



Northamptonshire
County Council



Delivering Transformation in
Northamptonshire

The Joint Annual Commissioning Plan for People with a Learning Disability 2019-2020

Working Together: Improving lives



Corby Clinical Commissioning Group



Nene Clinical Commissioning Group

Introduction and Context

This Joint Commissioning Plan should be read in conjunction with our Joint Learning Disability Strategy for 2019-2022. Our priorities and intentions are laid out in the Strategy and represent the changes that need to take place to improve the experiences and health and well-being outcomes of people with a learning disability in Northamptonshire. In this Strategy we provided **12 Key Principles** to inform and direct the transformation of learning disability services:

- 1. Changing Culture – to assert equal rights and equal citizenship**
- 2. Embedding a better understanding that challenging behaviour is not a diagnosis**
- 3. Being explicit in our Provider contracts about the expectations of service provision**
- 4. Building the right community based services to enable ordinary lives**
- 5. Making sure services are responsive to the range of needs including escalating need, and at different transition (change) points**
- 6. Increasing the numbers of multi-disciplinary and multi-professional discussions that take place that focus on finding solutions to difficult situations and individuals who have escalating issues in order to avoid crises; avoiding a default to holding formal Care and Treatment Reviews (CTRs) where actions are coming too late**
- 7. Embedding a better understanding about the negative impact of inappropriate or oppressive care arrangements**
- 8. Reducing over-prescribing and inappropriately-prescribed anti-psychotic medication**
- 9. Increasing the numbers of people with a learning disability who receive an annual health check; identifying health problems early where there may have been no indication or symptoms**
- 10. Reducing premature mortality in people with a learning disability due to diagnostic overshadowing or ‘missed’ symptoms**
- 11. Further educating and challenging our local system and services to make legally required reasonable adjustments for people with a learning disability and preventing exclusion by virtue of having a learning disability**
- 12. Improving outcomes for people with a learning disability – working as one system for a shared population who have changeable lifetime needs; doing better at focussing on the outcomes that matter to people with a learning disability.**

These Principles have been arrived at by listening to what people with a learning disability, their carers and families, and the workforce have to say. Additionally the Principles respond to the national expectations laid out by NHS England and other national partners such as the Local Government Association, the Association of Directors of Adult Social Services and the Care Quality Commission amongst others.

Health and Social Care systems are evolving nationally, we expect to see less separation between the functions and responsibilities of the statutory bodies and equally we expect additional expectations to be levied against statutory partners as part of the NHS 10 Year Plan and increasing expectations to improve the lives of people with a learning disability and people living with autism. Northamptonshire's local government system will be shifting to bring the 7 district and borough councils together as 2 unitary bodies. Whilst the latter activity will not change the requirements and intentions set out in our Strategy, how we deploy change and who is involved in making change happen will evolve. For these reasons and, more importantly, to allow us to concentrate on getting the right things in place, we have agreed to produce an Annual Commissioning Plan that reflects the focus and actions we are following in that particular year, rather than a 3 year Commissioning Plan that will need regular changes to stay in tune with national and local developments. However, the Annual Commissioning Plan will always cross reference with the things we confirmed we will do in the 3 year Strategy.

The Plan is laid out to describe the commissioning action, the strategic key principles that drive the action, and the overarching outcomes the action intends to influence. The Plan also confirms the lead organisation for a particular action; whilst there is a designated lead organisation you should assume we are always working in partnership to deliver change - for people with a learning disability there is significant interdependency between health and social care – good health is delivered and supported by good social care; good social care is dependent on equal access to appropriate and timely health interventions and health care. Our organisational roles are to use our combined knowledge, skill and influence to provide the right support, at the right time, in the right place to those who need it.

The Overarching Outcomes described by people as the Outcomes that matter the most are:

- 1. People get the help they need when they need it**
- 2. People have, and hold on to, relationships that have meaning to them**
- 3. People feel in control**
- 4. People have equal access to healthcare, training and occupation**
- 5. People feel safe and are supported to take risks**
- 6. People have somewhere to live they call home**
- 7. People live longer**
- 8. Carers are able to continue caring**

The Plan

	Commissioning Activity	Strategic Key Principle	Outcomes that matter	Lead Commissioning Organisation
1.	<p>Re-procurement of all learning disability services under a single Commissioning Framework which sets out the expectations and standards for all providers of all types of provision and incorporates the role providers have in improving outcomes for people and helping achieve compliance with national requirements.</p> <p>Accompanied by a pricing framework in order to embed consistency and fair and transparent cost for care, the Framework will better describe the 'offers' from providers in order to align the support needs of individuals with the right provision and improve everyone's ability to make informed choices. The service specifications that sit underneath the Framework are applicable to 16 years+. There will be a service specification for each service type procured. The Framework will include the Clinical Commissioning Groups (CCGs) as joint signatories. This means we will be jointly using the Framework to support our learning disability population.</p>	1, 2,3,4,5,7, 9,12	1, 2, 3, 4, 5, 6, 7, 8	
2.	<p>A new Service Specification for Specialist Learning Disability Services provided by Northamptonshire Healthcare Foundation Trust (NHFT) will be contracted. The new service specification will re-focus our specialist services towards the needs of our local population regardless of current responsible commissioner/funding arrangements. The Specification will strengthen the commitment and pace requirements of integration between our adult social care and health functions.</p>	3,4,5,6,7,8,10, 12	1,4,5,7	

3.	<p>We will establish a Registered Managers forum in order to improve communication with providers so they know what our population need and expect and ‘what good looks like.’ We will facilitate the contribution of experts by experience in this forum.</p> <p>The forum will also provide an opportunity for Providers to showcase good practice, share training costs and test and develop innovative services. It is important we develop leadership in the market and raise the profile of care and support for people with a learning disability. We will use a ‘quality mark’ for Providers who consistently perform well and who can evidence continuous improvement and the achievement of Outcomes for individuals. The Council will support recruitment job fairs; focussing on the value and job satisfaction attributed to working with people with a learning disability, highlighting case stories and giving people with a learning disability a stronger voice.</p>	1,2,3,4,5,6,7,8, 9,10,11,12	1,2,3,4,5,6,7,8	
4.	<p>We will progress the re-alignment of the processes, procedures and protocols used by our frontline learning disability services across health and social care to embed a well-functioning single learning disability service; the ‘Northamptonshire Learning Disability service’. This means reducing duplication, facilitating joint assessments and joint support planning as well as changing the way we manage front door communication and the responses that follow. This requires changed behaviours supported by revised protocols, joint IT systems and a single telephone number into the Learning Disability Service.</p>	1,4,5,6,12	1,2,3,4,5,6,7,8	 
5.	<p>We will establish a Health and Social Care Learning Disability Quality Board so that we can more easily share intelligence about our Providers; responding more effectively to quality and safeguarding concerns, managing and mitigating risks together, and making decisions that improve standards of care and support within Northamptonshire.</p>	1,2,3,4,5,6,7,8, 9,10,11,12	1,5,6,7	

6.	We will review all NHS and Council provided services for compliance with reasonable adjustment legislation; ensuring people with a learning disability are not disadvantaged by criteria that excludes, either overtly or covertly, intentionally or unintentionally. This includes reviewing pathways in and out of general hospital care and treatment, as well as more specialist services such as mental health provision.	1,3,4,5,6,10,11 , 12	1,3,4,5	
7.	We will jointly implement an early intervention service to manage escalating needs and divert individuals from long term intensive or restrictive care and support arrangements, including specialist hospital admission. The service will also provide additional short term support to individuals we are discharging from specialist hospital provision whether commissioned by the CCGs or NHS England. We aim to commission this service for people over the age of 14 years. We aim to bid for funds from NHS England to help us do this.	2,3,4,5,6,7,12	1,3,4,5,6	 
8.	We will merge our statutory review cycles - the Care Act Reviews and the Quality Monitoring Reviews - so that we are using the best combination of skills and knowledge to review the needs and care and support arrangements of the individuals we are responsible for. This will strengthen our intelligence about the services we commission and whether they are delivering the right things for and with people, as well as helping us to monitor the outcomes being achieved through a particular provision.	1,2,3,4,5,6,7,1 2	1,2,3,4,5,6,7	
9.	We will increase the numbers of multi-professional discussions place in order to jointly find solutions to difficult situations. This will reduce the number of statutory Care and Treatment Reviews taking place inappropriately and without recourse to early pre-emptive discussions to 'bolster' care and support arrangements. We will repeat training to professionals and providers about the use of the dynamic risk register, which flags up individuals whose needs are escalating and indicates the need for multi-professional de-escalation plans. By default Care and Treatment Reviews will then take place only when necessary and in the knowledge that an admission to a specialist bed is required.	2,3,4,5,6,7,8,1 2	1,3,4,5,6	

10.	We will focus our commissioned services to deliver the Outcomes that matter the most to people with a learning disability; using the Outcomes that were described by individuals using 'I Statements' as being the most important to them. We will do this by changing our documentation to create an 'outcomes thread'; from statutory assessment, to detailed support planning in partnership with the individual, to statutory monitoring. This will tell us what is being achieved with the money spent on those services and will embed an ethos of step by step progression towards jointly agreed goals and outcomes for individuals.	1,3,4,5,7,12	1,2,3,4,5,6,7,8	
11.	We will increase the numbers of individuals with a learning disability receiving an annual health check. We will do this by working more intensively with GP practices and with our providers – making it clear in service specifications and contract monitoring that individuals are expected to be supported, in a number of ways, to access and receive an annual health check. Any resulting health actions will be documented as part of the overall plan of care for that individual. Providers will be monitored against the numbers of individuals in receipt of support receiving annual health checks.	1,3,4,5,8,9,10, 11, 12	1,4,7	 
12.	We will negotiate a variation in the Provider contracts held within CYP services to better facilitate the transition from childrens services into adult services. This includes asserting an understanding that individuals will be supported to achieve outcomes that are important to them and that the costs associated with the support of that individual will change and be aligned to adult services specifications and contracts.	1,3,4,5,7,12	1,2,3,4,5,6,7,8	
13.	We will facilitate the step down of adults currently residing in specialist hospital settings commissioned by NHS England – secure services – where it is safe and appropriate to do so. This will involve commissioning specific providers skilled in managing and supporting individuals with a learning disability and/or autism who have ongoing needs requiring forensic oversight.	4,5,6,12	1,3,5,6	 

14.	We will establish a Third Sector Learning Disability Collaborative to work cohesively in delivering low level, preventative type support to individuals and their families. The Collaborative will provide practical support, information and advice, help connect people to the right support and offer carer and peer support. The Collaborative will develop and offer a network of contacts and support options outside of formal services.	1,4,5,11,12	1,2,3,4,5,6,8	
15.	We will recruit additional resources to achieve compliance with the requirements of Care and Treatment Reviews and Mortality Reviews. Whilst a proportion of the existing workforce has received training to undertake both of these statutory requirements, existing workloads and the pressures in the system to respond to priorities has meant compliance has been hard to reach. Additional capacity will support better performance and help embed learning and service improvement.	5,6,7,10,11,12	1,3,4,5,6,8	
16.	We will implement a programme of training within our provider market to increase the use of assistive technology (AT) when supporting individuals with a learning disability and/or autism. We will follow up the training by visiting providers to discuss the needs of the individuals they support in order to offer specific options. We will monitor the uptake of AT and its impact on Outcomes and spend. We will encourage testing and trialling the use of AT to enhance independence. We will use monies from NHS England to help us do this.	4,5,12	1,3,5,8	
17.	We will work collaboratively with our in-house services to ascertain best use of these resources and manage a re-purposing programme where in-house services are well placed to positively influence local pressures and improve outcomes for individuals.	4,5,12	1,4,5,6,8	