

Transforming Learning Disability Services in Northamptonshire

**Provider session
16th July 2019**

Time	Item	Lead
09.30	Introduction and Group work	Catherine O'Rourke
10.10	Feedback- Group work	All
10:30	Comfort Break tea and coffee	
10.50	About the New Framework	Catherine O'Rourke
11.20	Re-establishing Contract expectations	Sarah Moreton
11. 40	Logistics and Intelligence- capacity and movement	Sarah Moreton and Julie Lee
12.00	Engagement with you: Questions and Answers and next steps	Catherine O'Rourke



Group Work

The New Framework

What do you expect to see?

What do you want to see?

Feedback



Comfort Break



The New Framework

Time to think, Time to begin again



- **Culture shift – why?**

Doing to

Containment

Diagnosis focussed not person focussed

Easy Options too common

Staff poorly trained

Taking responsibility

Working together

A market for the strong and committed



- **Asking for more – why?**

Easy Options too common

Think about what you are doing and the support you are providing – what does it achieve?

Take pride in what you do

Get something from the effort

Supervise your staff – properly. Staff are not minders.

Lacking aspiration and inspiration – what do we aspire to for people with a learning disability? Aim high



- **Focus on outcomes – why?**

Because they matter.

Does everyone understand outcomes?

Do you know how to work with individuals to agree outcomes?

- **Focus on strengths and assets – not deficits. Why?**

Because we see people as a problem. Something to fix.

How would you like to be seen? What are your personal strengths? You find them.



- **Focus on improving quality - why?**

Because some provision is dire. A lot is average. Tell me how this happens.

Do we really expect so little for people?

Do you think about people's Rights? Dignity? Value?

Do you think we are happy to commission sub standard care?

How do you know you are providing good quality care?

What does good quality care mean to you?



What is a 'Trusted Provider?'

- A provider who knows what they are good at and knows their limitations
- A provider who stays up to date with theory and practice
- A provider who listens to individuals and takes action
- A provider who asserts up to date person centred plans
- A provider who supports individuals to progress – small steps/big steps
- A provider who can 'evidence'
- A provider with managers who lead the staff team robustly and inspirationally
- A provider who does what they say they are going to do



- **Focus on providing clear service specifications - why?**

Because these are contractual documents

You should know them, your staff should know them

They should describe good practice and they should guide you to good practice

They should be clear about the expectations

They should support you in delivering a good service



The Specifications: Framework Offers

- 1. Supported living**
- 2. Supported Accommodation**
- 3. Support at home**
- 4. Residential living**
- 5. Living and Learning**
- 6. Short breaks**
- 7. Short term term peripatetic intervention and support**
- 8. Forensic support**



The Specifications: Framework Offers

- **Will require a description of your offer**
- **Be ready to produce a one page profile**
- **Be specific**
- **Not the glossy leaflet**
- **Who you are, what you do, your mission statement**
- **Standards**



Focus on a clear pricing methodology - why?

There is so much disparity in costs and quality

Payment does not = a level of service

We give definition to the hours allocated but these are often not used

1:1's2:1's.....core hours.....= ??

Outcomes help us move away from being too prescriptive

We have to control costs and understand how much we are spending on what



- **Focus on incentivisation - why?**

Raising our game

Having valued providers

Wanting to celebrate

Moving poor providers out of the market

Getting the best for our customers



- **Focus on providing clear contract requirements with process - why?**

Let's take this seriously

Vulnerable lives – we are trusted with them

Public money

Following through is important.

Why accept sub standard provision – what does that say about us? What does that say about the value we attribute to good providers?



Re-establishing Contract Expectations



Re-establishing Contract expectations

Sarah Moreton



The contract terms and conditions and service requirements/specification is not just for the senior leadership team

How do you distribute the understanding and expectations of the contract to your staff?



Sections of the contract

What is shared with the staff team?

- **MONITORING, CONTINUOUS IMPROVEMENT AND CO-OPERATION**
- **BUSINESS CONTINUITY**
- **HEALTH, SAFETY AND OR WELLBEING OF THE SERVICE USER**
- **DEFAULT, SUSPENSION AND TERMINATION**



Reminder-

- **TERMINATION ON CHANGE OF CONTROL AND INSOLVENCY**
- **SUPPLY OF INFORMATION AND AUDIT - Provider Change of Control**



What is wrong with the current contract?

What areas of the contract do not work, need changing or updating?

Day Services

Residential Care Home

Community Connect

Supported Living

what do we need to put right?



Oversight of contract management, sections within the contract

Community Living –

4. Measuring Outcomes – Monitoring and Evaluation

Community Connecting:

4. Measuring Outcomes – Monitoring and Evaluation

Day Services:

12. Measuring Outcomes – Monitoring and Evaluation

Residential Care Home:

14. MONITORING, CONTINUOUS IMPROVEMENT AND CO-OPERATION



Communication with providers

We need you to let us know of changes in email contact details;

Can you please provide NCC with an up-to-date email address which will be used for general correspondence.

ContractsTeam@nass.uk.net

This email address will be used by Social Care Contracts, Quality and Brokerage Teams



Any further questions?



Logistics and Intelligence – Capacity and Movement



Capacity of the Market and Knowledge of what is available

Sarah Moreton

Julie Lee



Questions 1:

- **How does the Learning Disability Market promote their business?**
- **How do customers, case management, families and other professionals become aware of the businesses availability**
- **How you providers become aware of the customers that require their services?**



- **What is the capacity of your business, do you have any Care voids?**
- **Do you have any new developments in the planning stage?**
- **What issues, areas of concern or stumbling blocks stop you from development and business continuity of your services**



Question 2 How should Commissioning collect the care void availability?

What would be the best way to collect the care void information: for example:-

Monthly reporting returns to be sent in to one central point?

As and when a care void becomes available provider sends this into one central point?



Main points:

Question 1- feedback

Question 2 – feedback



Capacity of the Market and Knowledge of what is available

Sarah Moreton

Julie Lee



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Any questions or ideas?

Please add your comments to the flip chart paper at the back of the room.



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Questions and Answers



Training

- **Autism**
- **PBS**
- **Risk assessment and management**
- **Outcomes and progression**
- **Premature mortality and Annual Health Checks**



- **Engagement with you**
- **Next event**



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