

**CCG REPORT COVER SHEET**

<b>Meeting Title:</b>	<b>Governing Body in Public</b>		<b>Date: 14 January 2020</b>			
<b>Report Title:</b>	Enhanced multi-disciplinary Operational Model for an Adult Learning Disability Partnership across Cambridgeshire and Peterborough		<b>Agenda Item: 4.2</b>			
<b>Chief Officer:</b>	Jane Webster, Account Director					
<b>Clinical Lead:</b>	Dr Ben Curtis, Clinical Lead					
<b>Report Author:</b>	Adele McCormack, Madeleine Coddington					
<b>Document Status:</b>	Final					
<b>Report Summary:</b>	Cambridgeshire and Peterborough's Transforming Care Partnership is proposing the implantation of an enhanced multi-disciplinary Operational Model for Learning Disability services across Cambridgeshire and Peterborough.					
<b>Report Purpose:</b>	<b>For Assurance</b>		<b>For Decision</b>		<b>For Approval</b>	<b>X</b>
<b>Recommendation:</b>	The Governing Body is asked to approve the principle of an integra proposal to ensure that we can provide excellent care to our people with learning disability, reduce our costly out of area admissions, better support people at point of crisis in the community and in turn help to create a value for money portfolio of LD services. This proposal is made alongside the National Guidance of Transforming Care and Building the Right Support.					
<b>Link to Corporate Objective:</b>	<b>Objective 1 – Ensure clear patient voice in everything we do</b>					<b>X</b>
	<b>Objective 2 – Deliver improvements that make best use of the public pound and save system 'cost'</b>					<b>X</b>
	<b>Objective 3 – Use data and information to prove everything</b>					
	<b>Objective 4 – Deliver the prioritised performance standards</b>					
	<b>Objective 5 – Deliver the 6 transformation programmes</b>					
	<b>Objective 6 – Deliver the CCG Financial Plan</b>					<b>X</b>
<b>CAF (Strategic Risk) Reference</b>	<b>Description of Risk</b> <a href="#">CCC CAF</a>					<b>Current Risk Score</b>
<b>CAF04</b>	Potential for poor quality in the services which the CCG commissions					<b>16 Red</b>
<b>CAF10</b>	Impact on quality as a result of workforce capacity within all providers					<b>4 Yellow</b>
<b>NHSE CCG IAF Links</b>	<b>IAF 1 Domain 1 - Better Health</b>				<b>X</b>	
	<b>IAF 2 Domain 2 - Better Care</b>				<b>X</b>	
	<b>IAF 3 Domain 3 - Sustainability</b>				<b>X</b>	
	<b>IAF 4 Domain 4 - Leadership</b>					
<b>Resource implications:</b>	We envisage no financial risk to the CCG					
<b>Chief Officer/ SRO Sign Off:</b>	SRO: Marek Zamborsky					
<b>Chief Finance Officer Sign Off: (if required)</b>						
<b>Legal implications including equality and diversity assessment:</b>	Adults over the age of 18 with a learning disability will be accessing different quality and outcome focused services in Peterborough compared with Cambridgeshire until an equal enhanced operational model is negotiated and implemented across both local authorities.					
<b>Conflicts of Interest</b>	Not applicable					
<b>Report history:</b>	This report has been presented to the Chief Officer Team					
<b>Next steps:</b>	<ol style="list-style-type: none"> <li>1. Governing Body approval</li> <li>2. Formal pathway development with service user/carer input</li> <li>3. Formal staffing consultation with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and Peterborough City Council (PCC) staff</li> <li>4. Confirm final pathway and arrange contract mechanisms accordingly</li> <li>5. Mobilisation and Implementation</li> </ol>					

**MEETING:** GOVERNING BODY IN PUBLIC

**AGENDA ITEM:** 4.2

**DATE:** 14 JANUARY 2020

**TITLE:** ENHANCED MULTI-DISCIPLINARY OPERATIONAL MODEL FOR AN ADULT LEARNING DISABILITY PARTNERSHIP ACROSS CAMBRIDGESHIRE AND PETERBOROUGH

**FROM:** ADELE MCCORMACK, BEN CURTIS

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## 1 ISSUE

1.1 The Transforming Care and Building the Right Support National Guidance places a duty on individual Transforming Care Partnerships (TCP) to improve their local offer and service delivery for people with Learning Disability (LD). This duty includes:

- Access to the right care, by the right 'person' at the right time;
- Community services that can support people at point of crisis in their own communities; when safely and lawfully possibly;
- Reduce the overall number of specialist hospital admissions;
- Reduce the need for out of area admissions; and
- Reduce the total length of stay in hospital admissions.

1.2 It is important to note that currently there are two different operating models in Cambridgeshire and Peterborough. Cambridgeshire offers an integrated health and social care model, whilst Peterborough has separate functions. Whilst both areas have worked closely together over the last three years and have made good steps to meeting the National and Local Key Performance Indicators (KPIs) and priorities, we are not yet delivering an equal and good enough service to our people with a LD across the patch.

1.3 TCP research analysis completed in Quarter 2 2019 identified the following inequalities and service shortfalls for people with a LD (measured against the National Guidance and taken from data collated from April 2015 – January 2019);

- Specialist admissions rates are higher in Peterborough compared with Cambridgeshire by 3:2 on average; despite the percentage population forecasting high admission rates for Cambridgeshire by an average 4:2;
- Length of stay (LOS) for Peterborough Patients is higher on average; owed largely to number of out of area (OOA) admissions for Peterborough patients. In 2018, the average OOA Length of Stay (LOS) for our patients was 393 days, over 100 days longer than the

National Average. Our local inpatient service average LOS for 2018 was 54 days;

- OOA admission for Peterborough patients is higher compared with Cambridgeshire patients. 75% of our current OOA admission are Peterborough patients; and
- Over 90% of patients supported through the 'Crisis Pathway' in Peterborough resulted in admission, compared with around 20% in Cambridgeshire.

1.4 As a result, the cost pressure of Peterborough patients on the CCG is considerably higher than that of Cambridgeshire patients and we are not equally meeting the needs and outcomes of our population based on their ordinary residence. The cost pressure to the CCG for 18/19 was an additional £3.6 million approximately.

1.5 Conclusions of our data analysis suggested the following contributing factors for our deficit in Peterborough;

- Reduced multi-disciplinary working of health and social care professionals;
- Blurred boundaries and common understanding of professional roles and responsibilities;
- Delay in a multi-disciplinary response to patients at point of crisis in the community;
- Reduced intelligent commissioning lead for 'alternative' to admission options;
- Reduced continuity for patients during crisis with a lack of 'wrap around' approach;
- Reduced sense of leadership and accountability for the TCP cohort of patients;
- Reduced ownership for LOS, social circumstance delays to discharge and safety/quality of admissions; and
- Fundamental difference to delivery of the Section 75 (s75) contract (staff).

1.6 In response to this, the TCP which includes, CCG, CPFT and Local Authority have agreed a need to adopt and implement a consistent model across Cambridgeshire and Peterborough; with a unanimous acknowledgement that the system in Peterborough is not working. Without this proposal approved, we will continue to not meet our cohorts needs which will result in an increased risk to patient safety, LOS, OOA admissions and indeed a growing cost pressure to the CCG.

1.7 Whilst not a cost saving project, our proposal will not only improve quality standards within the existing budget; but a reduction in LOS and OOA admission will ultimately result in a probable significant saving.

## **2 KEY POINTS**

### **2.1 Quality and Safety Considerations**

As highlighted above.

- 2.1.1 There will be no increased risk to quality or safety as part of the implementation of this proposal. The CCG LD team will continue to work more closely with our CCG colleagues in Quality, s117, Mental Health (MH) and Children and Young People (CYP); in addition to our partners agencies CPFT, Cambridgeshire County Council (CCC) and PCC to best ensure the ongoing safety of our patients. The project will have ongoing engagement and true co-production throughout.
- 2.1.2 There is no risk identified to workforce through these proposed changes however PCC, CCC and CPFT will manage communications and engagement with their staff working together as per plan.
- 2.1.3 We do consider that patients who are supported better within the community will have better experience of our services and ultimately better outcomes.

### **2.2 Currently commissioned model**

- 2.2.1 Specialist LD Services are currently commissioned through the CPFT contract and s75. The CPFT contract includes;
- Block contract of 10 Assessment and Treatment Beds – mixed gender ward at the Hollies Cavell Centre;
  - Specialist LD community services including psychiatry, psychology and specialist doctor; and
  - Intensive Support Team in Peterborough – generic pathway for LD and Crisis Pathway. The Team is made up of a social worker, nurses, occupational therapy, psychology and health care assistants.
- 2.2.2 The s75 contracts include;
- PCC s75 for health staff only – this includes LD community nurses, Speech and Language Therapy, Occupational Therapy; and
  - CCC s75 for staff and services – this includes a pooled budget arrangement. The contract for staff is as the PCC contract however CCC deliver their services through a LD Partnership (LDP) which is a multi-disciplinary model including seconded/employed CPFT staff under a management agreement.

### **2.3 The Proposal**

- 2.3.1 The model being proposed is based on enhancement of the current LDP model (operational only – no pooled budget) with co-located health and social care professionals working in a true multi-disciplinary service. The model will sit across Cambridgeshire and Peterborough to ensure equality of access and delivery of services for our entire population. There will be no material changes to the s75 with CCC.
- 2.3.2 With Chief Officer Team approval, we propose the following contract variations:

1. Dissolve the CPFT contract for IST (generic and crisis) and assign the monies through a CV to the s75 in Peterborough.
2. The Peterborough s75 will be enhanced with KPI of delivery in line with that of CCC s75. This will include a mirrored management agreement for CPFT staff.
3. Enhance the PCC management agreement to include CPFT Specialist LD Service (Psychiatry, Psychology and Specialist Doctor).

2.3.3 The TCP and Board Members all endorse this proposal and are equally requesting approval through their respective governance Boards. We highlight that this is an enhanced model, and will not be a complete replica of the existing LDP.

2.3.4 From our research, Cambridgeshire and Peterborough will be one of the only partnerships nationally to deliver such an innovative model. In 2018, Cambridgeshire was highlighted in NHSE press as one of the best places in the country to live if you have a LD. Implementation of this proposal across the whole geography will help catapult us in to be a leading CCG for LD services; delivering excellent care and at a reduced cost.

2.3.5 The detail of the model, associated pathway and operational arrangements will be determined following public and staff consultation subject to governing body approval of the principle.

## **2.4 Risk and Mitigations**

2.4.1 It is recognised that the relationships between the CCG and Local Authority can be challenging at times with financial challenges on both sides.

2.4.2 To provide assurance to the Governing Body, the commissioning team will ensure that there is robust governance around the investment, delivery and performance of the model.

2.4.3 The s75 contracts are negotiated annually which allows for the model to be reviewed and agreed periodically.

2.4.4 It is important to note that this is purely about an operational model and not a pooled budget arrangement.

## **3 RECOMMENDATION**

3.1 The Governing Body is asked to:

- Approve the proposed enhanced Operational Model for Cambridgeshire and Peterborough

## **4 REASON FOR RECOMMENDATION**

- Better outcomes for people with an LD through improved community services and equal access;
- Multi-disciplinary delivery with patient focused work, consistent pathways and clear leadership;
- Peoples needs met in their own community at point of crisis;

- Reduced number of admissions; significantly in Peterborough;
- Reduced OOA admissions thus significant reduction in OOA cost pressure to the CCG. A basic achievable target for example of bringing PCC OOA admissions in line with CCC including fully utilising our locally commissioned beds would reduce the cost pressure by at least 50%. Based on 2018/19 spend this would be around £1.8 million;
- Reduced LOS, again this will result in a significant reduction in cost pressure to the CCG;
- Intelligent commissioning across Cambridgeshire and Peterborough utilising alternatives to admission;
- Greater ownership across Cambridgeshire and Peterborough for patients with a delay in their discharge not due to health needs; and
- Clinically lead appropriate admissions only.

4.1 Should we decide not to make the changes proposed then we will continue to not only fail this cohort, but this will come at a continued increase in cost to the CCG and a reputational cost.

## 5 IMPACT ASSESSMENT

	Impact +	Impact -
Finance	This is not a saving focused project however with reduction in OOA admissions, length of stay and smarter multi-disciplinary working, the cost pressure to the CCG will reduce.	
Quality	The quality of service delivery will improve for Adults with a learning disability. They will receive equality in access to and delivery of services across Cambridgeshire and Peterborough.	
Performance	This will enable the grading of the service to be improved and achieving against the national quality standards on more of the metrics	
Patient Experience	The service will be able to deliver a higher quality of care for those people eligible for services. People will not be admitted to specialist hospitals for reasons other than clinical, their length of stay will be shorter through more robust and joint discharge planning, they will be admitted where safely and needs lead possibly to our local commissioned beds thus closer	

	to their formal and informal networks. Re-admission rates will decrease owing to enhanced rehabilitation and service options available locally when admitted to our local beds.	
Health Outcomes	Health outcomes will improve alongside the positive impacts outlined above.	

## 6 CONCLUSIONS

6.1 The Commissioners recommend that Governing Body approve the proposed enhanced operational model for a learning disability partnership across Cambridgeshire and Peterborough to better ensure we can commit to and deliver:

- 1) the right care, by the right person at the right time;
- 2) manage people at point of crisis in their community;
- 3) reduce need and number of specialist hospital admissions;
- 4) reduce number of out of area admissions;
- 5) reduce the average length of stay; and
- 6) reduce the cost pressure to the CCG.

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