

Learning Disability Long-term Improvement Programme

**Update for Peterborough City Council
Adults and Health Scrutiny Committee**

Papers for meeting on 5th November

**Karlene Allen, LD improvement Programme
Director**



Appendix 1

Our ask of the Adults and Health Scrutiny Committee



The ICB Board has agreed for this Learning Disability Long-term Improvement Programme to continue progressing to delivery planning, with the Mental Health, Learning Disability and Autism Partnership (Accountable Business Unit-ABU) Board accountable for delivery focussing on improving health outcomes recognising the interdependencies with other key stakeholders across the system .

Today we will provide an update to the Adults and Health Scrutiny Committee on the programme's work to date and the current direction of travel.

We ask the Committee to:

- **Support the direction** of the Learning Disability Long-term Improvement Programme, as it moves to delivering fast-track improvement workstreams, as agreed by the Mental Health, Learning Disability and Autism Partnership
- **Share any clarification questions about the programme**, the work to date, and next steps.

We are not asking the Committee for any decisions or formal approval at this stage.



- **We want to transform our health services for people with a learning disability** so that they better meet the needs of our population and reduce health inequalities. This will support the system in achieving its strategic priorities, as set out in its refreshed Joint Forward Plan and delivery plans.
- **In 2023, partners worked together to set out the broad ‘case for change’** and explore our shared ambitions for transformed services across Cambridgeshire and Peterborough, leading to the launch of this programme.
- **From Jan - March, we have been co-producing an aspirational vision** for the future model of support and services, through workshops with people with lived experience and a wide range of staff across system partners, alongside various other channels.
- **From March – June, the ABU has been working through a prioritisation approach to identify a shortlist of opportunities**, including ‘quick wins and longer-term strategic initiatives, to progress for implementation.
- **The programme scope is focussed on health services** provided by the NHS. Participants emphasised the need to think holistically about the needs of local people. We have captured the aspirations participants have shared, for services beyond health.
- **Delivery will be primarily focused on health outcomes**, with a joint system delivery approach to ensure appropriate collaboration with wider services, including social care and education. This approach is crucial to the programme managing interdependencies with other programmes of work, e.g. the Learning Disability Partnership (LDP) service redesign in Cambridgeshire and ongoing LeDeR action plans.
- **Most recently**, the programme and ABU have been focusing on ensuring that the programme design, governance structures, and executive sponsorship for delivery workstreams are set up for successful delivery. This will enable the ABU to transparently hold itself accountable for programme delivery and provides the Board with assurance that key system risks are actively being managed.
- **We are in the process of mobilising fast-track workstreams**, with initial ‘kick-off’ discussions with Executive Sponsors, to agree plans and scopes.
- **As a key interdependency**, the programme has also been identifying where readily available data and analytics can be used to drive decision-making within delivery of workstreams and the monitoring and reporting of programme impact on outcomes, where this is feasible.



This is a learning disability long-term improvement programme to redesign the model of health support and services for people with a learning disability and their families and carers

What is included in the programme?

- All ages
- Primarily focused on health outcomes but with a joint system delivery approach to ensure appropriate collaboration with wider services, including social care and education recognising the interdependencies and need for joint working across the system
- Person-focused
- Differences between Cambridgeshire and Peterborough
- Focus on reasonable adjustments in mainstream services, particularly relevant to people with a learning disability
- Care closer to home
- Grounded in certain recommendations from Health Needs Assessments and 'LeDeR' programme
- Commissioning changes
- Links to enablers, including digital, data, workforce, health inequalities, finance, and estates

What is not included in the programme?

- Redesign of all care and wider services for people with a learning disability
- Detailed review of all pathways, and assessment of current performance

A summary of the work that went into developing the aspirational model of support and services

For information



Since our first all-stakeholder workshop on the 29th January 2024, significant work has taken place to shape the draft vision and aspirations for future health support and services for people with a learning disability in Cambridgeshire and Peterborough:

9

life stage-specific workshops covering 8 different thematic areas

16 hours

of workshop discussion across our online and in-person sessions and >15 hours of 1:1 conversations

>200

workshop attendances across our online and in-person sessions

>130

individuals engaged in the programme across previous phase, including >30 with lived experience

2

in-person sessions with people with lived experience and 1 forum attended

>150

pages of inputs captured during discussions

16

organisations directly involved in the programme



148

Programme governance

How is the MHLDA Partnership (ABU) Board working?

For information



The ABU has overseen the launch and mobilisation of the Learning Disability Long-term Improvement Programme.

The ABU brings together leaders across system partners to oversee programmes also including the All-Age Autism Strategy Implementation, the Mental Health Inpatient Improvement Programme, and Quality Improvement work resulting from the LeDeR report.

The Board currently provides a space for partners to come together to agree priorities, unblock barriers to delivery, and hold itself accountable on the delivery of its programmes. The Board continues to mature into this 'programme delivery board' way of working, with the aid of its inaugural programmes.

Board membership includes nominated Directors or SROs from:

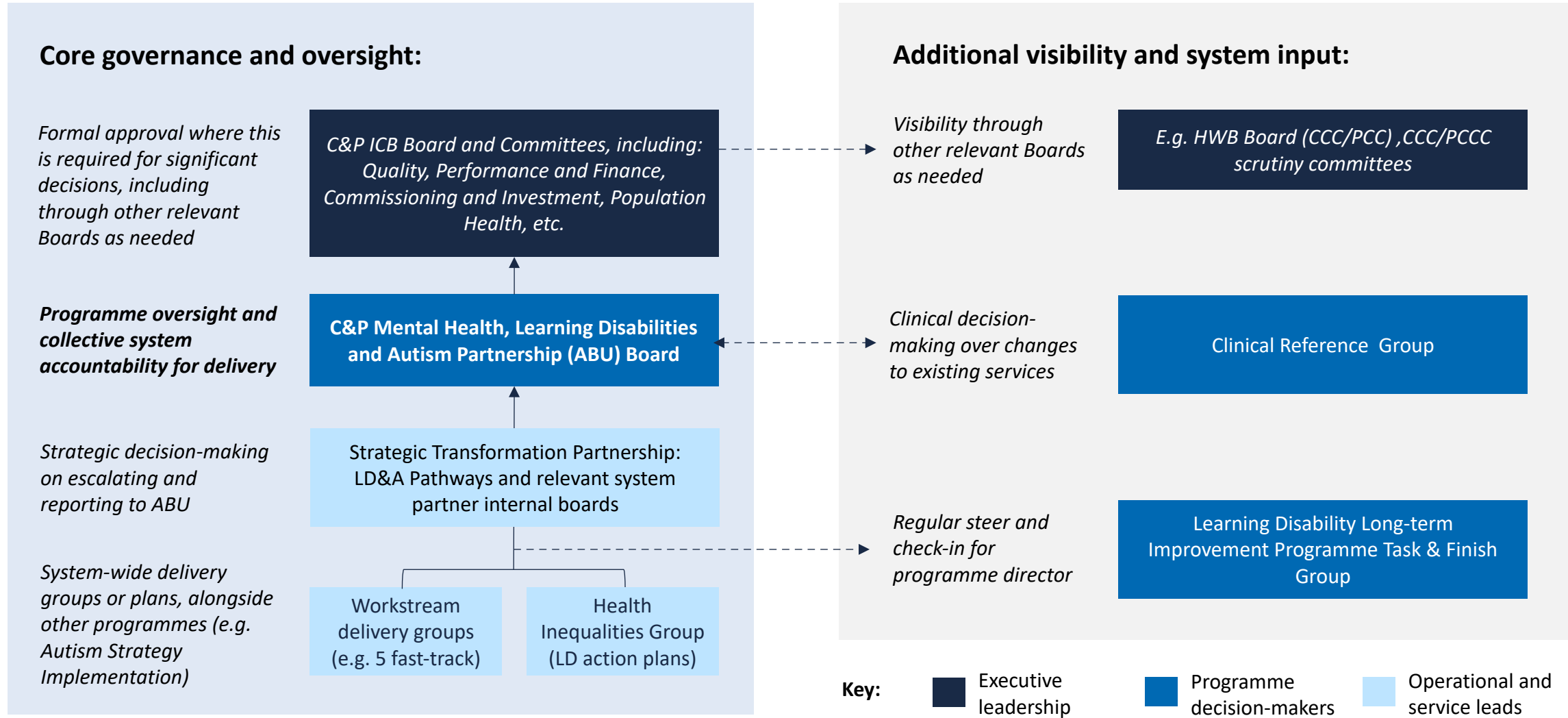
- ABU Managing Director and Deputy CEO CPFT
- ABU Director of improvement and operations
- CPFT – Director of People and Business Development
- CPFT - Chief Operating Officer
- CPFT – Deputy Medical Director
- Local Authority - Director of Communities and Partnerships CCC & PCC (as required)
- Cambridgeshire CC - Director of Adults, Health, and Commissioning
- Cambridgeshire CC - Service Director for Adult Social Care
- Cambridgeshire CC - Director of Public Health
- Peterborough CC – Director of Adult Social Care
- Peterborough CC - Service Director for Adults and Safeguarding
- Peterborough CC - Director of Public Health
- ICB MH Lead
- ICB Chief Nurse
- ICB Deputy Chief Nurse / Deputy Director CYP (Programme Director LD improvement plan)
- CYP & Maternity MD
- North Partnership MD
- South Partnership MD
- East of England Provider Collaborative Representation
- VCSE Sector Influence and participation manager
- Executive Director of The Sun network

Programme governance structure

For information



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Programme delivery



Prioritisation of workstreams for delivery

Longlist:
55

A longlist of 55 potential improvement opportunities were identified to deliver the vision and aspirational model of support and services that was developed by system partners and people with lived experience.

Shortlist:
14

The MHLDA Partnership (ABU) Board applied a set of prioritisation criteria to this longlist of opportunities to agree a short-list of 14 prioritised workstreams to start delivering critical elements of the aspirational model of support and services for people with a learning disability. These criteria include:

- 1 Anticipated resource or commitment, and anticipated distance to travel to realise the aspiration
- 2 Anticipated impact of delivering the aspiration on the local population and staff

Fast-track:
5

The programme has identified and agreed prioritised workstreams that should be 'fast tracked' in line with at least one of the criteria below:

- 1 Delivery is required to ensure compliance of service provision with statutory requirements, e.g. suitable provision of reasonable adjustments for people with a learning disability
- 2 There are significant interdependencies with critical timelines for other ongoing programmes, e.g. Learning Disability Partnership service redesign in Cambridgeshire



Fast tracked workstreams

This draft list of fast-track workstreams prioritises actions that will ensure:

1. Compliance with statutory requirements to provide reasonable adjustments to people with a learning disability, where appropriate
2. Delivery of the aspirational model that has been co-produced by the system e.g. community-led, timely, and safe care that meets the needs of a person as they move through different life stages

| | Prioritised workstream* (TBC) | What does 'good' look like? | Executive sponsors |
|---|--|---|---|
| 1 | Joined-up working across system partners and teams | <i>Close relationships and established communications and touchpoints between organisations and teams who should regularly interact to coordinate seamless delivery of care for people with a learning disability</i> | Sally Shaw (CCC) and Debbie McQuade (PCC) |
| 2 | Reasonable adjustments in mainstream services | <i>Mainstream staff are confident and able to provide reasonable adjustments for individuals to access services and all mainstream services are compliant with their statutory duties.</i> | Amanda Small (CUH) and Jack Stevens (NWAFT) |
| 3 | Specialty pathways for people with complex health needs | <i>People with complex health needs will be on the appropriate clinical pathways and receive support, in hospital and in the community, to manage their condition and avoid further admission to hospital</i> | Carol Anderson (ICB) |
| 4 | LD specialist staffing model and future pipeline | <i>Workforce model in place to ensure the right level of learning disability specialist staffing based on demand, short-term challenges, and geographical equity; a resilient long-term pipeline in place</i> | Stephen Legood (CPFT) |
| 5 | Community-led support for people with behaviours of concern and in crisis | <i>Community-led model for people displaying escalating behaviours of concern or experiencing crisis to avoid admission to hospital where avoidable, and support management of behaviours at home.</i> | Carol Anderson (ICB) |

*Please note that workstreams are not ordered by priority



Workstreams 2 – 5 have been mobilised in September 2024



Implications for Peterborough City Council



Working together in partnership



- **We have collated the insights from engagements** with people with lived experience and professionals across the system to date to set out potential improvement initiatives and areas which **may be in scope** for workstream delivery
- In convening workstream delivery groups, we are pursuing a **joint system partner collaborative approach** to delivery, which includes primary, community, secondary, local government, and VSCE sector teams. Relevant groups will require input from PCC colleagues.

Aligning with existing PCC initiatives of work



- **We want to build on existing improvement initiatives**, programmes and pilots, as well as on **existing delivery vehicles and structures** already in place across the system. With some plans to be refreshed over the next year, this is an opportunity to align with delivery.
- As Exec Sponsors and workstream delivery teams involved come together and to agree workstream scopes, plans and priorities, **PCC leadership has an opportunity to shape** what this looks like, align them with its strategic priorities.

Ensuring sufficient resources, data, and support to succeed



- We seek to access **available outcomes data** for the population with a learning disability together with the intelligence available via the ICB and other providers. This will be used to inform workstream delivery, model benefits, and report on outcomes.
- The **programme is currently establishing the appropriate model to bring in clinical input and leadership** into ongoing delivery and programme oversight, in a way that mitigates against the current capacity constraints across teams in the system.

Summary and next steps



In today's session, we have provided an update to the Adults and Health Scrutiny Committee on the programme's work to date and the current direction of travel.

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