



Association for Real Change (NI)

Response to the DHSSPS Review of Commissioning

September 2015

ARC NI
Wildflower Way,
Boucher Road
Belfast, BT12 6TA

Association for Real Change (ARC) is an umbrella body, representing 37 providers of learning disability services. Members include statutory, voluntary and private organisations, all of whom are commissioned to provide a range of services to the learning disability population.

In principle the six key areas as outlined within the Reviews Terms of Reference make sense and would be considered by ARC members to be highly relevant and inextricably linked.

There are many challenges within the existing processes around commissioning that need to be addressed in order to develop an appropriate range of service provision that delivers the best outcomes for persons in need of care/support and, at the same time, ensures fair and equitable access for providers.

1. Assessing the health and social wellbeing needs of the population of Northern Ireland.

Accurately assessing the health and social care needs of local communities is dependent upon having accurate and detailed knowledge of local demographics and a good understanding of emerging need. Many differing figures are quoted for the population of children and adults with a learning disability in Northern Ireland. Through ARC's engagement in the *Learning Disability Health Care & Improvement Steering Group*, we are aware of work ongoing to meet the KPI's as set in response to the *Learning Disability Service Framework*, but there are challenges. **Accurate information on this population can only be obtained if the five Health & Social Care Trusts implement the same data recording system** to ensure that there is reliable consistently collated data.

When an individual is identified within the system, a holistic understanding of the needs of that individual is required and this is where multi-disciplinary perspectives are critical. In line with TYC, a person-centred reporting system, utilised across disciplines and organisations would assist in the forward planning and commissioning of provision in accordance with 'known' individual. This would also facilitate the re-assessment of need, in light of the fact that a person's situation and needs evolve and change. ARC is aware of one HSCT piloting the Health Equalities Framework (HEF) tool. This tool measures the extent to which services minimise peoples' exposure to the known determinants of health inequality. The HEF tool can be used to establish a clear consensus around service priorities using indicators that focus on social, biological, behavioural, communication and service related factors. Data can be aggregated across services, professionals and teams to analyse variations in service outcomes. **The implementation of shared records would begin to address issues relating to commissioning person-centred services** as highlighted below in section 4.

2. Strategic planning to prioritise needs within available resources, including the use of financial and other levers, to reshape services to meet future needs.

Strategic planning within available resources requires robust information (as addressed above) alongside innovative thinking and new ways of collaborative working. Effective planning also requires vision, effective leadership and the active involvement of all key stakeholders including providers, people with a learning disability and their families/carers. **Priorities for funding should be based on those service models which can evidence delivery of the best outcomes for individuals.**

Providers are currently facing significant challenges with the recruitment and retention of a high calibre workforce resulting from low salaries and the profile of the social care sector. This situation is exacerbated by recent case law regarding payments of the National Minimum Wage for “sleep in” support and the introduction of the National Living Wage in April 2016. If these factors are not addressed within Commissioning there will be serious impacts on the whole social care sector and the quality of the services it provides. **ARC proposes the need to reflect fairly the requirement of National Living Wage as mandatory within future commissioning arrangements.**

3. Engaging patients, users, carers/families and other key stakeholders at a local level in the commissioning of health and social care services.

Engaging with key stakeholders at a local level in commissioning is critical to the identification and prioritisation of need within resources available and to ensure a person-centred needs led approach (see comments in section 1 above). There are many changes planned in services for people with a learning disability, including the review of day opportunities and the roll out of Self-Directed Support. **ARC has been advocating the need to ensure that individuals and their families/carers are included as full partners on this journey, informing, consulting and engaging them in decision-making.** If this requirement is not adequately addressed the planned changes are likely to cause significant anxiety in individuals with a learning disability and/or their families / carers refusing to engage in what could be positive opportunities for change.

4. Securing, procuring, incentivising and agreeing high quality, value for money service provision to meet the assessed and prioritised needs of the population.

In section 2 we referred to how Priorities for funding should be based on those service models which can evidence delivery of the best outcomes for individuals and this is equally true for incentivising high quality services.

The application of procurement to social care is particularly challenging not least in so far as services need to be responsive to emergent need. As referred to in

section 1, detailed information on the health and social care needs of individuals and communities is a prerequisite for meaningful procurement as there are often significant differences between what apparently similar groups require. **There is a clear need to make any process of procurement truly “person centred”.**

An effective Procurement process will require a consistent regional approach for providers to engage in. From examples to date, it would appear that there are differences in the approaches being taken across the five HSCTs and this risks creating confusion and potentially an unfair playing field for providers to operate within. Members report what they describe as procurement / tendering exercises as “shoddy”. Recent experiences included:

- tendering materials containing sensitive about a situation where TUPE applied e.g. names and terms and conditions of the current provider.
- lack of clarity and comprehensive guidance in relation to tender queries.

One HSCT is currently consulting on commissioning services from the community and voluntary sector, which raises concerns given this review by the DHSSPS is not yet complete.

Outstanding questions regarding procurement include:

- How can Trusts introduce contracts with built in reviews that will allow for extensions of these to meet emerging needs in order to avoid time consuming and expensive procurement?
- How will Trusts respond to some of the unique arrangements in support for living contracts, for example how will procurement take account of the fact that some providers have existing contracts with Supporting People?

The response by Trusts to these issues to date has been that procurement is a regional issue and **ARC is therefore calling for this review to produce clear and transparent guidance that will consistently be applied across NI.**

The Review needs to define that “value for money” is not just about the lowest cost, but rather it is about securing the best outcomes within a defined budget. Any procurement process must give outcomes and quality measures at least an equal rating with cost. **ARC believes that regionally an open and transparent pricing strategy, reflecting the true costs of care, needs to be developed and proposes that this needs to be addressed urgently.**

5. Ensuring the delivery and outcomes from services commissioned.

Commissioners need to be able to precisely define the outcomes required from services and this must be done in partnership with stakeholders, particularly the individuals concerned and their families / carers.

ARC is aware that a mapping exercise is underway to explore how the Adult in Social Care Outcomes Tool (ASCOT) and Driving Up Quality (DUQ) as outcome measurement tools may assist in reporting against the Learning Disability Service Framework (LDSF). ASCOT has also been identified as the outcomes measurement tool for SDS and one ARC member has presented on the use of ASCOT at each of the recent SDS launch events. ARC members recognise the value of measuring progress against outcomes but they also recognise the need to minimise the bureaucracy and administrative costs associated with this. **ARC proposes the need for a collaborative approach to the identification of outcome measurement tools and recommends DHSSPS facilitate a cross-sector event to discuss this.**

6. Evaluating impact of health and social care services and feeding back into the commissioning process in terms of how needs have changed.

It is critical that health and social care services become more effective in measuring their impact or effectiveness in order to inform commissioning and ensure that services continue to meet evolving and emerging needs. **Feedback should be both quantitative and qualitative, particularly as it relates to getting feedback from individuals who use services and their families / carers.** ARC believes utilising these stories which demonstrate the positive impact of services to raise the profile of the social care sector in a positive light would be beneficial on a number of levels, including tackling workforce recruitment issues, promoting NI high quality service providers and celebrating cross-sector collaboration in meeting the needs of communities in Northern Ireland.