

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 8
17 SEPTEMBER 2018	PUBLIC REPORT

Report of:	Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Contact Officer(s):	Mark Hall, Commissioning & Contracts Manager LD and Marek Zamborsky, Head of Contracting & Commissioning Adult MH & Adult LD, Cambridgeshire and Peterborough CCG

TRANSFORMING CARE – ‘BUILDING THE RIGHT SUPPORT’ (BRS) - INPATIENT BED CONFIGURATION. PREFERRED OPTION CONSULTATION

R E C O M M E N D A T I O N S

It is recommended that the Health Scrutiny Committee:

- Note the report and
- Support a nine-week formal consultation, on the reconfiguration of the LD bed base and development of Community Services.

1. ORIGIN OF REPORT

- 1.1 Report to the Health Scrutiny Committee regarding the upcoming consultation for inpatient beds for people with learning disabilities reconfiguration and a preferred community service model option consultation.

2. PURPOSE AND REASON FOR REPORT

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

- 2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Public Health and Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

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

In Cambridgeshire and Peterborough, there are currently sixteen beds in total. This is broken down into six beds at the Intensive Assessment and Support Service (IASS) on the Ida Darwin site in Cambridge which were closed due to falling demand in 2016 and ten beds at The Hollies at the Cavell Centre in Peterborough. Of these:

- all six beds at the IASS were commissioned by the Learning Disability Partnership (LDP)

- and have been closed since 2016 and funding was a proportion of funding was re-invested into Community Services.
- five beds at The Hollies are commissioned from Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) by the Cambridgeshire Learning Disability Partnership (LDP) Pooled Budget for patients from Cambridgeshire
- five beds at The Hollies are commissioned by the CCG for patients from Peterborough.

The local TC Programme is proposing the reconfiguration of the current 10 beds in The Hollies, due to low occupancy levels and also to meet national requirements to reduce the number of inpatient beds for people with a learning disability and/or autism.

This would mean:

- the ratification of the formal closure of the six beds in IASS Ward which have been closed since 2016;
- the need to consult on the closure of the service in The Hollies, currently 10 beds;
- commissioning 5 beds for LD patients.

The proposed changes are achievable within existing local budgets, and the savings would be reinvested into community services and a 'crash pad' resource – a non-hospital based crisis management service.

The proposed changes deliver positive patient clinical outcomes, enhance patient experience, and maintain patient safety and will allow people to receive care closer to home when their clinical needs change.

Supporting Information for the reduction of local beds

Number of beds and utilisations

- Bed occupancy at The Hollies has been between consistently low for the last two years in the region of 30–60%.
- The local system has not been using the IASS beds from 1 April 2016 due to low demand.
- The TC Partnership do, however, have out of area placements where patients from Cambridgeshire and Peterborough have to go to a hospital in another part of the country (Norfolk and Hertfordshire borders) for treatment. Out of area placements account for 60% of current admissions due to acuity and The Hollies' inability to support for reasons other than bed availability.
- The average length of stay in a hospital for people with a learning disability and/or autism is measured in years in many cases. Most admissions in Cambridgeshire and Peterborough are short term with 80% of all admissions discharged within 90 days.

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

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

Preferred Option

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

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

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

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

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

Recommendation

The Health Committee is therefore asked to:

- Note the report and
- Support a nine-week formal consultation, on the reconfiguration of the LD bed base and development of Community Services.

4. CONSULTATION

- 4.1 The public consultation is scheduled for a period of nine weeks, from Friday 10 August until 5pm Friday 12 October 2018.

5. ANTICIPATED OUTCOMES OR IMPACT

5.1

Area	To Note
------	---------

Clinical Effectiveness	<ul style="list-style-type: none"> Community enhancement is already taking root with enhanced provision locally. Occupancy levels within commissioned inpatient provision have reduced significantly since the time when the beds were originally commissioned. Systemic qualification of need for admission through the national TC Review process and scheduled multi-agency review of all hospital admissions ensure that support is in place for hospital admission and alternatives to admission as required.
Patient Experience	<ul style="list-style-type: none"> Alternatives to hospital admission are at the centre of implementation of the proposed model. Specialist inpatient beds will be retained to care for and support those that require admission and these facilities will be more closely aligned to community pathways to facilitate timely discharge and more robust discharge arrangements.
Patient Safety	<ul style="list-style-type: none"> Community provision will be enhanced to support individuals in crisis through increasing hours of operation (8am until 8pm and weekends). 'Crash pad' facilities will be commissioned to accommodate and support individuals in a crisis, where previously hospital admission might have been an option. A defined number of specialist beds for people with a learning disability and/or autism will continue to be commissioned to facilitate hospital admission where absolutely necessary. In addition, mainstream adult mental health wards will 'reasonably adjust' to accommodate the needs of some patients that can function well and safely in an adult mental health ward setting.

6. REASON FOR THE RECOMMENDATION

6.1 The Cambridgeshire and Peterborough TC Partnership requires the support of the CCG and the local statutory partners to deliver the TC Programme.

The proposed consultation:

- is in line with national and CCG policies;
- delivers better clinical outcomes, and improves patients experience and provides care closer to home.
- is supported by Impact Assessments and support the change in service model;
- is consistent with models of care which have been implemented in other localities across the country;
- delivers within existing budgets and allows efficient use of money by reinvesting resources into community services, to support people to remain in a community setting.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 Below are the options that have been considered by the Transforming Care Partnership.

Full details are provided in the Consultation Documents (Appendices 1 and 2) and Impact Assessments (Appendix 3).

Option 1- Do Nothing

Continue to commission the 10 beds at the Hollies as per the current use and close six beds at IASS.

Option 2 – Retain local beds only with no option of out of area beds or further community investment

Consolidate all bed requirements to a local Assessment and Treatment Unit (ATU) based at The Hollies and close six beds at IASS.
Option 3- No dedicated local beds
Move to a 'No Bed Model' and develop spot purchase arrangement for beds in other hospitals with some local reasonable adjustments for patients with learning disabilities and/or autism that can function on mental health wards in addition to the enhancement to community teams.
Option 4 –5 beds and expand community services
Move to 5 beds model, spot purchase for speciality needs, reinvest the money to enhance local community services for people with learning disabilities.

8. IMPLICATIONS

Financial Implications

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

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

Equalities Implications

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

9. BACKGROUND DOCUMENTS

- 9.1 CCG Governing Body Report
<https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=15485&type=0&servicetype=1>

National Guidance: Building the Right Support

<https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

10. APPENDICES

- 10.1 Appendix 1: Consultation Document
 Appendix 2: Consultation Document – Easy Read
 Appendix 3: Impact Assessments

This page is intentionally left blank