

**ADULT SOCIAL CARE SERVICES COMMISSIONED FROM CAMBRIDGESHIRE  
COMMUNITY SERVICES NHS TRUST**

*To:* **Adults Committee**

*Meeting Date:* **4 December 2014**

*From:* **Adrian Loades, Executive Director: Children, Families and  
Adults Services**

*Electoral division(s):* **All**

*Forward Plan ref:* **Key decision: No**

*Purpose:* **To consider the outcome of negotiations with Uniting Care  
Partnership, concerning the transfer of social care  
services which the Council funds from the current  
provider, Cambridgeshire Community Services NHS Trust**

*Recommendation:* **To endorse the negotiated plan which involves the  
following changes to take place by 1 April 2015:**

- a) The transfer of Occupational Therapy services to  
Cambridgeshire and Peterborough Foundation Trust**
- b) The transfer of the Assistive Technology Team to  
Cambridgeshire County Council**
- c) The establishment of a contract with Uniting Care  
Partnership to deliver Assistive Technology and  
Telehealth across Cambridgeshire and Peterborough**
- d) The transfer of Reablement services to Cambridgeshire  
County Council**

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## **1.0 BACKGROUND**

- 1.1 Following the decision by Cabinet in April 2012 to end the Section 75 agreement with NHS Cambridgeshire, it was subsequently decided to return Care Management and Discharge Planning staff to the direct employment of the Council from Cambridgeshire Community Services (CCS). The successful transfer of these staff took place on 1 October 2013.
- 1.2 For other services operating with a high degree of integration between health and social care functions, it was decided that a further period of review was required. A decision was therefore made to retain a Section 75 Agreement with CCS in the short term for the following older people's services:
- Reablement
  - Occupational Therapy Services
  - Assistive Technology
- 1.3 In light of the Clinical Commissioning Group's recent procurement exercise, a report was produced for the Adults Committee meeting on 9 September 2014. This set out the Council's preferred options on the future management and delivery of these services. The recommendations proposed that Reablement and Assistive Technology services (ATT) (including Telehealth) should transfer to Cambridgeshire County Council and that the Occupational Therapy service should continue to be run and delivered as an integrated service managed by the new provider through a Section 75 Agreement. The Adults Committee unanimously approved these recommendations, along with the proposal to begin negotiations with the new provider on the future arrangements.
- 1.4 It was announced on 1 October 2014 that Uniting Care Partnership (UCP), incorporating Cambridge University Hospital Foundation Trust and Cambridgeshire and Peterborough Foundation Trust (CPFT), had been selected as the preferred provider of NHS Older People's Services and services for long term conditions. The Uniting Care Partnership will not employ staff directly and staff will be transferred to CPFT from CCS. Negotiations have now concluded with agreement that the Council's preferred options are adopted. The only variation is that UCP have asked that they subcontract the Telehealth element of the ATT service to the Council across Cambridgeshire and Peterborough. In so doing, as part of the agreement, they will set a number of performance indicators, by agreement with the Council. Notice has been served by Cambridgeshire Community Services and plans are in place to transfer services from 1 April 2015.

## **2.0 MAIN ISSUES**

### **2.1 Rationale**

- 2.1.1 The services listed in paragraph 1.2 are vital to the Council's demand management and transformation requirements. They are critical to achieving the Council's objectives to promote independence and prevent the escalation of need and resulting higher cost support. The Council's aim is to maintain independence and avoid unnecessary hospital admission and institutional care.

- 2.1.2 Cambridgeshire County Council needs to make sure that future delivery arrangements place the Council in the best position to exercise tight budgetary control and deliver the aspirations set out in Transforming Lives'. Additionally, new legislative and policy requirements are coming into force in 2015, including the Care Act and the Better Care Fund. In order to deliver these requirements, social care services will need to marshal all available resources to respond rapidly to meeting new demand, whilst at the same time maintaining quality and improving outcomes. It is considered that the direct management of Reablement and Assistive Technology will provide the best opportunity to ensure these services are working to achieve full effectiveness.
- 2.1.3 It is also believed that direct management will increase opportunities for integration with other community based services within the voluntary and housing sector. The purpose of the proposed change is to provide transparency and clear accountability. It does not in any way diminish the Council's commitment to achieve functional integration with the NHS and other organisations at the point of delivery. The discussions with Uniting Care Partnership have focused on maintaining and improving integrated services and care pathways that enhance the lives of citizens.
- 2.1.4 In relation to Occupational Therapy, it is recognised that the benefits gained through integration within the NHS are significant. These include a seamless care pathway between social care and NHS Occupational Therapy and full integration with Physiotherapy. For this reason it is proposed that this service is managed by the new NHS provider.
- 2.1.5 In relation to Assistive Technology, further discussion need to take place with UCP, the CCG and Peterborough City Council about what the current arrangements are in Peterborough, what services are funded and what the expectations will be of the Council as a subcontractor to UCP.

## **2.2 What will change on 1 April 2015?**

- 2.2.1 In order to avoid service disruption it is proposed that there will not be any immediate operational changes in the way services are delivered on 1 April 2015. Staff will continue to be co-located and fully engaged with NHS colleagues. It is known that organisational change can sometimes cause instability and challenges to recruitment and retention of staff. It will, therefore, be essential to work with CCS and UCP to mitigate any potential risks. This will include putting in place effective governance and staff support and consultation arrangements. This will include the establishment of a new Section 75 Agreement with Cambridgeshire and Peterborough Foundation Trust who will be the host organisation for Occupational Therapy and other Community Health Services. This will set out the Council's expectations of the service and the governance and monitoring processes.
- 2.2.2 Moving forward, as a health and social care system, it will be important to expand our range of intermediate care services. Currently, there are significant gaps in intermediate care normally provided by the NHS. These include end of life care, specialist community nursing and community rapid response services. To some extent, in Cambridgeshire these gaps are partially met through stretching the Reablement service beyond its commissioned purpose. While this provides some benefits to patients, the

consequence is that it reduces the potential number of social care service users benefiting from reablement and places a disproportionate financial burden on the Council. It is also fair to say that it still results in shortfalls in the intermediate tier of service.

- 2.2.3 An unintended consequence of placing Reablement in an integrated NHS service has been a blurring of boundaries between reablement and intermediate care. In contrast to Cambridgeshire, the majority of local authorities provide completely separate reablement services that work in partnership with intermediate care. There are many examples of how effective such arrangements can be. For instance, Warwickshire, on whom we have based much of our thinking about hospital discharge, have had considerable success working with separate intermediate care and reablement services. Both have clear but separate functions within the community care pathway.
- 2.2.4 Transformation of health and social care in Cambridgeshire will include the redesign of the intermediate tier of service, of which Reablement and Assistive Technology is a part. The negotiations with Uniting Care Partnership will include the exploration of these issues and a commitment to work with them to redesign and expand the intermediate tier.

### **3.0 ALIGNMENT WITH CORPORATE PRIORITIES**

#### **3.1 Developing the local economy for the benefit of all**

- 3.1.1 The core function of all these services is to promote and encourage independence and this is more likely to enable those who benefit from the service to be active citizens and consumers and make a contribution to the local economy although the majority are beyond statutory working age.

#### **3.2 Helping people live healthy and independent lives**

- 3.2.1 These services have a crucial role in promoting health and independence and will enable the Council to take a more active role in doing so.

#### **3.3 Supporting and protecting vulnerable people**

- 3.3.1 These services are of significant benefit to vulnerable people or those who are at risk of becoming vulnerable and these arrangements will enhance the Council's ability to achieve positive outcomes for vulnerable people.

### **4.0 SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

- 4.1.1 It should be noted that any significant staff transfer will require some change of management structure within our Older People's and Mental Health Directorate and will be a time consuming process. It is not yet clear what management capacity or support staff would transfer from CCS. Therefore there may be some resource implications in this regard.

#### **4.2 Statutory, Risk and Legal Implications**

- 4.2.1 The services currently provided by CCS support the Council's statutory responsibilities and have been commissioned through a Section 75 Agreement. CCS has given notice with effect from 1 April 2015. A new agreement will be required with CPFT from that date. The transfer of Undertakings Protection of Employment Regulations (TUPE) will apply to the staff transfer arrangements.

#### **4.3 Equality and Diversity Implications**

- 4.3.1 The report and previous reports to the Adults Committee evaluate options to ensure that social care provision best supports all people requiring these services, underpinned by principles of access and inclusion.

#### **4.4 Engagement and Consultation Implications**

- 4.4.1 The proposed changes in management and governance arrangements follow consultation with staff, Uniting Care Partnership and other stakeholders. Any future changes in the detail of how services are delivered will be subject to full consultation with service users, staff and partner organisations.

#### **4.5 Public Health Implications**

- 4.5.1 These services are critical to health improvement. At their best, they can make the difference between some retaining their independence or being admitted to hospital or a residential or nursing home. They are key to rehabilitation after someone has had a fall or similar incident.

#### **4.6 Localism and Local Member Involvement**

- 4.6.1 There are no significant implications within this category.

### **SOURCE DOCUMENTS GUIDANCE**

<b>Source Documents</b>	<b>Location</b>
Section 75 Partnership Agreement – Older People and Occupational Health	Virginia Moggridge, LGSS <a href="mailto:Virginia.Moggridge@Cambridgeshire.gov.uk">Virginia.Moggridge@Cambridgeshire.gov.uk</a>
Review of Adult Social Care Services Provided by Cambridgeshire Community Services NHS Trust (Adults Committee, 9 September 2014)	Richard.O'Driscoll@cambridgeshire.gov.uk