

**Community First (Learning Disability Beds Consultation)**

*To:* Cambridgeshire Health Committee

*Meeting Date:* 13/09/2018

*From:* Marek Zamborsky, Head of Contracting & Commissioning  
Adult MH & Adult LD, Cambridgeshire and Peterborough CCG

*Purpose:* This document sets out the CCG proposal to consult on closure of inpatient beds, in order to invest in alternatives to hospital and community based services for patients with learning disabilities and autism in Cambridgeshire and Peterborough, in line with the recommendations of the Department of Health review of care at the Winterbourne Hospital.

*Recommendation:* It is recommended that the Committee:

- a) Note the report and
- b) Support a nine-week formal consultation on the reconfiguration of the Learning Disability bed base and development of Community Services (Friday 10 August – 5pm Friday 12 October 2018).

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## **1. BACKGROUND**

- 1.1 A number of Department of Health reports concluded that commissioning across health and care services should aim to reduce the number of inappropriately placed people in treatment and assessment centres. This is now known nationally as the Transforming Care (TC) Programme for people with learning disabilities and autism.

## **2. MAIN ISSUES**

- 2.1 In Cambridgeshire and Peterborough, there are currently sixteen beds for people with learning disabilities in total. This is broken down into six beds at the Intensive Assessment and Support Service (IASS) on the Ida Darwin site in Cambridge which were closed due to falling demand in 2016 and ten beds at The Hollies at the Cavell Centre in Peterborough. Of these:
- all six beds at the IASS were commissioned by the Learning Disability Partnership (LDP) and have been closed since 2016 and a proportion of funding was re-invested into Community Services.
  - five beds at The Hollies are commissioned from Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) by the Cambridgeshire Learning Disability Partnership (LDP) pooled budget for patients from Cambridgeshire.
  - five beds at The Hollies are commissioned by the CCG for patients from Peterborough.
- 2.2 The local TC Programme is proposing the reconfiguration of the current 10 beds in The Hollies, due to low occupancy levels and also to meet national requirements to reduce the number of inpatient beds for people with a learning disability and/or autism.

This would mean:

- the ratification of the formal closure of the six beds in IASS Ward which have been closed since 2016;
  - the need to consult on the closure of the service in The Hollies, currently 10 beds;
  - commissioning 5 beds for LD patients.
- 2.3 The proposed changes are achievable within existing local budgets, and the savings would be reinvested into community services and a 'crash pad' resource – a non-hospital based crisis management service.
- 2.4 The proposed changes deliver positive patient clinical outcomes, enhance patient experience, and maintain patient safety and will allow people to receive care closer to home when their clinical needs change.
- 2.5 **Supporting Information for the reduction of local beds - Number of beds and utilisation**
- Bed occupancy at The Hollies has been between consistently low for the last two years in the region of 30–60%.
  - The local system has not been using the IASS beds from 1 April 2016 due to low

demand.

- The TC Partnership do, however, have out of area placements where patients from Cambridgeshire and Peterborough have to go to a hospital in another part of the country (Norfolk and Hertfordshire borders) for treatment. Out of area placements account for 60% of current admissions due to acuity and The Hollies' inability to support for reasons other than bed availability.
- The average length of stay in a hospital for people with a learning disability and/or autism is measured in years in many cases for long stay patients. The local system has only one patient that has been in the hospital for over 5 years, and their care is actively managed now. Most admissions in Cambridgeshire and Peterborough are short term with 80% of all admissions discharged within 90 days.

2.6 The local service at The Hollies is not able to support all patients for reasons other than just acuity. Analysis shows that the make-up of the local inpatient population currently consists of several groups:

- Patients that can be supported by the assessment and treatment unit locally.
- Patients that can be supported in the mental health ward with reasonable adjustments, but end up in a specialist learning disability bed because they have a learning disability.
- Patients that require appropriate, more specialist inpatient provision, such as autism services, locked rehabilitation, or any other expert skill not available locally due to scale of economy

## 2.7 Considered Options

Below are the options that have been considered by the TC Partnership.

<b>Option 1- Do Nothing</b>
Continue to commission the 10 beds at the Hollies as per the current use and close six beds at IASS.
<b>Option 2 – Retain local beds only with no option of out of area beds or further community investment</b>
Consolidate all bed requirements to a local Assessment and Treatment Unit (ATU) based at The Hollies and close six beds at IASS.
<b>Option 3- No dedicated local beds</b>
Move to a 'No Bed Model' and develop spot purchase arrangement for beds in other hospitals with some local reasonable adjustments for patients with learning disabilities and/or autism that can function on mental health wards in addition to the enhancement to community teams.
<b>Option 4 –5 beds and expand community services</b>
Move to 5 beds model, spot purchase for speciality needs, reinvest the money to enhance local community services for people with learning disabilities.

## 2.8 Preferred Option

The local TC Partnership is proposing to contract and commission five beds in the new service model for assessment and treatment with reasonable adjustments to local mental health inpatient ward(s), for people with a learning disability who can be safely and

appropriately supported.

This will mean a formal closure of the six beds in the IASS Ward which have not been used since 2016, and formal closure of the 10 beds at The Hollies. The total number of specialist inpatient treatment and assessment beds for people with a learning disability and/or autism would then be five locally for the purpose of assessment and treatment.

The actual location of the five beds and the actual provider of the beds will need to be determined as the post consultation model is implemented and finalised.

The new service model would be cost neutral as the savings from closing the beds would be reinvested into services for people with a learning disability and/or autism. The reduced number of beds will be supported by the enhancement of community teams and crash pad (non-hospital based crisis management service), as well as enhancement of community autism services.

<b>What are people with a learning disability are getting now</b>	<b>What we propose people with a learning disability get in the future</b>
<ul style="list-style-type: none"><li>• Beds at IASS (not used, building not suitable)</li><li>• Ten beds at The Hollies (30-60% occupancy)</li><li>• Out of CCG area placements for specialist - and sometimes non specialist - treatments</li><li>• 9-5 community mental health services and Intensive Support Team in Peterborough</li><li>• 9-5 and when required out of hours integrated health and social care team in Cambridgeshire</li></ul>	<ul style="list-style-type: none"><li>• Five treatment and assessment beds for people with a learning disability, as the very last resort of support when really needed</li><li>• Extended community support in terms of extra capacity and out of hours support as required (note not 24/7) – from a unified, integrated team across Peterborough and Cambridgeshire, based on the LDP model (another milestone of the local TC Programme)</li><li>• Crisis house - a “crisis pad” for when the reason for hospital admission is a breakdown of social care placement only due to changes in Clinical Needs</li><li>• Out of CCG area placements for specialist needs (1-5 placements maximum)</li><li>• Enhanced adult autism services compared to the current baseline</li></ul>

### **3. ALIGNMENT WITH CORPORATE PRIORITIES**

The proposed consultation:

- is in line with national and CCG policies;
- delivers better clinical outcomes, and improves patient experience and provides care closer to home;
- is supported by the CCG Impact Assessments and support the change in service model;
- is consistent with models of care which have been implemented in other localities

- across the country;
- delivers within existing budgets and allows efficient use of money by reinvesting resources into community services, to support people to remain in a community setting.

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

There are no significant implications for this priority.

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

The proposed service model will enable people with learning disability to live healthy and independent lives by improvement and enhancement of the community provision which will prevent unnecessary hospital admissions.

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

The details of implications identified by officers are set out below.

- Community provision will be enhanced to support individuals in crisis through increasing hours of operation.
- 'Crash pad' facilities will be commissioned to accommodate and support individuals in a crisis, where previously hospital admission might have been an option.
- A defined number of specialist beds for people with a learning disability and/or autism will continue to be commissioned to facilitate hospital admission where absolutely necessary.
- In addition, mainstream adult mental health wards will 'reasonably adjust' to accommodate the needs of some patients that can function well and safely in an adult mental health ward setting.

## **4. SIGNIFICANT IMPLICATIONS**

### **4.1 Resource Implications**

The preferred option is possible within the existing budgets by investing back into the community services. Proposed utilisation of released finances from beds reconfiguration:

<b>Area of Investment</b>	<b>Investment</b>
Extended Community Service capacity and crisis management	£635,000
Crisis Pad	£240,000
Autism Post Diagnostic Services Support/Treatment	£240,000
Forensic Community Support	£200,000

#### 4.2 Equality and Diversity Implications

The future service model will increase accessibility with reasonable adjustment arrangements within mainstream mental health inpatient services, and increase capacity to better support people with autism across the health and social care system in the community.

#### 4.3 Engagement and Communications Implications

Full formal consultation is delivered by the CCG. Reasonable adjustments and easy read documents are produced for people with learning disabilities.

Source Documents	Location
<b>CCG Governing Body report</b>	<a href="https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=15485&amp;type=0&amp;service=1">https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=15485&amp;type=0&amp;service=1</a>
<b>National Guidance: Building the Right Support</b>	<a href="https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf">https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf</a>
<b><u>Appendices</u></b>	
<b>Appendix 1: Consultation Document</b>	Attached as PDFs
<b>Appendix 2: Consultation Document – Easy Read</b>	
<b>Appendix 3: Impact Assessments</b>	