**Appendix 1**

# Transforming Lives in Cambridgeshire and Peterborough

# Building on Strong Foundations

**Content**

## 1. Governance and stakeholder arrangement

Cambridgeshire and Peterborough are served by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), Cambridgeshire County Council (CCC) and Peterborough City Council (PCC).

### 1.1. Cambridgeshire

CCC have the lead commissioning responsibility and hold the pooled budget of approximately £75m per annum for health and social care services (excluding rehabilitation services and services commissioned by Specialist Commissioners). The pooled budget is made up of contributions from CCC (80%) and Cambridgeshire and Peterborough CCG (20%). The pooled budget is managed through a Section 75 agreement.

CCC also manages the Learning Disability Partnership (LDP), a service that integrates social care staff and specialist learning disability health staff. The health staff are employed by Cambridgeshire and Peterborough NHS Foundation Trust and managed within the Learning Disability Partnership. These arrangements are supported by a Section 75 agreement delegating authority to operate an integrated service.

The health and social care professionals include:

- community nurses
- speech and language therapists
- occupational therapists
- physiotherapists
- psychologists
- art therapists
- psychiatrists
- social workers
- adult coordinators

The professionals work in 6 integrated teams across Cambridgeshire. With offices in Cambridge, Huntingdon, Fenland and Ely. Together they assess, provide and arrange health and social care services for approximately 1600 people with learning disabilities.

There is Learning Disability Liaison Nurse post in each of the 2 acute hospitals within Cambridgeshire, in Cambridge (Addenbrookes) and Huntingdon (Hinchinbrook).

The LDP block purchase inpatient beds from CPFT, 6 in the Intensive Assessment and Support Service (IASS) in Cambridge and 2 at the Hollies in Peterborough. The remaining 8 beds at the Hollies are commissioned from CPFT for Peterborough patients. Inpatient beds are spot purchased from private sector providers if local services are not able to admit (due to capacity or mix of service users) or cannot provide the specific expertise required for the person at that time.

People living in the community are supported through a range of services commissioned from the private and voluntary sectors including residential, nursing, supported living, domiciliary care and day care and CCC in-house provision of respite, supported living, day care and Shared Lives.

A small team of social workers and adult support co-ordinators work with people on the autistic spectrum who do not have a learning disability providing social care assessments and arranging services to meet eligible needs.. This is a relatively new team that also has a contract with the National Autistic Society to provide short term one to one support to people to access other services including support with housing.

### 1.2. Peterborough

PCC does not hold the lead commissioning responsibility for health and social care services. There is not a pooled budget and therefore the CCG retain responsibility for health commissioning and provision of services. However PCC work closely with the CCG to ensure appropriate provision is commissioned, particularly for individuals who are in receipt of Continuing Health Care Funding or Joint Funding. PCC and the CCG have a section 75 agreement in place which enables the Council to employ clinicians who work with adults with a learning disability and/or autism including Learning Disability Community Nurses, Occupational Therapists and Speech and Language Therapists.

PCC does not have a discrete Learning Disability and Autism Team as the Council felt the benefits of further integration and up skilling/cross skilling of staff would further enhance the offer. The Nurses are co-located with the Social Workers in the Long Term Complex Team. The Speech and Language Therapists/Occupational Therapists are collocated with other Therapists including Physiotherapists and Sensory Rehabilitation workers to provide an equitable and comprehensive service to all adults regardless of disability.

Peterborough has a 10 bed learning Disability Assessment & Treatment Unit at the Edith Cavell Centre: The Hollies (see commissioning arrangements above). The IASS unit in Cambridge is also accessed when necessary.

CPFT provide community health services, which are based either with Psychology and Psychiatry outpatient community services next to the Hollies inpatient unit, or within the multi-disciplinary Intensive Support Team at the Gloucester Centre.

PCC health and social care staff work in collaboration with all the teams listed above, although the multiple IT systems can compromise the provision of cohesive and seamless care. The professionals work in partnership to ensure the impact is minimised.

CPFT commissioned services are not co-terminus with PCC local authority boundaries which can lead to provision of services not being equitable. PCC are commissioned to support adults on the Autism spectrum without a co-morbidity of a learning disability whereas CPFT are commissioned to support adults on the Autism spectrum with a co-morbidity of learning disability.

The LD Community Nurses employed by PCC provide full case management to 100% CHC funded service-users, but again CPFT staff do not provided full case management. Whilst PCC does not routinely use the Care Programme Approach for people with learning disabilities and additional mental health needs, the individuals should be supported by a key worker and robust care coordination.

For Specialist Learning Disability Health services there are two points of referral (ARC for LD Psychology and Psychiatry and PCC for LD Nursing, SLT and LD OT).

There is also a part-time Learning Disability Liaison Nurse in Peterborough City Hospital.

The current service delivery and staffing model for Peterborough Adult Community Learning Disability services is detailed below:

**Cambridgeshire & Peterborough NHS Foundation Trust Learning Disability Health Staff IST**

| | |
|---|---|
| Team Manager | 1.0 WTE |
| MDT Staff – qualified (nurses/social workers/OT/psychology) | 2.8 WTE |
| Unqualified clinical staff | 1.0 WTE |
| Admin – via CPFT Admin Hub | |
| Psychiatry | 0.3 WTE |

**Community Learning Disability Service (Edith Cavell Centre)**

| | |
|---|---|
| Psychology | 0.8 WTE |
| Psychiatry<br>(0.7 WTE includes work on Hollies IP Unit & 2.5 SPA sessions) | 0.7WTE |
| Staff Grade LD Psychiatrist (Hollies ward work if cover required) | 1.0 WTE |

**Peterborough City Council Learning Disability Health Staff**
**LD Occupational Therapy (Therapies Team, Royce Road)**

| | |
|---|---|
| Grade 10 (approx. equiv. NHS Band 6) | 1.0 wte. |
| Grade 9 (approx. equiv. NHS Band 5) | 0.6 wte. |
| Grade 6 (approx. equiv. NHS Band 3/4) | 0.2 wte. |
| Grade 6 (approx. equiv. NHS Band 3/4) | 0.4 wte. |

Moving and handling / physical cases are seen by the main OT team to make up the funded LD OT hours. (Section 75 agreement is to provide 2 wt.)

**LD Speech & Language Therapy (Therapies Team, Royce Road)**

| | |
|---|---|
| Band 7 SLT Clinical Lead | 1.0 wte. |
| Band 6 SLT | 0.6 wte. |
| Grade 9 SLT (approx. equiv. NHS Band 5) | 1.0 wte. |
| Band 4 Senior Communication Coordinator | 1.0 wte. |
| Grade 6 Senior Communication Coordinator (approx. equiv. NHS Band 3/4) | 1.0 wte. |

**LD Nursing (Assessment & Case Management Long term Team, Town Hall)**

| | |
|---|---|
| Band 7 LD Nursing Clinical Lead | 1.0 wte. |
| Band 6 Nurse | 1.0 wte. |
| Grade 10 Nurse (approx. equiv. NHS Band 6) | 1.0 wte. |
| Grade 9 Nurse (approx. equiv. NHS Band 5) | 1.0 wte. |
| Grade 9 Nurse (approx. equiv. NHS Band 5) post vacant | 0.6 wte. |
| Community support worker post vacant | |

Nursing skill mix is currently under review, in the light of current vacancies.

**Other related roles:** There is an LD acute liaison nurse employed by PCH, and a 1.0 wte. LD CHC nurse employed by PCC.

### 1.2.1. Peterborough City Council Social Care Staff

PCC do not have specific staffing numbers for Social Workers/Care Support Workers who provide core social care functions to adults with a learning disability, as this is provided within the Long Terms and Complex Case Management Team.

The Long Term and Complex Case Management Team includes 26 Social Workers and 12 Care Support Workers. The Long Term Complex Team work with people who have may have a learning disability, physical disability including sensory, long term conditions, mental health and frailty. The team are responsible for assessment including mental capacity/best interest decisions, care and support planning, case management/coordination, reviews and safeguarding. Service users with a learning disability also access generic information and advice from Inform & Advise/See & Solve Teams based at Bayard Place and the Town Hall as required.

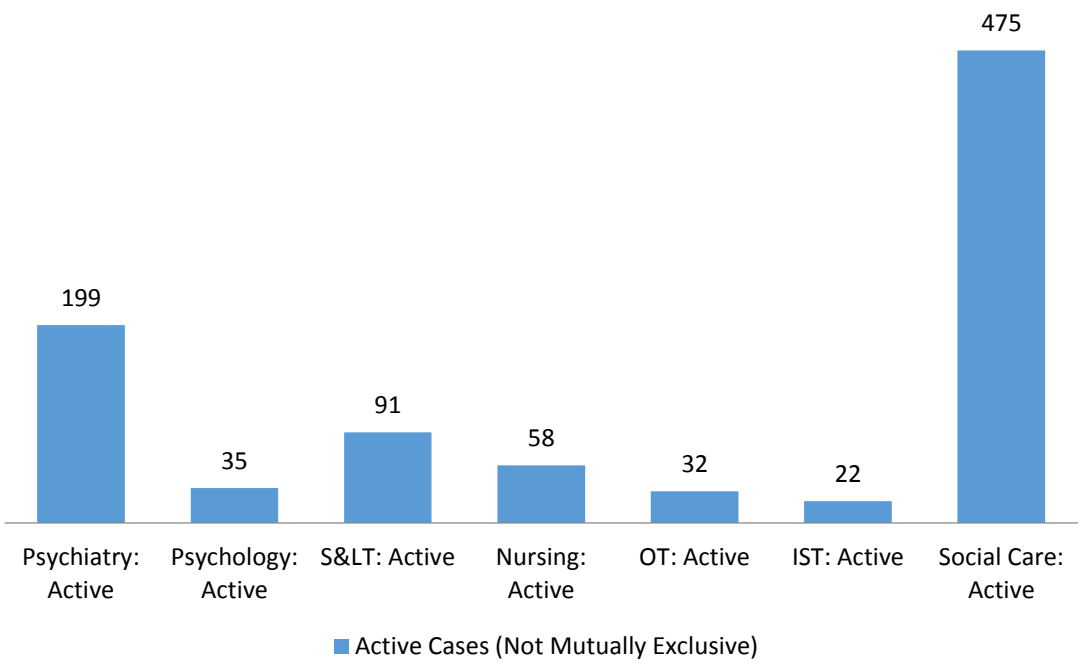
### 1.2.2. People with LD receiving services on 01/03/2016

Peterborough City Council & Cambridgeshire & Peterborough NHS Foundation Trust liaised to combine anonymised data from both information systems, to capture a snapshot of the combined caseload of adults with a learning disability receiving a service in the week beginning 1st March 2016.

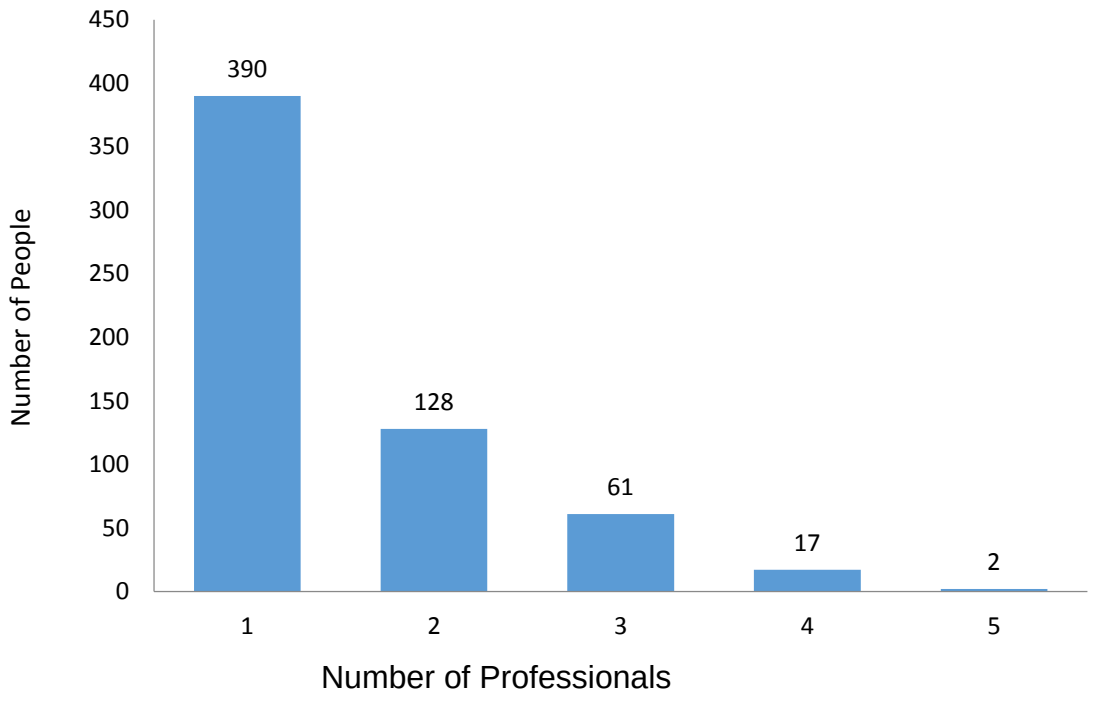
The Social Care active caseload includes all people receiving a Personal Budget and

would include people receiving an annual review only – it does not include people receiving assistance who do not require a funded care package (it may also include some adults with autistic spectrum disorders who do not have a learning disability).

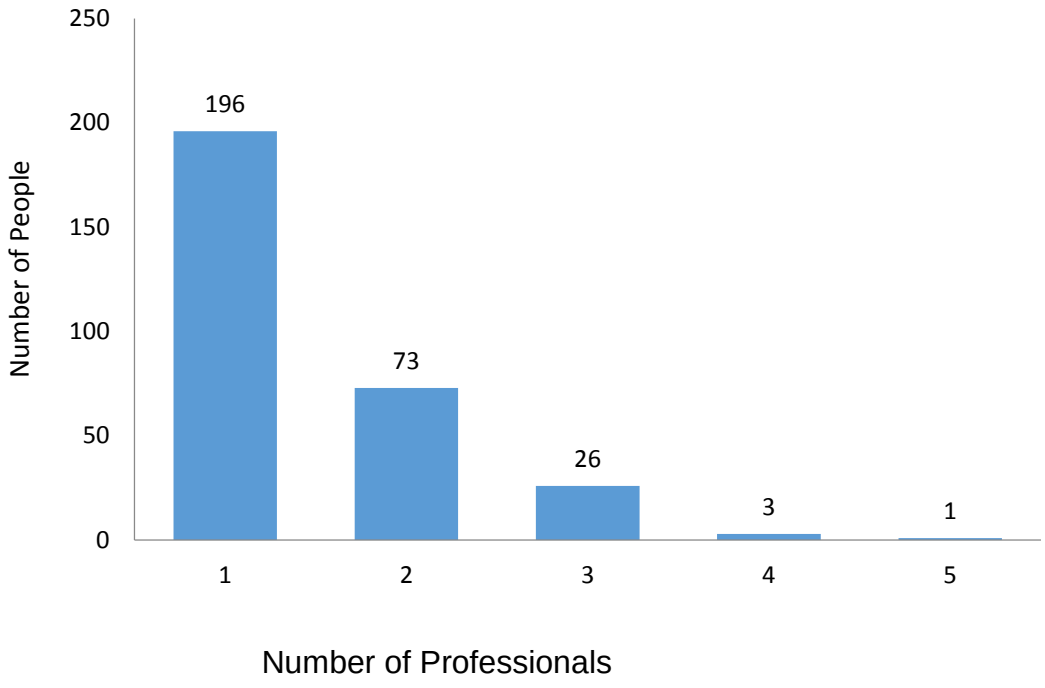
Speech & Language Therapy active caseloads include clients reviewed annually for dysphagia. Community Learning Disability nurses, rather than Social Workers, case manage individuals who are funded 100% by Continuing Health Care.



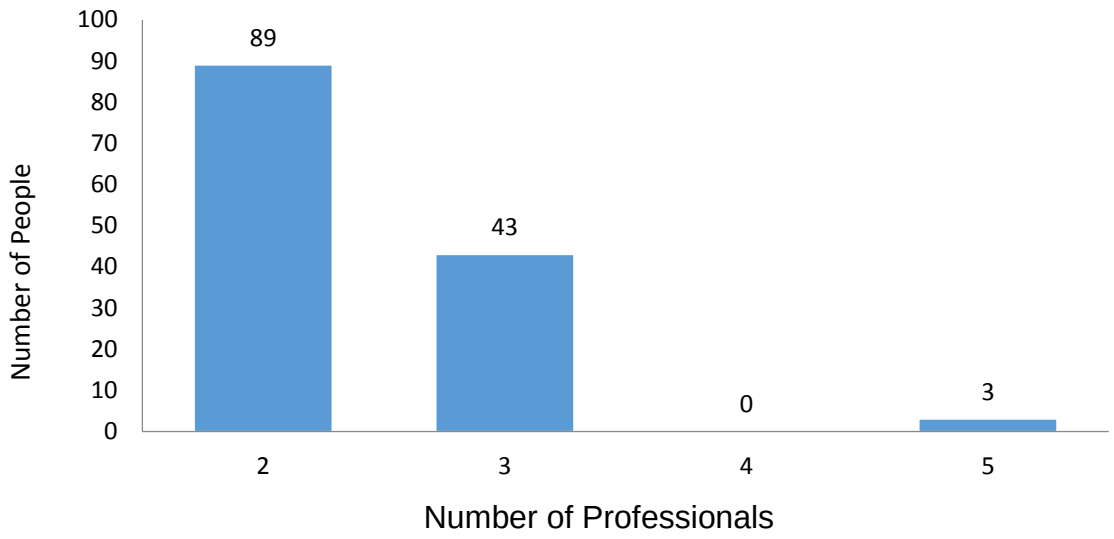

A significant proportion of individuals receiving a service, are seen by more than one professional.




This is also true within the specialist health caseload:



Looking at both active caseload, and those awaiting allocation allows us to see absolute numbers of those requiring multi-professional health input.




## 1.3 Children's Services in Cambridgeshire

There are currently 6 locality special schools that take a spectrum of children with wide ranging needs. There are also schools with enhanced resources and alternative learning environments for a range of needs.

There is active engagement with the regional colleges in order to support young people to have choice at both 16yrs and 18yrs, in terms of their continuing educational provision and development of independence skills. There is a short break offer which encompasses a range of services from play schemes, community outreach, direct payments, link carers and residential short breaks. The CCG currently support a range of needs through joint funding individual care packages and a S256 for residential short breaks.

The residential provision is currently provided by Action For Children (AFC) and there are 3 units which provide short breaks, shared care and a small number of full time placements.

There are 28 children (20 joint funded) who are in 'Out of County' placements at specialist residential schools. These can either be as weekly or fortnightly boarder or those on 38 or 52 week placements.

CCC are in the early stages of considering the needs for 'out of county' placements and the options for providing the required services 'in county'

## 1.4 Children's Services in Peterborough

There are 5 Special Schools in Peterborough. Each school has different student profile. The schools range from 1 whose children and young people have complex needs or severe LD to a school specifically for those with ASD.

Peterborough also works actively with the regional colleges in order to support young people to have choice at both 16yrs and 18yrs, in terms of their continuing educational provision and development of independence skills.

The short break offer in Peterborough encompasses a similar range of provision to Cambridgeshire – similarly their play schemes and afterschool clubs being provided by third sector organisations or the schools. However, Link Care, Outreach and residential short breaks are provided as an 'in house' service by PCC. There are no beds within the Peterborough provision defined as Shared Care or full time placements.

In Peterborough the CCG support provision through joint funding of individual care packages but not through any recurrent money to services.

The number of children and young people in 'Out of County' placements which the CCG joint fund is 5 – at this time the data for the total number of 'out of county' placements was not available.

Across both areas there is a lack of either private or third sector providers who can provide services in the community for children and young people with behaviour that challenges which currently limits the scope for the development of greater community based care and choice for families.

## 1.5 Children's Services and Transition

The CCG commission Community Paediatric and Child and Adolescents Mental Health (CAMHS) services across Cambridgeshire and Peterborough. The community paediatric services and their providers are different for Peterborough and Cambridgeshire but both services provide developmental diagnostic services for children from 0 - 11, including diagnosis relating to Learning Disability and Autistic Spectrum Disorder. The differences in services are being addressed through the CCGs System Transformation programme.

The CAMHS provider across the whole CCG area is CPFT which is the same provider as the adult service but is a separate contract. The CAMHS service has services for those children and young people with a Learning Disability and and/or ASD however the thresholds for the service are high and currently this means that individuals with LD and /or ASD will be offered a service if they are suspected as having a co-morbid mental health condition.

The service has no inpatient beds and whilst there is an Intensive Support Team (IST) for children within CPFT, they do not have the specialism to provide intensive support at points of crisis for children and young people with LD or ASD, the capacity within the team is also limited. Under the additional CAMHS investment from Department of Health the IST is being reviewed in order to support admission prevention.

The CCGs Children's Commissioning Team work actively with our colleagues in social care across both Local Authorities on both service development and commissioning alongside individual case work. The CCG are part of a Children's Joint Commissioning Unit with PCC and CCC.

Transition has been a major area of concern identified through the consultation work with parents and carers represented by Family Voice Peterborough and Pinpoint (Cambridgeshire). The identified issues relate to both the time of transition and the perceived gap in service provision between 16 -18 years.

In 2016-17 the Children's Joint Commissioning Unit will support the establishment of a Transition Network to move the agenda relating to transition forward using the NICE Guideline – Transition from children to adults' services for young people using health or social care services (Feb 2016) with the aim of ensuring that this meets the Transforming Care agenda and that of SEND and the Children and Families Act (2014).

There is a recognised need to develop a clear transition pathway for young people with LD and or ASD and this Network will be an integral part of the Transforming Care work programme with both children and adult service represented and the CAMHs Transformation Programme. The Network will report to both the Transforming Care Board and the Childrens' Joint Commissioning Unit.

## 1.6 Governance arrangements for this transformation programme

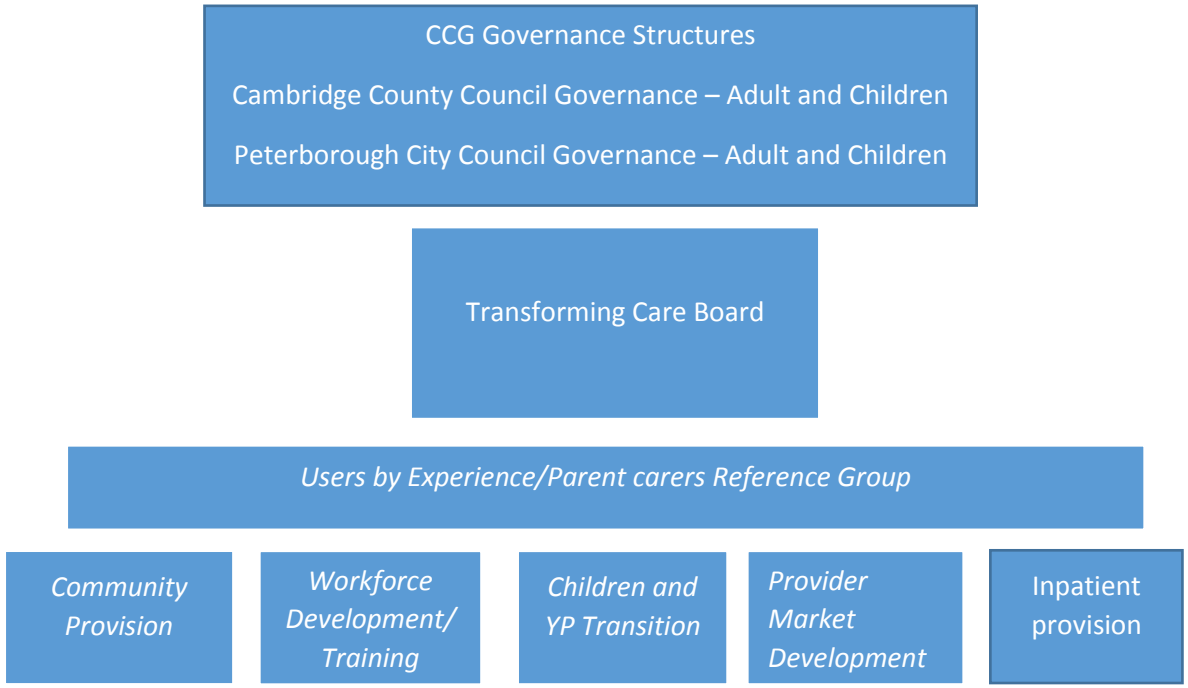
The CCG are leading the transformation programme with the Director of Contracting, Performance and Delivery holding the role of SRO, supported by the Service Director, Adult Social Care, CCC, holding the role of Deputy SRO.

The Transforming Care Board has been established with the first formal meeting taking place on 26 January 2016. The membership of the Board includes representatives from the following organisations/interests:

- Peterborough City Council PCC
- Cambridgeshire and Peterborough Foundation Trust
- Cambridgeshire and Peterborough CCG
- Cambridgeshire County council CCC
- Self-Advocates and Family carer representatives

- Specialised Commissioning Group
- Children's commissioners

Cambridge and Peterborough's collaborative governance arrangements are detailed in the diagram below.




The key features of the Transforming Care board are:

- A multi-agency Board to provide a single place for collaborative decision-making by commissioners, clinicians and relevant professionals, experts, users and carers.
- A number of delivery work streams, reporting directly to the Transforming Care Board
- A Users and Carers reference group ensuring effective engagement and co-production within the programme.

### 1.6.1 Delivery Work Streams

The Transforming Care Board has oversight and responsibility for the development of the service model and the implementation plan for delivering it. The TCP Board has agreed on the following work streams to support the implementation of the new service model:

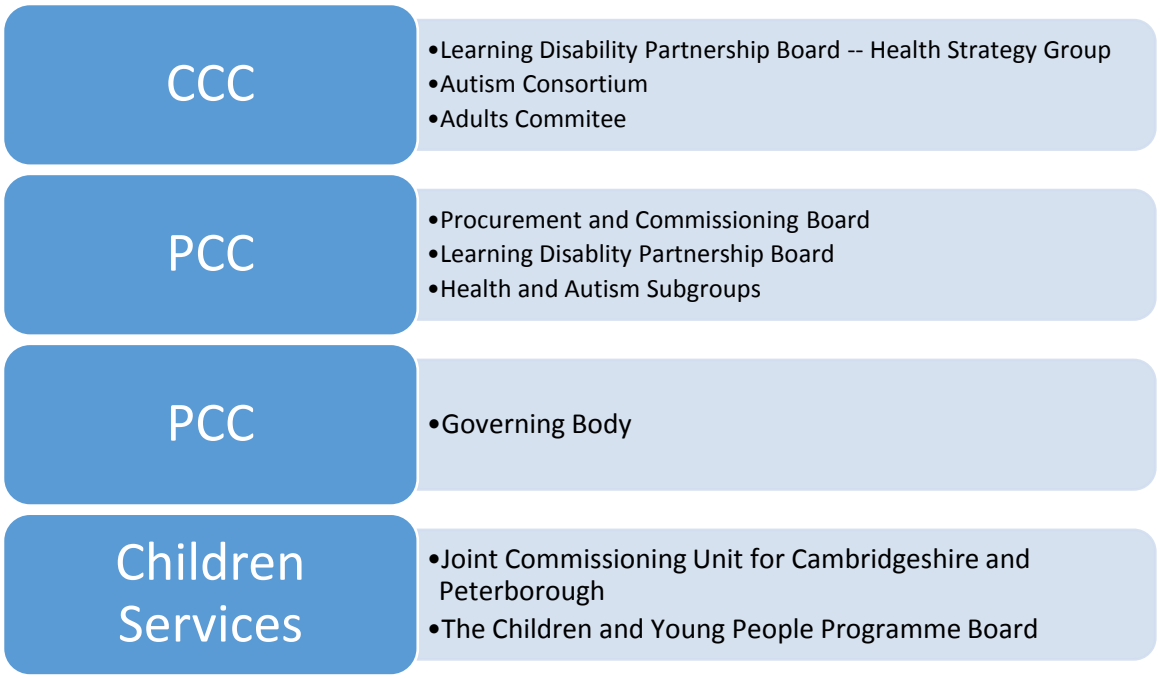
:

- Community Provision
- Workforce development and Training
- Children and Young People Transition
- Provider Market development
- Inpatient Provision

There are nominated leads for each work stream from each of the key partners represented on the TC Board, including CPFT, CCC, PCC and the CCG.

The work streams are due to commence in April 2016.

Each organisation will have links between the TCP Board and internal governance.



## 1.7 Stakeholder Engagement Arrangements

### 1.7.1 Current Arrangements

Two local Learning Disability Partnership Boards (LDPB) have a high level of co-production within the day to day delivery of the learning disability strategy. The LDPBs are co-chaired by service user and carers so commissioners are fully aware of the issues being presented by people who experience the service. This plan is reflective of those issues.

Each LDPB has a user and carer engagement philosophy embedded within their frameworks therefore all strategic decisions, service design; planning and delivery are co-produced.

The Children's and Young people's commissioners have good engagement arrangements with Parents and Carers groups but are more sporadic with young children. 14+ are supported by Voiceability within Cambridgeshire but not Peterborough.

#### *Users and Carers (Adults) in Cambridgeshire*

Cambridgeshire LDP commission Voiceability to enable effective user and carer engagement within the Learning Disability agenda. The framework for this exists in the formation of a Speak Out council for people aged 14+. The Speak Out Council has elected regional leaders for 3 sub regions of Cambridgeshire. They also have 3 elected leaders for High Support Needs, People with Autism and Young People with learning disabilities. Each of those leaders work with their constituents to bring forward issues that users and carers face and to respond to commissioning agendas.

The Speak Out Council also co-chairs the LDPB and has a responsibility to disseminate any information, plans and directions through their members. Voiceability who hosts the Speak Out Council is aware of the Transforming Care Agenda.

#### *Users and Carers (Young People) in Cambridgeshire*

Cambridgeshire County Council employs a young people's engagement worker to assist in the involvement of children and young people in service evaluations and re-design.

Voiceability support young people from age 14. Families and Carers are supported through Pinpoint.

Voiceability is aware of the Transforming Care Agenda.

Pinpoint have representatives on the Local Authority Commissioning Boards, the CCG Children and Young People's Programme Board and are therefore sighted on current strategic agendas.

***Users and Carers (Adults) in Peterborough***

Peterborough has a Learning Disability Partnership Board (LDPB) with a Health Sub-Group and Autism Sub-Group. The LDPB is co-chaired by the Director of Communities and a self-advocate. Self-advocate input into the LDPB is through a 'Network Group' which is supported by a paid advocate, the Network Group view all papers submitted to the LDPB and give a presentation to the board on any issues it has within the papers. The LDPB agenda is agreed between the co-chairs supported by the paid advocate.

The autism sub-group has received two briefings on TC at its September and December 2015 meetings on the draft TC strategy and service model at its March 2016 meeting. The LDPB will receive its first briefing at its March meeting.

The advocate is funded by the LDPB through its Learning Disability Development Fund. The current service provider is the Peterborough Council for Voluntary Services.

***Users and Carers (Young People) in Peterborough***

Peterborough City Council employs a young people's engagement worker to assist in the involvement of children and young people in service evaluations and re-design.

Family Voice support parents and carers in Peterborough and have representatives on the Local Authority Commissioning Boards and the CCG Children and Young People's Programme Board and are therefore sighted on current strategic agendas.

***Commissioners***

The CCG is formed of 8 LCGs across Cambridgeshire and Peterborough for Health Commissioning. Each LCG is regularly updated on the Transforming Care plan through their monthly/quarterly board updates. We have 4 lead GPs from each system who are fully involved within commissioning decisions and arrangements. Each lead is briefed on a monthly basis. We have an overall Clinical Lead GP who co-chairs the Learning Disability Health groups and has overall clinical responsibility for our commissioning arrangements.

In Cambridgeshire the commissioners work actively with the LDPB, service users, carers, the CCG, CPFT and other local providers. This forum provides opportunities to discuss service development and gather the views of stakeholders. The LDPB has a number of subgroups that focus on specific issues including health, housing and day

support opportunities.

The commissioners in Cambridgeshire County Council also work with the Autism Consortium that provides the same opportunities for involvement of people on the autistic spectrum.

***Providers***

Our Providers have all been actively involved within the creation of this plan and are members of our Transforming Care Board who will oversee the plan.

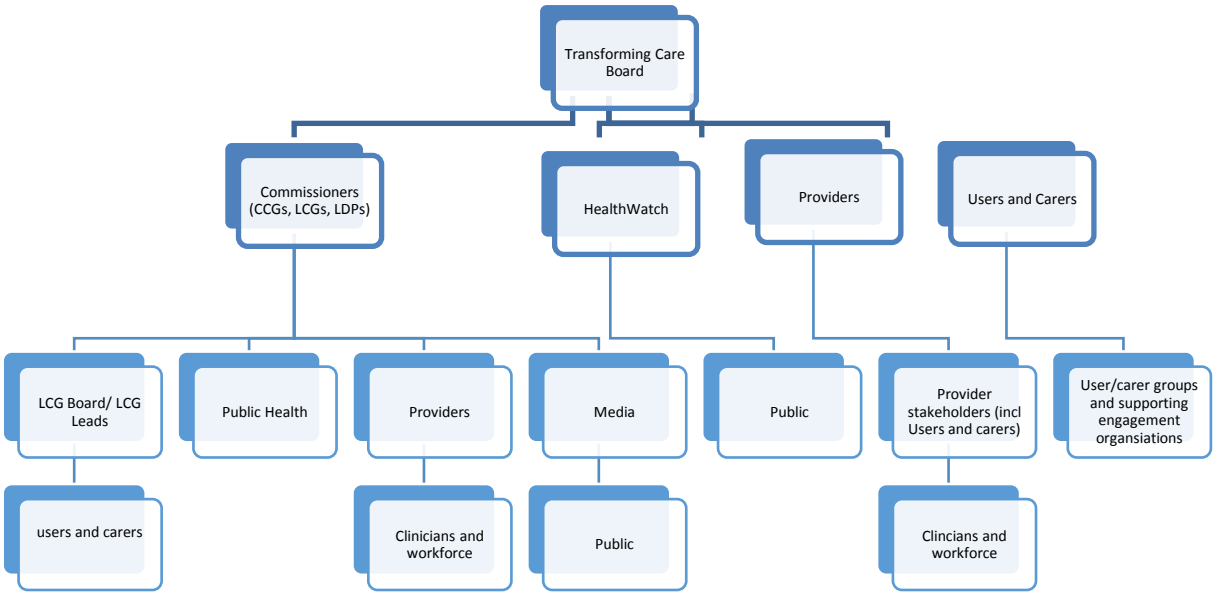
### 1.7.2 Future Engagement Arrangements

The Transforming Care Board will be appointing a project manager who will oversee and co-ordinate the Engagement Arrangements.

The project manager will deliver a robust engagement strategy in line with the implementation of the plan.

***Transforming Care Board Engagement***

The overarching engagement arrangements for the Transforming Care Board will exist as follows. Each member of the Transforming Care Board will have the responsibility to cascade information to relevant working groups and stakeholders. The diagram below outlines the pathways for engagement:




### *Commissioners*

Commissioners from the CCG and two Local Authorities will be engaged through their representation on the Transforming Care Board.

The Commissioners will have the responsibility to seek engagement from their respective partnership boards that will in turn have mechanisms for engagement that sit underneath. The LDPBs will be required to cascade information from the Transforming Care Board through the LDPBs and beyond. The LDPBs will also be required to provide information to the Board based on feedback they receive.

The CCG representatives will have the responsibility to seek engagement from the LCG Boards and lead GPs. This is done though bi-monthly updates to the local commissioning groups routinely. Further briefings are delivered electronically through the GP Gateway system. The CCG contracting and commissioning team include a team of lead GP leads from each LCG. They are regularly involved in strategic decision making about the ongoing commissioning of services. The Lead GPs also act as a local representative for their patients and local commissioning groups.

### *Providers*

Healthcare providers are members of the Transforming Care Board and will have representatives on the identified work streams within the plan. They will be required to cascade information from the Board through their own engagement mechanisms and provide information to the Board based on feedback that they have received.

### *Users and Carers*

The Cambridgeshire and Peterborough Transforming Care Board are committed to the co-production ethos for service planning, design and evaluation and have therefore created a user and carer reference group which will support the Transforming Care Board as described above.

Underneath this user and carer reference group, we are looking to work with identified user and carer groups/engagement support agencies to conduct wider engagement around this agenda. This will then be fed into the Transforming Care Board through the User and Carer reference group.

We have proposed this agenda to the Speak Out Council in Cambridgeshire for them to take on as one of their key topics. If approved, they will commence a formal consultation procedure in March with feedback at their council meeting on 16th June. The Speak Out Council is user-lead and their workload is directed by the members.

We will work to ensure that there are consistent levels of engagement across all ages. The User and Carer representation on the board will be supported by a reference group and wider user and carer engagement strategy.
The group will exist to;

- Advise the board of effective engagement mechanisms,
- Ensure that user and carers have been involved at all levels of the work.
- Assess the feedback from user and carer input and ensure that their views, ideas and recommendations are incorporated within the work identified by the plan.
- Act as a reference group to the Transforming Care Board.
- Provide representation to the Transforming Care Board.

### *Healthwatch*

Healthwatch Cambridgeshire and Healthwatch Peterborough are invited to represent the public on the Transforming Care Board and act as a critical friend to ensure effective public engagement.

### *Provider Engagement*

There is an expectation that all commissioned providers of Learning Disability Health and Social Care provision adopt the philosophies and principles of the Transforming Care Agenda and plan into their day to day service delivery. Providers are being invited to join the individual work streams to offer representation and intelligence about the service users that they work with. They will be key sources of information to inform future service design and delivery.

Each provider will be expected to utilise their own methods of engagement in line with their organisational engagement strategies and feedback within the relevant work streams. They will be expected to disseminate all and any information about the Transforming care agenda and plan within their networks and systems.

Service Providers will be required to conduct adequate consultations with service users and carers on any proposed changes that would impact the level/type of service delivered.

### *Public Engagement*

As part of the initiative to promote the Transforming Care Agenda and our subsequent plan, we will arrange 4 public roadshows in the different regions of our catchment throughout 2016/17. They will be based in Cambridge City and East, Peterborough, Huntingdon and Fenland starting in June 2016. These roadshows will be concluded in April 2017. The aim of these roadshows will be raise public awareness and offer a public consultation forum to engage people in the solutions that will drive our plan forwards.

Both Local Authorities, the CCG and our main provider has nominated an Engagement and Communications lead. These leads will work collectively to develop a public engagement strategy, utilising public forums, online resources and social media to ensure effective communication to the public and key stakeholders to drive up the maximum level of engagement.

### *Engagement Mechanisms*

We recognise that there are a variety of tools and approaches that can be used to engage different people and those different methods are appropriate at different times depending on the audience and the content.

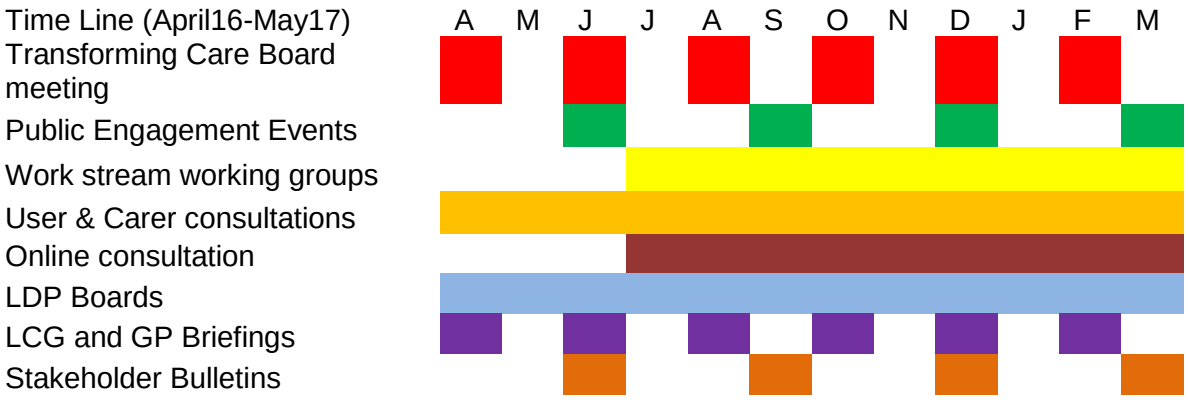
We therefore expect to provide, but are not limited to, the following mechanisms of engagement;

- workshops,
- consultations in the form of online, face to face, email and telephone
- questionnaires
- surveys
- Briefings

The Transforming Care Board are committed to making sure that we provide a wide source of opportunities where possible and will provide regular briefings to key stakeholders.

Where there are to be significant changes to current service provision, the Transforming Care Board will work according to formal public consultation procedures as defined by Cambridgeshire and Peterborough CCG, Cambridgeshire County Council and Peterborough City Council.

### 1.7.3 Delivery of the Engagement Strategy




We aim to ensure that each group has appropriate representation relevant to the identified work streams within the plan but would like to ensure where possible that there is at least one commissioner, one provider and input from service users and carers. There will be a User and Carer Reference group who will self-select the work streams to attend or request briefings from each group. The Users and Carers reference group will have the authority to decide how they wish to be involved in each element of the programme. They will be supported to be as involved as they choose.

Each work stream will oversee the engagement within their area of the plan. It is expected that each work stream will create further opportunities for engagement in line with the cycle of project management:

### 1.7.4 Co- Production with children, young people and adults with a learning disability and/or autism and families/carers.

Our LDPBs have a high level of co-production within the day to day delivery of the learning disability strategy. The LDPBs are co-chaired by service user and carers so commissioners are fully aware of the issues being presented by people who experience the service. The plan is reflective of those issues.

All the stakeholders listed in the engagement section above took part either directly via the representation at the TC Board or indirectly via the ongoing established fora to comment and feed into the production of this draft plan.

A more in depth process of co-production in planned as discussed above, and will include children, young people and adults with a learning disability and/or autism and families/carers.

# 2 Baseline assessment of needs and services

## 2.1 Detail of the population / demographics

Cambridgeshire's total population in 2013 is estimated to be approximately 635,100 and Peterborough's 186,500 making a total of 821,600.

In Cambridgeshire of the 635,100 people 2376 adults aged 18+ were predicted to have a moderate or severe learning disability: 1767 children with learning disabilities have a Statement of Educational Needs (SEND) and an additional 3452 men and 374 women, aged 18-64, are predicted to have autistic spectrum disorders.

It is estimated that there are currently 2,654 adults (18-64) living in Peterborough with a learning disability, of which 750 have a moderate to severe learning disability, which is 28% of the people with a learning disability. As the city grows this number will increase, and it is projected that this figure will increase by 7% by 2020 and by 12% by 2030.
In terms of those adults aged 18 + on the autistic spectrum prevalence rates would suggest there are 1126 men and women aged 18-64 living within the city.

### 2.1.1 Adults

In 2013/14 0.4% of the adult population in Cambridgeshire and 0.6% of the population in Peterborough were recorded on GP practice registers as having a learning disability. This compares to 0.5% nationally. The proportion of eligible adults with learning disability who had received a GP health check was 62.3% in Cambridgeshire compared to only 29.6% in Peterborough (44.2% England).

Over the same time period 1,590 adults (18-64 years) with a learning disability were known to Cambridgeshire County Council and 655 people in Peterborough City Council. The associated rate per 1,000 populations were significantly lower than England in Cambridgeshire and significantly higher than England in Peterborough.

In 2013/14 21.4% of adults with learning disabilities were living in non-settled accommodation, around the national average, compared to 17.6% in Peterborough, which was significantly better than the England average. However, the accommodation status of just over 9% adults was unknown in Peterborough. At the time there were no adults with learning disabilities in Cambridgeshire living in severely unsatisfactory accommodation, such as rough sleeping, B&B, shelter or refuge. In Peterborough there were 5 people (0.76%).

In 2013/14 a third of adults with learning disability were receiving direct payments in Cambridgeshire, slightly higher than national average of 30.5% and higher than Peterborough at 29.0%. People with learning disabilities who become eligible for NHS CHC have access to a personal health budget

In 2012/13 240 adults with learning disabilities were referred to adult safeguarding teams due to abuse, with rates significantly higher than England, but these figures include incidents of challenging behaviour directed towards other service users and staff. In Peterborough 20 people were referred due to abuse with rates significantly lower than England.

In 2013/14 there were 500 adults with learning disabilities using day care services supported by local authorities in Cambridgeshire, with an associated rate that was around the England average. There were 1,270 adults who were receiving community services supported by local authorities with a rate that was significantly better than England. In Peterborough 190 adults were using day care services supported by the local authority, with a rate that was around the England average. There were 450 adults receiving community services with a rate that was significantly worse than England.

### 2.1.1 Children

In 2013/14 there were 1,614 children known to schools who had a learning disability in Cambridgeshire; 1,175 had moderate learning difficulties, 328 had severe learning difficulties and 111 have profound and multiple learning difficulties. The associated rates per 1,000 pupils were all lower than national averages. At the same time there were around 935 pupils with a learning disability in Peterborough; 759 with moderate learning difficulties, 100 with severe learning difficulties and under 3 with profound and multiple learning difficulties. The rate for all children with a learning disability was significantly higher in Peterborough compared to England.

In 2013/14 there were 926 pupils with autism known to schools in Cambridgeshire and 373 pupils in Peterborough. Both areas had rates there were significantly higher than England.

Overall, as the population grows and ages, the number of people with disabilities is also expected to rise. The proportion of people with a learning disability aged over 55 is expected to increase and parents caring for them are likely to have died or become frail. Social care requirements for people with learning disability in England are expected to increase by 14%, up to 2030.

The number of children with disabilities is predicted to increase. The number of children with statements of special educational needs has increased in Cambridgeshire

## 2.2 Analysis of Inpatient Services Use

### Current (31/03/2016) State on Inpatients Adults and Children

As of 31/03/2016 our TCP has 8 CCG commissioned adult inpatients, 10 NHSE commissioned adult inpatients and 10 NHSE CAMHS inpatients. In total there are 28 people in the inpatient units.

| TCP inpatient population in beds **in footprint** | | | | | | |
|---|---|---|---|---|---|---|
| Unit (NHS) | Unit (Non NHS) | CCG or NHSE? | Type of bed | No of beds | No of beds commissioned contracted | No of beds in use by TCP |
| Hollies | n/a | CCG | Inpatient | 8 | 8 | 1 |
| IASS | n/a | CCG | Inpatient | 8 | 8 | 2 |
| George McKenzie | n/a | NHSE | Low Secure | 20 | spot | 1 |
| Croft Unit | n/a | NHSE | CAMHS | 12 | spot | 1 |

| TCP inpatient population in beds outside footprint (**out of area)** | | | | |
|---|---|---|---|---|
| Unit (NHS) | Unit (Non NHS) | CCG or NHSE? | Type of bed | No of beds in use by TCP |
| n/a | Danshell Group, Thors Park, Colchester, CO7 8JJ | CCG | Low secure | 1 |
| n/a | Jessal Cawston Park, Aylsham Road, Norwich | CCG | Low Secure | 1 |
| n/a | Cambian Fairview, Boxted Road, Mile End, Colchester | CCG | Low Secure | 2 |
| n/a | Danshell Group, Yew Trees, 12 The Street, Kirby-le-Soken, Frinton-on-Sea | CCG | Acute admission beds within specialised learning | 1 |
| | Beech House | NHSE | Low secure | 5 |
| Broadland Clinic | n/a | NHSE | Medium Secure | 3 |

| | | | | |
|---|---|---|---|---|
| Warren Court | n/a | NHSE | Medium Secure | 1 |
| Emerald Lodge | n/a | NHSE | CAMHS | 1 |
| | Ellingham Hospital | NHSE | CAMHS-Low Secure | 1 |
| Other | NHSE case manager reports extra 7 CAMHS LD/ASD placements. This number is reflected in the finance planning spreadsheet and Unify submission. | NHSE | CAMHS | 7 |

Source: Local Weekly TCP submissions, NHSE monthly inpatient updates

### Where we want to be in three years' time

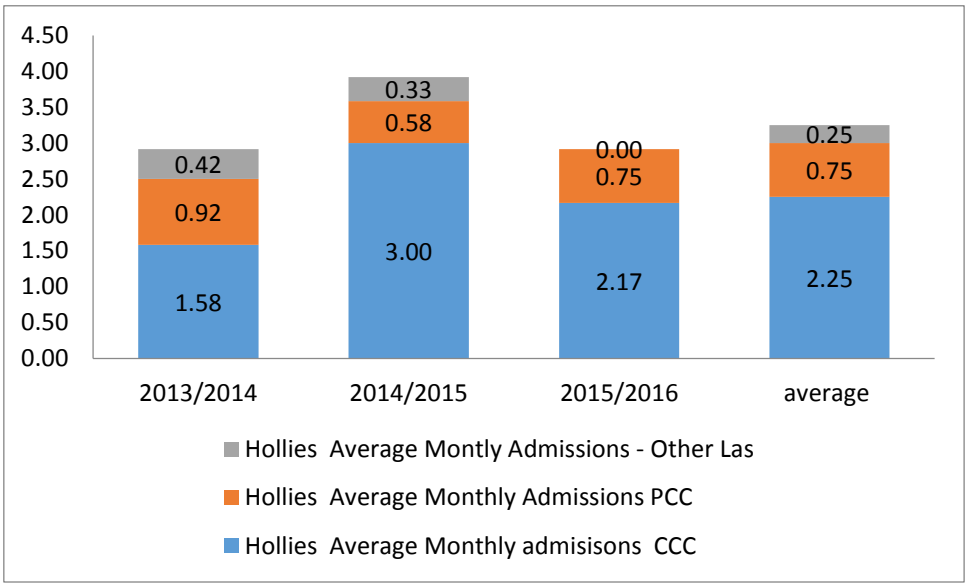
We envisage that:

- we will only have 9 inpatients in the local CCG commissioned service
- we will use no or close to none out of area placements for beds commissioned by CCG
- we will have 15 NHSE commissioned patients (adult + children) in the NHSE commissioned services, as close to home as possible

### Local In patient Service Admission Trends in last 3 years – highlights

- Hollies - Average monthly admissions are in the range of 2.15 from Cambridge, 0.75 from Peterborough and 0.25 from other Local Authorities
- IASS - Average monthly admissions are in the range of 0.97 from Cambridge, 0.14 from Peterborough and 0.19 from other Local Authorities
- Overall - Average number of patients across 3 years at the inpatient units at any one time is 12 (please note the number are rounded to the full figure).
- Average Length of Stay across 3 year worth of data is 78.3 days per person.

Source: CPFT Reporting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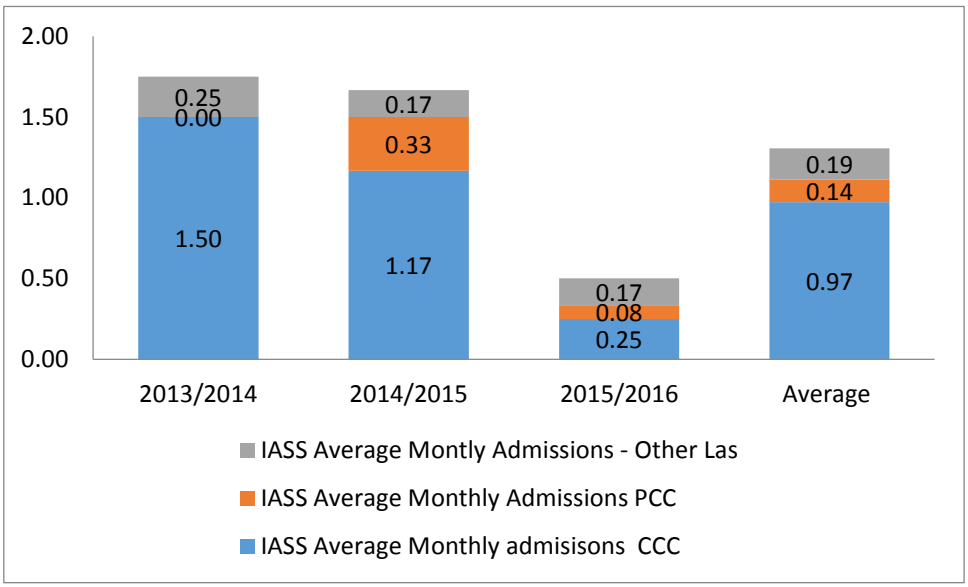
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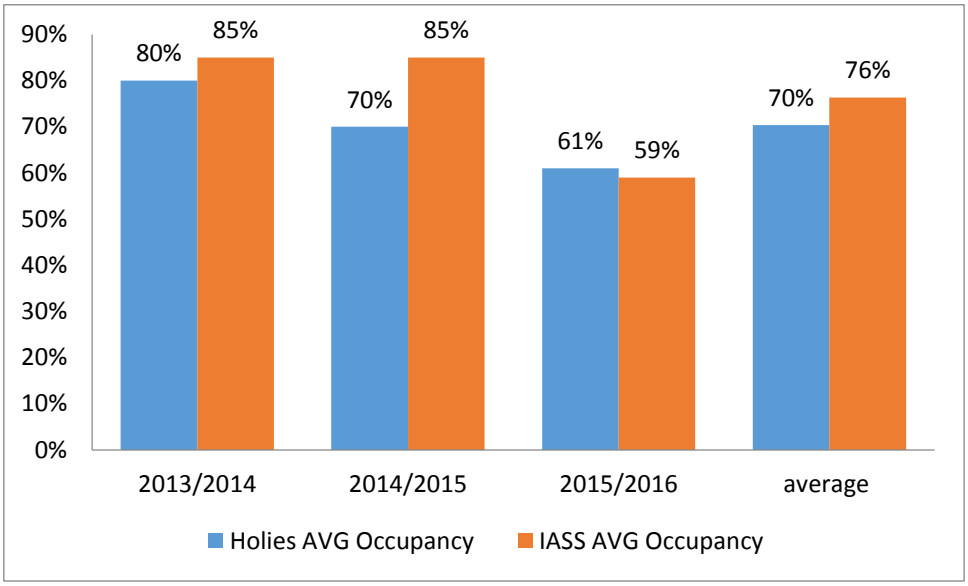



| | Holies AVG Occupancy | IASS AVG Occupancy |
|---|---|---|
| 2013/2014 | 80% | 85% |
| 2014/2015 | 70% | 85% |
| 2015/2016 | 61% | 59% |
| average | 70% | 76% |
| Capacity of the Unit | 10 | 6 |
| Average no of people in the units across 3 years | 7 | 5 |
| Overall AVG LOS | 78.73 | |

The inpatient beds commissioned from CPFT by the CCG and CCC are used exclusively by these commissioners, with flexibility about how the beds are used to ensure that people can be admitted to the most appropriate service at the time of their admission.

A small number of inpatient beds are spot purchased at any one time to meet specific needs that cannot be met in the beds commissioned from CPFT. Wherever possible these are purchased as close to Cambridgeshire and Peterborough as possible.

There are no CCG commissioned inpatient beds for children and young people up to the age of 18 (known as Tier 4 CAMHS) as this is an NHS England Specialist Commissioning responsibility.

**Staffing**

Rotas (excludes ward manager/day activity co-ord)

| | | RN | HCA | Total | **wte per bed** | **Beds per WTE** |
|---|---|---|---|---|---|---|
| **Hollies** | Early | 2 | 2 | 4 | **0.40** | **2.50** |
| | Late | 2 | 2 | 4 | **0.40** | **2.50** |
| | Night | 2 | 1 | 3 | **0.30** | **3.33** |
| | Day (2) | 1 | 0 | 1 | | |

| | | RN | HCA | Total | **wte per bed** | **Beds per WTE** |
|---|---|---|---|---|---|---|
| **IASS** | Early | 2 | 1 | 3 | **0.50** | **2.00** |
| | Late | 2 | 1 | 3 | **0.50** | **2.00** |
| | Night | 1 | 1 | 2 | **0.33** | **3.00** |
| | Day (4) | 1 | 0 | 1 | | |

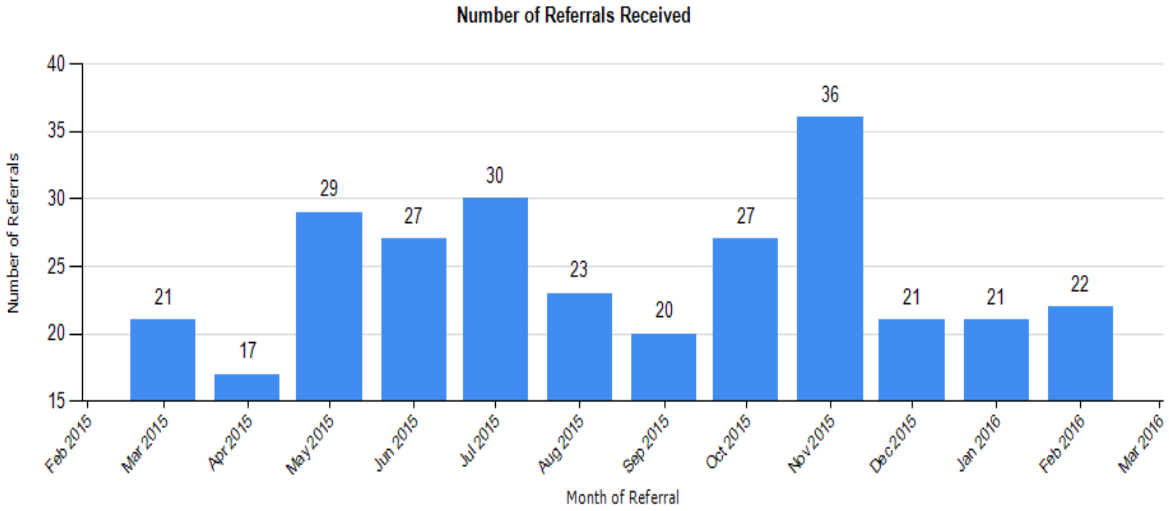
Please note the level of staffing and the best configuration of inpatient beds is subject to Safe Staffing Assessment Tool and TCP discussions between the provider and commissioners.

## 2.3 CLASS - Cambridge Lifespan Asperger Syndrome Service

The Cambridge Lifespan Asperger Syndrome Service (CLASS) clinic offers a specialist diagnostic assessment for adults who may have Asperger Syndrome or High-Functioning Autism.

- In 2015/2015 CLASS saw 294 people , average 25 people per month
- The service is busy, operating the waiting list, with 22.5% of people waiting more than 26 weeks

Referrals received or transferred to CLASS (team -1/03/15 to 29/02/16 - monthly trend




| | Mar 2015 | Apr 2015 | May 2015 | Jun 2015 | Jul 2015 | Aug 2015 | Sep 2015 | Oct 2015 | Nov 2015 | Dec 2015 | Jan 2016 | Feb 2016 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Specialist Services** | **21** | **17** | **29** | **27** | **30** | **23** | **20** | **27** | **36** | **21** | **21** | **22** | **294** |
| CLASS Team | 21 | 17 | 29 | 27 | 30 | 23 | 20 | 27 | 36 | 21 | 21 | 22 | 294 |

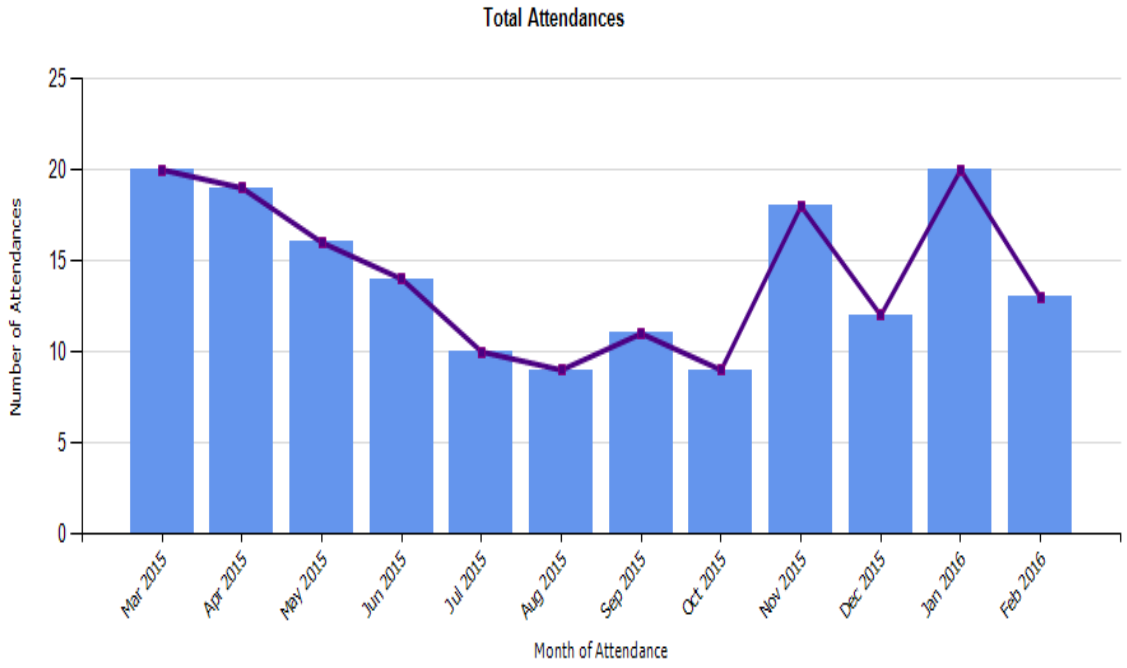
CLASS Waiting List (data extract 07/03/16)

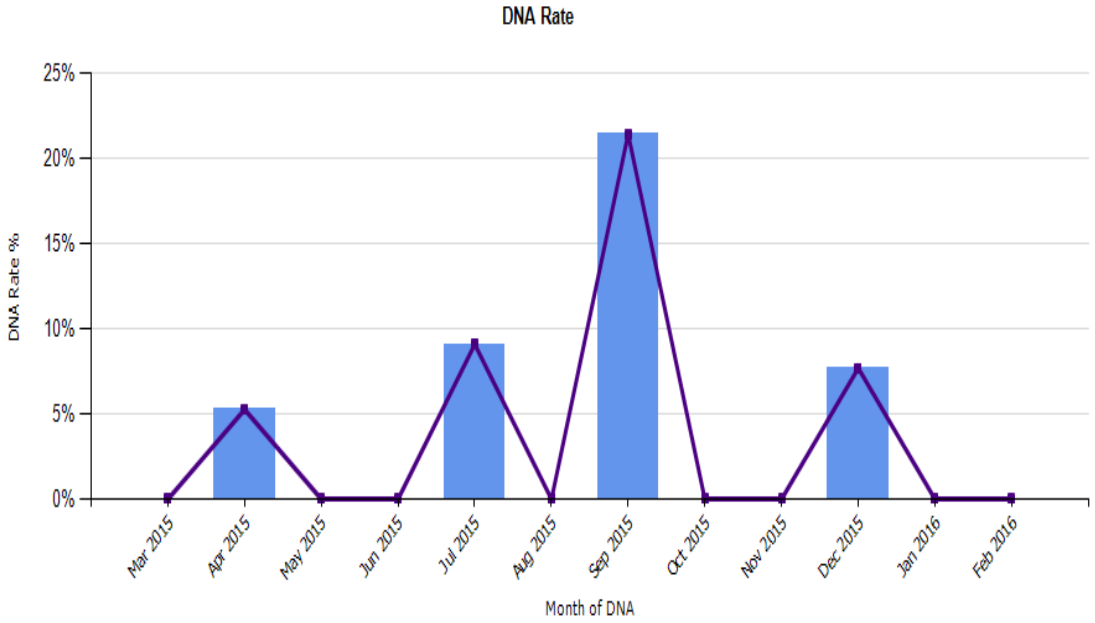
| | 0-6 Weeks | 7-12 Weeks | 13-18 Weeks | 19-26 Weeks | 27-52 Weeks | 52+ Weeks | Total |
|---|---|---|---|---|---|---|---|
| **Total** | 30 | 24 | 25 | 16 | 5 | 2 | 102 |
| **Specialist Services** | 30 | 24 | 25 | 16 | 5 | 2 | 102 |
| **CLASS Team** | 30 | 24 | 25 | 16 | 5 | 2 | 102 |

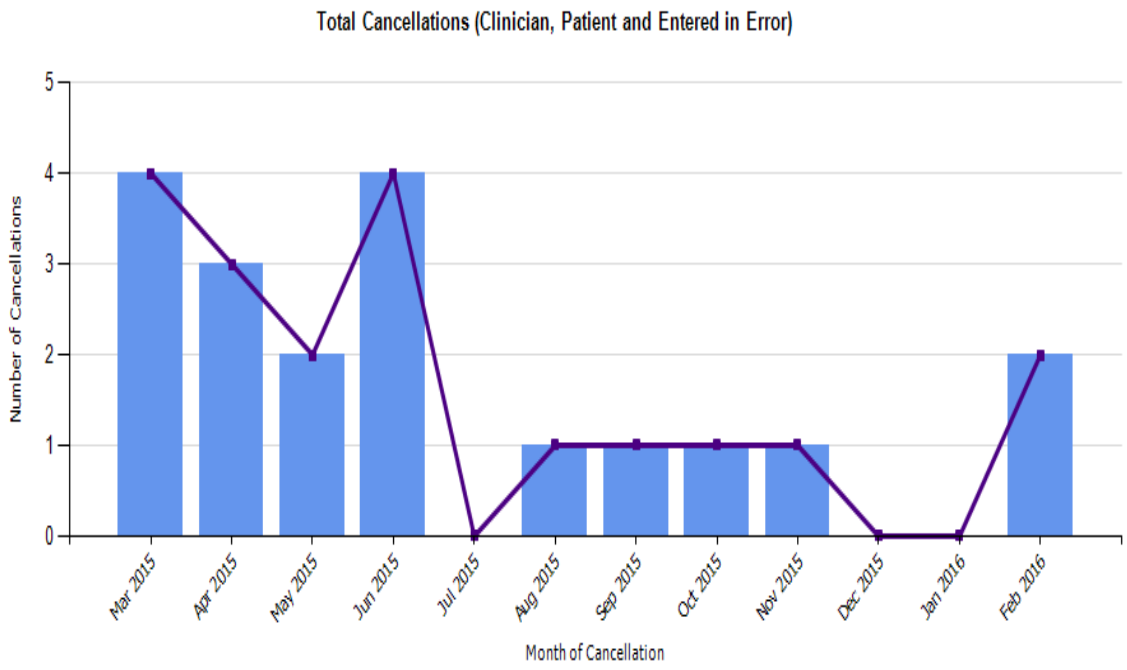
CLASS Activity 01.03.15 to 29.02.16
RiO Contacts

| | Mar 2015 | Apr 2015 | May 2015 | Jun 2015 | Jul 2015 | Aug 2015 | Sep 2015 | Oct 2015 | Nov 2015 | Dec 2015 | Jan 2016 | Feb 2016 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Total Attended** | 20 | 19 | 16 | 14 | 10 | 9 | 11 | 9 | 18 | 12 | 20 | 13 | 171 |
| **Face to Face** | 19 | 19 | 15 | 14 | 10 | 9 | 11 | 9 | 18 | 12 | 20 | 13 | 169 |
| **Telephone** | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| **DNA** | 0 | 1 | 0 | 0 | 1 | 0 | 3 | 0 | 0 | 1 | 0 | 0 | 6 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DNA Rate | 0.0% | 5.3% | 0.0% | 0.0% | 9.1% | 0.0% | 21.4% | 0.0% | 0.0% | 7.7% | 0.0% | 0.0% | 3.5% |
| Cancellations | 4 | 3 | 2 | 4 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 2 | 19 |
| by CPFT | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 4 |
| by Patient | 3 | 0 | 1 | 3 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 1 | 11 |
| Entered in Error | 0 | 2 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |






## 2.4 Current system

Performance in Cambridgeshire and Peterborough is already within the requirements of transformation programme. There are usually less than 15 adults in hospital placements at any one, commissioned by the CCG.

There are approximately 12 people in SCG commissioned placements at any one time. The target for NHSE commissioned beds per million population is 20-25 inpatients.

In Cambridgeshire and Peterborough most people are cared for in the community either at home, or in local supported living or residential care facilities. In the CCG area there are two short term assessment and treatment facilities which have 16 beds between them and these are where the overwhelming majority of people are placed if their behaviour is placing them or other people at significant risk, including the need to be sectioned under the Mental Health Act.

Please note the reduction of inpatient beds from 16 to 12 which is taking place at the time of writing of this report.

An additional small number of people are placed in out of county hospitals but these are generally close to the CCG area and placements tend to be temporary with a maximum stay of six months being the norm.

There is also a CCG-wide diagnostic service for people with autism and a post diagnostic service in Cambridgeshire.

In Cambridgeshire the social care model is delivered through an approach known as Transforming Lives that focuses on strength based conversations, prevention, progression, independence and community networks. It described three tiers of intervention which can be used individually or together depending on the person's situation at the time. The three tiers are: (i) information and advice and enabling access to community facilities; (ii) more intensive support during crises and (iii) longer term and/or on-going support. The aim is to build on peoples strengths and encourage progression towards independence, and building community resilience to promote greater community support and inclusion.

In Peterborough a Target Operating Model (TOM) has been developed which mirrors that provided in Cambridgeshire. The TOM is designed to support communities and individuals help themselves at the earliest point through the provision of preventative support including advice on community based support, short-term re-ablement support. A long term conditions team is in place for those who require lifelong support.

Providers in both areas are mainly from the third and independent sector but Cambridgeshire has its own in-house provision of day services, respite care, supported living and Shared Lives.

Contracting is a mixture of spot and block -purchasing but the in-area hospital placements are block purchased

Children and young people are supported to live as part of their families in the most inclusive way possible, enabling families to care and for children and young people to live as part of their communities. However, there are on-going issues and differences in eligibility criteria and levels of service between those offered to families up until their child's 18$^{th}$ birthday and those afterwards but these are addressed by the similar approaches (described previously) being adopted by local authorities across all ages.

In Cambridgeshire there is a move towards considering the lifetime costs of intervention – in terms of calculating the cost effectiveness of earlier support which can be translated into lower costs in later life – in order to break down costs but also to break down barriers between adult and children's service models.

In Peterborough the Children with Disabilities Social care team is now a 0-25 team to support both the SEND processes and transition.

The use of spot contracting for specialist placements is used due to the relatively low incidence and the very specialist needs of some young people. However, these are high cost placements which while in many cases meeting the young person's needs, they are not providing the resources to enable local services to up skill and develop. Specialist placements also often mean the children and young people are

placed at some distance from home and family which makes the transition to more community based options as an adult harder to achieve because the young person doesn't have the connections and friendships back in their originating area

## 2.5 Current estate

The Intensive Support Team (IST) is based at the Gloucester Centre, Morpeth Close, Orton Longueville, Peterborough, PE2 7JU. There are provisional future re-development plans for the Gloucester Centre.

The IASS Inpatient Service in Cambridge is located at the Ida Darwin Hospital site. There are provisional future re-development plans for the Ida Darwin site. The site is the old activities block on an ex Learning Disabilities site which is a multi-use site.

In Peterborough The Hollies is a short-term assessment and treatment unit located at the Cavell Centre on the site of Peterborough City Hospital. This unit was funded through a PFI initiative and provides a modern resource which is compliant with the elimination of mixed gender accommodation requirements.

The Hollies is separated into 2 sections a 4 bed female area and a 6 bed male area. The accommodation offers single en-suite bedrooms. The Hollies modern accommodation and location within the Cavell Centre, a mental health and learning disability in-patient unit facilitates the admission of people with increased acuity and challenging behaviour This is a significant challenge for MDT working as they not collocated with PCC colleagues.

Both male and female areas have a number of lounge and activity rooms which increases the flexibility & adaptability of environment to meet the needs of people with complex needs. .

The Ward benefits from being co-located with Adult mental health, CRHTT and Older Peoples integrated care due to close working partnerships and patient safety systems.

There is access to a range of therapy and therapeutic experiences, gardens and outdoor relaxation areas, fitness and wellbeing suite and a multi faith sanctuary.

The ward achieved an “excellent” AIMs-LD accreditation in 2014 and is currently undergoing self re-assessment. The ward was also rated as “good” during a full CQC inspection in 2015

The CLASS clinic is based in an adapted building on the Fulbourn site (the Chitra Sethia Autism Centre) and also runs a weekly clinic based at the Hollies inpatient unit in Peterborough (the Hollies).

## 2.6 The case for change

The local TCP already performs with the expected range of inpatient admissions rates. Our approach is about further enhancement of the local services in order to

support people with learning disabilities and autism even better.

### Alternatives to Hospital

The commissioners throughout Cambridgeshire and Peterborough, along with the provider market, recognise the need for a range of alternatives to hospital. The vision of the commissioners - again strongly reinforced by national requirements - is that people with a learning disability should have their needs met in the least restrictive setting possible and those who are supported in hospitals should have a clear agreed clinical need for admission and a care pathway for discharge and aftercare.

Evidence would suggest the best outcomes for people in temporary need of additional specialist support are achieved by supporting them in the communities where they live. Removing people into hospital should be seen as the last option such as when the use of a section of the Mental Health Act is required.

### Effective Configurations

Both Cambridgeshire and Peterborough have Community Learning Disability services across the county with access to all of the relevant disciplines. In Cambridgeshire there is a community based Intensive Assessment Support Service with links to the inpatient service which works with People, Families and Providers to support people through short and longer term difficulties. In Peterborough there is an Intensive Support Team which works in a similar way.

Peterborough does not have a separate learning disability team. Since February when PCC reconfigured their services they now have a generic adult social care team who also provide input to people with a LD. From CPFT clinicians point of view this can lead to increased challenges to effective and timely joint working.

### Data Flow

Currently PCC use Frameworki for their social care and clinical records. CPFT uses RiO for their clinical records but in addition CPFT use Frameworki where the person has a Personal Budget. The two organisations cannot access each other's information systems.

Cambridgeshire currently uses Northgate's AIS system and is working on the specialist health staff in the LDP having a dedicated area for their records on this system. Following a recent procurement process, Cambridgeshire will be moving to CoreLogic's Matrix system for both adult and children's social care records. The procurement process set the expectation that systems would be accessible across the health and social care system (where appropriate and with appropriate safeguards around data security) and this will be explored further with CoreLogic.

### Locations/Co locations

In Cambridgeshire, the integrated arrangements of the LDP have been in place since 2001/2. Specialist learning disability health staff and learning disability social care staff work in integrated teams, co-located in four sites across the county with a single public referral route through the Council's contact centre or, for professionals, direct into the relevant team. The approach to working with people with learning disabilities and their families is multi-disciplinary, where ever this is required and proved very effective in repatriating people back to Cambridgeshire following the Winterbourne View enquiry.

The Council has recently established a small dedicated team of social care staff to work with people on the autistic spectrum who do not have a learning disability. This countywide team has developed links with the CLASS clinic and the local branch of the National Autistic Society (NAS). An information and support service has been commissioned from NAS, with staff offering telephone and face to face support across the county.

In Peterborough, staff delivering Learning Disability services are not co-located, being distributed across, Bayard Place, the Town Hall, Royce Road, the Gloucester Centre and the Edith Cavell Centre. In addition there is no single referral route for specialist health LD health care, with referrals either being made via the PCC 'front door' or via CPFT's Access & Referral Centre.

Over recent years there has been an increase in the number of people legally requiring statutory assessments and an expansion of the number of people they apply to. These include Deprivation of Liberty (DOL's) Assessments, Continuing Health Care Assessments and Care & Treatment Reviews. Whist these assessments are taking up more clinical time, PCC currently fund a LD nurse to undertake the CHC assessments and the DOL's assessments are minimal, however, this will need to be taken into consideration in the future staffing model.

### Sensory Services

Sensory Services: NICE Challenging Behaviour Guidelines state the sensory needs should be assessed and formulated, and may form part of interventions to reduce challenging behaviour. It is specifically stated that sensory interventions should not be initiated before a functional assessment of sensory need has taken place. Currently, 1 LD OT has completed levels 1 and 2 training but this does not qualify for assessment and treatment. The intention is that the OT will carry out Level 3 training which will provide qualification for the same. It is recognised that there will remain a capacity issue taking into account the intensity required for assessment, treatment and monitoring.

### Better Equity

The provision of services can be patchy and at times confusing across the locality. For example, currently CPFT is not commissioned to provide services to Stanground GP surgery from Peterborough – they provide a service from Huntington, but PCC provide LD nursing, OT, SALT and Social Care. PCC LD health & social care staff are commissioned to provide services to adults with a diagnosis of autistic spectrum condition who do not have a learning disability – whereas CPFT provides a diagnostic service only (via the CLASS clinic).

### Transitions

There are often issues around transition. Adult LD health services are often not aware of young people with LD or suspected LD, who have been very settled in highly structured child provision and therefore have not required a lot of professional input and have been discharged by health (and are sometimes not open to social care).

These individuals often re-present to services in their 17th year, as people around them realise they will need more support, or because their provision has become less structured, and they may require a lot of support at this stage. There can be a pressure on adult health services to intervene before 18, or very quickly after 18 with limited planning which makes it difficult to provide the quality of care we would wish, despite the best efforts of multiple teams.

The 0 to 25 service meets with specialist schools on an annual basis to review their 14 plus registers to identify those who may need services when reaching adulthood. The schools are helpful in alerting the 0 to 25 service about young people not accessing a statutory social care service but who have high health/behavioural needs however, the Adult LD health services do not have the capacity to support early on in the transition pathway. There is a clear pathway that enables young people with mental health issues to move from CAMHS to AMH however, different components of AMH (health and social care) and the pathways can be confusing and unclear. Where a young person is not known to CAMH but has MH issues the gatekeeping is stringent often not allowing people to access the appropriate service

The CAMHS service as a whole is currently only commissioned to provide services up to the age of 16yrs whilst the adult service are commissioned 18 years, this presents issues relating the transition of cases at 16/17 and for those young people presenting with new mental health issues The service has no inpatient beds and whilst there is an Intensive Support Team (IST) for children within CPFT. However, they do not have the specialism to provide intensive support at points of crisis for children and young people with LD or ASD, the capacity within the team is also limited. Under the additional CAMHS investment from Department of Health the IST is being reviewed in order to support admission prevention.

### Accommodation

There is insufficient suitable affordable accommodation in the local area, which impacts on placement planning. There have also been significant issues in the local service provider community - placements have failed due to staffing shortages and agency use – and there have also been issues with the skills, training and expertise of local providers' staff.

Some providers define themselves as specialist providers for specific needs, e.g. autism, but this can simply mean that they seek service-users with this condition, rather than that they have staff with additional skills or specialist resources to meet those needs. This results in community services having to input considerable time to support specialist providers. However the Intensive Support Team in Peterborough offer bespoke training and on-going support to staff that support people in the community with complex needs as required within their contract. In Cambridgeshire, a range of health professionals in the integrated teams and in the Intensive Support Team offer advice, guidance and training to providers to improve the quality and effectiveness of services.

### Patient Stratification and Risk Register

At this time the criteria for who should be included in the risk of admission register, has not been finalised locally. An estimate of numbers who may be included has identified approximately 10% of active caseload

The CTR process across both localities will be reviewed to ensure that it is robust and fit for purpose. The system of Blue Light CTR's will be consistently applied.

### Demand and Capacity

There are recognised demand and capacity challenges within LD Community teams across the county (PCC and LDP). There are long waiting lists for therapy services due to priority being given to those who are in crisis or who pose increased risk. This can limit proactive work.

### Delayed Discharges

There are often delayed discharges from inpatient units in the county. This is for a range of reasons e.g. not being able to find appropriate accommodation or service provider.

### Most Effective Estate Configuration

A recent CQC review advised that the physical environment of the IASS Inpatient unit was not fit for purpose and that local LD in-patient units would benefit from

additional psychological/AHP resource. The additional MDT resource would help to ensure high quality assessments and management/intervention. The in-patient unit staff's view is that the current model whereby MDT members attend from the individual's local area is not working well.

### 2.7 How current model can be improved – main themes

- Increase service delivery integration and co-location of services in Peterborough
- System wide increased focused on proactive working to prevent crisis, this is likely to require additional resources and a skill mix review.
- Development of a range of crisis interventions that can support a person to remain in the community as an alternative to admission
- Ensure that across the system there is a wide range of accommodation options available and that where possible providers and landlords keep an individual's accommodation open to them whilst in hospital as well as actively support discharge.
- Consider how best community forensic services for people with LD and low secure in-patients services that are local to the patients' home can be provided.
- Improve access to mainstream mental health services for people with LD, when these are most appropriate to their needs
- Be clear about the role of each service/team and how this contributes to the whole health and social care service provision for people with LD.
- Harmonisation of patient record keeping systems.

**Any additional information**

See Finance and Activity spread sheet

## 3 Vision, strategy and outcomes

We fully endorse Building the Right Support service model.

## 3.1 Vision statement

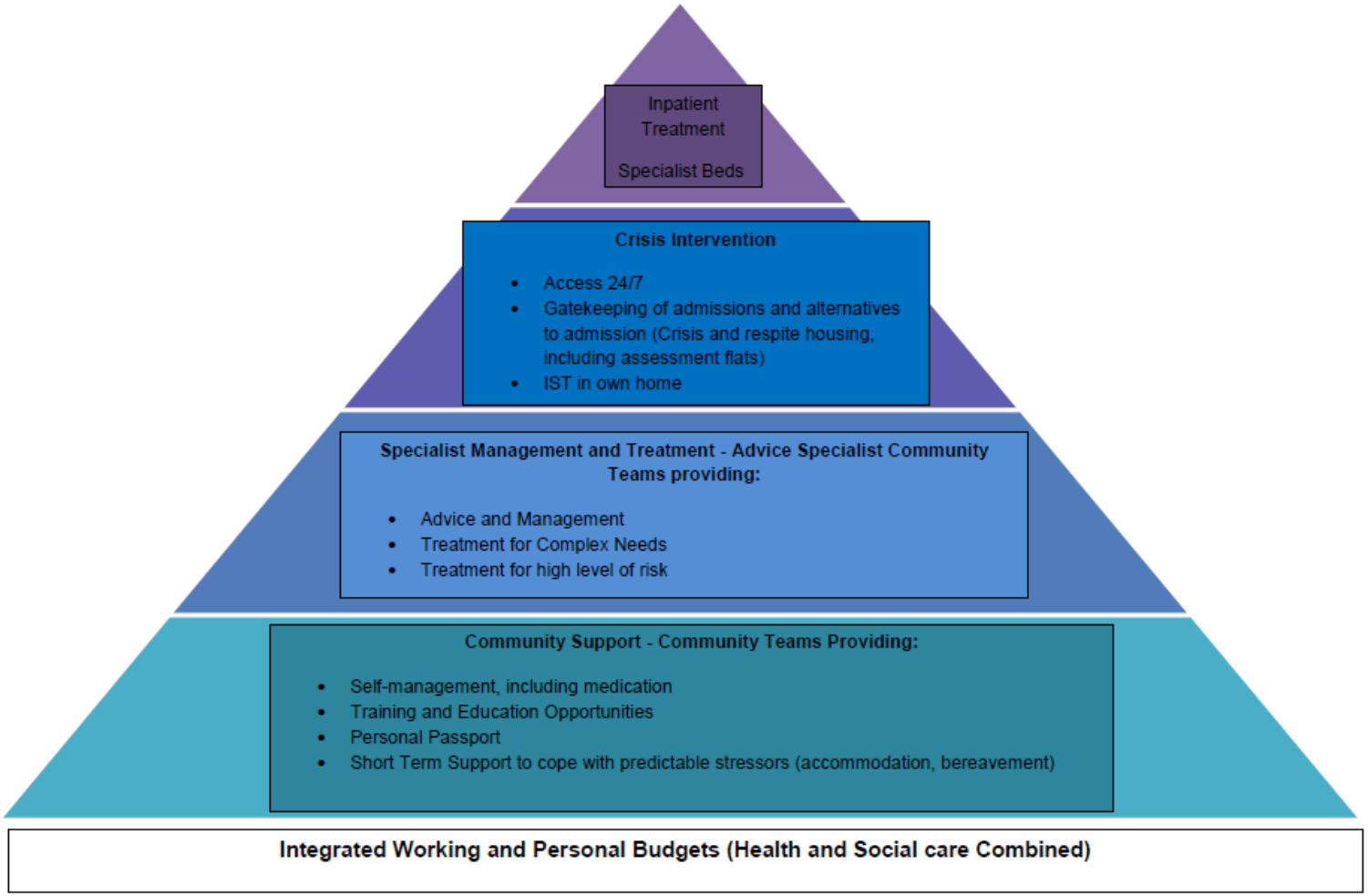
*Children, young people and adults with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition* have the right to the same opportunities as anyone else to live satisfying and valued lives and, to be treated with the same dignity and respect. They should have a home within their community, be able to develop and maintain relationships and get the support they need to live a healthy, safe and fulfilling life.*

We will deliver this vision trough:

- working with all children and adults with learning disabilities and/or autism (including Asperger syndrome) in a person centred way
- integrated health and social care services that maintain them in their communities and minimise the use of inpatient settings

By delivering this vision, we will ensure that people with learning disabilities and/or autism are able to live the life they want and are supported by personalised services to develop their skills and independence and to remain in their local community.

Model of Care for Cambridgeshire and Peterborough



## 3.2 How will improvement be measured?

The plan is to work with service users and their families and carers to develop measures of success that they think are meaningful. These are likely to include:

- outcome measurements which will measure progress made in service
- patient/ carer feedback surveys

National indicators will be used as follows:

- Assuring Transformation dataset: to monitor reduced reliance on inpatient services
- Health Equality Framework: to monitor quality of life

A new national basket of indicators is currently being developed that monitor quality of care.

In addition potential pool of local indicators that complement those to be used nationally to measure improvement will be considered from the following list (not exhaustive):

### Improved quality of care

- There is sufficient capacity of staff to provide care for service users; this will be based on an assessment of the client group, including volumes and complexity of need
- Staff are adequately trained to provide support to those in the client group in order to be able to meet their health and care needs; capacity to be no less than 95% trained at any one time
- 90% of services users to feedback that the service they received was either good, very good or excellent
- 90% of service users feedback that they considered themselves to have been consulted about their health and social care
- 90% of service users feedback that they felt they had some choice in the nature of the health and social care they received
- 90% Friends and Family Test recommendations

### Improved quality of life

- An increase in the number of people of working age that have a learning disability and/or autism that are in paid employment
- An increase in the number of people that have a learning disability and/or

autism that are in receipt of direct payments

- An increase in the number of people that have a learning disability and autism that are in receipt pf personal health budgets
- An increase in the number of people that have a learning disability and/or autism that are in settled accommodation
- An increase in the number of people aged 14 and over that have a learning disability accessing an annual health check
- An increase in the number of people aged 14 and over that have an autistic spectrum disorder accessing an annual health check
- A reduction in the waiting time for people with learning disabilities and/or autism being able to access psychological therapies
- A reduction in the waiting time for people with learning disabilities and/or autism being able to access psychiatric services

**Reduce reliance on in-patient care**

- Hospital admissions to learning disability hospitals on track as per the TCP Plan
- 100 % of service users to have a community CTR, Blue Light CTR or post admission CTR within 10 days of admission
- A reduction in admissions to hospital due to breakdown in community provision
- Effectiveness measures of “alternatives to admissions” will be measured – eg, utilisation and success of assessments flats

## 3.3 Principles of the Local Care Model

We fully support and adopt Transforming Care Principles Key Principles:

**The human rights** of people who use services are incontrovertible and must be upheld at all times; consequently there are a number of 'golden threads' that run consistently through the nine principles described and which should therefore be reflected in local commissioning strategies:

**Quality of life** – people should be treated with dignity and respect. Care and support should be personalised, enabling the person to achieve their hopes, goals and aspirations; it should be about maximising the person's quality of life regardless of the nature of their behaviours that challenge. There should be a focus on supporting people to live in their own homes within the community, supported by local services.

**Keeping people safe** – people should be supported to take positive risks whilst ensuring that they are protected from potential harm, remembering that abuse and neglect can take place in a range of different environments and settings. There should be a culture of transparent and open reporting, ensuring lessons are learned and acted upon.

**Choice and control** – people should have choice and control over their own health and care services; it is they who should make decisions about every aspect of their life. There is a need to 'shift the balance of power' away from more paternalistic services which are 'doing to' rather than 'working with' people, to a recognition that individuals, their families and carers are experts in their own lives and are able to make informed decisions about the support they receive. Any decisions about care and support should be in line with the Mental Capacity Act. People should be supported to make their own decisions and, for those who lack capacity, any decision must be made in their best interests involving them as much as possible and those who know them well.

Support and interventions should always be provided in the **least restrictive** manner. Where an individual needs to be restrained in any way – either for their own protection or the protection of others, restrictive interventions should be for the shortest time possible and using the least restrictive means possible, in line with Positive and Proactive Care.

**Equitable outcomes**, comparable with the general population, by addressing the determinants of health inequalities outlined in the Health Equalities Framework. The starting point should be for mainstream services, which are expected to be available to all individuals, to support people with a learning disability and/or autism, making reasonable adjustments where necessary, in line with Equality Act legislation, with access to specialist multi-disciplinary community based health and social care expertise as appropriate.#

Pathways will be underpinned by:

- Focus on the individual and their well-being (Care Act 2014)
- Strengths based approach promoting independence and personal resilience
- Parity of esteem – mainstream MH services
- Integrated service provision with co-located teams.
- Individual choice about where I live, who I live with, how spend my time and health care
- Carer involvement
- Locally focused community provision (Winterbourne View and Building the Right Support 2015
- Easy to access enhanced support in a crisis
- Access to health expertise in the community when needed e.g. Psychiatry, SALT, Psychology etc.
- An appropriately skilled workforce
- Recovery focused (e.g. supporting self-management, optimal independence and flow through system)

Other areas to be considered include:

- Specialist LD Forensic services to support and complement other LD services/teams and local Criminal justice services (e.g. court liaison and diversion, prison in-reach)
- Shared record keeping systems
- All age services - Clear pathway into adult specialist health services for children in transition
- Alternatives to specialist LD in-patient beds e.g. crisis support

# 4 Implementation Planning

## 4.1 Overview of our new model of care and care pathways

Our Model of Care is summarised in the diagram above.

### 4.1.1 Model of Care - Building on Strong Foundations

We will build on our well established arrangements of integrated commissioning and community based health and social care teams to deliver a community based model that focuses on:

- Service users and carers having choice and control, including the use of Direct Payments and Personal Health Budgets

- Supporting carers, including parent carers, through services delivered by Cambridgeshire Carers Trust and the provision of personal budgets
- Progression and skills development to increase independence
- Flexible approaches to respond quickly and innovatively to address a range of situations that could otherwise escalate (see Transforming Lives approach below)
- Further development of “assessment flats” used successfully in Cambridgeshire to repatriate people in out of area inpatient settings and development of other accommodation options
- Further development of Intensive Community Support to support people in their own homes and in “assessment flats”/crisis house to avoid admission to inpatient services unless MHA powers are appropriate or the risk to the person or the community cannot be managed in the community
- Maintaining the established role of Liaison Nurse in the acute hospitals to promote good access to mainstream health care services

#### 4.1.2 Model of Care - Accommodation

To deliver the community led approach it will be necessary to have access to a range of accommodation within the community that could be used when the person requiring additional support needs a change of environment to assist in the management of their behaviour at that time. This will not be via an in-patient bed but in line with the ethos of the new model of care, alternatives to hospital admission will be developed.

Cambridgeshire has recently commissioned two assessment flats in the Huntingdon Area in addition to one in Fenland with the specific brief that they are temporary placements with accommodation agreements that run for six months. It is intended that most stays will be for a maximum of six months but depending on the needs of the individual this timescale can be flexible.

The purpose of these services is to provide a more robust community setting that facilitates assessment and formulation of a person’s needs in relation to environment and community support packages ensuring people have the best opportunity for successfully moving onto independent supported living services in the community. The services in Cambridgeshire are funded by the LDP; currently there is no similar service available in Peterborough, however there are plans for a service to be commissioned in 2016/17.

There is also an intention to expand the current provision of ‘assessment

flats/services' to other areas of the county, providing more local and increased provision. There is a need to review and refine the admission and discharge pathways for these services to ensure they are available when needed and that people are supported to move on to the most appropriate longer term solution in a timely way.

Cambridgeshire recognises there may be the need for additional single service assessment accommodation elsewhere across the county as they are providing a good way of both managing difficult situations but more importantly understanding triggers and adopting a behavioural management and formulation approach to challenging needs and mitigating risks without the need for an inpatient admission.

There may be some individuals who have previously accessed the in-patient service whose needs could have been met in the community but not necessarily in their original accommodation. Cambridgeshire, as part of an assessment of demand will look to offer accommodation that could be shared on a short term basis because not everyone needs a single service and there are some benefits for people sharing with others where the needs of individuals and risks allow.

A range of options in terms of accommodation, including the local provision of inpatient beds, will be the best way in meeting the diverse needs of people who require a period of assessment or additional support. Going forward, services will be commissioned on this basis.

#### 4.1.3 Model of Care - Community Teams

A more community based model that minimises the use of inpatient beds will require the re-focusing of investment in current inpatient provision or additional investment to strengthen the integrated health and social care support in the community, ensuring that this is responsive and proactive in supporting the person to avoid admission and managing risks in a community setting.

The service provided has recently been enhanced by the introduction of 'Transforming Lives', a new model of social care that has empowered both social care and specialist health care staff in the LDP to work in different ways with the people they support. It improves outcomes for service users and their families and is linked to building personal and community resilience and will help to develop or maintain skills and independence. An important aspect of Transforming Lives is that it provides a speedier, more flexible person centred response to crises or unforeseen difficulties arising in the community – Tier 2 in the diagram below.


Currently, the community teams operate during office hours but crises and carer breakdown which can result in inpatient admission often happen outside these hours. Going forward, people in the community are given greater accessibility to community teams by extending the hours that they are available. The costs of providing this enhanced community support could be met by a reduction in the numbers and therefore the costs of inpatient beds provided under the existing block contract arrangements. There would be a requirement for one-off transformation funding to support this transition (detailed in Finance and Activity plan bid).

### 4.1.4 Model of Care - Specialist Health Teams

There is also a need to review and refine the function and capacity of the specialist health provision in the teams. The aim of such a review would be to ensure that there is an effective and timely response to emerging risks and crises and that this response is proactive in seeking community support solutions rather than relying upon admission which should be seen as a last resort.

The service model diagram above (3.1) provides an illustration of the range of services and pathways that will support the new service delivery model for Cambridgeshire and Peterborough with the emphasis being on increased support for people to remain at home in a time of crisis rather than being admitted to hospital.

### 4.1.5 Model of Care - Access

With all community-led approaches it is recognised a Multi-Disciplinary approach

offers the best outcomes and Commissioners would wish to see the development of a clear decision making framework with integrated community teams holding responsibility through the whole care pathway.

Where, as part of this decision making framework, alternative accommodation is to be sought for an individual either into an assessment flat or in patient service the integrated community team should continue to be fully involved with all aspects of the care pathway.

Where alternative accommodation is arranged an early discharge plan is drawn up and agreed with all parties to prevent individuals staying in a setting longer than they need to therefore ensuring that these services are appropriately used and capacity maintained.

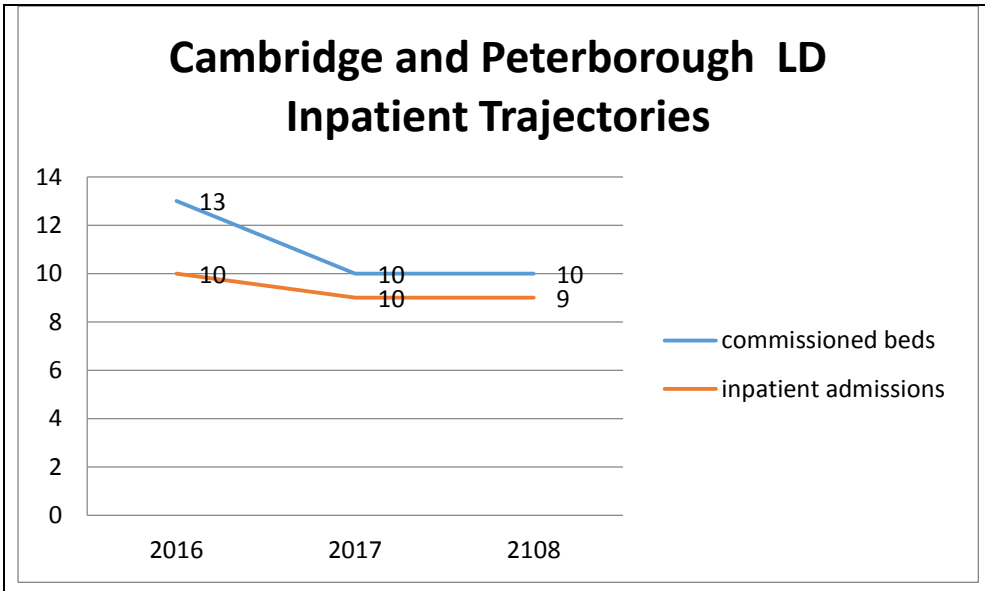
#### 4.1.6 Model of Care - Inpatient Service

The provision of inpatient services will be seen as an option of last resort for situations where risks cannot be managed in a community setting including in the more robust options described above and / or the person was assessed as needing to be detained under the Mental Health Act.

Where an admission is required it is expected that specialist health and social care staff in the LDP and PCC team local to the persons home address would continue to work with the person during their admission therefore allowing continuity of approach and support and ensuring that any formulations and interventions would be sustainable in a community setting after discharge. The staff working in the LDP locality teams and PCC would therefore become part of the individual's treatment team working alongside nursing staff and other professionals who are part of the unit's core staffing and ensuring that there is a full and robust multidisciplinary team around an individual during their admission.

It is acknowledged that the inpatient unit would need strategic level oversight to give clinical leadership and ensure that the needs of each individual are being appropriately met. This level of co-ordination and leadership would be provided by the professional leads in the LDP and PCC.

Our trajectory for inpatient admissions and commissioned beds for 2016/17 and beyond, in line with Building the Right Support targets to reduce a number of commissioned beds, releases the finances to support the community, and maintain current level of admissions.




### 4.1.7 Model of Care - Finance

The current cost to commissioners of the block contract is in excess of £4m per annum. This equates to a daily cost per bed across both areas in the region of £685. The current occupancy rate is very low. In addition to this the Cambridgeshire LDP are being asked to fund one-to-one observations over and above the contract cost. These observations are included within the CCG contract for beds for patients from Peterborough.

In order to strengthen the community teams and develop the range of alternative accommodation commissioners will need to re-configure the funding to fund these changes or release all of the funding and move to a spot purchase arrangement as discussed in the finance spreadsheet assumptions.

Current enquiries in the independent sector have suggested that daily bed rates for the type of accommodation that we believe will be required in the future vary between £450 and £550. As a result of these findings we believe that to ensure the requirement for services to be cost effective is met a market-testing exercise is required, which looks at cost and market capacity. Discussions are at an early stage, but this might be one exercise covering provision for both Cambridgeshire and Peterborough.

In Peterborough, due to the absence of a pooled budget similar to CCC, the CCG are responsible for commissioning and funding health placements.

The TCP Board will be matching the released funding (as discussed in the finance spreadsheet) with any contributions allocated from the national TC funds.

### 4.1.8 Model of Care - Workforce

In terms of service provision, not all learning disability health and social care staff are collocated and this can provide challenges to the provision of integrated care to people with a learning disability. The multi-disciplinary approach and collocation with other professionals such as social workers and other therapists is of real benefit to the overall offer provided. The current provision of service needs to determine how to fully implement the new NICE guidance around a clear multi-disciplinary pathway for the management of challenging behaviour.

There should be equity of services across Peterborough and Cambridgeshire based on evidence and LD demographics. There should also be timely access to Sensory Integration assessment and treatment services.

Referral arrangements will be reviewed to ensure they are robust and wherever possible constitute a single access arrangement. In addition recording arrangements should be harmonised to allow prompt and easy access to, and exchange of, patient information.

## 4.2 What new services will we commission?

When delivering our aspiration we are looking at evolution rather than revolution. We are already supporting local population in the line with the transformation programme requirements. Our work will look at fine tuning the current landscape. We will consider commissioning and decommissioning of several pathway elements and longer term service provision.

- Rapid response crisis intervention team to operate on at least an extended hours basis if not 24/7 basis (Cambridgeshire)
- Options around supporting people with LD and forensic histories will be explored
- Families will commission services through personal health budgets and where appropriate integrated budgets. The CCG will commission new services for people using PHBs egg. Brokerage and support services. The learning from the different ways of using PHBs and the services families purchase this way will feedback into future commissioning considerations
- Additional “assessment flats” for single person responses in Cambridgeshire & Peterborough
- Shared “crisis house” where a shared setting is appropriate
- Strengthened Integrated Community Teams to support people in “assessment flats” and “crisis house” working with social care providers
- Accommodation and care and support options around supporting people with LD and forensic histories will be explored to inform future commissioning
- The potential need to commission services with other TCP areas in the Region, to meet the needs of people with some specific conditions e.g. Prada-Willi syndrome, will be considered

## 4.3 What services will we stop commissioning, or commission less of?

The following services will only be used where the community responses and local inpatient services are not appropriate to meet the specific needs of the person at the time

- Out of area hospital placements
- Low medium and high secure and forensic services out of area
- We will explore more efficient commissioning of unnecessary block inpatient capacity

## 4.4 What existing services will change or operate in a different way?

The following services will need to change:

- The number of inpatient beds commissioned locally will reduce and a new specification will need to be written to reflect the aspirations of the new model. This may lead to market testing to ensure value for money.

- The Integrated Community Teams in Cambridgeshire will need to be strengthened and the Crisis Response Team developed to operate within and outside office hours

- In Peterborough, the best way to build on and extend the integrated arrangement of Community Learning Disability Nurses within the adult social care teams will need to be considered.

- Social care providers will need to be supported by Commissioners and the Integrated Community Teams to develop greater expertise and skill in supporting people to remain in their own homes even when there is a crisis or escalation of challenging behaviour.

## 4.5 Personalised Support Packages

### Personal Health Budgets

The LDP already deploy funding from the pooled budget as Direct Payments, meeting both health and social care needs and the learning from this will be used to inform further work to expand the use of PHBs from April 2016, in accordance with the 2015/16 NHS Planning Guidance. The CCG lead for Personal Health Budgets is linking into the Transforming Care Board as required.

There are some excellent examples of innovative use of the funding by people with learning disabilities and their families that demonstrates how this approach can enhance the person's life. This work is being used to inform the review being

undertaken by the CCG's lead for personal health budgets who will be making recommendations on how the offer can be expanded, across all eligible people from April 2016.

A Project Board has been established to oversee this work and people with direct experience of personal health budgets are working with the Board to co-produce plans.

There was a stakeholders' event in March 2016 which worked through different options for expanding the local offer. The outcomes of the event feed directly into the development of a business case for expansion in April 2016.

The LDP continues to promote the option of Direct Payments with all social care staff expected to discuss this as an option with people who are eligible for social care services.

### Developing a Peer Network

The review of personal health budgets includes reviewing how people learn that personal health budgets (or integrated) budgets are available and how they can be used to benefit people. A local peer network will be offered to enable people to work together with the PHB team at the CCG to develop processes and advise on how to access personal health budgets. This will also include a review of the support that people need to create their personal health budget and how this can be offered.

### Integrated Budgets

Integrated budgets are available for people with learning disabilities in Cambridgeshire and the provision of budgets for people in Peterborough is being reviewed as part of personal health budgets review. The local offer for personal health budgets will extend their use in Peterborough.

### Children and Young People

Children and young people with a learning disability who are eligible for an Education, Health and Care plan also have the option of a personal health budget and the PHB review will determine if this is currently working well for people. The offer of personal health (or integrated) budgets for children and young people has been identified as an area for improvement and is therefore a particular work stream of the PHB review and will be included in the local offer.
The PHB project lead has been invited to attend the Transforming Care Board and is ensuring that the local offer aligns with this plan.

### Outcomes

The project to review personal health budgets and to develop the business case is

undertaking a benchmarking exercise to review the numbers of people receiving a personal health (or integrated) budget and the services that have been purchased to offer intelligence for identifying how the offer of budgets can be best extended. The project will review how the outcomes and experience of people with a personal health budget and their carers are monitored.
The PHB project is ensuring that the local offer aligns with the transforming care plan.

## 4.6 Transition from children's services to adult services

The SEND Reforms of 2014 required the production of a coordinated Education, Health and Care Plan (EHCP) for children and young people aged 0-25 who require one due to the complexity and severity of their special educational needs and/or disability (SEND). This plan must include an assessment of all education, social care and health needs and a description of the provision that must be made to meet these identified needs.

We will have a clearer understanding of the future accommodation needs of young people coming through transition with a learning disability and/or autism. Future 52 week placements will only be made out of area in exceptional circumstances where needs cannot be met locally. A confirm and challenge process will be put in place before OOA placements are made.

In addition to the SEND reforms, the aspirations for children and young people are that through both the CAMHS redesign and the System Transformation that there will be a model of services which is based on earlier identification and intervention. There is agreement across the Joint Commissioning Unit to work to the Thrive model for CAMHS services but this is model which it can be seen mirrors both PCC and CCCs approaches across children and adult services.

The development of services within the CCG area for both Cambridgeshire and Peterborough should consider development of the specialist support in our area. One of the options, possibly through the development of the market or direct provision is the development of a more specialist residential/shared care and education placement in county.

Ensuring that the gap in CCG commissioned services between 16 – 18 years is resolved and transition between services is more integrated and seamless

## 4.7 Commissioning Underpinnings

As described in the previous sections the TCP already operates a) a S75 agreement with lead commissioning and a pooled LD budget in Cambridgeshire delivered via Learning Disability Partnership and b) s75 agreement in Peterborough which places some of the specialist LD staff in the local authority teams.

We will build on these strong foundations, review the arrangements to ensure that they operate even more efficiently and support the transforming care agenda.

Particular areas which we will focus on more are:

- Our transition arrangements and how they can be supported more via the existing arrangements

- Even greater availability of the personal health budgets which is currently in place by default pooled budget in Cambridgeshire for people with learning disabilities
- Person centred and outcomes based commissioning and contracting linked to a broader approach that is being explored across all client groups in Cambridgeshire
- Campaign to attract more people to become Shared Lives carers
- Staying Put model to be extended to support children and young people to stay within the area when it is not possible for them to remain in the family home – Disability specific services

We will also work with District Councils and RSLs :

- to increase the supply of housing to meet the needs of people with PMLD including the use of the Disabled Facilities Grant to support people to stay in the family home
- to match forecast demography through future needs planning and forecasting

## 4.8 Local Estate

### Success of Repatriation and Prevention of Out of Area Placements

In Peterborough, at the ISTs inception in 2010 there were 72 people out of area. 35 people were allocated to IST as these were deemed to be the most complex individuals. Of these 12 have been returned, settled and handed over to local community LD service.

A further 14 wished to remain where they were as they felt those places to be their homes. A further two individuals have deceased. Of this original cohort IST have 3 individuals in the community about to be discharged to local LD services. A further 4 of the original cohort remain detained in hospital (secure and non-secure settings) and 2 people living out of area are being reviewed for potential resettlement in Peterborough. People who have returned are living in a range of residential care and supported living settings with a variety of service providers and legal structures around them (DOLS).

In addition to the original cohort IST is supporting 5 people in the community who present significant challenges and high levels of risk to remain in the community. IST has 3 additional service users in hospital settings who have been placed out of area since the inception of IST.

IST has 3 transitions cases where they are involved in a consultative role prior to 18th birthdays in order to facilitate transition to adult services without recourse to out of area placements.

The IST in Peterborough are cited in DoH best practice document; “Learning disability Good practice project” (2013) and were subsequently asked to present at the Westminster Briefing in October 2015; “Supporting people with learning disabilities under the new government”.

In Cambridgeshire the Community Intensive Assessment and Support Team have undertaken a similar role to the IST in leading work on out of area placements made for both health and social care reasons as this was considered best practice.

A project team was created in 2012 and 169 people were identified as living out of area. All of these people were reviewed to gain an understanding of their current needs. Following review, 37 people were identified for further work to re-locate back into area. It was noted that of the original 169, 70% were living closed to the county boundary with some living closer to their original community than they would have been if placed in area. At the end of December 2013, 119 of the 169 identified remained out of area which represents a reduction of 50 people.

The focus of this work since that time has been to address the drivers for out of area placements being made and therefore prevent these happening in the future.

### Impact on Local Estate

The intelligence consolidated from the successful IST work support local estate planning.

The highest number of out of area placements originate from out of area educational placements. Cambridgeshire LDP has commissioned a service locally from one of the main out of county providers to facilitate the return of these young people to Cambridgeshire when their schooling finishes. We will continue to focus on this to better understand what services could be developed to minimise the need for out of area educational placements.

The Assessment flats have proven successful in supporting the return of people from out of county inpatient settings (there are now only 5 people in these settings) and providing an alternative to admission to local inpatient services. New capital investment would support the development of more assessment flats or a group version of this type of accommodation as part of the community based service provision.

**Alongside service redesign (e.g. investing in prevention/early intervention/community services); transformation in some areas will involve 'resettling' people who have been in hospital for many years. What will this look like and how will it be managed?**

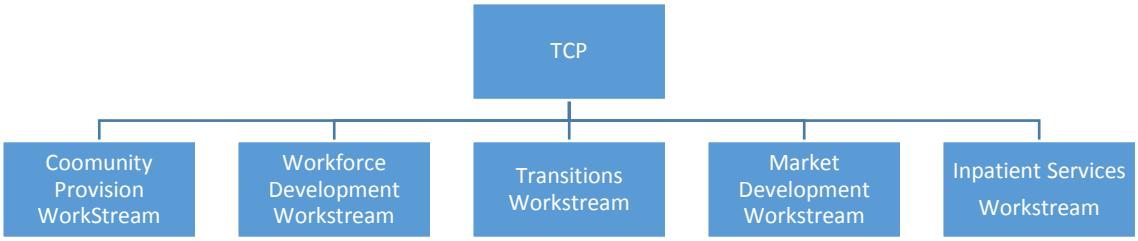
Locally there are no people who have been in hospital for many years.

## 4.9 Wider Interdependencies

| Strategic Work | How Fits |
|---|---|
| LD Commissioning Strategy | Transformation Programme is one of the critical elements of the current service redesign provision for people with Learning Disabilities. Learning Disabilities partnerships and working subgroups are integral parts of the transformation work. |
| CAMHS review | CAMHS commissioners are core members of the TCP board. Transitions are our one of the main work streams. |
| MH Concordat, Vanguard Site - Crisis Care | Green Light and reasonable adjustments for people with learning disabilities are part of the local work. CCG is also a crisis care vanguard and MH crisis care redesign features as one of the main workgroups of the vanguard work. |

| | |
|---|---|
| Personal Health Budgets Local Offer | CCG wide project to increase PHB capacity fully encompasses the use of PHB for the purposes of transforming care programme. |
| Autism Strategy | The lead of the Autism Consortium is a Lead LD commissioner that is a core member of the TCP group. This ensures necessary engagement and co-production as required. |
| All Age Carers Strategy | Ensures that the needs of local carers are fully supported. |

## 4.10 How will we deliver the changes?




| **Workstream: Community Provision** | | |
|---|---|---|
| Who Leads | What needs to happen locally | By When |
| Service Director, Adult Social Care, CCC | 1. Review the community teams , and refine health support functions<br>2. Further clarify commissioning arrangements across TCP area to ensure clear and equitable care<br>3. Streamline referral routes to the specialist services, and make it clearly accessible<br>4. Build on existing pooled budgets arrangements to deliver even greater uptake of personal budgets<br>5. Streamline data provision and recording across the TCP patch | 1. 2016/2017<br>2. 2016/2017<br>3. 2016/2017<br>4. 2017/2018<br>5. 2017/2018<br>6. 2018/2019 |

| | | |
|---|---|---|
| | | |

| **Workstream: Workforce Development and Planning** | | |
|---|---|---|
| Who Leads | What needs to happen locally | By When |
| Service Manager for speciality LD services CPFT | 1. Map the workforce capacity<br>2. Explore further effective staff co-location across the services<br>3. Review the full Implication of DOLs assessments on the workforce capacity<br>4. CTR process reviewed and aligned to the care pathway<br>5. Enhance Sensory Services with the appropriate skill mix | 1. 2016/2017<br>2. 2016/2017<br>3. 2016/2017<br>4. 2016/2017<br>5. 2017/2018 |
| **Workstream: Children and Young People in Transition** | | |
| Who Leads | What needs to happen locally | By When |
| Commissioning and Contracting Lead for Children and Young People | 1. Utilise Future in Mind to develop crisis pathway and link to the whole system pathway<br>2. Review the whole MH transition pathway<br>3. Enhance the system for information exchange between social carer and health services | 1. 2016/2017<br>2. 2016/2017<br>3. 2017/2018 |
| **Workstream: Provider Market Development** | | |
| Who Leads | What needs to happen locally | By When |
| Head of Service for the Learning Disability Partnership CCC | 1. Work with the stakeholders to understand local "philosophy of care" and skill mix required to deliver evidence based support for people with behaviour that challenges<br>2. Review and market test necessary accommodation in the TCP area | 1. 2016/2017<br>2. 2017/2018 |
| **Workstream: Inpatient Provision** | | |
| Who Leads | What needs to happen locally | By When |
| Commissioning and Contracting | 1. Enhance development of "alternative to hospital | 1. 2016/2017<br>2. 2017/2018<br>3. 2016/2017 |

| | | |
|---|---|---|
| Lead for MH and LD C&P CCG | admission " options, building on the existing good local practice (e.g assessment flats)<br>2. Review commissioning Framework for the impatient and specialist services across TCP<br>3. Review and redesign local inpatient stock<br>4. Capital project – delivery of purpose built – healing environments – inpatient stock | 4. 2018/2019 |

## 4.11 Key Milestones

| Milestone | What Work stream it Relates to | By When |
|---|---|---|
| Community Service Specification Agreed | Community Care | 03/2017 |
| LD community Services Redesigned | Community Care | 03/2018 |
| Workforce Capacity and skills mix mapped | Workforce | 03/2017 |
| Workforce modifications in place | Workforce | 03/2018 |
| Transitions Pathway Reviewed | Transitions | 03/2017 |
| Providers sign up to the local care model | Market Development | 03/2017 |
| Inpatient Unit Capital Project Scoped and change mechanism identified | Market Development | 03/2017 |
| Assessment Flats Commissioned | In Patient Provision | 03/2018 |

## 4.12 Risks, and mitigations

| Risk Definition | How likely (1-4) | Impact (1-4) | Score (1-16) | Mitigation |
|---|---|---|---|---|
| Because of generic social care functions in TCP patch there is a risk that people in the scope of this plan might not be support as effectively as | 1 | 4 | 4 | Workforce strategy and Workforce development workgroup action |

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| they could be which will result in the unnecessary admissions | | | | plan |
| Because of several data management systems there is a risk that the information will not be as effectively used and recorded as needed which can impact on the service planning and service redesign capacity | 1 | 3 | 3 | Workforce and Community Work steam action plan |
| Because of not securing the NHSE transformation funding there is a risk that the elements of the transformation plan will not be delivered which can impact on the overall admission rates | 2 | 4 | 8 | Robust planning and plans iteration via TCP in place<br>Proactive liaison with NHS E to rectify improvements asap |
| Because of combination of various funding streams that support the transformation program there is a risk that stakeholders competing priorities might delay funds pool which can impact on the deliverables within agreed timescales or prevent the delivery of some action plan elements | 2 | 4 | 8 | TCP governance in place<br>Explore supplementary MOU in addition to existing commissioning and contracting arrangements |
| Because of the system wide transformation work there is a risk that the existing workforce capacity will not be able to deliver required milestones and requirements | 2 | 4 | 8 | CCG to recruit CTR post<br>CCG to recruit TCP project lead<br>Partners to explore further capacity support |
| Because of not being able to secure required capital for inpatient units redesign there is a risk that the current provision will not be able to support the care pathway effectively which will result in the unnecessary prolonged LOS | 2 | 4 | 8 | Early TCP and contractual discussions to ring fence capital required<br>Market testing via Market Development stream |
| Because of the multilevel cooperation required to deliver the plan there is a risk that the partners will not have as sufficient focus as required to deliver the work which can result in partial redesign work only | 2 | 4 | 8 | Dedicated PM to be recruited asap |

## 5 The Plan Sign Off Timetable

| Organisation | What Governance Body | When |
|---|---|---|
| CCG | Strategic Clinical and Management Executive Team | 01/06/2016 |
| Cambridgeshire County Council | Adults Committee and Children and Young People's Committee | Meeting in May 2016 where delegated authority will be given to Chairs, Vice Chairs and Executive Director to approvel final version of the plan prior to submission by the 1 July deadline |
| Peterborough City Council | Health and Wellbeing Board | June 2016 meeting |

## Annex A – Developing a basket of quality of care indicators

Over the summer, a review led by the Department of Health was undertaken of existing indicators that areas could use to monitor quality of care and progress in implementing the national service model. These indicators are not mandatory, but have been recommended by a panel of experts drawn from across health and social care. Discussion is on-going as to how these indicators and others might be used at a national level to monitor quality of care.

This Annex gives the technical description of the indicators recommended for local use to monitor quality of care. The indicators cover hospital and community services. The data is not specific to people in the transforming care cohort.[1]

The table below refers in several places to people with a learning disability or autism in the Mental Health Services Data Set (MHSDS). This should be taken as an abbreviation for people recorded as having activity in the dataset who meet one or more of the following criteria:

1. They are identified by the Protected Characteristics Protocol - Disability as having a response score for PCP-D Question 1 (Do you have any physical or mental health conditions lasting, or expected to last, 12 months or more?) of 1 (Yes – limited a lot) or 2 (Yes – limited a little), and a response score of 1 or 2 (same interpretation) to items PCP-D Question 5 (Do you have difficulty with your memory or ability to concentrate, learn or understand which started before you reached the age of 18?) or PCP-D Question 13 (Autism Spectrum Conditions)
2. They are assigned an ICD10 diagnosis in the groups F70-F99, F84-849, F819
3. They are admitted to hospital with a HES main specialty of psychiatry of learning disabilities
4. They are seen on more than one occasion in outpatients by a consultant in the specialty psychiatry of learning disabilities (do not include autism diagnostic assessments unless they give rise to a relevant diagnosis)
5. They are looked after by a clinical team categorised as Learning Disability Service (C01), Autistic Spectrum Disorder Service (C02)

[1] Please refer to the original source to understand the extent to which people with autism are categorised in the data collection

| Indicator No. | Indicator | Source | Measurement[2] |
|---|---|---|---|
| 1 | Proportion of inpatient population with learning a disability or autism who have a person-centred care plan, updated in the last 12 months, and local care co-ordinator | Mental Health Services Data Set (MHSDS) | Average census calculation applied to:<br>• Denominator: inpatient person-days for patients identified as having a learning disability or autism.<br>• Numerator: person days in denominator where the following two characteristics are met: (1). Face to face contact event with a staff member flagged as the current Care Co-ordinator (MHD_CareCoordinator_Flag) in preceding 28 days; and 2. Care review (Event record with MHD_EventType 'Review') within the preceding 12 months. |
| 2 | Proportion of people receiving social care primarily because of a learning disability who receive direct payments (fully or in part) or a personal managed budget<br>(Not possible to include people with autism but not learning disability in this indicator) | Short and Long Term Support statistics | This indicator can only be produced for upper tier local authority geography.<br><br>Denominator: Sum of clients accessing long term support, community services only funded by full or part direct payments, managed personal budget or commissioned support only.<br><br>Numerator: all those in the denominator excluding those on commissioned support only.<br><br>Recommended threshold: This figure should be greater than 60%. |
| 3 | Proportion of people with a learning disability or autism readmitted within a specified period of discharge from hospital | Hospital Episodes Statistics (HES) and Assuring Transformation datasets.<br>Readmission following discharge with HES main specialty - | HES is the longest established and most reliable indicator of the fact of admission and readmission.<br>• Denominator: discharges (not including transfers or deaths) from inpatient care where the person is identified as having a learning disability or autism<br>• Numerator: admissions to psychiatric inpatient care within specified period |

[2] Except where specified, all indicators are presumed to be for CCG areas, with patients allocated as for ordinary secondary care funding responsibility.

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| | | Psychiatry of Learning Disabilities or diagnosis of a learning disability or autism. | The consultation took 90 days as the specified period for readmission. We would recommend that this period should be reviewed in light of emerging readmission patterns. Particular attention should be paid to whether a distinct group of rapid readmissions is apparent.<br><br>NHS England is undertaking an exercise to reconcile HES and Assuring Transformation data sets, to understand any differences between the two. At present NHS England will use Assuring Transformation data as its main source of information, and will be monitoring 28-day and 12-month readmission. |
| 4 | Proportion of people with a learning disability receiving an annual health check. (People with autism but not learning disability are not included in this scheme) | Calculating Quality Reporting Service, the mechanism used for monitoring **GP** Enhanced Services including the learning disability annual health check. | Two figures should be presented here.<br>• Denominator: In both cases the denominator is the number of people in the CCG area who are on their GP's learning disability register<br>• Numerator 1. The first (which is the key variable) takes as numerator the number of those on their GPs learning disability register who have had an annual health check in the most recent year for which data are available<br>• Numerator 2. The second indicator has as its numerator the number of people with a learning disability on their GPs learning disability health check register. This will identify the extent to which GPs in an area are participating in the scheme |
| 5 | Waiting times for new psychiatric referral for people with a learning disability or autism | MHSDS. New referrals are recorded in the Referrals table of the MHSDS. | • Denominator: Referrals to specialist mental health services of individuals identified in this or prior episodes of care as having a learning disability or autism<br><br>• Numerator: Referrals where interval between referral request and first subsequent clinical contact is within 18 weeks |

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|---|---|---|---|
| 6 | Proportion of looked after people with learning disability or autism for whom there is a crisis plan | MHSDS. (This is identifiable in MHMDS returns from the fields CRISISCREATE and CRISISUPDATE) | Method – average census.<br>• Denominator: person-days for patients in current spell of care with a specialist mental health care provider who are identified as having a learning disability or autism or with a responsible clinician assignment of a person with specialty Psychiatry of Learning Disabilities<br>• Numerator: person days in denominator where there is a current crisis plan |