

Commissioning services for people with a learning disability

A cross-system framework for commissioning
social care, health and children's services for people
with a learning disability

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Introduction

This framework is for commissioners who work in social care, health, education, and children’s commissioning services for people with a learning disability, to help them make informed commissioning decisions and improve the outcomes for people with a learning disability and their families.

Consultation feedback from people with lived experience, commissioners and providers indicated that a guide is welcomed.

Skills for Care has already published guidance on commissioning services for autistic people. There’s a large degree of overlap between commissioning services for autistic people and people with a learning disability such as workforce issues, training, and reasonable adjustments. However, in this framework we’ve made sure that we’ve included specific guidance that’s separate and different when commissioning services for people with a learning disability.

This guidance explains the things you’ll need to analyse, what you need to do and who/what organisations you should engage with. It also has links to useful guidance and information, to help you to identify and plan the changes needed to improve your commissioning practices to deliver person-centred outcomes for local people with all kinds of learning disability.

It gives you a checklist of questions to help you analyse your current position, and outlines what you need to do, including the services and support that you should commission, to ensure that local people with a learning disability can access the care and support they want and need.

In each section, we’ve split the content under the following headings to help you structure your thinking:

- Understanding the local population

- Culture and management

- Working in partnership

- Learning and development

You don’t need to consider all the questions in each section. You can use the framework to help you with specific commissioning decisions, as well as broader ranging decisions.

You could use it in your own role, with other people in your organisation, other organisations, in team meetings and as part of professional development. In the framework we use the term “people with a learning disability” to include children and adults.

At all times, we’ve developed this framework with a focus on the outcomes that people with a learning disability want to achieve and the lives that they want to lead.

You can use the framework to make sure that within the wider integrated care system there is evidenced thinking about health and wellbeing, this should consider the needs of people with a learning disability. This will also include how you jointly commission health, education, housing, and social care services that impact on the lives of people with a learning disability.

This framework has been developed by Skills for Care in co-production with people with a learning disability and organisations that are engaged with people with a learning disability, including the Department of Health and Social Care, National Health Service England and Improvement, and the Local Government Association.

We would like to share examples of good commissioning practice to support this document. If you have any feedback or examples, please share them with us by emailing policy@skillsforcare.org.uk






















Things to analyse

Under each of the four headings below there are a series of questions to help with your analysis of local needs.





for adulthood?

	How many people will be preparing for adulthood in the next five years? What are their education and work-related support needs, and have you communicated this to the relevant parts of the system that need to know?
	How many people with a learning disability are in inpatient provision, in and out of the local area?
	How many people are in long term segregation and what's their distance from home?
	How many people with a learning disability access screening for common co-occurring conditions? How do you assess and measure the accessibility of pathways?
	Do you have a Dynamic Support Register that covers your whole population of people with a learning disability?
	How many people with a learning disability are in employment, education or training?
	How many people are in paid employment of 16 hours or more?
	Do you have a clear end of life and palliative care framework? (Such as the GOLD standard framework)
	For those nearing the end of life, (including those with dementia or other life limiting illnesses who may still be relatively young) - do you have good support arrangements in place for people to stay living at home, if this is their choice? Are unpaid carers or parents supported properly to look after the person at home if this is what is requested.
	How many adult hospices support people with a life-threatening condition and a learning disability in your local area?
	Do you commission children's hospices to continue to support those with complex needs into adulthood
	For adults who have a learning disability still living with their parents, is there help to develop a plan for them to stay in the family home or move somewhere as the parents become older and potentially frail, or pass away?
	Have you undertaken a housing needs analysis for people with a learning disability?

	Do you have support in place for people to find and secure a home that's right for them and meets their needs?
	Have you worked with housing colleagues, including regional housing leads, to develop published plans to make sure that pathways to getting a home are effective in your local area?
	Does your housing plan include the needs of young adults or those who are moving on from preparing for adulthood?
	Do you have enough property that provides security of tenure or ownership?
	Do you know how many people with a learning disability in your area are in prison, on probation or known to the youth offending team?
	Do you have a summary of care quality ratings given by Care Quality Commission (CQC) of local services in your area for people with a learning disability? Are they rated good or outstanding?

In our consultations participants were keen to reinforce the importance of the relationship with commissioners and the Care Quality Commission.

 CQC are good at picking up on sector good practice and effectively enforcing it if it was regulation. 

Culture and management

	Is there a strategic commissioning lead for people with all types of learning disability in health, social care and children's services?
	How are asset-based approaches (seeing people's strengths gifts and skills) part of your system's working practice?
	Are all kinds of learning disability, including those with the most complex needs physically, neurologically or behaviourally included in the local Joint Strategic Needs Assessment (JSNA)? Does it provide an overview of learning disability within different communities and the different kinds of support needed?
	Is there a specific section on services for people with a learning disability in the Local Authority's Market Position Statement?
	Do your local procurement processes make it easy for providers to apply? Think about how the process can be less time-consuming and offer the option for providers to include a record on past achievements.
	Do you review the award of contract and scoring criteria to ensure that good quality is the key part of award consideration?
	Is learning disability included in the Strategic Transformation Plan/ Integrated Care Services or local partnership plan?
	What is your local three year long term plan related to people with a learning disability? (This replaced the Transforming Care Plan)
	Are the recommendations in the relevant NICE guidance implemented in full?
	What is your local three year long term plan related to people with a learning disability? (This replaced the Transforming Care Plan)
	Are the recommendations in the relevant NICE guidance implemented in full?
	Is there an integrated forum for social work, social care and education health leads?
	What post-diagnostic support programmes and/or services are funded, locally, for parents of children with all kinds of learning disability?
	Have you explored the way transitioning/preparing for adulthood from children to adult's services impacts on people with different types of learning disability in your area?



Things to do



This section has prompts for actions that you can undertake following analysis and covers the same four areas.

Understanding the local population

	Ensure that you are aware of the needs of people who have a learning disability in your local area, including identifying trends that can indicate how provision may need to be adapted to meet future needs. This could include specialist provision, family support, employment, education and housing.
	Ensure that you work with local councils to ensure that people with a wide range of learning disability can access ordinary community facilities like shops, libraries, nightclubs, pubs and restaurants, cinemas, and other leisure facilities in your local area.
	Is the “safe places” scheme available in your area and do people, families, schools, police and community shops and provisions know about it?
	Ensure NHS organisations have a clear diagnostic assessment pathway, including pre and post diagnostic support and information, for: babies, children and young people adults with all kinds of learning disability.
	Ensure that people with a learning disability have access to a Care Act assessment. This assessment needs to be holistic, strengths-based, focussed on upholding human rights and completed by a competent assessor.
	Ensure that your area is Care Act compliant and that there’s good quality mainstream and specialist services to meet the wants and needs of local people with a learning disability.
	Ensure that carers with a learning disability and (unpaid) carers and parents of people with a learning disability are proactively offered a carer’s assessment.
	Ensure that there is a capacity plan for learning disability services, that addresses the needs of people with all kinds of learning disability where gaps exist in sufficiency of provision.



Seek to create a flexible and responsive offer to people's individual needs and those of small groups. Think about how you use social prescribing and personal health budgets to support innovative solutions.



Make sure that if you are contracting that you accurately describe the kinds of support needs people will have that need to be met in any information of guidance you supply with any invitation to tender.



Do you have ways of paying providers that enables new or small providers to manage cash flow easily during their early development?





Ensure that people with a learning disability and their families are offered a holistic assessment, which includes dreams and aspirations and is based on a "what matters to you?" discussion.






Ensure people can access holistic assessments that consider their sensory and communication differences and co-occurring conditions.



Culture and management

	Develop a joint commissioning plan for learning disability that addresses the needs of people with and without a learning disability, this should be person-centred and not systems driven.
	Consider the culture of the organisations that you contract with-do they promote choice and are people treated with respect? How 3-45 ISQf track0 -1.083 T

	Commissioners can help change public opinions and raise the profile of a positive culture in communities by supporting good communication about the achievements of people with a learning disability.
	Ensure that new or prospective providers are aware of the plans to help them with business planning in the short and long term.
	Consider how to develop cultures that promote human rights and also understand the human needs of people working in and using services.

Working in partnership

	Establish a learning disability partnership board that meets (at least) quarterly. This should include a variety of representatives of different people with different kinds of learning disability. The board should have

Learning and development

	<p>Provide specialist training, in line with the 'Core capabilities framework for supporting people with a learning disability', for social care, health and other key staff including:</p> <ul style="list-style-type: none">social care staff undertaking community care/Care Act assessmentshealth care staff undertaking continuing healthcare assessmentsservice staff supporting people in their home and support settings.
	<p>Involve People who've got a learning disability and families in the creation and delivery of all learning and development.</p>
	<p>Establish an ongoing local programme of learning and development so that health and social care staff can recognise people with a learning disability and take action to support them.</p>
	<p>Develop placement opportunities for student nurses, social workers and occupational therapists to promote specialism in learning disability and also helping them understand the issues facing those with the most complex needs.</p>
	<p>Ensure that there's in-depth training for all other public sector staff who support people with a learning disability, including social workers, police staff, re staff, nurses, doctors and of ce-based staff.</p>
	<p>Provide Mental Capacity Act training for all health and social care staff.</p>
	<p>Use the 'Workforce outcomes measurement tool' to measure the impact of learning and development on the lives of and outcomes for people with a learning disability.</p>
	<p>Develop a personal health and wellbeing plan for yourself that considers your holistic needs.</p>



Who to engage





Useful resources

This section has a list of critical information that commissioners of learning disability services will find useful as a basis for developing a good knowledge base relating to policy and best practice. This first section has generic reading, then the following four sections has specific resources that align well to that section.

[Building the Right Support. National Service Model](#)

[Transforming Care, Service model Specification \(January 2017\)](#)

[Model Service Specifications to support the Transforming Care work – Easy Read](#)

[Learning Disability and Autism –Host Commissioner Guidance](#)

[Building the Right Home \(Housing Guidance\)](#)

[Commissioning for wellbeing with a learning disability and autism focus \(L5\)](#)

Keys to Citizenship (The Centre for Welfare Reform) [Keys to Citizenship and the Citizen network](#)

This [NHS England resource](#) explains how the national service model from 'Building the right support' applies to children and young people with a learning disability.

Individual Service Fund (ISF) guide- [This guide](#) is for anyone that's involved in implementing ISFs in a local system. It explains what ISFs are, the benefits of ISFs, and the required changes to introduce and implement ISFs that will ensure that people receive the person-centred, high-quality care and support that they want and need.

[Supporting adults with learning disabilities to have better lives- a rights-based approach](#)

[Community-based day activities and supports for people with learning disabilities](#)

[Six themes of making it real](#)

[This video on Personalised Care](#) describes how the Universal model of personalised care works

[Further information on the Universal model of personalised care, and a wide range of other resource](#)

[Resources about creating the adjustments needed to make support accessible](#)

[Useful resources related to Learning disability and mental health](#)

[Supporting meaningful relationships](#)

[Workforce- a useful report relating to workforce and learning disability services](#)

Understanding the local population

Public Health England have “Fingertips” – A useful database based on local authority footprints and their population, it’s particularly useful to help commissioners to spot trends and benchmark themselves in their region and nationally. It covers key data on children, adults, a relatively wide range of health and social care. Commissioners can search the database using the three dots on the headings to select options and the site can enable comparisons between indicators. It also provides a map view which is useful for inclusion in reports.

[View the Fingertips database](#)

Culture and management

Skills for Care (2018), [Culture for care toolkit](#). This toolkit explains what workplace culture is and gives practical tips and activities to help you to improve your workplace culture.

Working in Partnership

[QORU, Commissioning services for adults with learning disabilities or autism: The views and experiences of commissioners](#). This report outlines the findings of research with commissioners of learning disability and/or autism about what information they use to make commissioning decisions and challenges to commissioning effective services.

This guide from SCIE provides helpful guidance on co-production in social care [Co-production in social care: what it is and how to do it – At a glance – SCIE](#)

Learning and development

[Skills for Health, Skills for Care and Health Education England \(2019\), Core Capabilities framework for supporting people with a learning disability.](#) This framework explains the core capabilities that staff working with people with a learning disability need. It supports the development and planning of the workforce and informs the design and delivery of education and training programmes.

This report outlines the governmental response that created the foundation for the Oliver McGowan mandatory training.

Skills for Care have a specific Level 5 Certificate "Commissioning for Wellbeing" for Commissioners of Learning Disability and/or Autism related services, [find out more here.](#)

The Personalised Care Institute has a range of training - including training related to commissioning <https://www.personalisedcareinstitute.org.uk/commissioning-training/>



Specifying asset-based approaches in our support services.

With consent, sharing success and celebrating achievement.

Being ambitious in our shared aspirations with people with a learning disability.

Support “ordinary life” principles in our commissioning practice.

Support inclusion in community life.

Positively support the advancement of women and girls in our support services but also influence our wider system to tackle health, education and employment inequalities.

Consider the impact of a disabled children on the mother of the family, and protecting her right to employment and an independent life whilst promoting, encouraging and supporting the father’s active involvement -with full awareness of the cultural challenge that this brings personally and professionally to all involved.

Ensure effective safeguarding of children through our commissioning practice. This includes establishing positive relationships with families, supporting and enabling them to support their child -an awareness that safeguarding is not the same as child protection, and a positive wider family environment where the needs of all individuals, particularly siblings, are considered alongside those of the disabled person/person with a learning disability particularly siblings -an awareness of the cultural challenge that this brings personally and professionally to all involved.

Support parents who have a disability to support them to maintain an effective and safe parenting role where possible.

Identify how the wider system can help families and children by creating an environment where early help is offered or can be requested in order to avert crisis.

Work closely with commissioners of maternity and child services (including education) to make sure that reasonable adjustments take place in mainstream commissioning that support this article. This includes a strong system of wrap-around services and child support.

People with a learning disability should have access to justice on an equal basis with others (Article 13) and we all make sure that people with a learning disability enjoy the right to liberty and security and are not deprived of their liberty unlawfully or arbitrarily (Article 14).

Ensure that the legal protections are in place to stop deprivation of liberty or inappropriate admissions to hospital.

Support the training and education of the workforce and families around liberty protection safeguards.

Work with the Criminal Justice system to support people with a range of learning disability in the reporting of crime including hate crime, witness interviews, and standing as a witness in court or via video link.

Work with others to ensure that the Criminal Justice System has well established processes that ensure reasonable adjustments are in place at all intercept points in the pathway, including police on scene responses, interviewing, diversion from custody, arrest, court, sentencing – including alternatives to sentencing, custodial sentence (including the identification and support of prisoners who have a learning disability), probation and community support to reduce reoffending.

We have a duty to protect the physical and mental integrity of people with a learning disability, just as for everyone else (Article 17), guarantee freedom from torture and from cruel, inhuman or degrading treatment or punishment, and prohibit medical or scientific experiments without the consent of the person concerned (Article 15).

Councils also have significant influence in purchasing and can require contracted providers to ensure information is accessible.

Discrimination relating to marriage, family and personal relations shall be eliminated. People with a learning disability shall have the equal opportunity to experience parenthood, to marry and found a family, to decide on the number and spacing of children, to have access to reproductive and family planning education and means, and to enjoy equal rights and

Commissioners can support the development and maintenance of relationships through their direct commissioning with providers, seeing healthy relationships as a positive outcome for individuals.

Some areas of commissioning present opportunities for people to create relationships i.e., using voluntary sector support to enable people to meet prospective partners and friends.

Accessible education in schools around relationships is important to monitor and support.

Access to family planning advice and information can be supported via links with primary and community services commissioners.

Creating good links with maternity and child services commissioners can positively influence the accessibility and support of mainstream services.

Commissioners can work with and influence others to support education, training and employment opportunities.

Use of Education, Health and Care Planning with young people can help to identify dreams and aspirations about future work and help people set goals to achieve them.

An important area of work is making sure that people preparing for adulthood receive continued support to pursue their goals as they grow older.

Opportunities to study and learn new skills can be supported through commissioned services and by promoting the use of personal budgets throughout the lives of people. People should have maximum choice and control to use funding creatively.

Education of people with a learning disability must foster their participation in society, their sense of dignity and self-worth and the development of their personality, abilities, and creativity (Article 24).

Offers of training to classroom staff related to bespoke communication needs and related bespoke skills should be made to help improve access to learning for children.

Review and reassessment can provide opportunities to set new goals and achieve progression.

People with a learning disability have the right to the highest attainable standard of health without discrimination based on disability. They're to receive the same range, quality and standard of free or affordable health services as provided to other people, receive those health services needed because of their disabilities and not to be discriminated against in the provision of health insurance (Article 25).

Commissioners can directly influence access to health services, both with direct providers of NHS and specialist services.

They can commission support providers to help people access support, including taking people to appointments or helping them with aspects of their personal health action plan.

Supporting access to Annual Health checks, vaccinations, routine health checks such as dentistry and eye care are all positive activities for providers to get involved with.

Commissioners can actively learn from, and change practice related to feedback from LeDeR reviews. LeDeR reports can be shared with Health and Wellbeing Boards as well as local Safeguarding Boards to influence wider evidence-based changes in the local health and care system.

Local PALs teams can help people support access and navigate healthcare services and get more involved in their own care through shared decision making, and any supported self-management activity.

Commissioners have a role in enabling people with a learning disability to attain maximum independence and ability.

Ensure people have access to a wide range of therapies to support independence is important. Of specific note is the focus on communication and speech and language therapy.

They are to provide or influence the provision of comprehensive habilitation and rehabilitation services in the areas of health, employment and education (Article 26).

Commissioners can ensure that good access and help is available.

Physiotherapy, occupation therapy and psychological therapies are all important to support people including access to mental support within the community.

For those with the most complex needs, block contracts with providers may not be appropriate. Commissioners should consider how to fund and access bespoke physio, psychology, OT and SALT needs for the most complex people- this may include spot purchasing or use of personal budgets.

People with a learning disability have equal rights to work and gain a living. Commissioners can play a part in working with others to prohibit discrimination in job-related matters, promote self-employment, entrepreneurship and helping people starting their own business.

Commissioners can seek to employ people with a learning disability in the public sector, promote their employment in the private sector and ensure that they're provided with reasonable accommodation at work (Article 27).

Commissioners can support the equal participation of people with a learning disability in political and public life, including the right to vote, to stand for elections and to hold office (Article 29).

Consider creating links with the partnership board/local groups aimed at working with providers of entrepreneur support to make their materials accessible.

Positively support self-employment by sharing the success of new ventures.

Promote employment of people with a learning disability in your own organisation, by job carving and making sure that jobs are paid at a good rate.

Also consider how recruitment process can be changed more widely. Make sure support is offered to people in new roles, and career progression is supported.

Wider contracts let by councils with suppliers can support the employment of people with a learning disability and can utilise Social Value Act 2013 principles.

Create links with your local council who usually have a democratic services team. They're often happy to help with elections and telling people/or your partnership board about the process of voting.

Make sure that you share information on how to vote for national charities, like Mencap.

Encourage providers to help people get on the electoral register, if they wish to, by making it clear within service specifications.

Through working with providers, other public sector organisations and our community we can support the fullest participation in cultural life, recreation, leisure and sport by ensuring provision of television programmes, films, theatre and cultural material in accessible formats by making theatres, museums, cinemas and libraries accessible, and by guaranteeing that people with a learning disability have the opportunity to develop and utilise their creative potential not only for their own benefit, but also for the enrichment of society.

We can support and encourage the participation of people with a learning disability to participate in mainstream and disability specific sports (Article 30).

Link in with Council leads for libraries, culture and museums to ensure buildings are accessible and appropriate signage is in place.

Ensure access to changing places close to local popular public venues by influencing developments in your area via council planning leads. New supermarkets and new town builds are useful opportunities to create changes in your town.

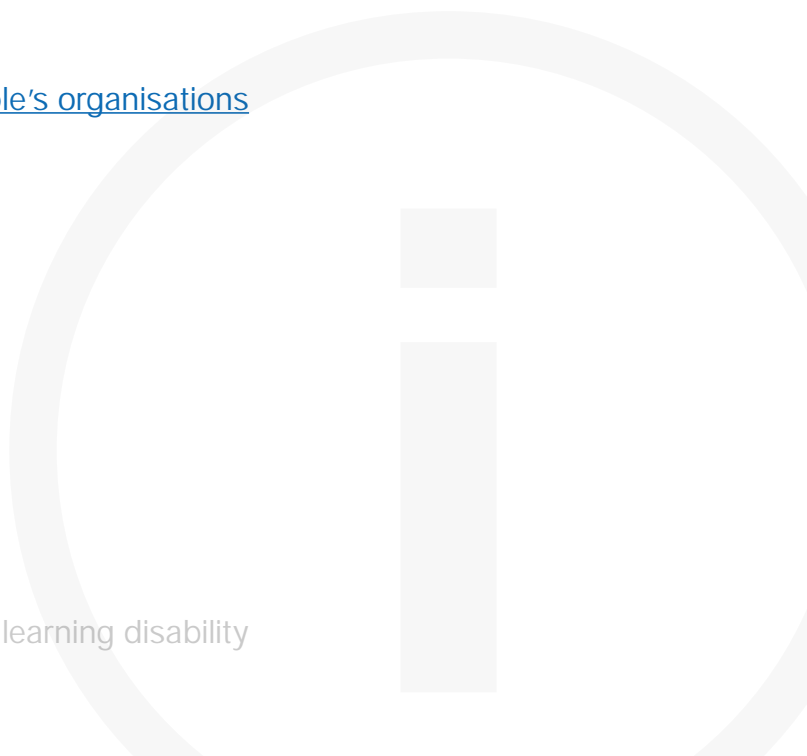
Ensure that changing places and their location and access well publicised.

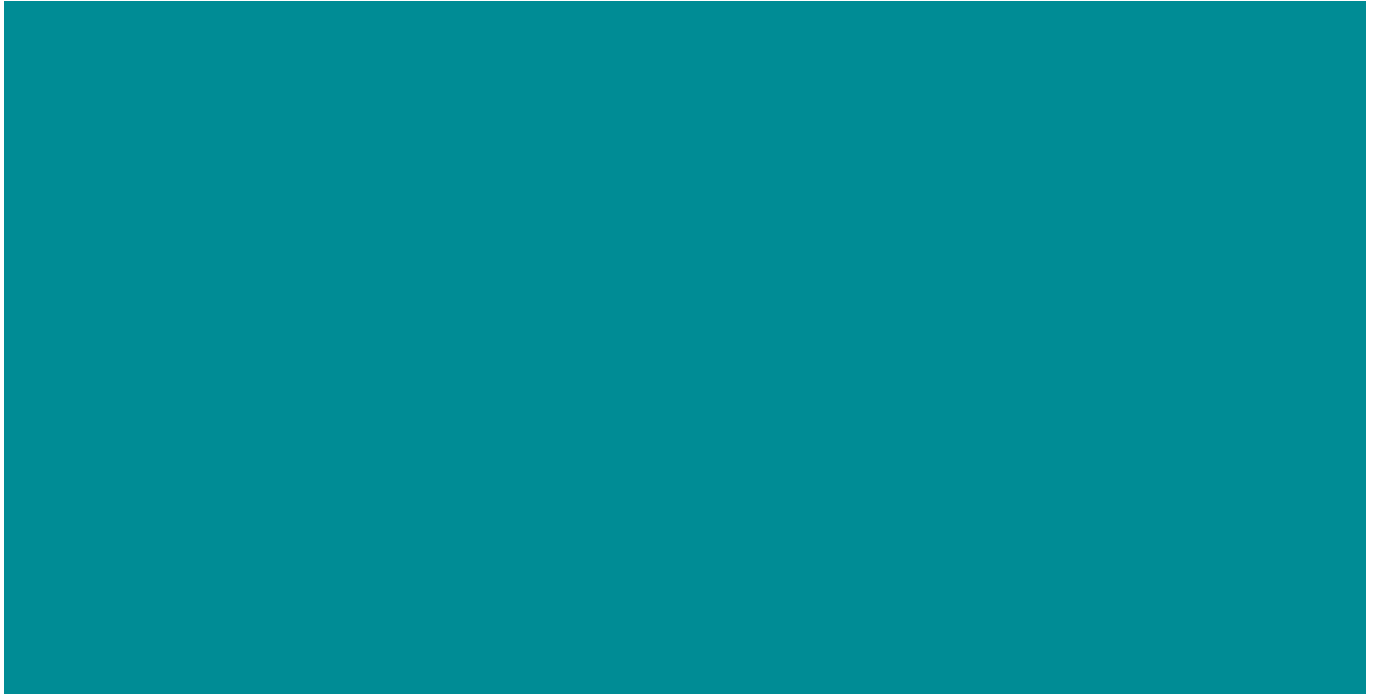
Encourage links to sports and cultural organisations. When people create their personalised plans, they'll need to know what local opportunities exist in their local communities. Providers should encourage the use of local knowledge of staff, unpaid carers and people with a learning disability in this process.

Commissioners can create links with organisations by asking them to share information in local directories, the partnership board and local groups. It's a great opportunity to create links and increase local knowledge. People with a learning disability can use their own assets to support others in their local community. Providers of support should be encouraged to facilitate this if it's what people would like to do.

Further information

[Easy Read version of the Convention
A guide for disabled people and disabled people's organisations](#)





Appendix 1: More things to analyse



Understanding the local population

What low level preventative services are in place to help to prevent people with a learning disability being admitted to hospital?

What is the level of access to community mental health services for people with a learning disability, such as suitable Cognitive Behavioural Therapy (CBT) and psychological therapies?

How satisfied are people with a learning disability, unpaid carers and families with the level of local support and how do you measure this?

How many families support a person with a learning disability at home?

How many siblings are there of people with a learning disability?

What proactive support is offered to siblings to have their own meaningful life? How well supported are parents for this? Are there opportunities to connect with other siblings for peer support?

How many adults with a learning disability are in work in the area? Is this paid employment or voluntary work?

How many young people with a learning disability have an Education, Health and Care Plan (EHCP)?

How many children with a learning disability are in the care of the local authority?

How many people with a learning disability have a personal budget and/or a personal health budget? Individual Service funds?

Do people have access to independent brokerage support?

How many people with a learning disability are homeless in your area?

How many people with a learning disability are subject to hate/mate crime?

How many staff do you have with a learning disability?

How many diagnosed people with a learning disability have a sensory assessment and management plan?

How many people with a learning disability have had annual health checks and/or regular checks about their physical health?

How is the STOMP integrated in practice in your area, and how do you monitor its impact?

Does your local public health department conduct a strategic need analysis of your local population, and does it have sections on people with and without different kinds of learning disability? Does it map learning disability populations by deprivation indices?

What learning disability specific metrics are included in provider contracts?

How does any feedback from LeDeR reports influence commissioning practice?

How does any feedback from LeDeR reports influence family education, equipment, community and preventative support?

Has existing learning from LeDeR been applied, for example implementing the action from learning on dysphagia?

Working in partnership

If your local area has a learning disability partnership board:

Does it include and represent people of all ages?

Do the main partners from your local sustainability and transformation partnership and/or Integrated Care System participate?

Does it have a co-chair with a learning disability?

Are there people with a different kinds of learning disability on the board?

Do you reimburse people with a learning disability, unpaid carers and families for expenses and time?

Is the agenda co-produced?

Does it meet in an environment that meets the needs of people with a learning disability?

Are the papers accessible for people with a learning disability and sent out in enough time for people to read, understand them and ask questions?

Is there a pre-meeting for people with a learning disability, unpaid carers and families?

Do you have a joint commissioner/commissioning team that has responsibility for people with a learning disability? If so, are you able to review both the health and the social care support/services or do you need to link to someone else?

If you need to work within someone in health commissioning, do you know who that is? Is this all age or two people?

Are you the commissioner all age or for adult social care, do you have links with education commissioning including children with special educational needs and disabilities (SEND) and/or commissioning for children including looked after children's pathways?

Do you understand the responsibilities and guidance of the health commissioners for learning disability? For example, The Long-Term Plan, Mental Health, Child and Adolescent Mental Health and specialist commissioning including the new models of care for forensic/ inpatient services, Learning disability post transforming care. Also do you know who the primary care lead is in increasing access to health checks and primary care support? (This may align with future mortality and health checks for learning disabled people)

What relationship do you have with Public Health Analysts and Community Development including housing and homelessness within the Local Authority in order to consider low level support and greater community inclusion through access and population health and wellbeing (including recognising the pockets and localities that are deprived and have higher risk of poor health and opportunities). This links to prevention and wellbeing outcomes.

Do you have a joint commissioner, joint commissioning team that has responsibility for people with a learning disability? If so, are you able to review both the health and the social care support/services or do you need to link to someone else?

Do you have pooled budgets that help when you have a shared responsibility to fund support such as people accessing Mental Health Act Section 117 aftercare? This applies when people have been in hospital under certain sections of the Mental Health Act. (You may also have risk sharing agreements that support this?)

Do you have good interagency information sharing protocols in place that help safeguard vulnerable people and prevent crime in your area?

How are your section 136 suites making provisions for people with a learning disability? Including assessing those who may not be officially recognised or diagnosed to ensure they get the right support?

Relationship with Criminal Justice System and police. (Is this a practice/service relationship or a commissioning one)

Culture and management

How positively do you engage and work with people and families, valuing their work and contribution, skills, experience, expertise and knowledge?

Are local public health organisations fully engaged in the learning disability partnership board and learning disability strategy?

Are local service providers, both private and health trust, engaged in the learning disability partnership board?

Are other local government departments involved in the development and implementation of your local strategy?

Do you have an elected member champion for people with a learning disability? Do they have an opportunity to meet different people with different kinds of learning disability directly and learn of their experiences?

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