

DRAFT: Developing a national framework for local commissioning of community based support for people with learning disabilities:

1. Purpose:

To set out for discussion the key areas where clarity, work and contributions will be needed to develop a robust commissioning framework for community-based support for people with learning disabilities or autism ('PWLD/Autism'). .

2. Members are asked to consider:

- **What information is needed to support the development of the framework, and of this, what is readily available and from where/whom**, e.g. on new pathways of care, or patterns, quality, volumes and cost of current provision;
- **What underpinning analysis is required**, e.g. to forecast demand and to model the likely impact and cost of reducing in-patient facilities;
- **Where significant further discussion and work is required, and how this will be done**, e.g. to set out clearly the desired outcomes for users and families/carers; the behaviours we wish to incentivise, for example, between CCGs and local authorities; effective approaches to local co-commissioning, etc.
- **How best to align the development of the framework with other relevant initiatives and policies**, particularly Integrated Personal Commissioning ('IPC') and personal budgets

3. What a commissioning framework might need to cover:

What follows are my initial thoughts, not a statement of policy, nor are they intended to be comprehensive. They should be read alongside the very useful building blocks in *Ensuring quality services*' (LGA & NHS England February 2014). It would be helpful to get early feedback from members so that we can plan the next steps and secure the resources required.

4. The framework

To be credible and have the desired impact (i.e., to create new pathways of care in the community to support PWLD/Autism to live at or near home at not in hospital) a commissioning framework would need, as a minimum to cover:

(a) Purpose:

- **A clear statement of what problem(s) we're trying to solve through a national commissioning framework.** We need to be reasonably confident that improving commissioning through a framework could realistically deliver what's needed, or whether other (e.g. regulatory) interventions would be more

appropriate, or are needed to bolster the effectiveness of commissioners. Do members think we are we clear enough on both points?

(b) Commissioning Principles:

- **'Givens'**. Are we clear what these are? As a minimum: Ensuring that the voices of PWLD/autism & their carers are central to design and delivery, reflected in, e.g. that support arrangements are designed individually, a whole life whole family approach, with good support for families, etc. Commitment to locally-led co-commissioning. Alignment with policy development on personal budgets, etc.
- **How we commission:** Adopt those within '*Ensuring quality services*'? It will be important that the framework is fully aligned with the direction set by '*Ensuring quality services*'

(c) Outcomes:

- **A clear statement of what *measurable* outcomes we want to achieve for users, families/carers and taxpayers.** Do we know what these are? Is there a consensus within the steering group? Could we build on the outcomes listed in '*Ensuring quality services*' (page 7):
 - Improved quality of life
 - Reductions in the prevalence and incidence of behaviour that challenges
 - Reductions in the number of people placed in more restrictive settings which are inappropriate for their needs
 - Reductions in the inappropriate use of psychoactive medication, restraint and seclusion
- **The focus needs to be as much on preventing admissions, as moving individuals out of inappropriate care settings**
- **For each outcome, what's the scale of improvement we should aim for? How would we recognise success?**

(d) Behaviours:

- **What are the main changes in behaviour we want to incentivise through the commissioning framework?** Amongst provider organisations, staff, funders (including local authorities as joint commissioners), users and carers/families?
- **What else will be needed (other than an effective framework) to deliver these changes?**

(e) Need & demand:

- **Robust assessments of need:** How clearly understood are the needs of the people we're trying to support? How good and comprehensive are Strategic Needs Assessments for PWLD/Autism?

- **Forecasts of demand.** Are there robust forecasts of demand? For the cohort of people currently in long-stay large-scale hospital services? Those who might move into such settings if appropriate local services aren't available?

(f) Resources:

- **Do we have a reliable and comprehensive map of current expenditure on users, including local authorities?**
- **Do we expect these to increase/decrease significantly? Where are the current cost drivers?**
- **Do we understand funding flows? Who pays for what?**

(g) Pathways:

- **A clear statement of the desired future pathways, including what underpinning services need to be in place to enable people to remain at home** – e.g. outreach, short breaks, advocacy; for adults, housing options – e.g. shared ownership, supporting adaptation of homes. Does this statement exist? Is there a consensus on it?
- **Quality standards.** Are there clear robust key quality standards for the main parts of the pathway(s)?
- **Affordability.** Do we know what implementing these pathways would cost? NHS & Local Authorities.

(h) Market analysis:

- **A robust analysis of the current market of provision.** Who provides what, where, for how much? Market trends.
- **Gap analysis** – what % of current provision matches or could be altered to match these pathways? Assessment of costs and benefits of new pathways?
- **Modelling the likely implications for providers and provision, including in terms of potential bed reductions.** This will be difficult without good Strategic Needs Assessment information on demand, and therefore will have to be based on credible assumptions.

(i) Financing & funding flows:

- **Clear statement of how support from the framework will be funded and by whom.**
 - [There is a separate workstream on this, which needs to be aligned with developments in personal budgets and Integrated Personal Commissioning]
- **Assessment of the implications, and options for, funding provider responses to the framework to develop new services.**
 - [Social finance possibly a significant contributor – separate workstream on this]

(j) Competition & procurement mechanisms:

- A statement of how we intend to use competition to deliver our objective of creating new pathways of care in the community to support PWLD/Autism to live at or near home at not in hospital, in a way which enables local co-commissioning *and* is compatible with developments in personal budgets and Integrated Personal Commissioning
- Who are the parties?
 - NHS & local authority commissioners/funders.
- Procurement options
- Preferred option
 - We need to agree criteria and work these through, but an attractive option (given the need to drive-up and assure quality, stimulate market development, secure good value for money, and enable genuine locally-led co-commissioning) could be a centrally procured, quality-driven nationally-procured framework from which local commissioners and users can call-off. But this would need to ensure that a wide enough range of services are available to enable effective choice, including alternatives which the NHS might not traditionally deliver.
- Contract duration:
 - Needs to be long enough to enable investment to be re-couped and risk shared fairly and avoid frequent disruptive changes in providers – 7 years+?
- How do we balance continuity and provider & investor confidence (through longer duration contracts) with building in sufficient flexibility to accommodate future changes in the model of care?
- How can we ensure a degree of security for clients in the property that they are in?
- A clear statement of how the approach would work with personal budgets and Integrated Personal Commissioning:
 - do we need to take some specific legal advice on this?

(k) Resourcing implementation:

- Assessment of implementation costs & how these would be met
- Financial plan

(l) Developing commissioner & co-commissioning capability:**(m) 'Technical' commissioning issues**

- e.g re issues concerning into-area placements & responsible commissioner disputes

(n) Developing provider capability:

(o) Developing workforce capability:

(p) Implementation Challenges:

- Clear assessment of the main challenges and proposals to mitigate these.

(q) Risks:

- Clear assessment of the main risks and how these would be to mitigated

(r) Assuring delivery: [To include commissioner assurance/performance management mechanisms to ensure delivery]

(s) Key milestones:

- For discussion / development

(t) Next steps:

- For discussion / development

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