



Making Social Care
Better for People



The commissioning of services and support for people with learning disabilities and complex needs

Assessment framework

Background

The decision to undertake a joint review of the commissioning of services for people with learning disabilities and complex needs by the Commission for Social Care Inspection (CSCI), the Healthcare Commission and the Mental Health Act Commission derives from concerns about the quality of care commissioned across health and social care.

In 2006, the Healthcare Commission and CSCI joint investigation into Cornwall NHS Partnership Trust found that “services were being provided in totally unacceptable environments, record keeping was so poor that it prevented effective care from being provided, and senior leaders in the trust lacked strategic vision and an effective operating plan”. The Healthcare Commission investigation in 2006 found care in Sutton and Merton NHS Trust to be old fashioned, institutionalised and lacking good care planning and appropriate leadership. In both Cornwall and Sutton and Merton, safeguarding practices were also deemed to be unacceptable.

In 2007, following these concerns, the Healthcare Commission undertook a national audit of specialist inpatient healthcare services for people with learning difficulties in England. CSCI worked with the Healthcare Commission on the design of the audit questionnaire with both organisations committed to ensure that an item on commissioning was included. This report that followed the audit, *A life like no other*, concluded that there was:

- A set of poor procedures for safeguarding vulnerable people.
- Poor planning of care for people.
- Lack of internal and external scrutiny.
- Lack of stimulating activities and opportunities.
- Poor physical intervention practices.
- Lack of leadership.
- Residential care provided by health services in institutionalised services.

These findings, combined with a number of reports and policy documents raising concerns about the quality of care, support and provision for people with learning disabilities, and particularly those with complex and challenging needs, resulted in the three commissions working together to develop an assessment framework for the review of commissioning practices.

We have undertaken a literature and policy review of current commissioning guidance and have worked with an expert reference group to develop a definition of commissioning that will be used for this review.

Commissioning

Good commissioners understand people's needs now and how to plan for the future. They are able to shape services that are fair, of good quality and change in accordance with people's needs and wishes. Commissioners use the resources they have in the most effective ways to ensure that localities have the capacity to meet people's needs and wishes.

Commissioning includes a range of activities, such as:

- Knowing what services people need to live a good life.
- Using this knowledge to plan changes for the whole local area.
- Taking action to change services where they are not good enough.
- Paying for services to meet individual needs.
- Checking that outcomes from services are of a good quality and changing services and plans if needed.

Commissioning is a cyclical process, which ensures that the needs and wishes of people from the local area are well understood and the market managed so there are a range of local supports and provision available at a reasonable price. In a mixed market that takes account of individual budgets and the role of people purchasing their own services, commissioners ask providers to offer and deliver services specified in the Joint Strategic Needs Assessments that is based on information about current and future need gleaned from person centred plans. This demonstrates that commissioners have listened to what people are asking for now as well as planning for their future needs and wishes. Commissioners have detailed knowledge of the resources available and use them to the best effect. They ensure that contracts are in place, which meet people's needs and that information on how they are doing this is gathered regularly to assess their effectiveness. This will cover whether services are fit for purpose and crucially whether they are providing the diversity of provision people want. When this is not the case commissioners take action to procure and contract with new services or support existing providers to change.

Policy context for the commissioning of services

Joint Strategic Needs Assessment and Partnership Working

The Local Government and Involvement in Public Health Act (2007) places a duty on local authorities and their partner primary care trusts (PCTs) to produce a Joint Strategic Needs Assessment. This will lead to stronger partnerships between communities, local government and the NHS and improved commissioning practices based on better information. This vision of stronger local partnerships is reinforced in the cross sector concordat: *Putting People First: A Shared Vision and commitment to the transformation of social care*.

Joint Strategic Needs Assessments will identify priorities for action through Local Area Agreements. This will help commissioners, and particularly, practice based commissioners to specify outcomes that encourage local innovation and help providers to develop services that respond to local need.

Commissioning Framework for Health and Wellbeing

Additionally, the Department of Health *Commissioning Framework for Health and Wellbeing* aims for a:

- Shift towards services that are personal, sensitive to individual need and that maintain independence and dignity.
- Strategic reorientation towards promoting health and wellbeing, investing now to reduce future ill-health costs.
- Stronger focus on commissioning the services and interventions that will achieve better health across health services and local governments with everyone working together to promote inclusion and tackle health inequalities.

This is particularly important for people with learning disabilities for whom access to good quality health care is problematic.

The assessment framework we have developed is based on the eight steps to effective commissioning outlined in this document, and a policy and literature review comprising over 50 documents.

Implicit in the development of the standards is the application of the Valuing People Priorities.

1. Putting People at the Centre of Commissioning

Outcome: People with learning disabilities, their families and their carers are routinely involved in the planning, design, development and evaluation of services, resulting in a far more personalised approach to service delivery.

1.1 Commissioners involve a range of people with learning disabilities and complex needs, and their family carers, in identifying commissioning priorities, service planning, service developments and service evaluation.

1.2 Commissioners make sure that a person centred approach is applied to the development and design of services, and results in provision that can be tailored to an individual's specific need.

1.3 Commissioners are able to demonstrate that people who use services are actively involved

in the planning of their own support, are making decisions, and that their views and wishes have been acted upon.
1.4 Commissioners apply person centred approaches and active case planning to people in NHS campus provision (or who are in hospital settings but not receiving treatment) with the result that numbers decrease and alternative, personalised services and support increase.
1.5 Independent advocacy services are promoted and supported and are easily available to assist people with learning disabilities with complex needs and their family carers. Commissioners are able to demonstrate that improvements to access and the quality of services for people have been achieved and that these services remain effective.
1.6 Interpreting services are promoted and supported, are easily available to assist people with learning disabilities and complex needs and their family carers. Commissioners are able to demonstrate that improvements to access and the quality of services for people have been achieved and that these services remain effective.
1.7 Commissioners provide information about locally available services, supports and resources for people with learning disabilities and complex needs in a range of accessible formats. They ensure that people are well informed and signposted toward services such as health, social care, community support etc. available to them and know how to access them.
1.8 Commissioners provide evidence-based information to people with learning disabilities and complex needs, and their family carers, about the quality of the services, supports and resources in the area.
1.9 People with learning disabilities and complex needs receiving support from a council or through a range of funding streams, have a named care manager/health facilitator/navigator whom they have met, who actively monitors how their needs are being fulfilled and offers support should they wish to raise concerns.
1.10 Complaints procedures are easy to access and follow and are sensitive to the needs of people using them. Commissioners can demonstrate that complaints have been acted on.

<p>2. Understanding the needs of populations and individuals</p> <p>Outcome: Local Authorities and PCTs have an improved understanding of the current and emerging health and social care needs of their learning disability population, particularly those with complex needs, and their family carers, and have secured the resources and investment to meet their requirements.</p>
2.1 Commissioners have a clear understanding of the numbers and of the current and future social care and health needs of the learning disability population - both short term to inform Local Area Agreements (three to five years), and long term, to inform strategic planning (five to ten years).
2.2 In addition, commissioners have a detailed understanding of the specific social care and health needs of adults within that population, who have complex needs and whose behaviour presents a challenge to services. This includes the detail of how many people are: <ul style="list-style-type: none"> • Approaching transition from childhood to adulthood. • Approaching transition from adulthood into to older age. • Placed in the area and funded by other commissioning organisations. • Placed out of area by the commissioner. • In hospital or living on NHS campuses or in other NHS provided settings. • Living at home on their own and not receiving services. • Living at home with family carers and not receiving services.

<ul style="list-style-type: none"> • Supported by housing agencies with Supporting People funding. • From black, asian and ethnic minorities. • Expressing the need to support their lifestyle, including that of, for example, religion and sexual orientation. • Using self directed support (direct payments and individual budgets). • Experiencing complex health needs. • Experiencing or have experienced forensic intervention.
2.3 Commissioners can demonstrate that people with learning disabilities and complex needs who use services, their carers and family are actively and routinely involved in contributing to the Joint Strategic Needs Assessment.
2.4 Commissioners have undertaken a gap analysis with partner agencies as part of the Joint Strategic Needs Assessment. This analysis identifies, for example, the numbers of people excluded from services and support because of their challenging behaviour. It will identify strategies, actions, resources and timescales needed to address gaps in services – including workforce, finance and technological solutions. The gap analysis will address locally available resources and supports to people using direct payments and individual budgets, as well as services.
2.6 Commissioners work with other agencies to identify all current expenditure potentially relevant to people with learning disabilities and complex needs and ascertain the main areas of financial pressure and financial opportunity.
2.7 Resources are pooled across agencies and drawn in from mainstream and generic sources, wherever possible, to ensure there is sufficient capacity in the system to encourage diversity in service provision and to respond to changing and evolving needs.
2.8 Services should be audited to establish those that are good at providing support to people with complex needs and/or whose behaviour provides a challenge, those that are not, and the reasons why.

<p>3. Sharing and Using Information More Effectively</p> <p>Outcome: Local authorities and their partners apply the principles of <i>Putting People First</i> so that information about people with learning disabilities and complex needs is shared across agencies and used to deliver improved, personalised services and supports tailored to people's expressed needs and wants.</p>
3.1 Commissioners work across a range of organisations (for example social care, health, housing, employment agencies, leisure, third sector provision, direct and independent providers etc.) to ensure improved information sharing, personalised service planning and coordination for people with learning disabilities and complex needs.
3.2 Current and potential providers of services and supports (including voluntary and community organisations) are involved in the development of commissioning strategies, so that information is shared about proposed developments with other agencies such as housing and leisure.
3.3 Commissioning activity is supported and informed by ICT and administrative systems that provide accurate management information serve commissioner's operational needs and facilitate inter-agency communication and planning.
3.4 Commissioning organisations promote and monitor the demand and uptake of self directed support.
3.5 Commissioning organisations are effective in monitoring the needs of people with complex needs and the associated take up of services and supports, including primary and secondary

health care. They can demonstrate fair access to services, and actions taken to increase the take up of services from under-represented groups.
3.6 Commissioners have information systems in place to link individual reviews to service level planning.
3.7 Commissioners ensure that regular, area level information is available and accessible to people with learning disabilities and complex needs, family carers and user and carer-led organisations.

4. Assuring high quality providers for all services Outcome: People with learning disabilities and complex needs have services and supports in place that are personalised according to their needs and reflexive/sensitive to changes in their requirements.
4.1 Commissioning organisations demonstrate a good understanding of local health and social care markets and are developing a diverse range of services to meet peoples specific requirements.
4.2 There are effective partnership arrangements with a range of providers (including the council, independent, third sector and user led organisations) that results in supporting existing good quality services and stimulating new provision. Commissioners make sure that funding arrangements are in place to support these new initiatives.
4.3 Commissioners are explicit with providers about their expectations of quality, the design of services and the developments required to be adaptive to changes in need. These expectations are written into flexible contracts with providers.
4.4 Commissioners are able to demonstrate that through person centred planning approaches, people are seen regularly and on the basis of this, their needs and wishes are met.
4.5 People with learning disabilities and complex needs and their families actively contribute to Health Action Plans and procedures are in place to ensure they are fully operational.
4.6 Commissioning and contracting arrangements specify required safeguards and are regularly reviewed to ensure the provision of safe services.
4.7 Commissioners support people with learning disabilities and family carers to monitor services and provide feedback to them in order to improve services and support.

5. Recognising the importance of good health services; recognising the interdependence between work, health and well-being; recognising human rights Outcome: People with learning disabilities and complex needs have the right to live a fulfilling life with good, accessible health care, social care and employment opportunities close to home.
5.1 The human rights of people with learning disabilities and complex needs to have the choice and control over their lives that many of us take for granted, are explicit in commissioning strategies and demonstrated in actions across adult social care, health and education provision. This results in joined up strategies resulting in improved health, and improved employment and training outcomes.
5.2 There is an effective and identifiable strategic presence within health organisations and their partners to inform and support the commissioning and delivery of high quality health care services. Commissioners are able to demonstrate how this has made a difference to the physical and mental health of people with learning disabilities and complex needs.
5.3 There is fair access to generic health services for people with learning disabilities and complex needs, including fair access to mental health provision. Commissioners ensure that National Service Framework targets for this group are met, the subject of regular monitoring

and follow up action if targets are not met.
5.4 The NHS provides specialist mental health assessment and treatment on a short-term basis that is part of a broader integrated pathway of care. This involves, for example, social care, housing, and third sector partners. Services and supports are designed to get the individual back into the community and do not result in unnecessary long-term admissions to specialist hospital inpatient services or result in people not being discharged.
5.5 Commissioning organisations ensure that people with learning disabilities and complex needs can access appropriate services out of hours and can demonstrate that this is the case.
5.6 Out of area placements, including those on NHS campuses and in long stay hospitals, are the subject of regular review and planning. Commissioners have a clear strategy in place to return people to their local community unless the relevant person-centred plan clearly indicates a strong preference to live elsewhere.
5.7 Commissioners ensure that the information used to plan for the return of people from NHS campuses and long stay hospitals results in good quality, local services that prevent the need for people being placed out of area in the future.
5.8 Family carers are effectively supported to enable them to continue in their employment, return to work if they wish to, and to pursue their own interests and lifestyle.

<p>6. Developing incentives for commissioning for health and well-being</p> <p>Outcome: there is effective partnership working that results in the development of a health and social care market that puts people first, and delivers the kinds of services that are important to them.</p>
6.1 Commissioners award premiums or 'preferred status' to providers who can demonstrate they are meeting designated outcomes and are committed to improving the quality of life, health and well-being of people who use services.
6.2 The use of 'preferred status' models are tailored to encourage diversity within the market and supports the development of new services and third sector initiatives.
6.3 Commissioners ensure that the use of direct payments and individual budgets is promoted across organisations and that staff are confident and able to assist people in designing their own tailored care and support.
6.5 Contracts with providers are outcome based and explicit about what is required so that health and social care needs are met in a way that ensures that people's dignity is maintained, and personal goals met. Contracts outline the consequences of non-compliance with these requirements and commissioners are able to demonstrate contingency planning arrangements.
6.5 Commissioners are able to demonstrate a move towards flexible and contingent commissioning and a move away from block contracting.
6.6 Tendering and contracting processes are simple, easy to follow and do not pose barriers to small or user led organisations who wish to come forward to deliver outcome based, person-centred services.

<p>7. Making it happen: local accountability</p> <p>Outcome: people with learning disabilities and complex needs, their families and carers are aware of what services and support they can expect, and have a right to receive locally, from councils and the NHS.</p>
7.1 Commissioners report publicly on what has been achieved against strategic plans in ways that are accessible and accountable to people with learning disabilities and complex needs, and family carers.

7.2 Commissioning organisations across health and social care have performance management and quality assurance systems in place to monitor the outcomes for people using services against the relevant standards and outcomes frameworks.

7.3 This information is used to drive up the quality of services and support, improve outcomes for people and to address poor performance.

8. Making it happen: capability and leadership

Outcome: Commitment at a corporate, strategic and operational level means that Local Authorities and PCTs know what services need to be delivered and how to deliver them to improve the quality of life for people with learning disabilities and complex needs and their families.

8.1 Learning Disability Partnership Boards actively monitor that local agencies are working together to provide effective services for people with learning disabilities and complex needs, and report publicly and to the relevant Chief Executives when they are not.

8.2 Commissioners monitor review processes to ensure that the services and support they are procuring meet objectives set out in peoples' person centred plans and health action plans, are achieving stated outcomes and are therefore demonstrating the effectiveness of commissioning strategies.

8.3 Commissioners work with providers to make sure there is effective staff training on working with people with learning disabilities and complex needs, and can demonstrate that action is taken when it is not.

8.4 Commissioning organisations make sure there is an active recruitment and staff development strategy in place that takes account of the move towards personalisation and self directed support for individuals and their families, and takes account of the importance of person centred planning. This strategy should ensure that staff with the skills necessary to deliver this agenda are in place and contributing to the development of services. Commissioners can demonstrate that this is evident at all relevant levels of the organisation.

8.5 Commissioners ensure that providers are aware of and applying recognised* models of good practice in their work with people with learning disabilities and complex needs and can demonstrate this is the case.

* Valuing People guidance/requirements

GLOSSARY

Definition of what we mean by 'people with learning disabilities and complex needs'

The group of people considered as having learning disabilities* and complex needs are 16 years old and over, and experience difficulties because of:

- The extent of their intellectual impairment.
- Having physical disabilities which severely affect their ability to be independent.
- Having sensory disabilities, which severely affect their ability to be independent.
- Having a combination of physical and/or sensory disabilities.
- Any behaviour that can severely challenge services.
- Having a form of autistic spectrum disorder.
- Having complex health needs.
- Having enduring mental health needs.

- Having a forensic history.

And their needs require health or social care organisations to provide ongoing support and assistance, no matter how this is funded.

* We recognised that people may find the term learning disability offensive and would prefer learning difficulties to be used. However we are aware that learning disabilities is a term that the majority of people understand and therefore we have used this definition.