

Supporting Good Health Outcomes for People with Learning Disabilities

To: Adults and Health Committee

Meeting Date: 14th December 2023

From: Carol Anderson, Chief Nursing Officer, Cambridgeshire and Peterborough Integrated Care Board (ICB)

Electoral division(s): All

Key decision: No

Forward Plan ref: n/a

Outcome: The Committee is asked to note the services commissioned for people with learning disabilities.
The Committee is asked to note the transformation forward plan for service delivery for people with learning disabilities.

Recommendation: This paper is to inform committee of the Integrated Care System's Operational Plan to achieve healthier outcomes for people with Learning Disability

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1. Background

- 1.1 This report is submitted to the Health Scrutiny committee to provide information of the Integrated Care System's (ICS) operational plans and its priorities for people with Learning Disability (LD). The report will provide an overview of the current commissioning intentions and areas of transformation within learning disability services. The committee is asked to note there is other support available at community level, by social care and within educational settings which are not directly commissioned by health nor therefore included within this report.
- 1.2 While reading this report, the committee is asked to consider the profound challenges faced by people with learning disabilities when it comes to accessing and receiving health and social care services. The experiences of this vulnerable population paint a stark picture of systemic inequalities, barriers, and disparities that require our equitable attention, concerted operational planning and assurance measures. Prevalence of health inequalities for people with LD is disturbingly evident in their premature mortalities. In response to the significance of health inequalities for people with LD, the Integrated Care Board (ICB) established the LD Summit with partner agencies to facilitate at a senior leadership and executive level.
- Specific, focused consideration to concern raised, sharing information and intelligence, including with the service provider where a quality risk has been identified.
 - Facilitate rapid, collective judgements about quality.
 - Agree any actions needed because of the risks identified.

The LD summit supported robust operational planning and system ownership of delivery. Its outcome is seen in the priorities outlined in the Joint Forward Plan, of which this report is based on.

- 1.3 It is essential to acknowledge that people with learning disabilities are not a homogenous group, and represent a diverse group, each with unique needs and abilities and a requirement for person centred and holistic care. Committee is therefore asked to note that commissioning intentions highlighted in this report will have the control and review mechanisms incorporated to safeguard the diversity and flexibility of delivery required.
- 1.4 A National Transforming Care Programme for LD and Autism was introduced in 2015 aimed at transforming the services offered and provided to people with LD and Autism. Building the Right Support (BRS) was published in 2015 by NHS England, the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) as part of the Transforming Care Programme. The guidance supports NHS and local authority commissioners to reduce the number of people with a learning disability and autistic people in a mental health inpatient setting and to develop community alternatives to inpatient care. This model has at its core; care delivered at the right time, in the right place and by the right person.

2. Main Issues

- 2.1 The Learning Disability (and Autism) Programme intentions are sequential to those as detailed in the Transforming Care Programme. The programme commenced in 2020 and continuation of priorities will be supported by the Joint Forward plan and further programmes outlined in this report.
- 2.1.2 The Committee is asked to be aware that this report focuses on people with Learning Disability (LD) but will be aligned with the wider LD and Autism programme and partner all age strategies across Primary Care and Mental Health.
- 2.1.3 Accountable formal governance and assurance for NHS provision is assured for the Learning Disability programme through the Integrated Care Board (ICB), Quality, Performance and Assurance Committee (QPF). System governance for health, social care and partner agencies is assured through the Mental Health, Learning Disability and Autism Accountable Business Unit (MH LDA ABU). National and Regional performance assurance is provided to National Health Service England (NHSE) on a monthly basis as part of the National Programme assurance for Learning Disability.

2.2 Getting Better Outcomes for Children

2.2.1 Key Worker Collaborative

The Keyworker Programme has developed a collaborative model of working with Third Sector organisations to meet the needs of the local population of Learning Disability and Autism (LD&A) within the footprint of Cambridgeshire and Peterborough.

- 2.2.2 The key worker collaboratives are aimed at reducing reliance on mental health inpatient services, ensuring that children and young people receive the right care, at the right place and at the right time. The collaborative is making sure that local systems are responsive to fully meeting the young people's needs in a joined-up way and that whenever it is possible, to provide care and treatment in the community.
- 2.2.3 To support a further timely response at point of crisis, the Keyworkers feed into the Dynamic Support Register (DSR) through regular attendance at statutory care planning meetings and frequent engagement with CYP/Adults and their families. The DSR captures level of risk for people in the community that require more intensive support to reduce reliance on inpatient services where hospital admission is not the least restrictive measure for their care and treatment.
- 2.2.4 The Key worker collaborative supports people up to the age of 25, of which has been enhanced from its original criteria to better ensure support through points of transition. Since the commencement of the Key Worker programme, children and young people's inpatient admissions have reduced, and remain on or within per population trajectory. This can be demonstrated in section 2.4.2.

2.3 Transitions

There are currently limited statistical insights on outcomes for people moving through transitions locally. Plans are underway to support equitable priority within performance data indicators and business intelligence to capture this data. National findings and local analytical

insights identify that outcomes for young people during points of transition in health services are poor.

2.3.1 In response to this, the Learning Disability Transition Pathway Competency Framework was produced with its aim to support the training and development of people who work in services with young people with learning disabilities, as they lead up to and make the transition from children to adults' service provision, by providing a consistent standard for the skills, knowledge and competencies required in transition.

In Cambridgeshire and Peterborough a Transition focus group is being developed, reporting to the Mental Health and Learning Disability Accountable Business Unit as part of the Joint Forward Plan assurance. The objectives of this group will include.

- To better understand the workforce development needs of people who work in services with young people with learning disabilities as they lead up to and make the transition from children to adults' service provision.
- To support the development of successful transition teams
- To development a framework which outlines the components of effective education and training for those working with young people in transition
- To develop a framework to support competency-based learning and development programmes which can be applied consistency across the Transition Workforce.

2.3.2 Through co production with Pinpoint, Healthwatch and others the ICB have refreshed the 'Preparing for Adulthood ' (PFA) guide for parents and carers, co-produced a PFA parent and carer checklist and added a new SEND Information Hub page (Local Offer) Preparing for Adult Life Parent or Carer Information (cambridgeshire.gov.uk)

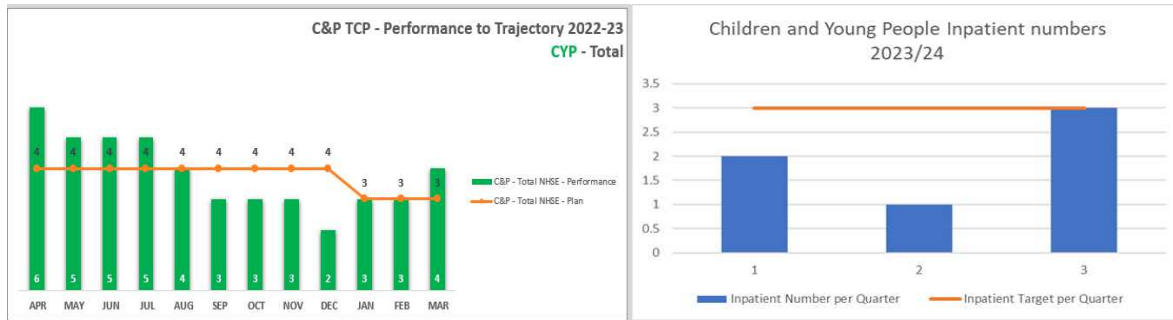
2.4 Reduce reliance on inpatient services (Children and Young People)

Further to outcomes from the Key Worker Collaborative, Care [Education] Treatment Reviews and Dynamic Support Register support safe management of risk in the community. A Dynamic support register (DSR) is a list of people with a learning disability and autistic people who need support and are at risk of going into hospital if they do not get the right care and treatment in the community.

2.4.1 A Care, [Education] and Treatment Review (C[E]TR) is a meeting about a child or young person, or Adult who has a learning disability and/or autism and who is either at-risk of being admitted to, or is currently detained in, an in-patient (psychiatric) service.

The C[E]TR outcomes include making sure people get the right care and treatment; and looks at how to make care and treatment better.

2.4.2 The C[E]TR and DSR are implemented locally as per their national policy, for which Cambridgeshire and Peterborough have 100% compliance. The commitment to community prevention has resulted in our reduced reliance as evidenced in the graphs below.



2.5 Community Health Model for Children

Children and Adolescent Mental Health services (CAMHS), work with children and young people who are registered with a General Practitioner (GP) in Cambridgeshire or Peterborough. CAMHS offer comprehensive assessment programmes and therapeutic intervention in line with the best evidence available. The service includes:

- Inpatient care, community paediatric therapy services
- Pathways for children and young people with mental health conditions, including the new CAMHS Crisis & Home Treatment Team
- Care and treatment for eating disorders, developmental conditions, physical and learning disabilities.

2.5.1 The 0-25 Disability Social Care Service to make sure that children, young adults and their families have the social care information, guidance and support, where needed, to help them meet their potential in accordance with assessed needs under the Children Act 1989, The Children and Families Act 2015 and Care Act.

2.5.2 Peterborough City Council offer a 0-25 disability service. The service sits within adult social care and includes a transitional service for young people. It provides social care services in accordance with assessed needs under the Children Act 1989, Children and Families Act and Care Act.

2.5.3 Cambridgeshire and Peterborough Foundation Trust provide integrated community services for children aged 0-18 (or 19, if at Special School). The multi-disciplinary team consists of Community Paediatricians, Specialist Nurses, Specialist practitioners, Psychologists, Family support workers and Healthcare assistants. The service provides developmental assessment and support for children where there are significant concerns regarding their development or possibility of severe disability. The Children's Community Nursing Team supports children with learning disabilities who also have complex physical health care needs. Cambridgeshire Community Services NHS Trust provide the Specialist Nursing Service for schools to two special Schools in Peterborough who support children with moderate to severe learning disabilities with co-morbid complex and/or Continuing Care physical healthcare needs.

2.6 Intensive Support Teams

The Intensive Support Teams (IST) provide specialist assessment and assertive interventions for people with learning disability, who are at immediate risk of placement breakdown or hospital admission due to having complex health needs including behavioural distress and/or mental health deterioration.

2.6.1 The CAMHS Home Treatment Team (HTT) is a community focused team that offers help and support for young people aged between 12-18 years old and their parent/carers, who are experiencing a crisis in their mental health, and can be an addition to the current CAMHS support, or an alternative option to a hospital admission. The HTT are available 9am-5pm Monday to Friday service and a limited duty provision is available, on weekends and bank holidays.

2.7 Community Crisis Solution

Department of Education funding has supported Cambridgeshire County Council to develop the Intensive Therapeutic Support Hub. The hub will accommodate up to four Children and Young People aged 11-15 with a learning disability although the wider hub offer, will be critical to children & young people younger and older in terms of supporting with emerging needs and preparation for adulthood. The Hub will offer high level short breaks support, in a registered residential children's home. The service will include a self-contained area to manage risks, matching and allow for those with the most complex of needs to be supported safely.

2.7.1 The focus of the service will be accommodation based intensive therapeutic interventions and family centred support, through Positive Behavioural Service (PBS) co-ordinators, highly trained residential staff, Children and Adolescent Mental Health Service and clinical intervention.

Funding for years 1 and 2 have been secured and an application for year 3 is in progress with NHS England awarding £115,000 towards personal health budgets for all those children and young people on the Dynamic Risk Register, at risk of inpatient admission. This is part of the wider admission avoidance priority.

2.8 Reduce Inequalities in Deaths in the Under 75s

2.8.1 Annual Health Checks

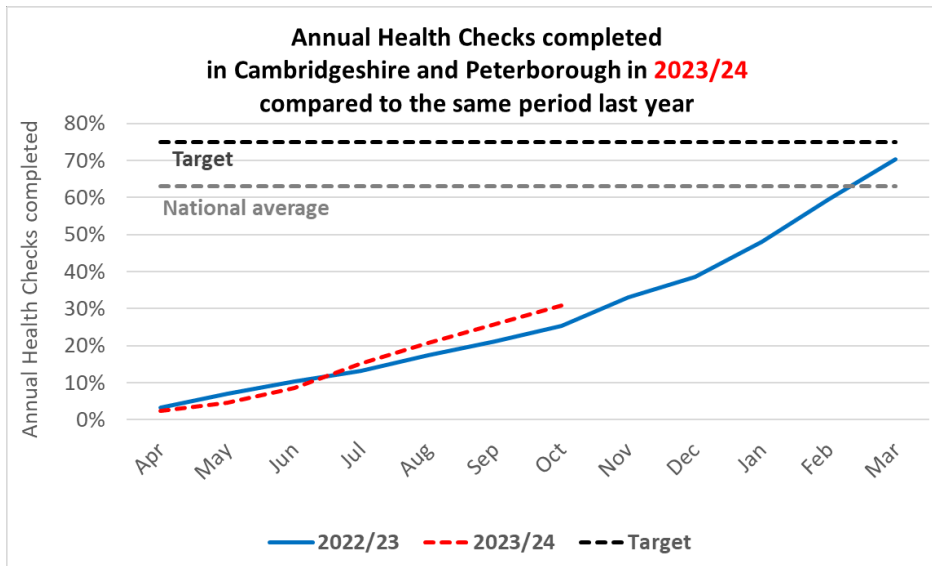
People with a learning disability often have poorer physical and mental health than general population. It is important that everyone over the age of 14 who is on their general practitioner's learning disability register has an annual health check.

Providing annual health checks to people with learning disabilities in primary care is effective in identifying previously unrecognised health needs, including those associated with life-threatening illnesses that may result in premature mortality. The outcomes for completing annual health checks include.

- Early identification and response for patients from primary care services
- A reasonable adjusted medical review for people with learning disabilities who may be unaware of the medical implications of symptoms they experience, have difficulty communicating their symptoms or may be less likely to report them to medical staff.
- Opportunity to attribute clinical symptoms to physical or mental illness.
- Health checks provide a way to detect, treat and prevent new and unmet health conditions in this population.
- Health checks may help provide baseline information against which changes in health status can be monitored.

2.8.2 Owing to the significance of having an annual health check, NHS England have set

performance indicators that require Integrated Care Boards (ICB) to ensure that more than 75% of people on the LD register aged 14 and over have an annual health check completed. The following data identifies how Cambridgeshire and Peterborough are performing in 2023/24 compared with performance in 2022/23.



2.8.3 In 2022/23 the most annual health checks since start of programme were completed. Seventy Three percent (73%) of people on the LD register received an annual health check. However, this is not the 75% target, and an improvement plan has been implemented to identify how the 75% target is going to be reached in 2023/24, and ambitions for 2024 and beyond in reaching over 75% target.

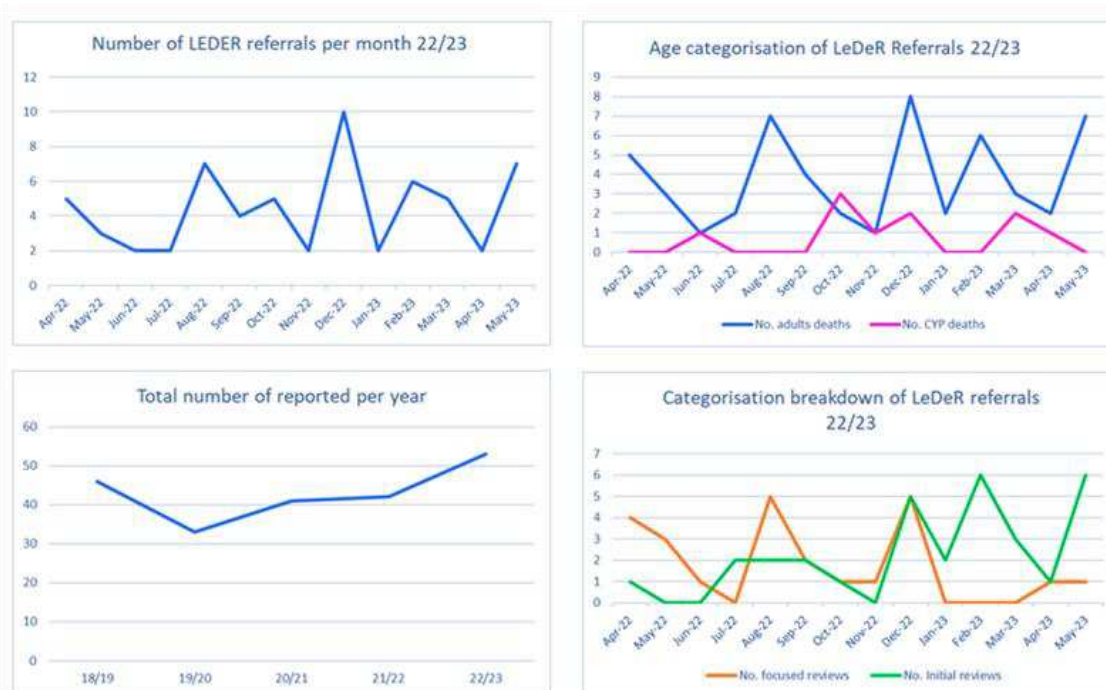
As evidenced in the table above, improvements are being made to the number of health checks completed and Cambridgeshire and Peterborough are on track towards meeting the delivery requirement. There is an oversight group chaired by the ICB to assure delivery against the performance plan. Primary Care business intelligence supports monthly analysis of quantitative insights to track both progress and flexible changes to delivery plan, for example focused practices support. Community LD nurses are re-establishing link working with their local practices to support the validation of registers and give support to practices where needed. Paediatric LD nursing support has been recruited to work closely within educational settings to further support uplift in 14–25-year-olds.

2.9 **Learning from Deaths Review for people with Learning Disability and Autism (LeDeR)**
 On average people with a learning disability die 23 years younger for men and 27 years younger for women compared with the general population. LeDeR is a national service improvement programme looking at the lives and deaths of people with a learning disability and autistic people. The programme aims to improve care, reduce health inequalities, and prevent premature mortality.

The programme started in 2018 for people with learning disability and was revised in 2022 to include Autistic people. The programme requests that all people with a LD or Autism who die are referred through LeDeR.

2.9.1 The following data demonstrates the quantitative findings in Cambridgeshire and

Peterborough from this programme:



2.9.2 The committee is informed that focused reviews are completed when indicators from referral or initial review suggest that additional learning is required, and/or if the individual is from a black Asian or ethnic minority group or has a sole diagnosis of autism. Focused reviews are commonly attributed to the quality of care provided leading up to that person’s death. The data identifies that number of deaths is increasing and indicates the quality of care received is decreasing. Working assumptions on the decrease of quality is linked to the Covid Pandemic and it is expected that the quality indicators will stabilise and improve, further work is being considered to confirm this position. The programme produces an annual report, the 2022/23 annual report is currently being finalised. The trends in causes of death are.

- Increase in Cancer related deaths.
- Increase in deaths related to respiratory diseases.
- Increase in deaths related to diagnostic overshadowing.
- Increases in deaths due to a lack of recognition of early signs of deterioration.

2.9.3 The committee is asked to note that these trends are in line with the national findings and not unique to Cambridgeshire and Peterborough. Using the insights from findings in learning from deaths, an implementation plan is currently being developed. This plan will outline requirements from all system partners across all services to reduce premature mortality and increase the number of years people live in good health.

2.9.4 To reduce cancer related deaths, the plan will make recommendations for clinical rational to expedite people with learning disability on waiting lists, enhanced screening pathways and transformational reasonable adjustments for access and treatment.

2.9.5 To reduce respiratory deaths, the Learning Disability Community Acquired Pneumonia (CAP) Quality Improvement Project will implement the new national guidance around how to prevent

CAP, including through respiratory physiotherapy input and medical management. It will be ensured there is an opportunity at the Annual Health Check (AHC) to consider opportunities for prevention of CAP and aspiration pneumonia, which may involve onward referral to respiratory services. The project group will further support recommendation around onwards referral pathways. Funding has been secured from NHS England Respiratory Clinical Network to support work with two Primary Care Networks, one in the North (linked to Northwest Anglia Foundation Trust) and one in the South (linked to Community University Hospital), to understand what opportunities there are to maximise the AHC to improve outcomes for CAP and aspiration pneumonia.

2.9.6 To reduce deaths related to assumption that the behaviour of a person with learning disabilities is part of their disability without exploring other factors such as biological determinants; referred to as diagnostic overshadowing, a Health Inequality Focus Group has been established to consider system wide clinical and operational solutions. This group will also form part of the implementation and quality assurance performance oversight once the operational plan has been established.

2.9.7 To reduce risk of deaths related to early identification and treatment, the Annual Health Check programme remains a system priority.

2.10 **Learning Disability Joint Strategic Needs Assessment (JSNA)**

The Mental health/LDA Accountable Business Unit (ABU) Partnership will oversee system delivery in respect of actions as identified in the LD Needs Assessment and the LeDeR report. A Learning Disability (LD) health inequality working group has been developed to provide system oversight of the work plan underpinning the implementation of the Learning disability health needs assessment and LeDeR recommendations for Cambridgeshire and Peterborough.

2.10.1 The working group will identify areas of system risk and issues which may impact on delivery of this work plan. Where these risks cannot be managed by the working group, they will be escalated to the Learning Disability and Autism Transformation Partnership. In the process of developing the work plan, it may be identified that other task and finish groups within the Integrated care System (ICS) are more appropriate to take the lead in operational delivery of actions; the expectation being that identified task and finish groups will provide update reports to the Transformation Board.

Across these recommendations, several key themes emerge:

- The importance of ensuring that adults with a learning disability are included in mainstream health promotion work.
- The importance of effective processes for making reasonable adjustments in mainstream preventive, physical, and mental healthcare services, given that most adults with a learning disability will receive their care in these services.
- Inequities in commissioning of specialist LD health services between Cambridgeshire and Peterborough, with some very significant gaps in services in Peterborough.
- The significant gaps in the respiratory care pathway for adults with a learning disability and complex respiratory needs in both Cambridgeshire and Peterborough.
- The importance of the learning disability Annual Health Check, which has the strongest evidence base of interventions aimed at reducing health inequalities specifically at adults with a learning disability.

- The need to support informal carers with their understanding of the health needs of the individuals they care for.
- The importance of holistic care planning, which considers the breadth of an individual's needs, in line with the Care Act.
- The breadth of training needs for health and social care staff, relating to the health needs of individuals with a learning disability that they provide care for.
- The difficulty in obtaining good data on this population in Cambridgeshire and Peterborough.

2.11 STOMP / STAMP

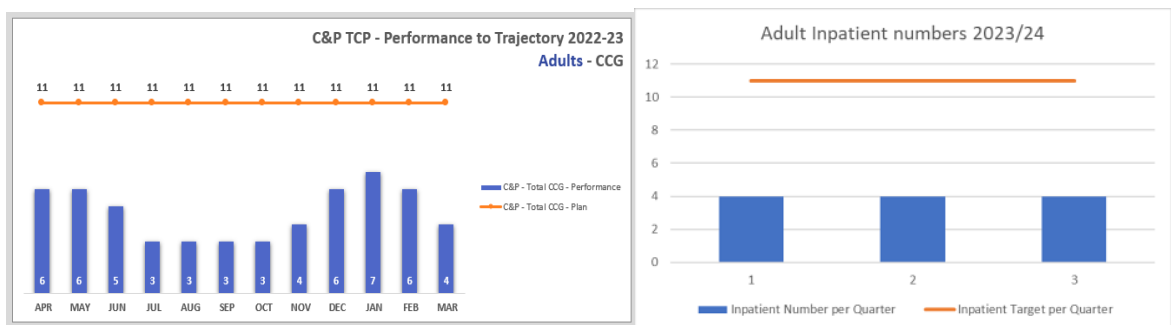
STOMP (stopping over medication of people with a learning disability, autism, or both) and STAMP (support treatment and appropriate medication in paediatrics) are nationally driven projects to ensure people are on the right medication, for the right reason, for the right duration of time. This priority health inequality work is delivered by primary care and assured through the Learning Disability Programme. The LeDeR Programme will further be reviewing health inequalities in relation to medication and rolling out a series of recommendations and learning events.

- Align with LeDeR
- NHS long term plan
- Performance assurance through C[E]TR and Assuring Transformation programme.

2.12 Increase the Number of Years people live in good health.

2.12.1 Reduce demand on inpatient services.

Demand on inpatient service is being reduced through many interdependent community solutions. In addition to those outlined in 2.4.2 the proceeding report outlines further service transformations and commissioned services. The impact of these community solutions has reduced reliance on inpatient services. The tables below provide the comparative data, demonstrating local success in outcomes of our population in this area, and our performance against trajectory.



2.12.2 Forensic Services

For adults the community forensic service is provided by CPFT, and for children it is the East of England community Forensic Adolescent Mental Health Service (FCAMHS). The services are multidisciplinary teams who assess and provide specialist treatment and support to people with mental health issues in the community who pose or could pose a significant risk of causing serious harm to others.

Treatment is geared to safe management of risk, providing treatment, support, supervision of high-risk individuals in the community with a view to achieving optimal management of the risks posed by their mental disorder.

Forensic mental health services have been enhanced to provide reasonable adjustments for people with learning disability. These reasonable adjustments have included for example recruitment of Learning Disability staff, education and training, revision of pathways to enable flexibility for access and treatment options. This has anecdotally resulted in improved access and thus improved treatment outcomes for people with learning disabilities, with quantitative data currently being analysed through the Performance and Assurance directorate in the ICB.

2.12.3 Intensive Support Teams

The Intensive Support Teams (IST) provide specialist assessment and assertive interventions for people with learning disability, who are at immediate risk of placement breakdown or hospital admission due to having complex health needs including behavioural distress and/or mental health deterioration.

For Adults in Peterborough the IST is provided by the Cambridgeshire and Peterborough Foundation Trust. The service works alongside other adult mental health teams to support people with a learning disability to remain in their community at a time of crisis, by offering additional mental health support, therapy, and treatment. The service has been enhanced as part of Transforming Care works and in addition to the 9-5 core service hours is able to support wrap around outside of core hrs including weekends.

For Adults in Cambridgeshire the IST is provided by the Learning Disability Partnership within the Local Authority. As with the Peterborough provision, the service works alongside health and social care teams to support people with learning disability at point of crisis. The service is commissioned as enhancement to core service hrs from 8am -8pm and is able to wrap around outside of core hrs including weekends. Success of the wrap around service is evident through reduced reliance on inpatient service as demonstrated in section. Further quantitative data for 2023/24 is currently being analysed through the Performance and Assurance directorate in the ICB.

2.12.4 Reasonable adjustments

The Reasonable Adjustment Digital Flag (RADF) has been built by NHS England in the NHS Spine (virtual health record in Primary Care) and aims to ensure that health and care professionals can identify, record, share, and view and review details of the reasonable adjustments that someone needs across all their care pathway. All ICBs are primed and ready to be working closely with NHS England as part of the implementation programme once these are further instructed. A local implementation plan will be developed once the national programme has been confirmed, proposed commencement is in January 2024.

The National Digital Transformation programme for people with learning disability is currently approaching pilot implementation stage, with Suffolk and Northeast Essex ICB being the regional pilot host. The aim of the pilot is to develop evidence to inform future implementation of a digital inclusion checklist focusing on those aged 14 and over. The objectives are to include engagement with people with a learning disability about digital inclusion and challenges they experience; and the development of insight to inform digital strategy and mitigate the risks of people with a learning disability being excluded for the future of

digitalisation. Cambridgeshire and Peterborough ICB are committed to digital solutions for people with learning disability and will be using the learning from this pilot to implement digital applications locally that will promote independence, choice and control whilst ensuring healthier outcomes for our population.

2.12.5 Quality Transformation programme

All Integrated Care Systems aim to improve population health, healthcare and tackling inequalities in outcomes, experience, and access for all. This means that they need to plan with all their partners, for improvements for their citizens, including people with a mental health need, people with a learning disability and autistic people.

A new Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme was established in 2022 to support cultural change and a new model of care for the future across all NHS-funded mental health, learning disability and autism inpatient settings.

Following National review and co-production, key themes and priorities were identified where intervention and support to improve quality could be employed to best effect.

1. Localising and realigning inpatient services, harnessing the potential of people and communities.
2. Improving the culture of care and supporting staff
3. Supporting systems and providers facing immediate challenges.
4. Making oversight and support arrangements fit for the sector; and
5. Supporting least Coercive Care through Reducing Restrictive Practices

Detailed in the NHS Long Term Plan (January 2019) and Building the Right Support (October 2015) are commitments for people with a learning disability and autistic people to support the ambition of delivering care in the least coercive and most therapeutic settings focussing on reducing the number of people in hospital through investment in and transformation of the community offer. The National Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme focusses on the model of hospital care people should be able to access, if they need it and therefore has interdependencies with those commitments.

The NHS England 2023/24 NHS Priorities and Operational Planning Guidance sets out a requirement for Integrated Care Boards (ICBs) “to co-produce a plan by 31 March 2024 to localise and realign mental health and learning disability inpatient services over a three-year period.” Draft plans are to be shared with regional teams by end of March 2024 with final, agreed, and published plans by end of June 2024.

The committee is asked to note that this programme was shared with ICBs in September 2023 and initial self-assessment tools are currently being completed that will build the initial foundation for insights drivers in next steps for programme planning and delivery.

2.12.6 Advocacy and User Participation Services

Cambridgeshire and Peterborough ICB have learning disability and autism user participation contracts with Voiceability for people aged 14 years and over in Cambridgeshire and Peterborough. The aim of our user participation contracts is to support systemic improvement in the quality of services by making them responsive to the needs and preferences of those who use them. It does not seek any transfer in power and control.

The user participation contracts have previously supported consultations with the LDA population on annual health checks and health in hospitals, as well as supporting projects with feedback and easy read information. The next themes they will be looking at are fair access to health care and reasonable adjustments.

Cambridgeshire and Peterborough ICB are in the process of reviewing contract service specifications and will be building stronger performance measures that will include ensuring patients have the opportunity to participate in decision-making in the planning, management and review of services.

The Advocacy contracts for both children and young people, and adults are currently going through tender, led by the Local Authorities in both Cambridgeshire and Peterborough. The ICB will be co-commissioners for these contracts, with delegated responsibility to the local authority.

2.12.7 Integrated health and social care community model for Adults in Cambridgeshire

Currently, the Learning Disability Partnership in Cambridgeshire Local Authority provides a fully integrated health and social care service that aims to deliver seamless and innovative community support to adults across Cambridgeshire. The service is made up of allied health staff, social workers, social care support workers and nurses.

The Joint Forward Plan commits to review, implement, and enhance a county wide operational model with opportunities for all age initiatives and seamless interdependencies. An ambitious county wide model will look to reduce inequalities based on residency within the Cambridgeshire and Peterborough footprint. A focus group will be introduced in 2023/24 of which priority has been expedited by the Cambridgeshire County Council termination of their s75 contract.

2.12.8 Community Crisis Solution

For adults in Cambridgeshire and Peterborough a single service accommodation and specialist LD provider has been procured and contracted to provide community crisis support. This service is a pilot provision aimed at reducing reliance on inpatient services and supporting people at point of crisis in the community; when all efforts to support people safely in their own home have not been successful.

The pilot became operational in November 2023 and key performance indicators including root cause analysis have been implemented to best ensure outcome assurances and insights for business continuity post pilot. Insights will be collated for both local authorities separately, however the health and social care model has been jointly agreed and implemented. The pilot is funded via a strategic development fund (SDF) and owed to financial availability; the contract will run for 35 weeks as a single service with 24/7 2:1 support.

2.12.10 Outcome Improvement Project

The committee will note from information within this paper a broad range of solutions are required to ensure we continue in the improvement journey with and for people with learning disability. The ICB has recognised this required dedicated capacity and resource to enable

the System to move forwards with improvement work. Therefore, the ICB has commissioned an external partner to support this work and is currently scoping a long-term Improvement Programme, focussing specifically on health elements for learning disability services to be carried out over the upcoming 12 months. The LeDeR report and recently published Joint Strategic Needs Assessments (JSNA) for people with a learning disability have set out how more needs to be done to meet needs for this population.

To action the recommendations of the LeDeR report and Joint Strategic Needs assessment (JSNA) in a sustainable way which most effectively meets the needs of local people, the Improvement Programme for learning disability services sets out to redesign a digitally-enabled person-centred service model for people with a learning disability and autism, implement key commissioning changes and pathway improvements required to deliver the improved service model across Cambridgeshire and Peterborough, and action the enablers required to deliver this successfully (including use of data). The redesign will involve a series of workshops looking at the pathways through health settings for people with a learning disability, bringing together people with lived experience of learning disability, their families and/or carers, and key organisations involved in commissioning and providing services for people with a learning disability and/or autism across all healthcare settings including acute, community, and primary care. The redesign work will be built on a shared understanding between system partners of the outcomes targeted for people with a learning disability.

The aim of the service model redesign is to reduce health inequalities experienced by people with a learning disability and/or autism by improving access to and experience of both mainstream and specialist services, reduce geographic variation between service provision, and ultimately improve outcomes for people with a learning disability through the delivery of the recommendations in the LeDeR report and JSNAs.

A separate presentation has been submitted to provide the Committee with a more detailed overview of the project.

3. Source documents

3.1

- Draft 2022/23 Learning Disability and Autism Mortality Review (LeDeR) Report
- Final Draft Children and Young People Learning Disabilities Needs Assessment
- Final Draft Adult Learning Disabilities Needs Assessment
- Quality Transformation Programme: NHS England Commissioning Framework for Mental Health Inpatient Services
- Cambridgeshire and Peterborough Integrated Care Service Joint Forward Delivery Plan
- Public Health England (PHE) Guidance: Obesity and weight management for people with learning disabilities: guidance
- NHSE Quality Transformation Programme
- NHSE Digital Transformation Project

3.2 Contact carolanderson@nhs.net