

Learning Disability Partnership - Section 75 Refresh and Development

To: Adults and Health Committee

Meeting Date: 5 October 2022

From: Executive Director, People & Communities

Electoral division(s): Countywide

Key decision: Yes

Forward Plan ref: 2022/028

Outcome: Committee is asked to consider:

The renewal of an updated Section 75 Agreement and pooled budget arrangement for people over the age of 18 living with Learning Disabilities in Cambridgeshire.

The approval will allow for a continuation of the integrated approach to service delivery for adults with learning disabilities across Cambridgeshire, but with more robust contractual terms and conditions and governance structures in place.

Recommendation: Adults and Health Committee is recommended to approve:

- a) **An updated Section 75 Agreement for the delivery of an integrated service and pooled budget** for a period of 5+2 years at a total annual value of £105,675,047. This equates to a total value of £528,375,235 over the initial 5 year term and a total value of £739,725,329 over the entire extended term of the agreement. This value is based on 2022/23 figures. This is likely to increase on an annual basis as part of business planning processes to incorporate demography and inflation funding.

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1. Background

- 1.1 The Learning Disability Partnership (LDP) was established in 2002 to deliver countywide, integrated specialist health and social care services to adults with a learning disability across Cambridgeshire. The service aims to ensure that people with Learning Disabilities, their families and carers are able to live safe and happy lives as part of their local community and feel supported and empowered to pursue their individual aspirations, interests and choice. The support provided is joined up, high quality and places the individual at the centre of their care ensuring the right level of support is delivered at the right time, in the right place and by the right people to meet their needs.
- 1.2 The service is delivered through a Section 75 Agreement between Cambridgeshire County Council (CCC) and Cambridge and Peterborough Integrated Commissioning Board (ICB) with CCC being both the lead commissioner and provider of the service. Section 75 Agreements were legally provided by the NHS Act 2006 to enable budgets to be integrated and pooled between local health and social care organisations. The Agreement covers both the delegated responsibilities for operating as a fully integrated service delivering both health and social care statutory functions and the pooled budget arrangement. The funding in the pooled budget includes staffing and provision of both health and social care packages of care.
- 1.3 Social care staff in the local integrated teams are employed by the Council and health staff are employed by Cambridge and Peterborough NHS Foundation Trust (CPFT). There is a management agreement in place between CCC and CPFT that supports the operational management of the LDP, with CPFT employed staff being managed through CCC management structures but with links back into CPFT for clinical governance and professional support. The teams manage the needs of the individual from initial contact, through to assessment, care planning and identification of support services where required as well as undertaking reviews of existing care packages. This includes responding to people with Learning Disabilities experiencing a crisis.
- 1.4 The LDP also have a range of in-house services which are operated by over 400 staff members including respite, day services, supported living and shared lives. Some of these services are CQC registered through the social care arm of the CQC. All services are rated as good with one recently being graded as outstanding.
- 1.5 The arrangement has enabled an integrated approach to be taken to the delivery of services for adults with learning disabilities, where the health and social care partners work collaboratively to determine the strategic direction for the services and the desired outcomes for local people with learning disabilities. Case studies are included at Appendix 1.
- 1.6 The agreement operates under a pooled budget arrangement, with the current split as of 2022/23 summarised within the table below:

2022/2023	Annual Budget (£)	% Split
Total Budget	105,675,047	
Cambridgeshire County Council's Contribution	81,139,170	76.78%
Cambridgeshire and Peterborough Clinical Commissioning Group Contribution	24,535,877	23.22%

- 1.7 The Local Authority act as the Host Authority to this arrangement which means we hold responsibility for managing financial accounts, providing the service through the Learning Disability Partnership as well as lead commissioner responsibilities.

2. Main Issues

- 2.1 The current Section 75 Agreement is operating on implied contractual terms and conditions and work has been undertaken to review and refresh existing documents to ensure they reflect the current services being delivered, the strategic priorities and outcomes for all partner organisations involved as well as ensure the current terms and conditions reflects the current legal regulation across all areas.
- 2.2 Whilst Adult Social Care Commissioners have led on the developments within this area. It has taken place in close collaboration with finance, legal, professional and clinical leads from across health and social care.
- 2.3 The aim is for the Agreement to provide further clarity on what the LDP are contracted to deliver and form an accurate basis from which to develop a future countywide offer which more effectively addresses local health inequalities and gaps in provision. Key changes to the agreement have been summarised below:

Key Change	Summary
Refreshed Terms and Conditions	Work has been undertaken with Pathfinder Legal to review and refresh contractual terms and conditions to ensure they more accurately reflect any change in legislation as well as current arrangements.
Updated Service Specification	This has been undertaken collaboratively to ensure that the specification more clearly reflects the current service offer from the LDP including the crisis response service and clearer guidance on responsibilities in relation to Continuing Healthcare, Brokerage and Contracts. It also addresses any areas of uncertainty or debate within the current specification.
Refreshed finance schedule	This will ensure the finance schedule reflects the current value and pooled budget split as well as arrangements for reviewing and managing this annually in line with business planning processes.
Renewed approach to governance and management	This will see the introduction of a quarterly director lead board, monthly finance, and performance meetings into which a monthly operational meeting will report. This will

	allow for much more effective management and oversight of current arrangements and enable managers to drive forward ongoing improvements.
A staffing schedule and the CPFT Management Agreement has been included within the agreement	This will ensure complete understanding and transparency and assist in negotiating and managing requests for the LDP to undertake additional activities which may be required further resource.
Updated Key Performance Indicators (KPIs)	All updates will ensure that the service is able to report on KPI's and that they reflect current priorities. These will be monitored through the new governance structure.
An annual workplan has been introduced to the Agreement	<p>This is to ensure any areas of developed are progressed through the life of the contract. At present the annual work plan includes:</p> <ul style="list-style-type: none"> • Development of current Continuing Healthcare processes across the Council and ICB • Review of the pooled budget arrangement to ensure the reflect current level of need. • Development of a more consistent and aligned approach to quality assurance across the Council and ICB • Review and refresh of the CPFT Management Agreement • Mosaic development to enable reporting against a wider set of KPI's • Ensuring adherence to Toolkits which enable best practice to be pursued in Autism • Further development of the integrated model to address any identified in equalities or shortfalls in capacity

- 2.4 Cambridgeshire and Peterborough ICB will be taking the new agreement to the Quality, Performance and Finance Committee for approval on 28th October 2022. This Committee may choose to grant approval or refer the agreement to the Management Executive Board for final decision. If this is the case, final approval will be sought on 17th November 2022.

Funding – Section 75 Agreement

- 2.5 The budget for Cambridgeshire has been outlined within the table below. Annual changes to the CCC element of the budget are part of the Council's business planning process approved annually by Council. In line with Section 75 Agreement Terms and Conditions, overall budget, including the ICB contribution, will be reviewed on an annual basis for agreement at the LD Section 75 Governance Board, but subject to organisational business planning processes.

Council Contribution (£)	ICB Contribution (£)	Total Annual Budget (£)
81,139,170	24,535,877	105,675,047

- 2.6 The original pooled budget arrangement was set based on level of health and social care needs being managed by the service at the time. Over the last 20 years these needs and the balance between health and social care has changed significantly with the number of people with increasingly complex needs requiring support. In response to this a desktop analysis was completed by the Council in 2018 which identified that the current percentage split between health and social care in the risk share needed to be reviewed and realigned.
- 2.7 As a result, it was agreed that a review of approximately 700 cases with either full or part health funding should be completed to inform the review and realignment of the budget, and the Council allocated £393,000 of transformation funding to undertake the work and the project commenced in January 2020. However, due to the resource implications associated with the COVID pandemic, the project was subsequently put on hold.
- 2.8 Whilst the CCG (now ICB) agreed to recommence the review as a priority when the UK started to progress into COVID-19 Recovery phase, this has been delayed several times due to subsequent surges, redeployment to vaccination roll out and more recently focus on developing new structures under the integrated care system. The Council believe that work to re-baseline the pooled budget will reduce the financial contribution required from the Council enabling significant financial savings to be achieved which have been incorporated into the Medium-Term Finance Savings Plan.
- 2.9 As a result, the Council have approved the commissioning of an independent consultancy to undertake an appraisal of options for managing the pooled budget moving forward. Work is currently in progress to commission the independent consultant and findings will be reported through internal and Section 75 Agreement governance structures in determining next steps. The consultant will be commissioned in full compliance with the Council's Contract Procedure Rules. The new annual work plan and governance structure which forms part of the new agreement will support the Council in driving progress forward within this area.
- 2.10 The following increased income from the ICB is assumed in the Council's current business plan arising from the completion of this review:

		2022-23 £'000	2023-24 £'000	2024-25 £'000
A/R.7.113	Learning Disability Partnership Pooled Budget	-1,125	-1,700	-1,000

Risks – Section 75 Agreement

- 2.11 There are a number of risks and issues at present which will be actively managed through the Section 75 Agreements:

Council	Description	Likelihood 1-5	Impact 1-5	Action to Resolve/ Status	Owner
CCC	IF work to re-baseline the pooled budget cannot be progressed THEN CCC will continue to absorb significant health related cost pressure and savings targets will not be met	4	5	Independent appraisal of options Use Business as Usual Continuing Healthcare process to progress case review using additional resources funded using Transformation monies. Use the renewed contractual terms and conditions to address further delays if necessary	Commissioning Operations Commissioning
Both CCC and PCC	IF organisations do not deliver against the annual work plan THEN ongoing service improvement will not be delivered	2	4	Renewed governance structure to maintain regular and detailed oversight in order to drive progress and resolve key issues	ICB/Council Commissioning/ Operations

3. Alignment with corporate priorities

3.1 Environment and Sustainability

There are no significant implications for this priority

3.2 Health and Care

The following bullet points set out details of implications identified by officers:

- Improve outcomes and combat health inequalities based on population health management across the county including leading the 'health in all policies' approach across the authority

3.3 Places and Communities

There are no significant implications for this priority

3.4 Children and Young People

There are no significant implications for this priority

3.5 Transport

There are no significant implications for this priority

4. Significant Implications

4.1 Resource Implications

The report above sets out details of significant implications in paragraphs 1.6, 1.8, 2.4 and 2.11.

- 4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
Contractually committed income for the delivery of delegated health functions governed through a Section 75 Agreement.
Renewed governance approach which will see the introduction of a quarterly director lead board, monthly finance and performance meetings into which a monthly operational meeting will report. This will allow for much more effective management of current arrangements
- 4.3 Statutory, Legal and Risk Implications
Statutory – the service relates to the operational delivery of delegated health functions to ensure an holistic approach to meeting the needs of people with a Learning Disability
- 4.4 Equality and Diversity Implications
There are no significant implications within this category.
- 4.5 Engagement and Communications Implications
A programme of engagement was carried out as part of the Section 75 workstream to include operational, finance, legal and clinical colleagues across the Local Authorities and the Cambridgeshire and Peterborough ICB.
- 4.6 Localism and Local Member Involvement
There are no significant implications within this category
- 4.7 Public Health Implications
There are no significant implications within this category
- 4.8 Environment and Climate Change Implications on Priority Areas
There are no significant implications within this category
- 4.8.1 Implication 1: Energy efficient, low carbon buildings.
Positive/neutral/negative Status: Neutral
Explanation: Neutral
- 4.8.2 Implication 2: Low carbon transport.
Positive/neutral/negative Status:
Explanation: Neutral
- 4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Positive/neutral/negative Status:
Explanation: Neutral
- 4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Positive/neutral/negative Status:
Explanation: Neutral
- 4.8.5 Implication 5: Water use, availability and management:
Positive/neutral/negative Status:
Explanation: Neutral

4.8.6 Implication 6: Air Pollution.

Positive/neutral/negative Status:

Explanation: Neutral

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.

Positive/neutral/negative Status:

Explanation: Positive

Have the resource implications been cleared by Finance? Yes 30/08/22

Name of Financial Officer: Stephen Howarth and Justine Hartley

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement? Yes 27/08/22

Name of Officer: Clare Ellis

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal? Yes 30/08/22

Name of Legal Officer: Fiona McMillan

Have the equality and diversity implications been cleared by your EqIA Super User? Yes 06/09/22

Name of Officer: Lisa Sparks

Have any engagement and communication implications been cleared by Communications? Yes 06/09/22

Name of Officer: Matthew Hall

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes 06/09/22

Name of Officer: Will Patten

Have any Public Health implications been cleared by Public Health? Yes 30/08/22

Name of Officer: Emily R Smith

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?

Yes 30/08/22

Name of Officer: Emily Bolton

5. Source documents guidance

5.1 Source documents

5.1 None

Appendix 1 – Case Studies

Max is a 23 year old man with a learning disability and autism who lives at home with his parents. He regularly attends overnight respite at weekends which supports his parents to have a break from their caring commitments. Whilst at respite he is encouraged to develop independent living skills around meal preparation and money management. He also enjoys group activities and trips out to the community. During the week Max has transport to attend day services which give him the opportunity to socialise, participate in activities and gain employment related experience.

Eliza is a 35 year woman with a learning disability. She lives on her own in a supported living scheme with two other individuals. She receives visits from support workers in her home who help her to maintain her independence around daily living, meals and bills management. They also accompany her to the community and support her to use public transport so she can visit family and friends and maintain a good level of independence and choice and control in how she spends her day.