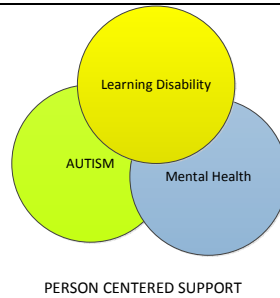


## ANNEX 1 – Detailed Scheme Description

For more detail on how to complete this template, please refer to the Technical Guidance

<b>Scheme ref no.</b>
Lincolnshire BCF Scheme: 5
<b>Scheme name</b>
Specialist Services Pooled Budget
<b>What is the strategic objective of this scheme?</b>
<p>The strategic objective of this scheme is to improve the Wellbeing of Adults with Learning Disability, Autism and/or Mental Health needs within sustainable resources. There will be a number of building blocks which underpin the delivery of this strategic objective including:</p> <ul style="list-style-type: none"><li>• Achieving parity or esteem between Mental Health and Physical Health;</li><li>• Improving the quality of life and safeguarding of vulnerable adults;</li><li>• Joint commissioning arrangements and pooled budgets;</li><li>• Strong engagement and involvement of stakeholders;</li><li>• Integrated services and strategic partnerships;</li><li>• Effective prevention and early intervention strategies.</li></ul> <p>The objective and building blocks above will in turn make Specialist Adults Services contribution to the wider Lincolnshire vision of:</p> <p><b><i>A sustainable and safe health and social care economy for Lincolnshire</i></b></p> <p>Lincolnshire residents will have access to safe and good quality services, which focus on keeping them as well as possible to reduce the need for unnecessary hospital care.</p> <p>Traditionally services for people with Learning Disability, Autism or Mental Health problems have been commissioned in silo's and this has often led to services that are not joined up and are hard to access. Given there is often co-morbidity of these conditions a more integrated approach to the commissioning of the specialist services that support them (as well as a wider system based approach to the co-ordination of early intervention and prevention support) is most likely to reduce duplication and improve outcomes via a more person centred approach. Pooled budgets will reduce the discussions about who should pay for the support that is needed and focus attention on how to get the support that people need to them at the earliest opportunity and to minimise the risk of needs escalating. This in turn will help to underpin the sustainability.</p>



### Overview of the scheme

Please provide a brief description of what you are proposing to do including:

- What is the model of care and support?
- Which patient cohorts are being targeted?

### Background

There is a significant evidence base that Adults with Learning Disabilities, Autism and/or Mental Health needs are at risk of having poorer Health and Wellbeing Outcomes than the wider general Adult Population. These inequalities in Outcomes include but are not limited to lower rates of life expectancy, reduced quality of life, lower rates of employment, unstable accommodation arrangements; the potential for social exclusion and higher safeguarding related risks.

These inequalities in outcomes can in part be attributed to the relevant condition(s) for this vulnerable group of Adults but national policy (including Parity of Esteem and Closing the Gap) now recognises that problems in accessing good quality services and wider community support is also a contributing factor to poor outcomes for these people.

Recent high profile provider safeguarding and quality concerns including Winterbourne View have increased awareness of the need for commissioners to work in a more joined up way to improve patient safety and improve the quality of care and outcomes for people.

Pressures on existing service models and budgets (resulting from increases in demographics and the complexity of need coupled with the wider economic context) also pose a risk to the sustainability of services for Adults with Learning Disability, Autism and/or Mental Health problems if they continue to be commissioned and delivered in the same traditional ways.

Collectively the issues above drive the need for transformational change in the way outcomes are improved for these people. In 2012-13 a Lincolnshire review of local commissioning activity identified that the arrangements for commissioning and delivering Specialist Adult Services (Learning Disability, Autism and Mental Health) were fragmented and in some instances activity and associated costs were being duplicated, service budgets were overspending, performance in some areas was weak and projected demand was indicating that services were likely to become unsustainable.

The development of integrated commissioning and delivery arrangements (including

pooled budget arrangements) for Adults with Learning Disabilities, Autism and Mental Health needs has been identified as the best way to secure better outcomes, improve value for money and aid sustainability in relation to specialist adult services. The establishment of a Specialist Adult Services joint commissioning team provides for a clear focus on integrated assessment and care management, procurement, market and contract management for high cost packages of care. It also provides the opportunity for the joint commissioning team to develop wider strategic relationships and partnerships with other commissioners, providers and stakeholders in order to develop relevant early intervention and prevention strategies.

Early intervention and prevention strategies may be targeted at those vulnerable adults that are already eligible or in receipt of care but such strategies will also need to be targeted at people with Learning Disability, Autism or Mental Health needs that are not yet eligible for services (or may not need care at this point in time). Improving the wider wellbeing of these people through more targeted health promotion activity will be a key early intervention strategy as will improved transitions planning and support for carers. These strategies will utilise person centred approaches, that inform and engage stakeholders, help people to keep well and live independent lives in the community and where ever possible within their own home.

The collective joint commissioning arrangements for Specialist Adults Services will help to manage demand on high costs services including social care and secondary care in a more effective way, will lead to improved outcomes including improved wellbeing. The development of pooled budget arrangements for Specialist Adults Services is a key foundation stone for delivering these ambitions and is symbolic in terms of the wider integrated arrangements required to achieve local transformation.

### Progress to Date

Good progress in establishing Joint Commissioning arrangements for Specialist Adult Services has already been made. There is a Joint Delivery Board for Specialist Adults Services (SAS) which forms part of the wider CCG and LCC joint Commissioning arrangements for Lincolnshire. This joint delivery board now has overview of all related commissioning and delivery activity related to Adults with Learning Disabilities, Autism and Mental Health needs.

The SAS Joint Delivery Board is supported by an integrated joint commissioning team lead by a Chief Commissioning Officer (CCO) appointed in September 2013. The CCO is a joint appointment by the four Lincolnshire Clinical Commissioning Groups and Lincolnshire County Council and is believed to be the first such joint appointment nationally since the formation of CCGs. The CCO who is hosted by LCC, line manages a small team of commissioning specialists hosted by South West CCG (as the lead commissioner of Mental Health Services in Lincolnshire) and Lincolnshire County Council (as Lead Commissioner for Learning Disability Services).

### Learning Disability

A pooled budget has already been established for Learning Disability Services with

associated performance and risk sharing arrangements also agreed up to the 31 March 2015. The intention is to extend the pooled budget arrangements for a further period in line with the wider BCF pooled budget arrangements.

The Learning Disability pooled budget is managed by the CCO supported by a Head of Service for Learning Disability who manages an integrated Assessment and Care Management function also hosted by LCC. The pooled fund is used to finance personal budgets for service users with eligible needs including Continuing Health Care needs. Some service users may choose to take their personal budget as a Direct Payment and purchase the services they need to meet agreed outcomes. Alternatively the joint commissioning team will procure services on behalf of the service users directly from service providers. Predominately the services are provided by the Independent Sector (See also "The delivery chain" – below).

The new Joint Commissioning arrangements for Learning Disabilities (supported by the pooled budget) has delivered a step change in focus on the management of complex and high cost packages of care that was not achievable through the previously fragmented arrangements. The central management of Market Management activities and the provision of a County wide integrated Assessment and Care Management function (and associated Practice Enablement Group arrangements) have added an increased level of scrutiny in relation to outcomes and value for money of the cases funded via the pooled budget.

The Specialist Adult Services joint commissioning arrangements have also delivered a number of other benefits including improved assessment and care management performance, more robust transition arrangements of young people from Children's Services to Adult Care, strong unit cost performance, improved market management and the service is now living within available budget given 10 years of consecutive overspend on Learning Disability budgets prior to 2013-14. The integrated arrangements have received positive feedback in relation to the local Winterbourne action plan with all relevant discharges from inpatient care achieved within timescale. The overall quality rating for local learning disability service providers is also strong.

The robust centralised focus on the management of complex high cost packages of care will need to continue if outcomes, safeguarding and quality standards are to be met within the limits of the pooled budget arrangements. However "sustainability" of performance against the pooled budget arrangements is now also dependent upon the integrated commissioning team building stronger relationships and commissioning alliances with a wider set of stakeholders in order to manage a projected increase in the demand and complexity of cases expected to present to Specialist Adult Services in coming years.

The table below sets out the number of service users who were eligible for financial support and associated services from the Learning Disability Pooled budget during the 2013-14 financial year.

	31-Mar-14
<b>Required Activity Data</b>	<b>Learning Disabilities All Ages</b>
Long term residential and nursing care throughout year	529
Short term residential and nursing care throughout year	48
Respite care in residential and nursing care throughout year	88
Homecare throughout year	597
Direct Payments throughout year	445
Daycare throughout year	385
Telecare throughout year	127
Equipment throughout year	177
<b>Number of Clients (throughout the year)</b>	<b>1,761</b>
Number of clients assessed	271
Number of clients reviewed	1,606
Number of reviews completed	1,872

NB. Eligibility for funding from the pooled budget relates only to people with Learning Disability with complex or substantial needs or Continuing Health Care needs. However some clients with Autism are also funded from the pooled budget.

Demand forecasting information collected by the integrated commissioning team suggests however that demand will increase year on year by a minimum of 1.5%.

Latest estimates suggest that there are over 13,000 Adults with Learning Disabilities who live in Lincolnshire and emerging figures from Children's Services suggests there are up to 330 young people aged 14+ who may be eligible for Transitions to Adult Care. There are also over 100 existing Learning Disability clients funded from the pooled budget where the primary carer is over 65 year of age. There is therefore expected to be an increased rate of placement breakdown of such placements even with additional levels of carers support. Managing down future need for services will therefore also depend on a much wider systems based approach. In particular strong relationships between the Specialist Adult Services integrated commissioning team and the following will be essential:

- Women and Children's Delivery Board (and Transitions Services);
- Proactive Care Delivery Board (in particular Carers Support and Neighbourhood teams);
- Public Health (in particular wellbeing services);
- Primary Care (in particular GP Annual Health checks and health plans);
- LPFT (in particular Learning Disability liaison service and Community Assertive Support Team).

Further improvements in outcomes and related performance metric will also be dependent on wider systems based approaches for early intervention and prevention.

### Mental Health

Whilst the current arrangements for the joint commissioning of specialist mental health services does incorporate aligned budgets a formal pooled budget does not yet exist but is scheduled (subject to appropriate consultation) for the 1 April 2015. The level of scrutiny of high cost cases and of value for money is therefore at this

stage less advanced than with Learning Disability pooled budget arrangements.

However integrated working arrangements in terms of service delivery are significantly advanced with the South West CCG leading on the procurement of specialist Mental Health services on behalf of all 4 Lincolnshire CCGs through a single contract with Lincolnshire Partnership Foundation Trust (LPFT). Core services are therefore already integrated through one local Mental Health Trust service provider.

Over the last 24 Months LPFT, working in partnership with commissioners, have delivered significant service transformation. This includes but is not limited to a reduction in Inpatient Beds the development of more community based services including integrated Community Mental Health Teams (CMHTs) and the establishment of a Single Point of Access (SPA) for all mental health referrals to their trust.

Parallel to the above arrangements, Lincolnshire County Council has developed a Section 75 Agreement with LPFT who deliver a number of services on behalf of the local authority including Assessment and Care Management, Best Interest Assessors (BIA) and Adult Mental Health Professionals (AMHPS). These services again are delivered through integrated community teams and therefore this adds to the level of local service integration for Specialist Mental Health services in Lincolnshire.

Whilst the level of outcomes and value for money being achieved through the existing arrangements is seen to be relatively good in comparison to other areas it is considered that performance and value for money can be strengthened further through the development of a formal pooled budget and the further integration of contract management arrangements and associated market management activities relating to arrangements with LPFT. This centralised approach to the commissioning of high cost specialist mental health services, with greater scrutiny of high cost cases and value for money is anticipated to deliver benefits in line with those achieved for Learning Disability pooled budget.

Work has already commenced with the re-specification of the commercial agreements with LPFT held currently by both the CCGs and LCC. This work includes the re-specification of liaison services that work within the Lincolnshire Acute hospital sites managed by ULHT. The re-specified Adult Mental Health liaison services will play a key role in admission avoidance, improved training and support to ULHT employees and well as facilitating more speedy and effective discharge arrangements to the community. The intention following the re-specification of all of the contracts with LPFT is to develop a joint procurement strategy with the Specialist Adult Services joint commissioning team and South West CCG acting a lead commissioner via the pooled budget.

The pooled budget would incorporate the following budgets:

Area of Spend	Estimate 2014-15
CCG Core LPFT Contract	£61,977,300
CQUINN - CCG contract with LPFT	£1,549,400
LCC Section 75 with LPFT	£5,635,521
MH Section 256 Schemes	£1,200,000
MH CHC Cases	£17,100,000
MH other MHS contracts	£1,100,000
Total	£88,562,221

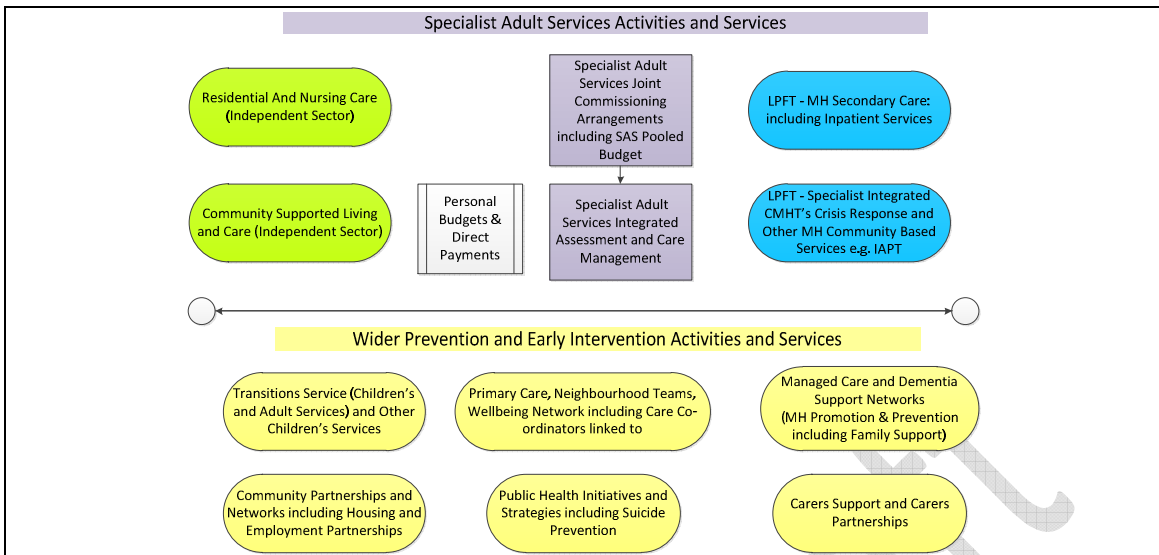
NB. Figures still to be subject to full validation

Whilst there are some areas of strong performance linked to the existing commercial agreements with LPFT for example IAPT penetration and recovery rates there are some areas where improved performance has been identified as necessary in particular:

- Mortality rates for people with Severe Mental Health problems;
- Assessment and Care Management (to be comparable with Lincs LD performance);
- Proportion of People with Severe Mental Health problems in Employment;
- Proportion of People with Severe Mental Health problems in Stable Accommodation;
- Dementia Diagnosis rates (contribution to CCG plan targets);
- Data Quality and reporting;
- Demand Management and waiting times for some services.

Whilst the new joint commissioning arrangements (including a pooled budget for Specialist Mental Health Services) will enhance the level of scrutiny applied to specialist Mental Health services and will hold providers to account through more robust contract management arrangements, performance improvement will also require LPFT and the integrated commissioning team to develop other strategic relationships and partnership arrangements and to develop system wide approaches to early intervention and prevention including mental health and wellbeing promotion.

The diagram below illustrates for Mental Health, Learning Disability and Autism services the services and activities which would be centrally managed via the Specialist Adult Services joint commissioning team (above the line) and examples of the wider Early Intervention and Prevention activities that would require a system wide approach to managing demand and performance improvement (below the line). The below the line activities will require the Specialist Adult Services joint commissioning team to commission through influence and to build strategic relationships and partnerships with key stakeholders to widen the asset base for improvement.



A good example of this wider system based approach is the recent development of the Lincolnshire Joint Dementia Strategy and associated action plan which has been developed and endorsed via the Specialist Adult Services Delivery Board, approved by the Health and Wellbeing Board and is now being implementing by the Pro-active Care Delivery Board.

Data for: Lincolnshire and districts  
 Table produced on 17/03/14 15:12 from www.pansi.org.uk version 7.0  
 People aged 18-64 predicted to have a mental health problem, by gender, projected to 2020

Disorder Type	2012	2014	2016	2018	2020
People aged 18-64 predicted to have a common mental disorder	69,001	69,597	70,316	71,158	71,770
People aged 18-64 predicted to have a borderline personality disorder	1,933	1,949	1,969	1,993	2,010
People aged 18-64 predicted to have an antisocial personality disorder	1,470	1,485	1,503	1,522	1,536
People aged 18-64 predicted to have psychotic disorder	1,715	1,730	1,748	1,769	1,784
People aged 18-64 predicted to have two or more psychiatric disorders	30,736	31,014	31,343	31,724	31,998

With a projected further increase in the number of Adults aged 18 to 64 with a mental health problem in future years aligned to a boom in the growth of 65+ population with related Mental Health needs these new "system wide" approaches to Early Intervention & Prevention and demand management will be essential to the delivery of sustainability in relation to Specialist Adult Services budgets as well as wider Acute Hospital services. Aligning integrated working within LPFT existing team, the assessment and care management team within Learning Disability with care co-ordinators in the neighbourhood teams will be a critical activity for over the next 12 months.

Autism

Commissioning services for people with Autism is arguably the most challenging area facing the Joint Commissioning team over the coming years. Currently there are no ring-fenced budgets for people with Autism in either Children's Services or Adults Services in Lincolnshire County Council or across Lincolnshire CCGs.



Information in relation to the number of people in Lincolnshire with Autism is also limited with diagnosis rates nationally being a key issue to be addressed. The best estimate currently available is that there are approximately 4,000 Adults with Autism in Lincolnshire.

Whilst there are some specific services funded for Adults with Autism from both the Learning Disability Pooled budget and provided via the Mental Health core contracts with LPFT the majority of support to people with Autism is provided via existing universal services such as Health and Education Services but supplemented by services funded via the voluntary sector and some generic targeted support through public health services.

For this reason a system based approach similar to that outlined in the Learning Disability and Mental Health Sections above is the approach to be adopted in Lincolnshire. Work is currently in progress to consult on a new joint All Age Autism strategy for people in Lincolnshire. The draft strategy has been developed with the support of the National Development Team for Inclusion and will promote the importance of the system based approach to provide improved support to people with Autism, greater awareness of Autism and better access to services. The commissioning strategy when agreed will be implemented with the support of the Lincolnshire Autism Partnership Board supported by a member of the Specialist Adult Services joint commissioning team. Key areas for action include:

- Increased diagnosis;
- Enhanced training for carers and professionals;
- Improved information and signposting;
- Better access to generic services;
- Improved targeting of prevention and early intervention support initiatives;
- Closer co-production;
- Greater awareness of Autism as a local priority.

**The delivery chain**

Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved

**Commissioners**

Specialist Adults Services are jointly commissioned by:

- Lincolnshire West CCG
- Lincolnshire East CCG
- South West Lincolnshire CCG (Lead commissioner for Mental Health Services)
- South Lincolnshire CCG
- Lincolnshire County Council – Adult Care (Lead commissioner Learning Disability and Autism)

However individual service packages in some instances are commissioned directly by the service users through Direct Payments and there is also some sub-commissioning by LPFT for Adult Social Care Mental Health Services.

Wider system prevention and early intervention commissioning activity relies on partnership approaches and will incorporate a broad range of commissioners. Key commissioning relationships include other joint delivery boards (Pro-active Care and Women and Children), other parts of the County Council (Public Health and Economic Development), LPFT (Mental Health Promotion Network).

Specialist Adult Services Commissioning Strategies and activities are also shaped by co-production with the Learning Disability Partnership Board, Carers Partnerships, Shine, Autism Partnership Board and Lincolnshire Safeguarding Boards (Adults and Children's).

### **Mental Health Providers**

The core Mental Health Specialist services are provided by Lincolnshire Partnership Foundation Trust. Lincolnshire County Council also procure services for Residential Providers from the Private and Voluntary Sector to supplement the services provided via LPFT in the community.

LPFT, through funding received from the Better Care Fund of £375,000 per annum and supplemented by Lincolnshire Public Health Team by approximately £100,000 per annum, also commission a number of Mental Health Promotion initiatives through grants to local community groups, community partnerships, local networks, clubs and other associations. This approach is part of the wider system based early intervention and prevention approach that is emerging.

### **Learning Disability Providers**

Learning Disability Services are predominately provided by the Independent Sector (including Private and Third Sector providers). Currently there are over 100 Residential and Nursing Care providers as well as over 50 Community Supported Living providers of Learning Disability Adult Care.

In addition LPFT also provide some services for clients with a Learning Disability as part of the core contract with the CCGs and LCC. These include:

- Assessment and Treatment Longley's Court Lincoln
- CAST
- Green Light Service

### **Autism Providers**

There are some residential and community based services commissioned by LCC via the Learning Disability pooled budget and access to Specialist Mental Health services via the Core contracts with LPFT but there are no other services directly commissioned by the Specialist Adult Services joint commissioning team. There are some services provided via the voluntary sector from other funding sources as well as local networks and community groups.

Wider generic universal services and targeted early intervention and prevention services are also available to people with Autism and a key priority is to improve

information and access to these services.

**The evidence base**

Please reference the evidence base which you have drawn on

- to support the selection and design of this scheme
- to drive assumptions about impact and outcomes

The development of integrated working and in particular integrated team working has been in train both nationally and internationally for some years. Increasing work has been done to evaluate the impact of integrated working resulting in an extensive library of research projects and evaluation reports on a range of different models for integration. As part of Phase 1 of the LHAC process significant trawling of evidence was undertaken, full details can be provided if required.

The benefits that have already been realised from the development of the joint commissioning team for Specialist Adult Services and the associated pooled budget for Learning Disabilities provides a foundation upon which to develop the joint commissioning model further.

There is a significant policy base supported by National and International Research supporting the development of integrated services that improve parity of esteem and will improve outcomes and value for money in relation to people with Learning Disability, Autism and or Mental Health problems. Relevant documents include but are not limited to:

- The National Service Framework for Mental Health;
- Health Lives: Healthy People;
- No Health without Mental Health;
- Closing the Gap: Priorities for Essential Change in Mental Health;
- Whole-Person Care: From Rhetoric to Reality (Parity of Esteem);
- 'A Call to Action: Commissioning for Prevention' and 'Transformative Ideas for the Future; NHS: A report of the NHS Futures Summit';
- Valuing People;
- Valuing People Now;
- Death by Indifference;
- Out of Site and associated reports in relation to Winterbourne View;
- Public enquiry Mid-Staffordshire NHS foundation trust;
- The Care Act;
- Think Autism, the new autism strategy for adults with autism in England;
- NHS Mandate;
- Preventing suicide in England - A cross-government outcomes strategy to save lives.

**Investment requirements**

Please enter the amount of funding required for this scheme in Part 2, Tab 3. HWB Expenditure Plan

- £280,000 Maximising Independence
- £2,125,000 LD Demographic Growth
- £370,000 LPFT Mental Illness Prevention Fund

- £100,000 Programme Support Costs
- £4,400,000 Risk Sharing LD pooled budget
- £10,401,000 CCG Contribution to LD Section 75 Pooled Budget
- £646,000 Adult Mental Health
- £63,000,000 CCG Mental Health Contract Contribution
- £51,400,000 Mental Health Community

**Impact of scheme**

Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan  
Please provide any further information about anticipated outcomes that is not captured in headline metrics below

**Feedback loop**

What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?

The key feedback loop that will be used to measuring outcomes will be the Specialist Adult Services Delivery Board performance reports. These will incorporate relevant measures from the National Outcomes Frameworks, specific measures from Quality Schedules of contracts with key providers, feedback from stakeholders (e.g. friends and family) as well as other key metrics that allow an understanding of performance and value for money. Outlined below are priority areas that will also be incorporated into the performance reports:

- Improvements in Mortality Rates for people with Severe Mental Illness or Learning Disability;
- Improved Access to services for people with Autism, Learning Disability and /or Mental Health problems;
- Reduced Admissions of Specialist Adult Services service users to acute care hospitals;
- Improved discharge arrangements from Acute Care;
- Improved diagnosis of people with Autism;
- Improved diagnosis of Dementia;
- Maintained or improved Assessment and Review performance;
- An increase in relevant population on GP registers (specific read coded for Learning Disability, Autism and Mental Health);
- An increase in Health Checks and Health Plans for people with Learning Disability, Autism or Mental Health Problems;
- Maintained high rates of IAPT penetration;
- Increased proportion of Specialist Adult Services people in Employment;
- Increased proportion of Specialist Adult Services people in stable accommodation;
- An increase in the uptake of Direct Payments;
- Maintained or Improved Provider Quality ratings;
- Maintained or improved stakeholder feedback;
- Assessment and Review performance (Mental Health and Learning Disability);
- Spend maintained within 1% of annual budget;
- Annual Savings targets achieved;

- Maintain or improve Low units cost performance;
- Low levels of sickness absence and staff turnover.

**What are the key success factors for implementation of this scheme?**

- Core focus on safeguarding and quality;
- Effective Demand Management Strategies;
- Co-production with key stakeholders;
- Joint Commissioning of Specialist Adults Services across the Lincolnshire CCGs and County Council;
- Integrated working arrangements across lead commissioners and key providers;
- Retention, recruitment and development of key employees;
- Development of pooled budgets and operating effectively within them;
- Development of robust Commissioning Strategies and Plans;
- Strong relationships and commercial agreements with key providers (and commissioners);
- Effective Market Management;
- Further Development/evolution of system wide commissioning partnerships and alliances;
- Core focus on Outcomes but supported by robust metrics on value for money and productivity.