

**SPECIALIST ADULT SERVICES
COMMISSIONING STRATEGY 2018-21**

Specialist Adult Services Commissioning Strategy

1. Summary Overview

Specialist Adult Services commission Adult Social Care (ASC) for Adults with Learning Disability and/or Autism aged 18+ and Adults with Mental Health needs aged 18 to 64. For those people who are eligible for ASC, and financial support, a care and support plan identifying the outcomes to be achieved will be developed alongside a personal budget to fund the care and support needed.

Our aim, simply put is to provide people with choice and opportunity and more control over who provides their care, what it is and the funds to be used.

From an organisational perspective this strategy represents a joint undertaking with NHS partners.

The Specialist Adult Services Joint Delivery Board (JDB) which is co-chaired by the Assistant Director Specialist Adult Services (LCC) and the Executive Nurse (South West Lincolnshire CCG) has oversight of the relevant joint commissioning arrangements including the [Lincolnshire's Transforming Care Plan](#) and the [Lincolnshire All Age Autism Strategy](#). The JDB is also currently overseeing a review of Lincolnshire's Mental Health Strategy. These detail our joint priorities and should be read alongside this overarching document.

Joint commissioning arrangements are often facilitated by a lead commissioner and are underpinned by legal agreements, known as Section 75 agreements, these allow the costs associated with commissioning services and assessments to be shared across agencies, benefitting service users from more joined up provision with reduced "system" duplication. Further details of the section 75 agreements are provided within section 5 of this strategy.

Demographic growth and rising complexity of needs are generating a need for increased capacity in the residential, nursing and community services markets. Ongoing price increases in provider cost bases linked to the national living wage, sleep-in costs have been compounded by recruitment and retention difficulties in some key professional groups including Nursing and some of the care sectors.

In order that we are well placed to meet these challenges the priorities for the year ahead are:

1. Sustaining outcomes and Value for Money (VfM) which includes a further strengthening of joint commissioning and the associated renegotiation of risk share arrangements with NHS agencies;
2. Changing the balance of services commissioned as well as developing wider partnership working;
3. Utilising capital investment in housing to reduce future revenue costs as well as building additional capacity in the market.
4. Increasing the numbers of service users in employment, volunteering or other vocational activities;
5. Tendering and re-tendering contracts including Shared Lives and external Day Services (Aligned to developing a new operational model for in-house day opportunities that focuses on strength based approaches).

2. How have "Needs" and "Priorities" been established and agreed

Commissioners rely upon a number of sources of intelligence. The following are important sources that help shape our strategy and commissioning intentions:

- **National and Local Policy:** National policy including legislation, statutory guidance and national strategies inform all of our commissioning activities. The County Council's leading party's manifesto is also an important point of reference alongside the County Council's Business Plan and other County Council Commissioning Strategies that are relevant to Adults with a Learning Disability, Autism or Mental illness;
- **Engagement Activities with Service Users and Carers:** The voice of the consumer and co-production define our approach to strategy and service development. Managers meet regularly with people with Learning Disability, Autism and or Mental Health problems to listen to what is important to them and to share details of commissioning activity being planned and in progress. We also have links with carers groups to hear their views on commissioning arrangements and how they can be improved further;
- **Engagement Activities with Providers of Services and other commissioners:** It is important to consider the views of existing and potential providers when developing commissioning strategies, procurement plans and specific tenders. We have regular meetings with LPFT and Lincolnshire Care Association (LinCA) who represent many Adult Social Care providers. We also meet directly with care providers to listen to their views through targeted market engagement activities. This is supplemented by formal contract management discussions supported by the Council's commercial team. In addition we discuss joint commissioning priorities with our commissioning partners in the NHS at the Joint Delivery Board and at other forums;
- **JSNA:** The Joint Strategic Needs Assessment also underpins our work The Lincolnshire JSNA includes a chapter on Learning Disability, Mental Health and for the first time now also includes a chapter on the topic of Autism. Gaps in needs and commissioning priorities are also identified within the JSNA. Further details can be found at <http://www.research-lincs.org.uk/joint-strategic-needs-assessment.aspx>
- **Specific Needs Assessment activities:** In addition to the JSNA specific needs assessments have also been completed with the support of public health for both Learning Disability and Mental Health services previously which provide a good source or reference to inform commissioning decisions. Bespoke reviews are completed to consider what is already being commissioned and how outcomes can be improved.

3. Priority Outcomes

To inform the development of this Commissioning Strategy, the Specialist Adult Services commissioning team met with representatives of the Lincolnshire All Age Autism Partnership, the Learning Disability Partnership, the Lincolnshire Mental Health Forum as well as with family carers. The purpose of these meetings was to ensure we heard directly from the representatives what outcomes are most important to them. Provided below is a summary of those Priority Outcomes:

- Maintain or improve Health and Wellbeing;
- Enhanced quality of life and care for people with learning disability autism and or mental illness;
- Maintained or improved levels of Independence and control;
- Parity of Esteem – In particular reduced inequality of life expectancy;
- People should have a positive experience of care;
- Improved Transition to Adulthood;
- Increased Employment and/or vocational opportunities;
- Increased affordable housing options within the community;
- Friendships and self-care opportunities facilitated via community capacity building;
- Improved access to universal support including reduced need for transport.
- Continue to meet with service users and carers to identify the priority outcomes they wish to achieve.

Appendix One - provides details of the key commissioning actions that have been included within this strategy which will contribute to achieving the commissioning priorities and outcomes identified above. These key commissioning actions will be reviewed each year and updated as necessary.

4. AIMS OF OUR COMMISSIONING APPROACH

The approach adopted in Specialist Adult Services is Joint Commissioning. This means that we work directly with health partners and those people in need of care and support as well as their families and carers to identify the best way to meet needs and outcomes. We also work together with other commissioners and providers of services to ensure people receive a joined up experience of care that reduces duplication of effort and delivers value for money. Provided below are a number of examples of how this joint commissioning approach delivers improved outcomes:

Keeping people safe from harm

A Panorama investigation broadcast on television in 2011, exposed the terrible physical and psychological abuse suffered by people with learning disabilities and challenging behaviour at the Winterbourne View hospital. Transforming Care: A National response to Winterbourne View Hospital provided a Government pledge to move people with Learning Disability and/or Autism, inappropriately placed or retained in in-patient facilities, into alternative support within the community.

Local Clinical Commissioning Groups (CCG's) in partnership with Adult Social Care (ASC) and other key partners were asked to develop local Transforming Care Partnerships and develop and implement Transforming Care Plans. Where it is safe to do so, people formerly in inpatient care are now supported in alternative community based care arrangements. More information on the Lincolnshire Transforming Care Plan can be found at <http://southwestlincolnshireccg.nhs.uk/about-us/transforming-care-in-lincolnshire>.

Case Study – Martin’s Story

Martin was in specialist inpatient care for 6 years and 11 months, he had been in 3 different inpatient hospitals during this period. Martin had been admitted to hospital as he had difficulties with his Mental Health and Wellbeing. Prior to the Transforming Care agenda professionals generally thought that inpatient care was the best place to meet his needs. However the NHS teams responsible for Martin’s care were struggling to manage his needs in the specialist hospital. The Lincolnshire Transforming Care team encouraged professional to think about how Martin’s needs could be met in a different way. By listening to what Martin wanted to achieve and planning to meet Martin’s needs in the community using the Care Treatment Review (CTR) process his care team managed to bring about positive change. Martin had explained that he wanted to be in his own home in the community for Christmas so with this in mind his care team worked hard to bring forward his discharge date from hospital and to get the arrangements in the community ready for him. Martin was home for Christmas. Whilst managing his care needs in the community is still challenging Martin does now have the opportunity to do many other things we all may take for granted. Since his discharge from hospital Martin has also been on holiday.

Parity of Esteem

National research has confirmed that People with Mental Health problems, Learning Disability and /or Autism are more likely to have *poorer outcomes* in life than people without these conditions. In particular the average life expectancy of people with a Mental Illness, Learning Disability and/or Autism is lower than that of the general population. Other negative outcomes could include but are not limited to ill health, social isolation and/or unemployment.

This may be as a direct consequence of their condition(s) but also attributable to wider determinants including difficulties in accessing services. This could include mainstream public services, such as primary and secondary healthcare and education, as well as other general services in the business and community sector, including public transport, shops and leisure facilities.

The ambition of this strategy is to seek to reduce these inequalities and to enable those people who need support to live fulfilling and rewarding lives within a society that accepts and understands them whilst also helping them to make the most of their talents. This ambition is often referred to as "Parity of Esteem".

Case Study- Step Forward Pilot

Following a successful bid for funding from Lincolnshire Health and Wellbeing Board Specialist Adult Services commissioners commissioned an employment support pilot called Step Forward from local colleges. MW – had moderate learning disabilities and was referred to the Step Forward programme from the Job Centre to get one to one help and support to find work and improve his self-confidence. Initially MW was looking for retail positions but it soon became clear to everyone working with him that his bubbly personality and natural ease around people he would be suited to a more outgoing role. He completed his work experience placement at Sleaford football club and came away with glowing feedback. He would have been able to stay on longer but he had had minor surgery on his knee which made cycling to the club difficult. MW did though successfully use public transport to attend interviews and appointments despite this being difficult for him because of where he lived. Applications were sent to Butlin’s and Fantasy Island because if he could find work with accommodation this would alleviate his travel issues. MW secured work with PGL. We are in e-mail contact and the last time we heard from him he was fine but missing mum & dad. MW was someone that was held back by circumstances beyond his control so looking for a

job that would solve his difficulties and suit his outgoing friendly personality was the key to him gaining success and reaching his goal.

Specialist Adult Services are also working with other key stakeholders to improve Parity of Esteem. We have already worked with the Lincolnshire Autism Partnership Board to develop the [Lincolnshire All Age Autism Strategy](#) which includes actions to improve access to universal services. An update to that strategy is also now being progressed.

In addition we are currently working with CCG lead commissioners and other partners to review Lincolnshire's Mental Health Crisis Services and we are assisting CCG lead commissioners with a review of the Lincolnshire Adult Mental Health Strategy. A key joint commissioning priority is the prevention of mental illness.

We are also committed to supporting more people with such conditions to be more resilient in the community. To this end the Managed Care Network exists as a patchwork of small 3rd sector providers, many run by people with mental health, or autism or learning disability operating across Lincolnshire.

Case Study – Manged Care Network:

My name is TB; I have lived in Stamford all my life. I am married to TB and have 2 children and 5 grand-children I used to work for a company that manufactured wool. I worked in the packing department and then I moved on to work with the ambulance service. My friend told me about StartaFresh, I was not too sure about it at first as I thought it was to do with the church but she reassured me it was a separate group so I decided to give it a go. When I got there everyone made me feel so welcome I decided to continue to come to the weekly sessions. Even though I was very nervous I decided to sign up for some courses and I am very glad I did. I have done and passed "Food Safety in Catering". I have also passed "Communication Skills" and "First Aid". I still take part in the various courses organised by Startafresh, I am currently doing a "skills for life" course with Adult Learning and really enjoying it. Thanks to StartaFresh it made me have more confidence in myself and makes me feel good about myself again. It has helped me get involved in volunteering. Every week I volunteer at StartaFresh with the cooking and I also volunteer at the Mums and Tots group at the church. It's all thanks to StartaFresh, it helped me turn my life around.

Independence, Choice and Control

For those people who need support from Adult Social Care and are eligible, the person will be supported via the Adult Care assessment and care management team to identify their needs and the person's own desired outcomes. A personal budget will be calculated and established to fund the activities or services necessary to meet the agreed needs. A financial assessment will also be completed to establish whether the person should fund part or all of their care.

The person (or a third party acting on their behalf) may choose to take the Personal Budget via a Direct Payment and procure services directly. Alternatively people can ask the Council to commission services to meet agreed needs on their behalf. Personal budgets and direct payments help to promote people's independence and allows them more choice and control over how their care and support needs are met.

In Lincolnshire Specialist Adult Service Commissioners (LCC) worked with commissioners in the Lincolnshire CCG's to bid to become a Personal Health Budget Demonstrator Site. Lincolnshire were one of only 9 local sites nationally that were selected. Lincolnshire CCG's provide people with the opportunity to take their health funding and combine it with Adult

Social Care funding so it can be managed in one place. This gives people more flexibility, control and choice about how their needs are met. Further details on personalisation can be found at <https://www.thinklocalactpersonal.org.uk>

Case Study: Personalised Care and Support

A fifty year old gentleman living in the east of the county with severe and enduring mental health issues which he has had since childhood, he had always lived with his mother who was his main carer. Unfortunately his mother had to go into long term residential accommodation. With support from LPFT he was able to maintain the tenancy on the property he shared with his mother. He was also able to access a direct payment which he used to buy day care at the same residential home in which his mother was living. The day centre provides transport and he helps other residents in a volunteering role which serves to reduce the cost of the day care. Through this he is able to keep regular contact with his mother, have social inclusion provided by other attendees and staff, contribute to the centre through his volunteering and have his main meal provided Monday to Friday. This ensures that appropriate and adequate dietary intake is maintained, levels of anxiety are reduced and social isolation minimised.

5. Learning Disability Section 75 Agreement

How it works

The Learning Disability Section 75 agreement is a joint commissioning agreement between Lincolnshire County Council (LCC) and the four Lincolnshire Clinical Commissioning Groups (CCG's). Through this agreement the Council acts as the lead commissioner for both Adult Social Care (ASC) and Continuing Health Care (CHC) for relevant adults 18+ with a Learning Disability and or Autism.

The Council and the 4 CCG's contribute funding to a pooled budget managed by LCC. The pooled budget funds an integrated assessment and care management team made up of nurses and social care professionals. This integrated team complete assessments and reviews of people's care needs and if people are eligible for care and support a personal budget and/or personal health budget will be developed.

The Council acts as lead commissioner and host for the pooled budget and the integrated assessment & care management team, this means that the Council and the 4 Lincs CCG's can share the associated transaction costs and avoid duplication of functions. The CCG's also benefit for the Council's commissioning, procurement and contract management expertise. From a service user perspective they get a more joined up service with one key worker supporting them with their Care and Support Plan. The provider market also benefit from these arrangements as they only need to work with one lead commissioner rather than the 5 different commissioning agencies that are party to the Section 75 agreement.

What we Commission

Outlined in Table 1 below are details of the projected number of people that will need to be supported by different service types as at the 31 March each year. In summary people are supported either in Residential and Nursing Care or by community based services. It should be noted that some people may be in receipt of more than one type of community based service.

Table 1: Estimate of number of people supported by Service Type

Projected Service Users by Service Type	Projected 31 March 2018	% of Total	Projected 31 March 2019	Projected 31 March 2020	Projected 31 March 2021	Projected 31 March 2022	Projected Growth by 31 March 2022	% Increase
Residential and Nursing	493	22%	498	503	508	513	20	4%
DP	586	26%	661	736	811	886	300	51%
CSL	766	34%	817	868	919	970	204	27%
Shared Lives	38	2%	TBC	TBC	TBC	TBC	TBC	TBC
External Day Services	168	8%	178	188	198	208	40	24%
Transport	172	8%	172	172	172	172	0	0%

These projections suggest that the demand for services is expected to increase over the next four years. In particular the demand for community based services including Community Supported Living (CSL), Direct Payments and External Day Care are expected to increase at a greater rate than Residential and Nursing Care.

Complexity of Demand

What the table above does not show but our information is telling us is that demand is not only increasing in volume but it is also increasing in complexity. This is for a number of reasons including but not limited to the Transforming Care agenda, more young people with complex needs transitioning to Adult Care, people with disabilities living longer and developing multiple long-term conditions and more people being diagnosed with Autism and challenging behaviour.

Changes in the complexity of demand, means that existing services will need to adapt in order to meet future needs. For example some service users may have specialised needs that may require providers to employ workers with specific qualifications and experience. This could mean that providers need to recruit additional people with these skills and/or train or re-train existing employees.

Costs of services

With complexity and demand increasing these two factors alone will mean a need for increases to funding.

To add to this the cost of services are also increasing. This is being driven by a number of factors including but not limited to the following points:

- **Recruitment and Retention costs:** Market intelligence has confirmed that the care sector has high turnover rates of staff which is impacting on the cost of recruitment but also retention. Other employment sectors are often recruiting from the same communities for example the retail sector. This competition for labour is likely to drive wages upwards if the care sector is to successfully secure and retain additional workers;
- **Cost of Wages:** The ongoing increases to the National Living Wage (NLW) are increasing the costs of services to providers and commissioners. Changes to guidance on "sleep-in" arrangements may also have significant additional cost implications. In addition there are also increased costs associated with the national requirement to offer all employees a pension;

- **Cost of Capital:** Our market engagement activity with our providers has confirmed that the cost of borrowing continues to be a significant issue. Many providers are now owned by investment funds who are seeking a return for their investors. A number of previously privately owned providers have also sold their businesses to other companies who are also now seeking a financial return;
- **Inflation:** wider inflation is also adding to the cost of services. For example the cost of utilities including gas, electric and water continue to increase as do the cost of wider commodities including petrol and food.

The combined impact of the increases in the volume of demand, complexity of demand and increases in the cost of services means that we expect that the funding required to meet future care needs will also increase significantly. Outlined in table 2 below is the projected gross budget requirement by category of service for the next four years. This suggests that the budget requirement is expected to increase by nearly £15m (22%) by 2021/22.

Table 2: Projection of Gross Budget Requirement by Category of Service

Gross Spend/ Projected Budget by Service Type	17/18 Projected Outturn	% of Total Gross Spend	Projected Budget Requirement 2018/19	Projected Budget Requirement 2019/20	Projected Budget Requirement 2020/21	Projected Budget Requirement 2021/22	Projected Increase by 2021/22	% Increase
Residential and Nursing	28,205,165	41%	29,594,197	30,804,412	32,033,703	32,795,805	4,590,640	16%
DP	9,119,315	13%	9,628,377	10,154,153	10,697,109	11,202,537	2,083,222	23%
CSL	25,150,962	37%	27,089,084	29,132,065	31,284,870	32,904,324	7,753,362	31%
Shared Lives	615,859	1%	628,176	640,740	653,554	666,626	50,767	8%
Day Services	1,438,782	2%	1,510,769	1,585,059	1,661,717	1,732,274	293,492	20%
Transport	898,804	1%	907,792	916,870	926,039	935,299	36,495	4%
Admin	40,000	0%	40,400	40,804	41,212	41,624	1,624	4%
Field Staffing	2,559,637	4%	2,585,233	2,611,086	2,637,197	2,663,569	103,932	4%
Total LD Section 75	68,028,524	100%	71,984,028	75,885,188	79,935,401	82,942,058	14,913,534	22%

What are the other Issues?

Residential and Nursing Care

Whilst we will usually seek to support people in community based placements, some people's needs will still be best met within Residential or Nursing Care services and therefore this will continue to be an important market to retain and develop. Overall we do not expect to see a big increase in the commissioning of Residential and Nursing Care for Adults with a Learning Disability or Autism. Projections in table one above suggest that net growth will be in region of 20 placements or (4%) to 513 by 31 March 2022.

Our market management intelligence tells us that there are still a number of vacant Learning Disability residential beds in Lincolnshire (roughly 10% vacancy rate). Unfortunately these vacant beds are not always suitable for the people we need to commission care for as their needs are more complex. We also know that there is increasing competition for Lincolnshire beds as the costs of care in Lincolnshire are relatively low in comparison to other parts of the country. It is therefore very important that we are able to secure an adequate proportion of the market of the right type of residential and nursing care. For this reason we are reviewing the usual costs that we pay for Residential Care but we also want to explore new ways of commissioning these services going forward. Appendix One provides more details on these key commissioning actions.

Where ever possible and where people have not specifically asked for an out of area placement we seek to secure services from providers based in Lincolnshire. We have a relatively consolidated relationship with residential care providers with 69% of our overall placements with 10 key providers. This does aid relationship and contract management activities but we will want to reduce our dependency on some providers over the next four years to decrease our exposure to associated market risks.

People Supported in the Community

We will usually seek to support people with community based services helping them retain their place in local communities in a home of their own. This fits with the Council's approach of promoting independence, choice and control. Our aim over the next four years is to change the balance of care. This means we want to support a greater proportion of people in community based placements as this is generally what people want, it's also what national and local policy confirms we should be aiming to do.

However there are a number of challenges that will need to be addressed in order to achieve this ambition. In particular Table 1 above projects an increase in projected demand for community based services over the next four year. This includes a projected 51% increase in demand for Direct Payments, 27% increase in demand for Community Supported Living and a 24% increase for External Day Services. Demand for Shared Lives services and transport services are also expected to grow but projections are still under discussion at the time of writing this Strategy.

Increasing the supply of care workers: Arguably this is the most significant challenge over the next four years as, even if there is funding available, providers and direct payment service users may not be able to recruit and retain adequate numbers or quality of carers to meet their care needs. We will continue to work closely with the Council's Strategic Support Provider LiNCA, and wider partners to develop a workforce plan.

Promoting Direct Payments: The take up of direct payments by service users is good within Specialist Adult Services with 47% of people choosing to take their personal budget as a direct payment. However we want to continue to promote direct payments as a key way to increase independence, choice & control and value for money. Ensuring information & advice, systems, processes and support services are robust is key to maintaining rates of direct payments.

Accommodation: Nationally and locally there is a recognised shortage of affordable housing. Whilst the Council is not currently responsible for providing or funding housing it recognises this as a strategic issue for Lincolnshire. The Council has therefore established governance arrangements with district Councils and other housing partners to develop a Lincolnshire Accommodation Strategy. This problem affects people with care and support needs as well as the wider population. The shortfall in suitable and affordable accommodation (which includes such options as 'Shared Lives') is therefore becoming a key concern for service users and commissioners. To reduce the demand for inpatient and residential care and to ensure service users can be supported to live in the community Specialist Adult Services commissioners will work with the stakeholders above to develop a specific accommodation plan for Specialist Adult Services.

Support to Family Carers: The Council recognises the importance of family carers to the lives of service users but also to the wider care system. As such carer's services in Lincolnshire will need to be developed further given the projected growth in demand for

care. In particular targeted support for aging carers and support to carers of young adults are priorities. We will continue to work with the lead carers commissioner and carers groups in this respect;

Financial Risk Share

A key reason why the Learning Disability Section 75 agreement between the Council and the 4 Lincolnshire CCG's has worked so effectively is because there has been a shared approach to associated risks and in particular financial risk.

Whilst a new section 75 agreement has been successfully re-negotiated for 2017-18 further negotiations are still in progress to update the risk share agreement for 2018-19 and explore opportunities for wider joint commissioning.

6. Lincolnshire NHS Partnership Foundation Trust (LPFT) Section 75 Agreement

How it works

The Lincolnshire Partnership NHS Foundation Trust (LPFT) Section 75 agreement is a joint commissioning agreement between LCC and LPFT. Through this agreement the Council delegated key commissioning activities including the Assessment and Care Management function for Adult Social Care for people with Mental Health needs aged 18 to 64, the management of a community care fund, operation of the Manged Care Network that prevents the need for Mental Health services as well as other related mental health related functions.

LPFT are also the main provider of Secondary Mental Health Care services in Lincolnshire which are separately commissioned by Lincolnshire CCG's. This allows LPFT to manage demand for Mental Health Services for the people of Lincolnshire in a more joined up way which we believe reduces overall demand for Mental Health related care and support as well as providing a better experience of care for service users.

What we Commission

Table three below provides a 2017-18 analysis of the gross budget and projected spend for the Mental Health related services that Specialist Adult Services commission.

Table Three – Adult Mental Health Related Gross Budget and Projected Spend

Category of Mental Health related Commissioning	Gross Budget 2017-18 £	Projected Gross Spend 2017-18 £	Projected Over/Under spend £
Staffing including Day Time AMHP provision	1,353,000	1,353,000	0
Residential Care	2,887,000	2,887,000	0
Direct Payments	1,481,000	1,481,000	0
Community Services non-direct payments	93,000	93,000	0
Other spend	54,000	54,000	0
Sub-Total Assessment and Care Management related	5,868,000	5,868,000	0
Manage Care Network	375,000	375,000	0
Best Interest Assessments - DOL's	1,309,870	1,309,870	0
Sub-Total Other Section 75 services	1,684,870	1,684,870	0
Section 12 Doctors Assessments - DOL's	429,500	490,000	60,500
Grand Total	7,982,370	8,042,870	60,500

The largest element of Mental Health related spend by Specialist Adult Services is in respect to Adult Social Care related activities within the Section 75 agreement. This is funded from the Mental Health 18-64 Section 75 budget. The existing agreement contains a risk share agreement that commits LPFT to manage the services within the budget envelope with and overspend being their responsibility. Table 4 below provides a projection of the number of people to be supported via the core services over coming years.

Table Four – Projection of Section 75 Core Service Activity

Category of Mental Health related Commissioning	Projected number of service users as at 31 March 2018	Projected number of service users as at 31 March 2019	Projected number of service users as at 31 March 2020	Projected number of service users as at 31 March 2021
Residential Care	143	145	149	151
Direct Payments	239	243	248	253
Community Services non-direct payments	5	5	5	5
Grand Total	387	393	402	409

In addition to the above core services the section 75 agreement also facilitates a payment of £375k of Better Care Fund (BCF) for the Managed Care Network (MCN).

The final area of spend with LPFT facilitated by the Section 75 agreement relates to Best Interest Assessments and assessments by 'Section 12 Doctors'. These are required to support the Council's decision about whether a Deprivation of Liberty should be authorised or not. A decision cannot be progressed without a Best Interest Assessment.

What are the Key Commissioning issues

The majority of issues that were identified within the Learning Disability Section 75 section of this strategy are also applicable to the Mental Health Section 75 agreement with LPFT. The commissioning priorities identified at Appendix One should therefore be considered relevant to both agreements. The issues identified below are more specific to the LPFT agreement:

Core Services

Specialist Adult Services commissioners and the Adult Care finance team are currently working with LPFT to complete a financial audit of reported funding pressures. They are also working with LPFT to review the existing projections of expected service users as LPFT feel demand may increase by more than the current estimates. The renegotiation of the funding envelope and projected demand will be a commissioning priority for 2018-19 and future years.

Deprivation of Liberty Safeguards (DoLS)

On 19/03/14 the Supreme Court handed down a judgment in the case of P (by his litigation friend the Official Solicitor) v Cheshire West and Chester Council and Anor [2014] UKSC 19 (19th March 2014). The judgment is significant as it deals with the criteria for deciding whether the living arrangements for a person who lacks capacity to consent to those arrangements amounts to a deprivation of liberty. Essentially it states that all deprivations of liberty **must** be authorised.

In the financial year 2013-14 Lincolnshire County Council received 171 requests to Authorise a Deprivation of Liberty. However post the Cheshire West judgement and therefore the change in law more people fall within the scope of DOLS and as such requests for authorisations have increased. At the time of writing this strategy LCC is projecting a need to consider over 3,200 DoLs applications or reviews in 2017-18.

In order to consider authorising a deprivation of liberty, the authorised signatories employed by the Council need to consider a number of assessments completed by other professionals. These include the Best Interest Assessments completed via LPFT and the Mental Capacity Assessments completed by the Section 12 Doctors. Following the huge increase in demand for DoLs applications the Council has agreed additional budget for an interim period to manage this increased demand.

However the Law commission have indicated that they will review legislation and issue new guidance at some point in the future. At this time the date for this is unclear and therefore there is ongoing pressure on Local Authorities to meet the increased demands until that point. Whilst Lincolnshire is doing well in managing this demand in comparison to some other authorities having an adequate number of Best Interest Assessors, Section 12 doctors and authorised signatories is an ongoing challenge.

Managed Care Network (MCN)

The MCN has been evaluated on a number of occasions with a consistent message that the initiatives supported do help to reduce demand on higher tier services.

In recent meetings with Autism Partnership representatives a similar preventative service network for Adult with Autism was also proposed. It is the intention of Specialist Adult Services commissioners to seek to secure funding for a pilot initiative in 2018-19. The aim of the initiative would be to seek to delay or prevent some of the predicted increase in demand for Adult Social Care.

Appendix One

Specialist Adult Services key commissioning actions supporting the delivery of the Commissioning Strategy

Key Commissioning Actions	By When
Renegotiate Section 75 risk share agreements: Renegotiate risk share agreements with CCG's and LPFT respectively in relation to existing section 75 agreements including revised annual financial contributions. Negotiations to include consideration of possible options for expanding lead commissioner arrangements were these offer potential benefits.	Annually
Work with Adult Carer's Market Support provider to develop an external workforce development plan for specialist adult services: Providing a steer to LinCA oversee the development of an external workforce plan to include targets for recruitment and retention for service types and geographical patches across Lincolnshire. LinCA to work with market to embed and deliver the plan to secure adequate volume and quality of staff. This to include an analysis of future training needs for certain types of care.	31 March 2019 and then review annually
Implement usual costs for LD/MH Residential Care 2018 to 2021: Following the recent agreement of updated usual cost model for Learning Disability and Mental Health residential care the new rates need to be implemented with providers and agree where each placement fits within the new banding structure. Also complete residual negotiations and develop longer term action plan for those placements outside of usual cost model.	31 March 2019
Develop block contract options for residential care: Develop options paper on how best to develop block contract beds in order to secure additional capacity within market share protected for Lincolnshire usage. Including exploration of use of capital to reduce future revenue costs.	30 September 2019
Develop a Specialist Adult Service accommodation plan: As part of the wider Lincolnshire Accommodation Strategy partnership working work with public health and corporate leads to develop a clear plan for accommodation for transforming care and wider specialist adult services service users. This to include proposals for extra care and supported living options.	31 March 2019
Continue to increase direct payments: Continue to promote personalised care and strength based work in care and support plans and target further increases in the number of people taking their personal budget as a direct payment.	Annually
Re-specify and tender shared lives contract: Linked to the above accommodation strategy review and tender for a new shared lives contract with the view to significant increase in shared lives usage by 31 March 2021	31 Jan 2019

Re-specify and tender external Day Services for Learning Disability: Need to develop revised usual cost model for external day care, update service specification and tender new framework contract	31 Dec 2019
Agree and implement a new operating model For In-House Day Services: Further to phase one of the modernisation of in-house day services we will now review and implement a new operating model for our in-house day services that allows greater use of the buildings by the wider community, offering opportunities for increased access out of hours, moving away from single client group usage but with a clear focus on building on individual and community strengths to improve outcomes. This action will also link to increasing employment and volunteering opportunities for Adults.	31 March 2019
Develop and Implement a program of support for increased Employment: Work with partners to develop a program of initiatives aimed at increasing the number of eligible service users with a Learning Disability, Autism and/or Mental Illness into employment and other vocational opportunities	31 March 2021
Seek support and funding to develop a Managed Care Network for Adults with Autism: Develop business case and bid for funding to develop targeted MCN for Autism.	31 March 2019
Influence lead commissioner for Carer's Services to develop wider offer of support for Specialist Adult Services: This to include plan to address needs of aging carers, support more carers to remain or return to employment, support to family to retain caring role for young adults for longer post transition.	31 March 2020
Health and Wellbeing Offer: Influence Public Health commissioners to develop a clear Health and Wellbeing offer for Adults with a Learning Disability, Autism and or Mental Health needs	31 March 2019
Review Transitions Protocol: Work with Young People, their Parents and Carers and Children's Services to review the existing Transitions protocol and relaunch with clear pathways, processes, procedures including information and guidance.	31 March 2019
Manage increasing demand for DoLs until Law Commission review complete: To continue manage risk of increasing demand	Review annually

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