

CABINET ITEM COVERING SHEET PROFORMA

AGENDA ITEM

REPORT TO CABINET

20 DECEMBER 2007

**REPORT OF CORPORATE
MANAGEMENT TEAM**

CABINET DECISION

Adult Services and Health – Lead Cabinet Member – Councillor Mrs McCoy

THE INTEGRATION OF ADULT SERVICES ACROSS SBC AND NTPCT PHASE 1 CONSULTATION FEEDBACK

1. Summary

This report describes the staff & stakeholder feedback on the key proposals made for the restructuring and reconfiguration of adult services across Stockton on Tees. These proposals were described to cabinet in a previous paper, Cabinet Report Adult ISA phase 1 25th October 2007.

Integrated service provision

The formal consultation period for Adult Integrated Services ran from the 1st October 2007 to, and including, the 31st October 2007. During this time 2 half-day events were held. 114 staff and stakeholders attended these events. All staff & stakeholders were asked to comment on the proposals for the restructuring of adult services across Stockton. During the events, staff & stakeholders formed work groups and performed an analysis of the strengths, weaknesses, opportunities and threats these proposals posed. In addition to this, all attendees were at liberty to record opinions in comment books. In general the feedback was positive towards integration though concerns were voiced over the practicalities of co-location.

2. Recommendations

1. That cabinet agrees that the project for Adult Integrated Service Areas proceeds as proposed in recruiting 5 ISA managers through a ring fence process and creating 4 Integrated Service Areas and 1 Specialist Service Area (borough wide) across Stockton.

3. Reasons for the Recommendations/Decision(s)

1. Staff & stakeholder consultation demonstrates an overall agreement that integration is a positive direction to move in.
2. 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.
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. 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.

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SUMMARY

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The formal consultation period for Adult Integrated Services ran from the 1st October 2007 to and including the 31st October 2007. During this time 2 half day events were held during which staff & stakeholders could comment upon the proposals made in the "Consultation Report – Proposals on the restructuring and reconfiguration of adult services – Phase 1". These events were widely publicised amongst staff & stakeholders with invitations sent to Adult Services staff in Stockton Borough Council and North Tees Primary Care Trust, General Practitioners and medical practice staff, Acute Trust staff, Union representatives, Voluntary sector organisations and others. Across the 2 events 114 staff and stakeholders attended.

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. The consultation period proposed to staff and stakeholders 4 key themes to integration, and during the consultation events staff & stakeholders were encouraged to express their opinions around these proposals.

The proposals for Adult ISAs

We entered into formal consultation throughout October 2007 on 4 main proposals. **Appendix A - AISA Phase 1 Consultation Feedback Document** contains the full feedback document from this consultation and may also be viewed on the Adult ISA web page www.stockton.gov.uk/aisa

2. That we restructure adult services to develop 4 integrated Service Areas (ISAs) across Stockton. In summary, staff and stakeholders made the following comments: -
 - In general, the proposal for Integrated Adult Services is a positive move because of the potential to improve services for patients/clients and communication between staff. This in turn could lead to a clearer path for a patient / client to follow, improving the quality of that persons journey through the service.
 - Concerns that the proposed, continued practice attachment of community nursing (felt to be vital) might not survive in geographical ISAs.

3. That each ISA is served by an integrated team of community nursing staff & social care staff. In summary, staff and stakeholders made the following comments: -
 - ISAs could lead to an improved professional skill mix and a great sharing of knowledge, which will be of great benefit to all.
 - This must be supported by clearly defined governance arrangements, clear supervision and appraisal arrangements and the appointment of ISA managers that understand the issues of managing across two organisations.

4. That each ISA and the suite of specialist services are managed by an Integrated Service Area manager (which will be a joint PCT/SBC appointment). That there is a suite of specialist services that will work across all 4 ISAs. In summary, staff and stakeholders made the following comments: -
 - ISAs will lead to an improved skill mix and a great sharing of knowledge that will be of great benefit to all
 - Although the creation of ISAs has merit, there is concern that the suitability and availability of buildings / IT systems to support joint working may prove to be a weakness.

FINANCIAL IMPLICATIONS

5. The project aims to be revenue neutral.
6. Currently, members of finance departments in both the PCT and SBC are examining the impact of the creation of 5 ISA manager posts.
7. Estates and ICT needs have been identified as potential cost risks.
8. Recorded in risk log pending further information.

LEGAL IMPLICATIONS

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

RISK ASSESSMENT

10. 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

11. 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

12. Ann McCoy – Member of ACPG – Invited to Consultation Events.
13. The formal consultation period ran from 1st October 2007 to the 31st October 2007. All staff groups / stakeholders and Trade Unions were contacted and invited to the consultation events arranged.
14. 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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Background Papers

Adult ISA consultation Document Phase 1 Vs 1.5

AISA Phase 1 Consultation Feedback Document

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.