

**Report to:** STRATEGIC COMMISSIONING BOARD

**Date:** 10 February 2021

**Executive Member:** Councillor Wills – Executive Member (Adult Social Care and Health)

**Clinical Lead:** Dr Vinny Khunger and Dr Christine Ahmed – Clinical Leads

**Reporting Officer:** Jessica Williams – Director of Commissioning

**Subject:** RE-COMMISSIONING OF ADULT LEARNING DISABILITY AND AUTISM SERVICES

**Report Summary:** The Tameside and Glossop Integrated Care Foundation Trust (ICFT) has given the CCG notice that they no longer wish to provide adult learning disability and autism services after 1 October 2021. This decision was made following recommendations from an independent review commissioned from Pathway Associates CIC in 2019.

STAR have undertaken a procurement options appraisal and have recommended that the services are varied into the Pennine Care Trust Contract.

There are risks of challenge but these can be mitigated. In terms of improving service user experience and quality, commissioners believe that there will be significant improvement under the leadership of Pennine Care Trust.

**Recommendations:** SCB is asked to take account of the risk of challenge and agree that the mitigating factors and rationale are such that the proposal to vary the services into the Pennine Care contract should be actioned.

<b>Financial Implications: (Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	<b>Budget Allocation (if Investment Decision)</b>	£937k plus Estates <i>approx</i>
	<b>CCG or TMBC Budget Allocation</b>	CCG
	<b>Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration</b>	Section 75
	<b>Decision Body – SCB Executive Cabinet, CCG Governing Body</b>	Strategic Commissioning Board

**Additional Comments**

The ICFT have provided an adult LD/autism service since the community services contract was transferred in 2016/17. Prior to this, the service was provided by Stockport FT and the PCT provider division. As such this service has formed part of the CCGs recurrent budgets since its formation in April 2013.

While the future of CCGs is currently uncertain, the ICFT have served notice on the service. Therefore while we do not know precisely who will have commissioning responsibility for this service in the future, we need to act now in order to ensure

continuity of provision of a long standing service beyond October 2021.

As the ICFT are paid on the basis of a global block, we do not have an explicitly agreed value for this service built into our contract. However based on due diligence at the point of transfer from Stockport to ICFT, plus some inflation we estimate a budget in the region of £900k. Conversations are currently ongoing with the ICFT to refine this estimate and agree a value to remove from the ICFT once the notice period expires.

On the assumption that the proposed increase to the Pennine Care contract is equal and opposite to the variation in the ICFT contract, the proposal in this paper would be cost neutral to the CCG.

The variation to the Pennine contract is proposed to last 18-24 months before conducting a full procurement exercise. This time horizon is sufficient to establish which organisation will inherit commissioning responsibility for this area and gives the successor organisation ample opportunity to assess and set the strategic direction for the service.

**Legal Implications:  
(Authorised by the Borough  
Solicitor)**

It is clear from the information contained in the report that the Reporting Officer is recommending a risk based approach in relation to a short term measure to ensure the continued delivery of the services whilst a robust and compliant procurement process is undertaken to establish the long term delivery of this service.

STAR has provided the technical advice on the risks which is detailed in the main body of the report.

In addition in light of the risks it is critical that the service commences the procurement exercise as soon as possible in order to engage with the market and most importantly the timelines as set out in this report should be adhered to in order to avoid the risks escalating.

**How do proposals align with  
Health & Wellbeing Strategy?**

The proposal aligns with the Starting Well, Developing Well, Living Well and Aging Well programmes.

**How do proposals align with  
Locality Plan?**

This proposal supports the achievement of:

- Healthy Lives (early intervention and prevention)
- Locality based services; for people who need regular access to health and social services, these will be fully integrated in localities, offering services close to people's homes. Enabling self-care: improving skills, knowledge and confidence of people with long-term conditions or with on-going support needs to self-care and self-manage.

**How do proposals align with  
the Commissioning  
Strategy?**

This supports the commissioning priorities for improving population health particularly reducing health inequalities.

**Recommendations / views of  
the Health and Care Advisory  
Group:**

This section is not applicable as the report is not received by the Health and Care Advisory Group.

**Public and Patient Implications:**

The proposal supports quality improvements in health services to people with learning disabilities and autism.

**Quality Implications:**

This proposal to commission learning disability and autism services from a specialist health trust (Pennine Care) will have a significant impact on service delivery, patient care and the achievement of national targets. The two services will be reviewed in partnership with people once the transfer has taken place, therefore improving quality of service for people accessing support.

**How do the proposals help to reduce health inequalities?**

This proposal will reduce health inequalities for people with learning disabilities and autism due to proactively directly meeting health needs whilst also promoting all services to make reasonable adjustments to actively reach people who are often excluded.

**What are the Equality and Diversity implications?**

There are no implications directly related to this proposal.

**What are the safeguarding implications?**

The NHS Standard Contract safeguarding requirements apply.

**What are the Information Governance implications? Has a privacy impact assessment been conducted?**

No Information Governance implications have been identified at this time but all requirements will be included in the operational transfer plan.

**Risk Management:**

Risks will be identified and managed by the implementation team. This will include managing the risks to quality and continuity of care for patients who are under the care of the teams.

**Access to Information:**

The background papers relating to this report can be inspected by contacting the report writer Pat McKelvey.



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## 1. INTRODUCTION

- 1.1 The Integrated Care Foundation Trust has issued a termination notice to the CCG regarding the provision of adult learning disability and autism services from 1<sup>st</sup> October 2021. This decision was made on the basis of recommendations from an independent review commissioned from Pathway Associates CIC in 2019. The purpose of the review was to assess the adequacy of clinical leadership in the service; whether the LD service is fit for purpose; and the ability of the ICFT's LD service to deliver the NHS Long Term Plan as well as the Transforming Care agenda for people with LD and autism.
- 1.2 The report made numerous findings and recommendations, notably
- senior clinical leadership in the LD team and access to specialised training and development would all need to be increased;
  - LD staff recruitment and retention is more difficult for a non-specialised provider.
  - there is too wide a range of LD and other services concentrated into just the one team and as a result management had become too thinly spread over a number of services including LD
  - whilst there is no doubt about the commitment of LD staff and the quality of the service currently delivered, the relatively small size of the ICFT's LD service might result in issues for the future.
- 1.3 Since receiving the notice the CCG commissioning lead has worked with STAR to undertake an appraisal of the different procurement options. The recommended option is to vary the services into the CCG Pennine Care contract for 18/24 months. The STAR report can be found in **Appendix 1**.
- 1.4 The total contract value is currently being costed but is c. £937,000 per annum, excluding estates, however decisions are yet to be finalised regarding the most appropriate provider for the children and young people elements – see section 4.5 below.

## 1. PROPOSED PROCUREMENT OPTION

- 1.1 The recommended option for recommissioning the services is to vary them into the existing CCG contract with Pennine Care for 18/24 months.
- 1.2 This will allow for time to review and develop the service model in partnership with service users to deliver the objectives of the NHS Long Term Plan. This will be managed under the leadership of an experienced provider Trust.
- 1.3 It will also accommodate for changes being made across Greater Manchester in relation to Clinical Commissioning Groups and the form commissioning will take in the future.
- 1.4 This option to vary an existing contract in emergency requirements would need to be followed by a full procurement within 18-24 months after which time it is expected that there would have been parallel development of the service specification, design and CCG development to allow for a fuller process to be undertaken in a timely manner.

## 2. RISKS AND MITIGATION

- 2.1 Varying the services into the Pennine Care contract includes risks as the CCG would be varying a contract of material size and scope with a key strategic role without undertaking a formal public procurement.
- 2.2 However, there are a number of mitigating factors:

- a. This approach has been adopted by numerous areas across England and Greater Manchester who are also seeking to develop innovative and integrated approaches to service delivery;
- b. The variation is viewed in compliance with Regulation 72 (c) of the 2015 Procurement Regulations, where a diligent contracting authority could not have foreseen; the variation does not alter the overall nature of the contract; and any increase in price does not exceed 50% of the value of the original contract
- c. The CCG will create an audit trail by which the options, risks and ultimate decision is taken through committee and Governing Body
- d. The CCG will publish its final decision on this modification to contract on the CCG's website which will trigger a 30 day time for potential objections to be lodged. Whilst future claims can still be lodged, it does give an early opportunity for objections to be identified before the full transfer is completed.

### 3. BENEFITS OF THE PROPOSED OPTION

- 3.1 As an experienced learning disability and autism service provider Pennine Care (PCFT) is well placed to take on responsibility for providing the services for Tameside and Glossop. The Learning Disability division is well led by an experienced management team, with strong clinical leadership under Dr Dipti Patil.
- 3.2 The Trust is a very active partner in Greater Manchester learning disability and autism service development, both shaping regional priorities as well as delivering them in each locality. This will be of great benefit to Tameside and Glossop.
- 3.3 Pennine Care is developing learning disability services in line with the well-regarded Thrive Framework, which supports a whole system approach to promoting health and wellbeing. On transition it is proposed to work with Pennine Care to review the services, in partnership with service users, to ensure they are fit for purpose. People First, the user led organisation, have agreed to support effective engagement.
- 3.4 The Community Learning Disability Team is an integrated team with a small number of mental health staff commissioned from Pennine Care NHS Trust. Greater integration will benefit both service users and staff.
- 3.5 In the last two years the recruitment of specialist learning disability mental health staff has significantly improved the support for people with dual diagnosis, notably those within the Transforming Care cohort. This has reduced the need for inpatient care and enabled people to be looked after closer to home.
- 3.6 There are 27 staff working in the services and TUPE will apply to all who transfer to a new provider. It is proposed that they are transferred as follows

<b>Service</b>	<b>Proposed Provider</b>
a. Community Learning Disability Team This is an integrated, multi-disciplinary team of nurses, therapists and psychological therapists who provide health support to people with a learning disability.	Transition of ICFT staff to Pennine Care with a view to develop and transform. Option to reintegrate social workers into the team should be explored.
b. Adult Autism Diagnosis Team This is a small team who provide multidisciplinary assessment and diagnosis for	Transition to Pennine Care with a view to review in line with GM developments

<b>Service</b>	<b>Proposed Provider</b>
adults with suspected autism. Working with TMBC Autism Coordinator they also provide some ongoing support.	
c. Behaviour Support Team (all age) This team support children and adults with a learning disability who have behaviour that challenges. Working to a Positive Behaviour Support approach, they work with individuals, their families, schools and carers to design behaviour support plans.	<ul style="list-style-type: none"> <li>- Adult resource to Pennine Care</li> <li>- Discussions are underway to agree where the CYP elements are best located – either in the ICFT as part of the Integrated Service for Children with Additional Needs (ISCAN) or in Pennine Care with CYP mental health service (CAMHS) in line with the SEND and Transforming Care for children agenda.</li> </ul>
d. Health Transition Coordinator Working with young people and their families this role support transition from children to adult health services.	As above re CYP resource.

#### **4. CONCLUSION**

- 4.1 There are sound reasons to recommission the adult learning disability and autism services from Pennine Care.
- 4.2 There are risks but these will be mitigated by the steps outlined in section 3.2 above.
- 4.3 An interagency working group has been established to take this work forward.

#### **5. RECOMMENDATIONS**

- 5.1 As set out at the front of the report.