of Vulnerable Adults unit remains a key part of adult services and will be managed by the Adult Strategy Team)

Learning Disabilities will remain co-located within the TEWV service but line management responsibility for the LD service remains within Adult Integrated Service Areas.



**3.9** Within Phase 2, the project team will develop the exact structure of this 'suite' of services. Proposals will be fed into consultation with stakeholders. It is possible that the specific services within this ISA may change as a result of discussion and consultation in Phase 2.

- 3.10** That there are 5 ISA managers: -
- 4 ISA managers for locality based service
  - 1 ISA manager to manage a suite of specialist services

**3.11** There was early commitment from the Adult Care Planning Group (the project sponsor) & Professional Executive Committee to the development of Integrated Service Area Managers, as the key posts in the geographical/locality based patches.

**3.12** Although 5 areas are identified, it is proposed that given the sizes and relative demands from the Western Area and Eastern Area Partnership Areas, that these areas come under one manager. For the Central Area Partnership Area, this is being split with the boundary identified as in appendix 11.2. The configuration of services however, cannot be set as static within these boundaries as consideration needs to be given to, for example, the nature of Day and residential services, general practitioner populations that cross geographical boundaries and the impact of incidence of Long Term Conditions on the service demand across geographical boundaries. The proposed configurations will be;

North ISA	Northern Area Partnership Area
Central North ISA	Central Area Partnership Area
Central South ISA	Central Area Partnership Area
South ISA	Western Area Partnership and Eastern Area Partnership Areas

**3.13 Role and Function of ISA managers and Specialist Services manager:**

Line-management responsibility of front-line teams

- Delivery of the Stockton Borough Council / North Tees Primary Care Trust vision for adults
- Delivery of the public health “Choosing Health”, National Service Framework and “Our Health, Our Care, Our Say” objectives across the locality patch
- Development of the services to meet identified needs;
- Liaison with key partners in the locality, including GPs, Children’s ISA services, voluntary and community sector organisations;
- To manage the performance of an ISA service;
- Managing a locality budget;
- Liaison with other 3<sup>rd</sup> tier managers across the Integrated Service Areas and with Central/Specialist Service Groupings; and
- Close working with Public Health to deliver the Health & Well Being Agenda.

It may be necessary for an ISA to house some specialist services with or without Line Management responsibilities.

Appendix 11.1 describes in detail the role and responsibility of an ISA manager.

**3.14 3<sup>rd</sup> Tier Managers currently in post are as follows:-**

- Community Care Managers x3 FTE
- Community Nursing Locality Managers x1 FTE (2 people)
- Head of Community Nursing x1 FTE
- Head of Intermediate Care x1 FTE

**3.15** Proposals have been developed around the service areas under the Integrated Service Area Managers. These are being consulted on as part of phase 1, in order that there can be an early rollout of Integrated Service Areas in phase 2. In developing these groupings, it is planned that existing staff across Children, Education and Social Care and the PCT will remain in post under existing terms and conditions and where necessary and appropriate be seconded into multi-disciplinary teams. Single line management will be identified and,

where there is a need for professional support, this will be identified through the employing authority.

### 3.16 Integrated Service Areas North / Central North / Central South / South

#### Staffing within ISA localities

**This is the proposed range of workers that will be involved. Exact numbers will be determined as part of phase 2 and in line with identified need in each area.**

- CESC / PCT Team Managers / Leads / Locality Managers
- Social Workers
- District Nursing Sisters
- District Nursing Staff Nurses
- Assistant Care Coordinators
- Healthcare Assistants
- Review Officers
- Social Work Team and Review Clerks
- Community Matrons
- Administrative Staff

#### Present Base

Social Work Teams and support staff: -

- Ideal House, Thornaby;
- Billingham Council Offices;

PCT Locality Leads / Community Nursing Staff ;

- Locality Leads – Lawson Street
- Practice attached across 27 practices borough wide

#### Role and function

- Universal Service – Specialisms within team in Physical Disabilities and Older people
- Access to Adult Services – Generic and Specialist
- Signposting
- Education, prevention and well being maintenance
- Support Integrated Service Area Manager in delivery of integrated service

#### Linked staff/groups

**This is the group of staff and services that need to be linked into the 4 locality specific Integrated Service Areas: -**

- Medical Practices
- First Contact Team
- Emergency Duty Team
- Protection of Vulnerable Adults
- 24-Hour Residential Care Services
- Supporting People Team
- Domiciliary Care (Independent and Public sector)
- Adult Day Care Services
- UHNT
- The Specialist Integrated Service Area

This is a working list and will be confirmed in phase 2 of the project

### 3.17 Integrated Service Area – Specialist Services

#### **Staffing within ISA Specialist Services**

**This is the proposed range of workers that will be involved. Exact number will be determined as part of phase 2 and in line with identified need across the borough / trust and dependent on the manageability of such a comprehensive range of services.**

- Team Managers / Leads
- Specialist Social Workers / Practitioners
- Specialist Review Officers / Ass. Care Coordinators
- Community Nurses (Learning Disabilities & FNC)
- Rehabilitation Officers
- Welfare Rights Officers
- Independent Living Fund Officer
- Welfare Rights First Contact
- Welfare Rights Support Staff
- CHC / FNC Operational Staff
- Rapid Response Nursing Staff
- Specialist Therapy Assistants
- Occupational Therapists
- Physiotherapists
- Occupational Therapy Assistants
- Occupational Therapy Review Staff
- Intermediate Care Coordinators
- Intermediate Care Support Staff
- Employment Support / Training Advisors
- Community Development Training Advisors
- Development Workers
- Support Assistants
- Administrative Staff

#### **Present Base**

- |                                    |                                  |
|------------------------------------|----------------------------------|
| • Welfare Rights                   | - Billingham Council Offices     |
| • Learning Disabilities            | - Wessex house, Preston Farm     |
| • Macmillan Team                   | - Thornaby Medical Centre        |
| • Sensory Support                  | - Billingham Council Offices     |
| • Hospital Discharge Social Worker | - University Hospital North Tees |
| • CHC / FNC Operational Staff      | - University Hospital North Tees |
| • Intermediate Care                | - Tithebarn House, Hardwick      |
| • Rapid response                   | - Tithebarn House, Hardwick      |
| • Community Therapy                | - Tithebarn House, Hardwick      |
| • Occupational Therapy             | - Tithebarn House, Hardwick      |
| • STEPS                            | - Clifton House, Preston Farm    |

#### **Role and function**

- Specialist Service
- Access Specialist Adult Services / Information / Education
- Signposting
- Prevention and the maintenance of Well being
- Support Specialist Integrated Service Area Manager in the delivery of an integrated service

### **Linked staff/groups**

**This is the group of staff and services that, although not line managed, need to be linked into the Specialist Integrated Service Area;**

- Medical Practices
- First Contact Team
- Emergency Duty Team
- Protection of Vulnerable Adults
- 24-Hour Residential Care Services
- Supporting People Team
- Domiciliary Care (Independent and Public sector)
- Adult Day Care Services
- UHNT
- The 4 locality based Integrated Service Areas

This is a working list and will be confirmed in phase 2 of the project

### **3.18 Project Management and support functions**

#### **Staffing- line managed**

**This is the proposed range of workers that will be involved. Exact numbers will be determined as part of phase 2 and in line with identified need in each area: -**

Management Information Services  
Business Development Services  
Performance Management Services  
Estates and ICT  
Admin support  
PAs

### **3.19 Emergency Duty Team & First Contact**

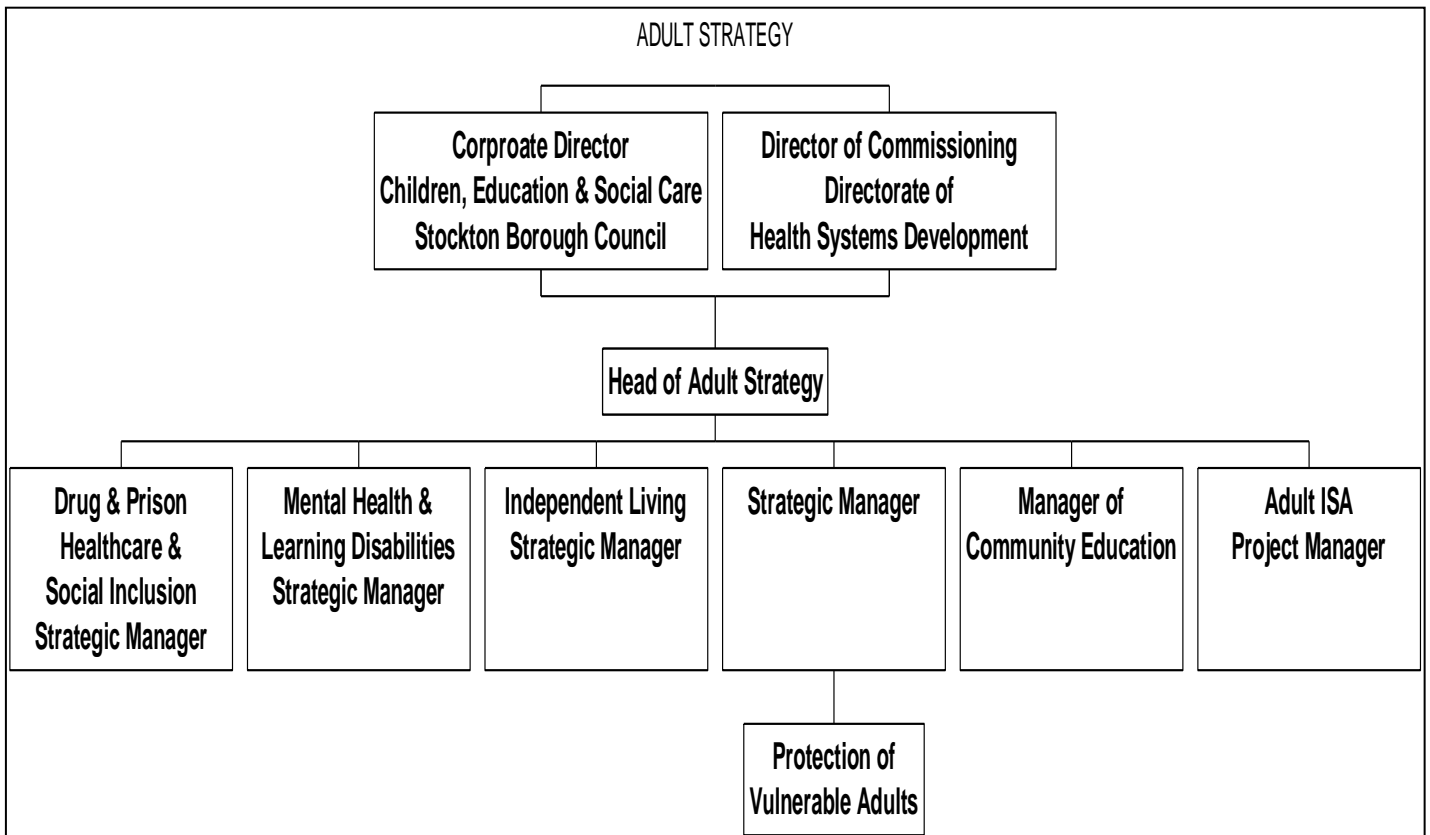
It is proposed that the Emergency Duty Team will remain unchanged. It provides emergency services across Tees Valley to both children and adults under a Service Level Agreement.

It is proposed that the First Contact Team will remain unchanged. It provides access to both Adult & Children's Services borough wide

It is proposed that the First Contact and Emergency Duty Teams are actively involved in phase 2 of the development of ISAs to ensure there needs as the most visible contact point are fully appreciated and reflected in the project plan.



**3.20 ADULT STRATEGY**



## **4.0 HR IMPLICATIONS**

- 4.1** The proposed reconfiguration / restructuring at Phase 1 of third tier posts outlined within this consultation document has workforce implications in the Children Education and Social Care service grouping of the Council, and partners at the North Tees Primary Care Trust, which is itself nearing the end of significant restructuring.
- 4.2** The primary recommendations affect a small number of individuals in both organisations in existing third and fourth tier posts, and these changes are the subject of this consultation. Comment and views are also sought for proposed alignments of functions and teams set out in this document, though further staff and Trade Union consultation will also be carried out as part of the phased approach as detailed proposals are confirmed.
- 4.3** Both organisations have protocols to deal with the management of change. In the Council's case, Planning for the Future exercises since 2002 within the Council established a process to deal with organisational change and minimise uncertainty for employees. The PCT uses its own Change Management Policy.
- 4.4** It is recommended that the following broad principles combining the approach of both organisations be used for this restructuring through its various phases:

### **Stage 1**

- 'Slotting in' where appropriate – where the substantive post in the present structure is broadly the same in terms of job purpose, duties and scope and key competencies. This only applies where there is one person to be considered for one post.

### **Stage 2**

- Where the above does not apply, and there is more than one eligible candidate, posts will be available for limited competition within an agreed ring-fenced pool within the affected area. The pool of staff identified will be based on role, job content and position in the hierarchy, as well as function and area of work.

### **Stage 3**

- Where posts are not filled by this process, vacancies will proceed to wider competition, including internal / external advertisement.

**Where employees are displaced, there will be 'no slotting in' to the next tier below this if this would result in a displacement of the current post holder.**

**The Early Retirement /Voluntary Redundancy scheme to apply and applications invited where applicable.**

**4.5** The following new third tier roles are proposed:

- Four Integrated Service Area Managers
- One Integrated Specialist Services Manager

The grading for these posts will be subject to review under both the Council and PCT grading structures. However, based upon the work undertaken by the Children's Integrated Service Areas the posts are likely to remunerate at a spot salary of £50k.

Present occupants of the following existing posts will be part of a ring-fenced group to make application for posts in the new structure under prior consultation at Stage 2:

Community Care Managers x3  
Head of Intermediate Care x1  
Locality Managers x2  
Head of Community Nursing x1

Appointment will be offered on either PCT or Council terms.

There are no post holders that are subject to "slot ins" to equivalent posts in the new structure.

At this stage the implications for fourth tier posts has not been assessed and is not subject to this process.

The Job descriptions and person specifications for the new posts are attached (Appendix 11.1)

## **5.0 CO-LOCATION PROCESS**

Comprehensive data on operational and administrative buildings used either by the Authority or by the PCT has been collected. Great care is being taken to coordinate this work with the Local Authority corporate accommodation review and the Primary Care Trust estates strategy. Available information includes floor areas, building condition, accessibility and current use. Initial information has been sorted into the four integrated service areas proposed and will be mapped against the proposed staffing structure to determine where services might be co-located within the ISAs. Option appraisals will then be carried out to determine likely costs and possible timescales for any moves. Staff teams will be consulted before any decisions are taken.

## 6.0

### **INFORMATION SHARING PROCESS**

- 6.1** *The development of integrated services/integrated service areas will see the need for the further development of information sharing processes. This will need to be based on clear information sharing protocols, the development of protocols for integrated case file management and the linking together of electronic record keeping systems across the different agencies. At present there are a range of different systems within the local authority, in children's and adult services and within the PCT, in community nursing services, all of which are not initially compatible with each other.*
- 6.2** The integrated services/integrated service areas project team will be developing these processes as phase 2 is rolled out. Any new systems developed will have to meet existing agency requirements in terms of standards, statutory responsibilities and confidentiality and security requirements and fit with budgetary constraints.

## **7.0 TRAINING/INDUCTION PROCESS**

- 7.1** An induction process will be established for all newly appointed post holders, which will address the role and function of the new job, establishing links with key partners and developing an understanding of the integrated agenda. As budgets are developed for new posts, training will be provided on the systems and processes.
- 7.2** Staff development sessions will be arranged as necessary for new teams as they are introduced. This will concentrate on team development, promoting the integrated agenda and understanding roles and functions.
- 7.3** Development sessions around the introduction of case file and case management systems will be rolled out during the year.

## 8.0 CONSULTATION PROCESS

8.1 This document is produced for the formal consultation process on the development of integrated services/integrated service areas. It is being shared with staff across the Primary Care Trust and the Local Authority's Children, Education and Social Care Services who have an involvement in Adult Services, with Trade Unions, with partner agencies and community/voluntary sectors. The timescales are identified below:

Commitment to document by AISA Project Team	30 <sup>th</sup> August 2007
Letter to Trade Unions welcoming comment	September 2007
Discussion of consultation document in ASMT	20 <sup>th</sup> September 2007
<b>Formal Consultation on document starts</b>	<b>1<sup>st</sup> October 2007</b>
Discussions with 3 <sup>rd</sup> Tier Managers	1 <sup>st</sup> October–31 <sup>st</sup> October 2007
Discussion of consultation document in ACPG	11 <sup>th</sup> October 2007
<b>Formal Consultation on document ends</b>	<b>31<sup>st</sup> October 2007</b>
Agreement at PCT Board	to be determined
Cabinet pre-agenda	to be determined
Cabinet	to be determined

8.2 The consultation document will be available at information events during October 2007. Hard copies (paper/cd) will be made available on request. Further information can be obtained from Dave Smith, Project Manager Tel: 01642 524577 or email david.smith@stockton.gov.uk

8.3 A range of open meetings will be held for staff to attend :

9.15am – 10.30am	24 <sup>th</sup> April 2007	The Education Centre, Norton (complete)
1.15pm – 3.30pm	4 <sup>th</sup> May 2007	The Education Centre, Norton (complete)
9.00am – 12.00pm	3 <sup>rd</sup> October 2007	The Education Centre, Norton
2.00pm – 5.00pm	30 <sup>th</sup> October 2007	The Education Centre, Norton

An elected members seminar will be arranged for October / November 2007.

The wider involvement of partners, patients / clients, voluntary sector etc. has been / is being arranged via working groups and forums and the distribution of newsletters throughout October – December 2007.

## **9.0 FINANCIAL IMPLICATIONS.**

The detailed financial implications of the developments are dependent on the outcome of grading decisions for new posts, and on PCT funding however it is a premise that this project is revenue neutral.

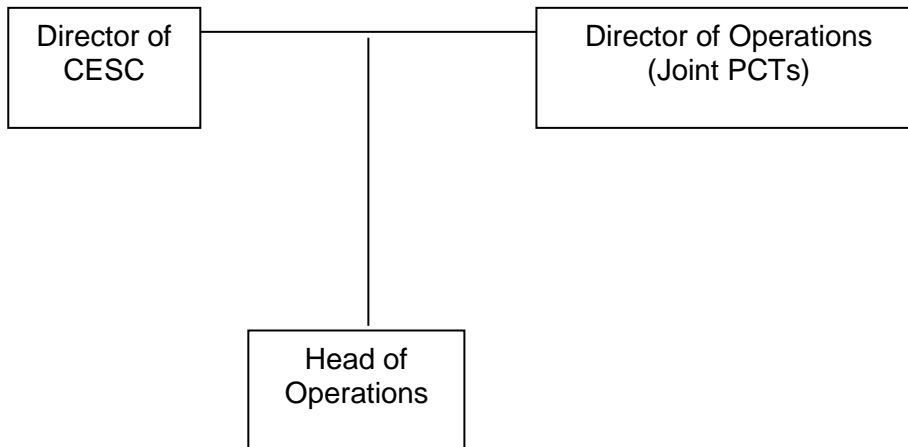
An evaluation of the implications of pooled budgets for these developments will be undertaken.

A 'Resources' group involving financial representation by both SBC and NTPCT is meeting regularly to review the costs implications of this project and will co-ordinate with the work carried out in the children's ISA project.



## 10.0 GOVERNANCE ARRANGEMENTS / CLINICAL SUPERVISION / GUIDANCE

10.1 The present proposals for the development of integrated services/integrated service areas involve the bringing together of local authority and primary care trust Adult services. Overall governance for the delivery of services rests with the PCT Board and the local authority Council, with appropriate delegated responsibilities being delivered through the chief executive of the PCT and the Director of Children, Education and Social Care in the local authority. With the development of the joint management arrangements across Hartlepool PCT and North Tees PCT, the following governance arrangements are proposed for operational services: -



10.2 The Heads of Service will be directly responsible for the management of the multi-disciplinary teams and integrated services appertaining to their roles. Where staff are seconded into a multi-disciplinary team, employment responsibilities re terms and conditions will remain the responsibility of the employing organisation. Professional support and development will also be the responsibility of the employing organisation.

10.3 In the development of integrated services/integrated service areas, it will be necessary to clearly define lines of professional leadership and clinical supervision for particular groups, but primarily from within the Health Services. The post of Director of Clinical Services across North Tees and Hartlepool has recently been appointed to and it is anticipated that this post will provide the overarching accountability into the PCT Board. Detailed clinical supervision and professional leadership will need to be identified once structures are set and new posts are appointed to.

## **APPENDIX 11.1**

### **JOB DESCRIPTIONS**

**DRAFT**

#### **STOCKTON-ON-TEES BOROUGH COUNCIL** **NORTH TEES PCT**

#### **JOB DESCRIPTION**

**POST TITLE:** Integrated Service Area Manager – Adults x 5  
**POST REF:** TBA  
**GRADE:** £50,500 Spot Salary  
**DIVISION** Children Education & Social Care / North Tees PCT  
**ACCOUNTABLE TO:** Head of Adult Operational Services/ Assistant Director

#### **JOB PURPOSE**

- To implement the development of an Integrated Service Area (ISA) for Adults
- To work in partnership with other statutory, voluntary, community and independent sector organisations in the delivery of these services.
- To improve public access and the quality of community health and social care services.
- To modernise existing working practices and develop new services in response to identified need.
- To provide operational management and direct provision of safe and effective care for adults.

#### **KEY DUTIES AND RESPONSIBILITIES**

##### **Development & Management of Operational Services**

1. To ensure that the integrated adult services provided by SBC/NTPCT are delivered to the highest standards.
2. To provide effective leadership, managing staff as appropriate, ensuring that their professional and other developmental needs are met, that all staff have objectives, regular appraisals, personal development plans and career/succession planning.

To lead on the operational management and delivery of services to meet the health and social care needs of the following population/service groups:

- The adult population of SBC/NTPCT (health improvement / prevention)
- Adults with Long Term Conditions/Chronic Disease
- Older People
- People with long term physical conditions
- People with physical disabilities/sensory loss
- Vulnerable Adults (Adult Protection)

- Social inclusion (e.g. community development, minority ethnic communities, employment, etc.)
3. To contribute to the delivery of the Adult Service Improvement Plan, Business Plans and the corporate Performance Management Frameworks across both PCT and SBC.
  4. To work with the Adult Strategy Team on a number of strategic service reviews ensuring that services continue to meet the needs of clients/patients/carers and the public.
  5. To ensure that adult services are developed and delivered to maximise the opportunities identified in National Vision for Adults 'Our Health, Our Care, Our Say' and public health "Choosing Health" and National Service Framework.
  6. To work with stakeholders, partners and voluntary and community agencies, to ensure that services are responsive to the needs of clients/patients and that appropriate mechanisms are in place to deal with any issues and complaints raised by them.

### **Performance Management**

7. To ensure that all key corporate performance targets, across both PCT and SBC, are met and corrective action is taken to ensure performance improvement where necessary.
8. Ensure all services provide value for money and maximum productivity
9. Deliver services as described in Service Level Agreements
10. Provide monitoring reports to performance management/commissioners as requested.
11. To manage all resources within budget, taking corrective action as necessary to address potential overspends, contributing to the financial health of both organisations and achieving Gershon and other efficiencies.

### **Corporate Responsibilities**

12. To establish clear policies and procedures for the delivery of services within the ISA
13. Ensure that services are developed and provided in accordance with national policies and guidance, the local Health Improvement and Modernisation Programmes.
14. To ensure that clients/patients are involved in the development and monitoring of all services provided by both organisations.
15. To represent both organisations on external bodies as and when required.
16. To participate in on-call rotas as necessary.
17. To undertake any other reasonable duties as requested by the Chief Executive of North Tees PCT and Corporate Director SBC.

## **COMMUNICATION AND WORKING RELATIONSHIPS**

PCT Clinical Management Team  
PCT Board  
PCT Executive Committee  
Director and staff of CESC (Children Education and Social Care)  
Directors and staff of Stockton Borough Council  
PCT Management Team and Admin staff  
PCT Clinical staff  
PCT and Practice Clinical governance Leads  
Strategic Health Authority  
Other PCTs  
Shared Services staff  
NHS Trusts  
Local Authority  
Voluntary Organisations  
GP practice staff  
Community Nurses, Health Visitors  
General Public  
Elected Members of Stockton Borough Council  
LSP Health and Social Policy Group  
Borough Councils and Executive Management Team  
Supporting People Working Group  
Therapy Staff

## **ESSENTIAL KNOWLEDGE & QUALIFICATIONS ETC**

### **Qualifications**

Educated to degree level or equivalent higher education qualification  
Evidence of continuing professional development  
Management qualification

### **Knowledge and Expertise**

A minimum of 3 years experience in a management role in a complex organisation  
Knowledge and understanding of current health and social care policy and the modernisation agenda  
Demonstrable experience of change management  
Ability to develop innovative solutions to meet NHS and Government Modernisation agendas  
Project management experience  
Experience of developing partnerships and working with the community and voluntary sector  
Managing and monitoring budgets

### **Skills**

Strong leadership skills  
Very good communication skills  
Effective negotiating, influencing and facilitation skills  
Political awareness  
Ability work in a complex and rapidly changing environment  
Problem solving approach  
Understanding of multi agency systems, agreements and protocols

## PERSON SPECIFICATION

**Finance Responsibilities:** - budget holder for the Integrated Service Area – Adults. Responsible for budget setting and monitoring the budgets for those services.

**Physical Resources Responsibilities:** - responsible for the identification and procurement of physical assets for the Integrated Service Area.

**Managing Staff Responsibilities:** - manages department including integrated teams across Health & Social care.

**Freedom to Act:** - guided by general health, organisational and occupational/professional policies. Determines interpretation of these policies in order to set goals and standards for the Integrated Service Area. Accountable for own professional actions.

**Physical Effort:** - a combination of sitting, standing and walking. Occasional requirement to sit in a restricted position e.g. at a computer for prolonged periods.

**Mental Effort:** - frequent requirement for prolonged concentration during meetings, checking documents etc. Daily requirements for prolonged concentration e.g. analysing data. Unpredictable working environment with frequent interruptions.

**Emotional Effort:** - exposure to distressing and emotional circumstances e.g. dealing with disciplinary and grievance matters and complaints.

**Working Conditions:** - occasional exposure to unpleasant working conditions e.g. verbal aggression. Occasional exposure to highly unpleasant working conditions e.g. direct contact with clients/staff resulting in the threat of physical aggression.

## KEY RESULT AREA

### **Analytical and Judgement Skills**

Makes judgements involving complex facts and situations, which require the analysis, interpretation and comparison of a range of options, where some information is unavailable and there are no obvious solutions.

### **Planning and Organisational Skills**

Tasks include: planning and organising delivery of the integrated adult services where there is a range of conflicting clinical and non-clinical priorities and developing the Department Business Plan.

### **Physical Skills**

- Driving skills
- Keyboard skills using software programmes e.g. Excel/Database/Word

### **Responsibilities for Patient/Client Care**

Accountable for direct delivery of the Integrated Service Area – Adults.

### **Responsibilities for Policy/Service Development and Implementation**

Develops and implements policies and procedures for the Adult Service and proposes policy changes which impact beyond. Involved in development of NTPCT / SBC policies.

### **Responsible for Financial and Physical Resource**

Budget holder for the Integrated Service Area with responsibility for budget setting monitoring and management procurement and maintenance of physical assets and supplies for the service.

**Responsibilities for Human Resource**

Line Manager for range of services (see chart). Tasks include – appraisals; grievance and discipline; sickness management; chairing appointment panels; reviewing work performance and progress, career development.

**Responsibilities for Information Resources**

Responsible for data collection. Tasks include – collating and compiling information for the service delivery and performance management from a range of sources.

**Responsibilities for Research and Development**

Responsible for the programme of clinical governance in the Integrated Service Area.

**COMMUNICATIONS**

There is a requirement to communicate highly complex, highly sensitive and highly contentious information, in a verbal or written form, where there may be significant barriers to acceptance and understanding which need to be overcome.

Communication is often in an emotive atmosphere e.g. dealing with a patient/client complaint; explaining service delivery issues.

Skills are required to motivate, negotiate, persuade, empathise, communicate unpleasant news sensitively, provide counselling and reassurance.

A high level of inter-personal skill is required to communicate effectively with a wide range of people including – senior managers across a range of agencies; colleagues locally and regionally; other professionals; clients and their relatives/carers; members of the public.

**JOB DESCRIPTION AGREEMENT**

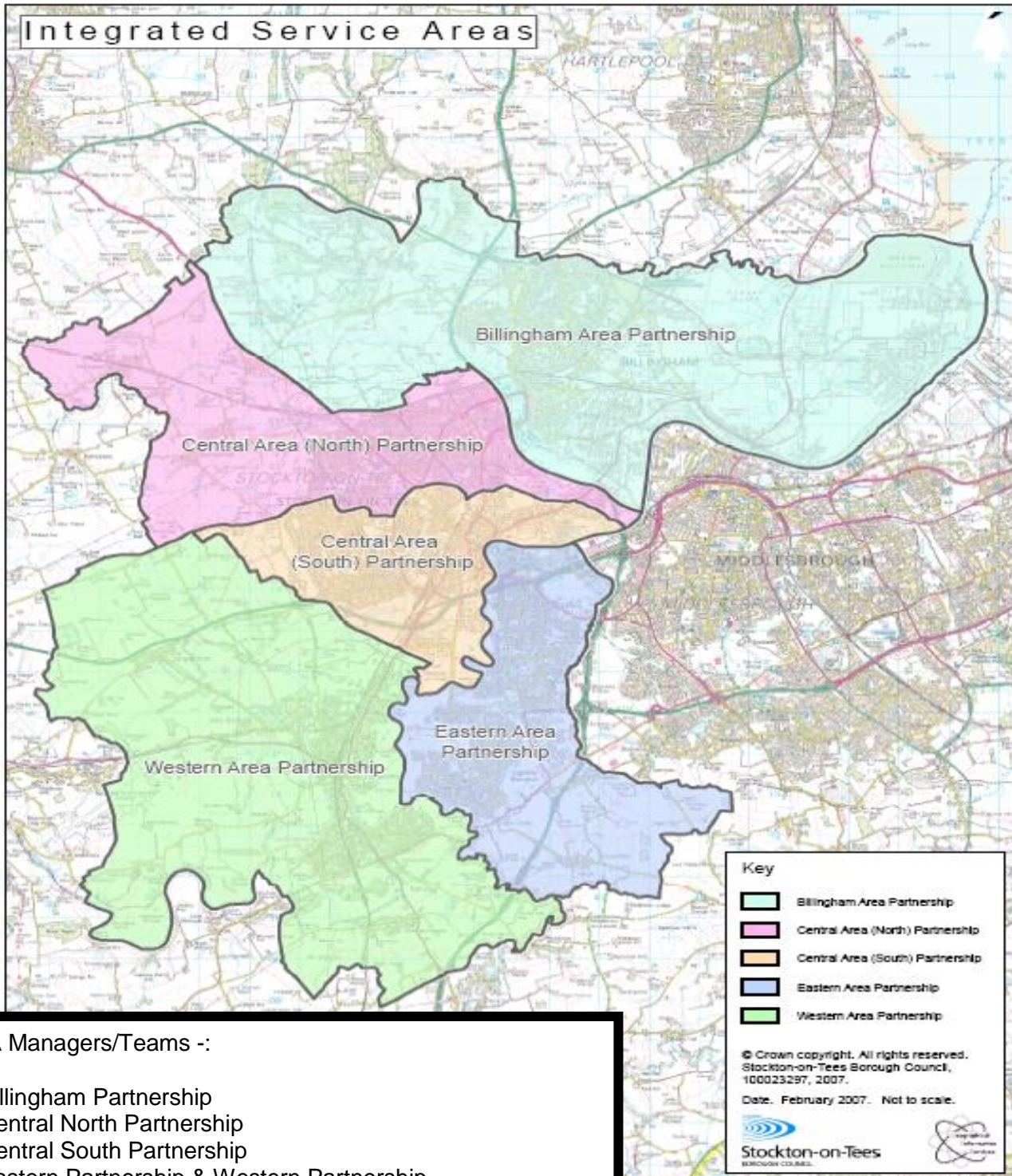
I accept this job description as an accurate record of the duties and responsibilities of this post.

Job Holders Signature

Signed:..... Date: .....

# APPENDIX 11.2

## The Adult Integrated Service Area Geography



4 ISA Managers/Teams -:

- 1 - Billingham Partnership
- 1 - Central North Partnership
- 1 - Central South Partnership
- 1 - Eastern Partnership & Western Partnership