

East Lancashire Clinical Commissioning Group

Learning Disability Enhanced Support Service

1. Purpose of the Paper

The purpose of this paper is to:

- Outline the background of the Learning Disability Enhanced Support Service collaborative programme of work;
- Update the CCG on the latest position.

2. Background

The Learning Disability (LD) Enhanced Support Service (ESS) is a service provided by Calderstones Partnership NHS Foundation Trust (Calderstones) which supports people with a learning disability with complex and/or challenging behaviours and/or offending behaviour who no longer require medium or low security but require relational security as part of a discharge pathway. The ESS at Calderstones is provided in a community setting outside the hospital grounds.

The service was previously commissioned as part of the package of secure provision by the (former) North West Specialist Commissioning Team. The commissioning and contractual responsibility migrated to CCGs 1 April 2013. NHS East Lancashire CCG is the lead commissioner and referrals into the service come from pan-Lancashire CCGs, Greater Manchester CCGs and Liverpool CCG.

Learning disability services nationally have been subject to considerable scrutiny in recent years. This has come about due to the effects of a number of well-known events or policy developments – notably the Winterbourne Review¹, the Disability Rights Commission² and the effects of premature deaths³.

An LD ESS Steering Group was established in July 2013 as one of the Lancashire CCG Network's collaborative programmes with representation from CCGs and Local Authorities across the commissioner footprint and NHS England Lancashire Area Team. A current state analysis was undertaken and identified a number of areas where improvement was required in order to have greater adherence to the national directives both for health and social care provision for this client group. The recommendation of the LD ESS Steering Group is that CCGs should move to a cost per case commissioning model enabling greater choice and driving costs down. This recommendation was agreed by the Lancashire Collaborative Arrangements Group (CAG) at the meeting held on 17 September 2013. This shift to person-centred care planning for this cohort of patients is a fundamental element in the creation of a strengthened pathway for patients with a high level of need with a learning disability.

Across the North West there are currently six service users delayed in Calderstones (4 within control / 2 outside control i.e. awaiting a decision from an external body). There are currently 15 delayed in low secure. New protocols for both Lancashire and Greater Manchester will assist with improved patient flow in a timely manner.

3. Commissioning Intentions

NHS East Lancashire CCG, as lead commissioner of the contract issued commissioning intentions to Calderstones on behalf of all associates on 30 September 2013.

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Calderstones has raised issues that they consider the commissioning intention creates for them as an organisation. In their assessment, the potential loss of guaranteed income that would result from cost per case could destabilise their business and threaten their organisational viability, resulting in potential redundancies, the majority of them in the Ribble Valley where Calderstones is based but also in Lancaster and in Rochdale where there are satellite service sites. The ESS represents approximately 30% of the organisation's turnover which means that an unmanaged reduction in the funding for ESS could threaten the viability of Calderstones as a Foundation Trust.

Further discussions took place with NHS England Lancashire Area Team and it was subsequently agreed to pause the decision to move to a live cost per case approach for 2014/15, essentially giving Calderstones a minimum income guarantee for 2014/15 based on the number of people in receipt of an ESS service on 31 December 2013 and establish a Transition Group. This group has met monthly since March 2014.

4 Shadow Cost per Case Model

The overall 2014/15 contract value is £8,981,526. The bed usage is approximately split 50:50 across Lancashire and Greater Manchester CCGs. It is intended that better engagement and functioning from LD community services and new case management protocols will reduce the reliance on the ESS over the coming months. However, this is also reliant on both appropriate provision being available in the community and new preventative services being commissioned such as Positive Behavioural Support.

The financial implications and impact on the current provider need to be worked through, but will require service reconfiguration and possibly some interim transitional financial support to the current provider.

5 LD ESS Transition Group

The LD ESS Transition Group includes membership from East Lancashire CCG (lead commissioner), Greater Manchester CCG, Local Authority representation, NHS England Specialist Commissioning, NHS England Lancashire Area Team and Calderstones. The involvement of Monitor and Healthwatch is being considered. The Transition Group is supported by NHS Staffordshire and Lancashire CSU.

NHS East Lancashire CCG is engaged with Calderstones via the LD ESS Transition Group to understand the reasonable mitigations that can be put in place by both Provider and commissioner.

A Communications and Engagement Strategy has been developed and includes a core script and frequently asked questions. Briefings for MPs and Overview and Scrutiny Committees are being developed. An engagement protocol has been drawn up to ensure service user involvement in the transition process and consultations are taking place with current service users, carers and families. Links are being made with LD Partnership Boards to ensure key messages are reported.

6 Developing an LD Provider Framework

A pan-Lancashire LD Engagement Event held on 20 June 2014 obtained a range of views from various providers, service users and carers on what determines good

practice for people with a learning disability. The intelligence from this event will help to determine the model of care across Lancs

Experience from a commissioning perspective have evidenced that there is a lack of crisis accommodation within the region. A task and finish group has been established to commence the exploration of Assessment and Treatment beds for people with a learning disability as a first step in addressing the gaps in provision. Future planning to build capacity within community services is underway.

7 Formal Notification

Given the risks and profile of this programme of work, NHS East Lancashire CCG is requesting that all CCGs agree a common approach and ensure that their organisations are fully aware of the proposals and the potential implications as outlined.

A letter 'Enhanced Support Service for Adults with a Learning Disability – Paper for CCG Agreement July 2014' was sent to CCGs on 10 June 2014, suggesting this paper is discussed at CCG Governing Body level or another decision making body, for example, Executive Team level to allow CCGs to formally confirm in writing to the lead commissioner their intention to decommission the current ESS service and move to a cost per case model. This shift to person-centred care planning for this cohort of patients is a fundamental element in the creation of a strengthened pathway for patients with a high level of need with a learning disability. This will allow NHS East Lancashire CCG to make an informed decision at its Governing Body meeting in time to issue formal notice to Calderstones in August 2014 with an expectation that the change will take place in August 2015.

8 Recommendation

The CCG is recommended to:

- Note the contents of the report;
- Formally confirm in writing to the lead commissioner (NHS East Lancashire CCG) their intention to decommission the current ESS service and move to a cost per case model.

**Dr Mike Ions
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NHS East Lancashire CCG**

¹ Department of Health (2012). Department of Health Review: Winterbourne View Hospital. Interim Report

² Disability Rights Commission (2006). Equal Treatment: Closing the GAP. London: Disability Rights Commission

³ Heslop et al (2-13). Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD). Final report <http://www.bris.ac.uk/cipold>