



Association for Real Change (NI)

Response to the NHSCT Consultation  
'Commissioning Services from Community and  
Voluntary Sector'

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Association for Real Change, Northern Ireland (ARC NI) is an umbrella body, representing 36 providers of learning disability services. Members include statutory, voluntary and private organisations, all of whom provide a range of services to the learning disability population. ARC NI welcomes the opportunity of responding to this consultation.

ARC NI accepts the need for this, as described in a recent NHSCT workshop, due to the NHSCT inheriting services, some of which have never been contracted, through RPA's merging of 3 Trusts. ARC NI also acknowledges NHSCT's approach in progressing with this consultation before applying efficiency savings to existing contracted services. ARC NI advocates the need for 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. **Thereby adopting robust processes that the NHSCT will apply in reviewing existing contracts could begin to address this.**

With regards to future reviews, extension of contracts or procurement of new services ARC NI holds grave concern. The DHSSPS have recently closed their consultation on Commissioning and the final report is yet to be circulated. ARC NI fed into this and referenced from experience it would appear there are different approaches being taken across the five HSCTs and this risks creating confusion and potentially an unfair playing field for providers to operate within. ARC NI called for the DHSSPS to produce clear and transparent guidance. **ARC NI therefore advocates that any application of a robust procurement process implemented by the NHSCT should be in line with the DHSSPS Commissioning Review Report.**

In principle the four criteria areas as outlined within the consultation document make sense and would be considered by ARC NI members to be relevant, with additional points to note, as addressed below. ARC NI does not feel there is criteria missing as these would appear to assist in reviewing existing provision in an open and transparent manner.

## 1. Strategic Alignment

ARC NI welcomes the alignment of services to key policy driving areas such as Priorities for Action (PFA) and Transforming Your Care (TYC), however there are a number of hurdles with this which need to be overcome.

Strategic planning within available resources requires robust information alongside innovative thinking and new ways of collaborative working. 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. **Accurate information on**

**the 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.

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. This identifies the challenge in multiple initiatives not effectively collaborating such as Community Planning and Integrated Care Partnerships which if achieved, could result in joint commissioning opportunities saving further on the public purse.

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. Currently providers feel excluded from accessing demographic analysis and **ARC NI welcomes the NHSCT addressing this to collaborate in forward planning required provision.**

A person-centred reporting system, utilised across disciplines and organisations would also facilitate the re-assessment of need, in light of the fact that a person's situation and needs evolve and change. **Priorities for funding should be based on those service models which can evidence delivery of the best outcomes, alongside most importantly the impact (see below Quality of Service Model) for individuals.**

Finally acknowledgement of 'other' policy drivers need not sit in isolation. 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 NI proposes the need to reflect fairly the requirement of National Living Wage as mandatory within future commissioning arrangements.**

## 2. Alternative Service

ARC NI holds significant concern regarding the wording contained in this section but accepts that if a provider ceased to offer a service, a logical approach adopted by the **NHSCT is firstly to consider if the needs continues to exist and is linked to strategic alignment, as described above.**

Following this reassessment and if still required, ARC NI would advocate the next step is identifying any provider, regardless of sector, interested in delivering. ARC NI believes no sector should be excluded from considering their ability to successfully deliver high quality services, however feels strongly the DHSSPS Commissioning

Review needs to define within regional guidance, 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 an open and transparent regional pricing strategy, reflecting the true costs of care, needs to be developed. **ARC NI proposes the need for greater transparency regarding the costs of HSCT provision so that the social care sector can compete in an equitable manner.**

### 3. Quality of Service Model

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 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.

Historically reporting to depict quality of service, linked to the strategic drivers referenced in section 1 has required quantitative data. Whilst this can contribute to evidencing utilisation of service it does not depict quality and there is a recent shift in HSC thinking, acknowledging the importance of capturing outcomes. ARC NI is aware that the HSCB is currently exploring how the Adult in Social Care Outcomes Tool (ASCOT) and Driving Up Quality (DUQ) model 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 as prescribed by the policy drivers but **advocate the need, in line with person-centeredness to consider impact of the service from the person’s perspective.** Therefore terminology and a shared understanding of such, is critical to the meaningful embedding of this culture.

ARC NI’s members have stated the need to minimise the bureaucracy and administrative costs associated with any implementation of recording tools. ARC NI proposes the need for a collaborative and regional approach in progressing this and **recommends NHSCT advocate the need for DHSSPS to facilitate a cross-sector event to discuss this.**

#### 4. Equity

ARC NI believes the issue of equitable access to provision is critical, not least a right when assessed as a need. ARC NI welcomes the NHSCT establishing their four locality engagement fora and sees this as a route for better collaboration, across the NHSCT, providers and the people who we support, including their parents/carers. Furthermore it would be helpful that **these are aligned with Council and Integrated Care Partnership boundaries.**