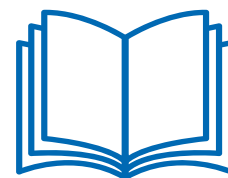


Commissioning services for people with a learning disability

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



Contents



Introduction	03
Things to analyse	05
Understanding the local population	05
Culture and management	09
Working in partnership	10
Learning and development	11
Things to do	14
Understanding the local population	14
Culture and management	16
Working in partnership	17
Learning and development	19
Who to engage?	20
Understanding the local population	20
Culture and management	20
Working in partnership	21
Learning and development	22
A note on Integrated Care Systems	23
Useful resources	24
Understanding the local population	25
Culture and management	24
Working in partnership	25
Learning and development	26
The human rights of people with a learning disability	27
Relevant NICE guidelines	37
Appendix 1: More things to analyse	38
Understanding the local population	39
Working in partnership	39
Culture and management	40
Learning and development	41



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.

Understanding the local population

	Who are the people with a learning disability in your area and what are the different types/kinds of needs that people have?
	Do you know how many people have profound and multiple disabilities?
	How many people might have unique communication or sensory needs, sometimes which might lead to challenging behaviour?
	How many people might require support for all aspects of life but be able to live independently; and how many people might just need some support with some things?
	How can you work with local people to identify the different kinds of support needed to help to develop better plans?
	How can you work with the different cultural communities in your area in order to understand the support that different people will require?
	Can you spot trends spot trends and benchmark your area in your region and nationally?
	How many people with a learning disability have access to health and social care services in the local area? What services, care and support do they access? Do you know the range of needs in your area?
	How many people with a learning disability don't access health and social care services in the local area and how do you explore the reasons why?
	What are the diagnostic pathways for babies, children and adults including referral rates, diagnosis rates and current waiting times?
	How many (unpaid) carers assessments are carried out and how many (unpaid) carers of people with a learning disability access care services?

	How many people with a learning disability are there in the following groups: a BAME background, aged over 65, identify as female, preparing for adulthood?
	How many people with a learning disability are currently supported out of area? (This should include health, education and social care funded support)
	Does the host commissioner (where applicable) know about each person and are they sure that they're receiving visits at least every 6-8 weeks?
	Do you know how many people are on GP registers as having a learning disability? (This should include children from when they are born if they have identified needs)
	What are the arrangements in primary care for those with the most complex needs, to ensure they and their families/carers are feeling supported?
	What is your total budget as an area related to people with a learning disability?
	How many people with a learning disability are referred for and/or request an assessment for social care services?
	How many people with a learning disability have an allocated social worker?
	How many people with a learning disability have person-centred care plans? (Including life plans or planning that's part of Universal Personalised Care support and planning work)
	How many people are accessing personal budgets, either as a direct payment, a personal health budget or have a jointly funded personal budget?
	What's the trend locally in offering personal budgets, personal health budgets (PHBs) or integrated budgets - is it growing or reducing? Do the PHBs in place make people feel more in control of their life and support?
	Are Individual Service Funds supported by local providers and commissioners? Are they offered to people as a choice?
	Do you offer PHBs to all people or those just in the right to have groups? Have you considered how to make them available to all people?

	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?



	How does your area support people who may have ambiguous diagnoses where a learning disability is suspected, but not confirmed? (This may include high intensity users of emergency services)
	How are opportunities for friendships developed and promoted in your local area? Is there a good social scene that includes nightlife opportunity?
	Do you have ways to tackle loneliness that people know about and can easily use?
	How do you work with schools in relation to support healthy relationships, which includes an understanding of sexual/intimate relationships and sexuality?
	How do adults who have all kinds of learning disability access support in relation to creating and maintaining healthy relationships, including an understanding of sexual/intimate relationships.
	How do adults who have all kinds of learning disability access support in relation to their sexual health including access to effective contraception if this is their choice?
	How are community, neighbourhood development programmes and population health management (and anti-deprivation initiatives) including people with a learning disability?
	How does your area support parents of people with disabilities into paid work?
	How does your area support access to voting and democratic activity in people with a learning disability?

Working in partnership

	Does your local area have a learning disability partnership board?
	What are your mechanisms for co-production with local people with all kinds of learning disability and their families, councils, health organisations, education and the private, voluntary and independent sector?
	How are you creating good links for co-production with people from all cultures in your community?

	Do you have regular opportunities for building local relationships between service providers and commissioners through discussion, collaboration and a shared understanding of local needs?
	How do you review your co-production with local people with a learning disability and families?
	What are your mechanisms for engaging with social workers, education professionals, social care, health practitioner leaders and staff working with people with a learning disability?
	How do you review your co-production (at least annually) with local services to identify if they're feeling included and heard?
	Is there a local learning disability strategy group that meets on a regular basis? How do they influence other strategy groups locally such as Mental Health, Housing, Commerce and Employment?
	Have you explored the assets that exist in the local community and how they can improve outcomes for people with a learning disability? A community mapping exercise can be helpful.
	How are you influencing interfaces and commissioning across the Integrated Care System - including primary and secondary care, community and voluntary services, police, housing and transport to include the needs of people with a learning disability?
	What advocacy services do you have locally? How are they funded? How secure are they? What do they offer? (i.e. Citizen advocacy, access to legal advice)
	How are you creating good links for co-production with people from all cultures in your community?

Learning and development

	Do you have a plan that outlines how you deliver learning and development to the local workforce that supports people with a learning disability?
	Do you have a learning and development offer for families, that may include coaching? (There may be clinical skills training and support required for some unpaid carers where the person they support has complex healthcare needs or requires specific behavioural support responses.)

	What mechanisms are in place to evaluate and progress and review requirements?
	Does learning and development meet the standards outlined in the 'Core Capabilities Framework for Supporting people with a learning disability'?
	Does your learning and development plan cover staff that work across all services that people with a learning disability might use?
	Does your learning and development plan incorporate family training and development needs?
	Are there opportunities for bespoke training around an individual where families and staff are trained side by side?
	How do you ensure that learning and development is kept up to date in line with current standards, research, policy and best practice?
	How do you track and utilise specialist skills when staff move roles within your health and social care system?
	How do you harness the experience and knowledge that front line staff and families have in your commissioning plans?
	How do you measure and make sure that staff are confident and knowledgeable about learning disability and how to support people with a learning disability?
	Do you work with your local special schools to assess and discuss broader need?
	<p>What are your methods for identifying the outcomes and impact of learning and development for:</p> <ul style="list-style-type: none"> ■ health staff ■ social care staff ■ children's services staff ■ housing staff.
	How is LeDeR feedback shared with the Safeguarding boards and Health and Wellbeing Boards?
	What action is being taken on areas of preventable death?
	Do you have meetings at least quarterly with CQC to look at local trends with providers and the quality of inpatient, specialist and registered community services in your area?

✓	<p>Have you implemented the Oliver McGowan Mandatory Training for all provider staff, including non-regulated staff and commissioners?</p> <ul style="list-style-type: none"> ■ Is training being offered by experts by experience, alongside a professional and is it face to face? ■ How many people have been trained? Where have people been trained? Do you keep a list of organisations to monitor uptake?
✓	<p>Have you included the required learning disability training in your specifications across the relevant organisations you commission with including agreements of numbers of staff to be trained? How will these be monitored? Are you getting qualitative feedback from attendees?</p>
✓	<p>Does your area offer training to transport staff, including bus drivers, taxi drivers, and train drivers about the different needs of people with all types of learning disability?</p>
✓	<p>Does your area offer training in learning disability awareness for criminal justice staff such as police, courts, prison staff and probation? (Sometimes this can be a route into long stay hospital)</p>
✓	<p>Does your area offer training to children, adults, and families about staying safe in the community and online?</p>
✓	<p>Are young people taught the basics about what the common offences are?</p>
✓	<p>Consider your own wellbeing at work, do you have what you need to keep working in a productive and sustainable way? Considering both your physical and mental wellbeing.</p>

People we consulted said commissioners ...

Need to treat people as individuals. We are all different.

It is important that we work with people with learning disabilities and autistic people on what their needs are.

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: <ul style="list-style-type: none">■ 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 do you check that organisations have the right values and behaviours when you are commissioning services?
	Review the culture of your organisation – learning disability awareness should be reflected in workplace support and all engagement with the local population.
	Develop an organisational culture that supports the creativity required to identify and implement solutions to meet individual needs.
	Review the diversity of staff groups within your organisation to include staff with a learning disability by understanding prevalence in your local population and comparing this to your workplace.
	Ensure that everyone understands the importance of co-production and how it works in practice, and that your workplace culture supports this.
	Work with your local learning disability partnership board.
	Develop a local learning disability strategy and delivery plan that encompasses people of all ages.
	Review and update commissioning and delivery plans, at least, annually and update accordingly.
	Publish your plans in accessible formats and in a variety of ways to maximise the number of that people who can easily understand them.
	Encourage the transparent reporting of spending on services.
	Think about and change the language you use to make sure that it's human and inclusive.
	Ensure that all internal and external communications use respectful language when relating to people with a learning disability and do not use terms like “LD”.

	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 the power to agree and do things, and to help with budgeting decisions in planning by providing informed views.
	Create friendly environments where people can develop good informal relationships.
	Provide learning disability specific employment guidance and support to support more people with a learning disability to access work.
	Contact all local people with a learning disability to inform them of their right to an assessment.
	Engage with your local community and support people with a learning disability to participate in their local community.
	Engage with the Integrated Care System to support offender health and to develop a clear assessment, diagnostic and support pathway.
	Attend meetings and networks with other commissioners and services for people with a learning disability to share experiences and good practice.
	Develop information that is human rights based and helps people and their families understand “what you should expect from your service” with a focus on inpatient or specialist learning disability service as a priority. Information should tell people what they can do if they feel their human rights are not upheld.
	Develop information that also explains what commissioners do and what people can expect from the role.

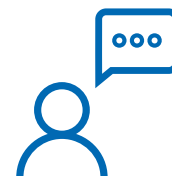
	Map local community assets so that people can easily see what is available locally to benefit from, in line with personalised plans.
	Develop low-level preventative services addressing practical life skills, social engagement, therapeutic support, employment and advocacy.
	Develop a strategy to engage hard to reach groups, people from BAME backgrounds, older adults and those with a learning disability.
	Ensure that NHS community services are in place to help people stay out of hospital and keep people safe and well at home or in other locations—for both children and young people and adults.
	Ensure that you are acting and working with others in preventing primary causes of premature death such as sepsis and aspiration pneumonia.
	Are commissioners made aware of early-stage planning applications for care homes or other developments in their area by the local planning department?
	Do you have oversight of developing technology in your system that could help people with a learning disability live more independently?



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 assessments■ health care staff undertaking continuing healthcare assessments■ service 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, fire staff, nurses, doctors and office-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







This section helps you identify those groups and individuals who need to be engaged in commissioning. In finding out the answers to these questions you should be able to develop a good list of contacts to help make engagement easier, alternatively it will help you identify any gaps.

Understanding the local population





	What self-advocacy support and services are available for people with a learning disability, unpaid carers and families?
	Is there a broad range of community and social groups for people with different kinds of learning disability, unpaid carers, families, of all ages?
	Do local groups promote positive engagement with people with a learning disability?
	Do you have a learning disability hub and/or one-stop-shop that is able to support people with all different kinds of learning disability, from those with a mild learning disability to those with potentially complex disease or behaviour that can be perceived as challenging?
	What type of low-level community-based support could be put in place to help people with a learning disability and their families in their daily lives to prevent escalation when they struggle to access more formal/higher tier services?





Culture and management

	Do you have a multi-disciplinary assessment and diagnostic service for people with all kinds of learning disability? Does this include those diagnosed through different routes, such as psychology, paediatrics as well as education?
	Does the assessment and diagnostic service include: <ul style="list-style-type: none">■ pre-diagnostic support■ short-term post-diagnostic support■ ongoing low level preventative support.

	Do you have a specialist learning disability service that includes health and social care, and includes children with the most complex needs who may have been diagnosed through the NHS?
	Are there established links between local learning disability services, social care services, commissioning services and the Health and Wellbeing Board and Safeguarding Board?
	Do you make sure that meetings and forums are accessible for people with a learning disability to attend? What methods do you use?
	Are universal service providers confident to make reasonable adjustments to services with people with a learning disability?
	Are managers and senior leaders confident in their understanding of learning disability and committed to supporting people to live the life that they choose and be a citizen like everyone else?
	Are managers and senior leaders understanding the value that families bring?

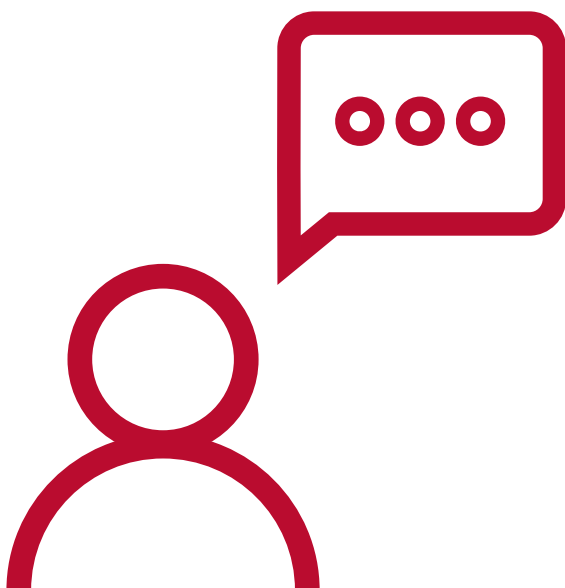
Working in partnership

	What focus groups and engagement and co-production processes do you have to connect with local people with a learning disability and families?
	Are the following sectors involved in your learning disability partnership board and local groups: <ul style="list-style-type: none"> ■ criminal justice, including, police, probation and prison services as well as prison healthcare providers and commissioners and Liaison and Diversion healthcare services operating within the police and courts ■ early years inclusion teams (that cover multi-sensory impairment and portage for children under 5 ■ housing and accommodation ■ psychological therapies ■ mental health services.
	Jobcentre Plus and employment support?
	Are young people with a wide spectrum of needs and unpaid carers involved in designing the local special educational needs (SEND) offer?

	How do you engage and enable the voluntary sector, with a focus on user-led groups, to reach out and develop support for wide variety of people with a learning disability and unpaid carers and families?
	Is learning disability identified as a priority within local housing strategy and planning?
	What employment support projects and services support people with a learning disability to access work and education?
	Are young people with a wide spectrum of needs and unpaid carers involved in designing the local special educational needs (SEND) offer?

Learning and development

	Are learning disability training requirements included in commissioning contracts?
	Do you support public sector organisations to pool resources and budgets for training requirements?
	Are staff who work in local information, advice and drop-in services trained and enabled to support people with a learning disability and families?
	Are the following people involved in commissioning and delivering learning and development: <ul style="list-style-type: none"> ■ people with a learning disability ■ families and unpaid carers ■ local learning disability lead(s).





A note on Integrated Care Systems

Integrated Care Systems (ICSs) are new partnerships between the organisations that meet health and care needs across an area to coordinate services and plan a way that:

- improves population health
- reduces inequalities between different groups.

Commissioners of learning disability services will be at the forefront which means commissioners will have a stronger role as system enablers, influencing others to make sure that the needs of people with a learning disability are fully included and considered in the delivery of future plans. This guide may be useful to commissioners to explain the process, and the steps needed to achieve a fully Integrated Care System.

[Read the guide](#)





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/>

The human rights of people with a learning disability



Commissioners in their working practice can implement or facilitate the implementation of policies, laws and administrative measures for securing/ supporting the rights recognised in the United Nations Convention on the Rights of Persons with Disabilities, and work to abolish practices that constitute discrimination (Article 4).

In the past in the UK, we've seen incidences where the human rights of people with a learning disability haven't been upheld- indeed they've been terribly breached leading to abuse, neglect, and discrimination.

This section outlines how the work of the commissioner interfaces with the UN Convention on the Rights of Persons with Disabilities (CRPD).

[CRPD is an international human rights treaty adopted in 2006.](#) The UK agreed to follow it in 2009. By following CRPD, the UK agreed to protect and promote the human rights of disabled people, including:

- eliminating disability discrimination
- enabling disabled people to live independently in the community
- ensuring an inclusive education system
- ensuring disabled people are protected from all forms of exploitation, violence and abuse.

Considering the statements in the table below it's possible to identify what aspects of your work as a commissioner influences the human rights of people with a learning disability.



Article



We're called upon to combat stereotypes and prejudices and promote awareness of the capabilities of people with a learning disability (Article 8).

Commissioners, by their activity and positive practice can support people with disabilities to enjoy their right to life on an equal basis with others (Article 10), make sure the equal rights and advancement of women and girls with disabilities (Article 6) and protect children with disabilities (Article 7).

Commissioner Interface

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.

Commissioners recognise that children with disabilities shall have equal rights, won't be separated from their parents against their will, except when the authorities determine that it's in the child's best interests and in no case shall be separated from their parents on the basis of a disability of either the child or the parents (Article 23).

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 family support akin to that for 'typical' new parents, when their child is diagnosed –particularly for children with the most complex needs diagnosed under the age of 5 or identified on entry into the schooling/education system.

All people with a learning disability are equal before the law and all services should seek to prohibit discrimination on the basis of disability and guarantee equal legal protection to the people that they support (Article 5).

Ensure good quality advocacy services are there for people who need them, making sure that people receive proactive and effective signposting to advocacy services.

Work with Community and Voluntary sector organisations to offer information services in accessible formats or that they can signpost people with a range of needs, including complex needs to relevant help.

People with a learning disability have the mental capacity have the equal right to own and inherit property, to control their financial affairs and to have equal access to bank loans, credit and mortgages (Article 12).

Consider how housing is offered to people, ensure choice and control.

Utilise capital funding creatively with housing partners to support security, choice and control.

Ask providers to help people understand their money, use technology and information appropriately to help people plan and budget.

Consider the use of shared ownership schemes and property inheritance from families for long term housing ownership.

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.

Use opportunities such as ICETRs/CETRs/CTRs to ensure that liberty is upheld.

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).

Ensure good quality monitoring of services are in place, and that providers are offering the right support.

Ask families and people who know the person well, how they are and what the services are like- are they happy with the way that their loved one is being treated?

Ask people for feedback and make sure they, their families and advocates know what to do if they're concerned. It is a good idea to share information about human rights so that people know what is expected practice, and conversely what is not.

Ensure good safeguarding reporting and investigation processes are in place. Work with agencies (primary and secondary care, emergency services, schools and police) to develop information sharing protocols so a full picture of the vulnerable person and their circumstances can be established and acted upon.

We must guarantee freedom from exploitation, violence, and abuse. In case of abuse, we'll work to promote the recovery, rehabilitation and reintegration of the victim and ensure the investigation of abuse (Article 16).

Have good multi agency safeguarding processes in place.

Ensure sufficient supply of specialist trauma support/therapy for people who've experienced abuse of all kinds including institutionalisation or coercive control that may be hard to recognise.

Workers will need to be trained in trauma informed practice where people have experienced any kind of abuse.

People with a learning disability are not subjected to arbitrary or illegal interference with their privacy, family, home, correspondence or communication.

Ensure that people have free and accessible communication with families and friends and that their privacy is respected. Check this when monitoring the quality of services.

The privacy of their personal, health and rehabilitation information is to be protected like that of others (Article 22).

Ask people and families for feedback.

On the fundamental issue of accessibility (Article 9), the convention requires us to identify and eliminate obstacles and barriers and ensure that people with a learning disability can access their environment, transportation, public facilities and services, and information and communications technologies.

Influence transport provision in your local area- facilitate a link with the learning disability partnership board representatives and others to influence practice.

Consider those with the most complex needs such a multi-sensory impairment, non-standard wheelchairs and behaviour that can be perceived to be challenging. Families should be offered support to access local facilities where possible, including information on efforts to reduce stigma in community facilities. Many of these areas of work are overseen by roles within the jurisdiction of local councils.

Seek to create dialogue between responsible elected members and people with a learning disability and their families to positively influence commissioning and supply of these services ensuring they're accessible.

People with a learning disability must be able to live independently, to be included in the community, to choose where and with whom to live and to have access to in-home, residential and community support services (Article 19).

Personal mobility and independence are to be adopted by facilitating affordable personal mobility, training in mobility skills and access to mobility aids, devices, assistive technologies and live assistance (Article 20).

Commissioners can directly influence this article by ensuring choice and control in the commissioning of support services. The use of analysis and planning is critical, particularly for those with the most complex needs who may require bespoke housing, IT and support solutions.

Gaps in provision mean that your area is not Care Act 2014 Section 5, compliant.

Use of personal budgets for wheelchairs and access to community equipment services are important areas of commissioning to influence with colleagues.

Commissioners should recognise the right to an adequate standard of living and social protection. This includes public housing, services, and assistance for disability-related needs, as well as making sure that people are assisted to access disability-related expenses in case of poverty (Article 28).

Part of the local housing plan should include housing for people with disabilities, including people with a learning disability, including those who may not be able to live independently without substantial support.

Commissioners can create links with housing staff to support well informed plans and assist with analysis of local need for planning.

Benefits and debt advice should be made accessible to people with a learning disability. Families, unpaid carers, advocates, and providers of support can play an important part in facilitating access to financial advice and support.

Commissioners can promote access to information by supporting the provision of information intended for the general public in accessible formats and technologies, by facilitating the use of Braille, sign language and other forms of communication (Article 21).

Commissioners can help by encouraging commissioned providers to make their on-line information available in accessible formats.

Colleague's commissioning services in secondary and primary care, specialist and Community Voluntary Services could be requested to do the same.

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 responsibilities regarding guardianship, wardship, trusteeship and adoption of children (Article 23).

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.

Ensure equal access to primary and secondary education, vocational training, adult education, and lifelong learning.

Education should employ the appropriate materials, techniques and forms of communication.

Pupils with support needs are to receive support measures and pupils who are blind, deaf and deaf-blind are to receive their education in the most appropriate modes of communication from teachers who are fluent in sign language, braille (and bespoke communication skills).

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.

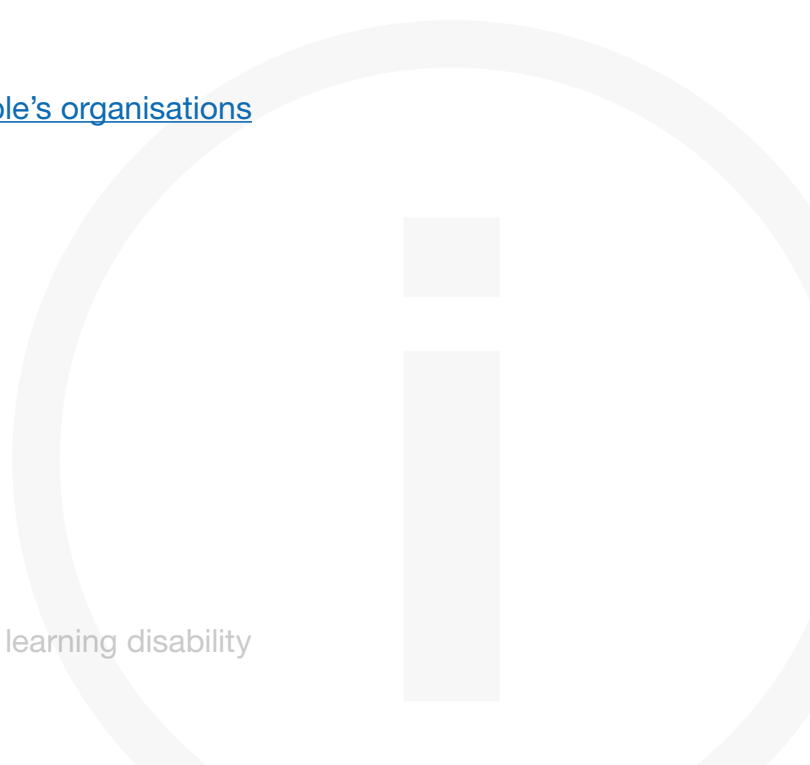
Ensure that changing places and their location and access well publicised.

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](#)





Relevant NICE guidelines

NICE guidelines make evidence-based recommendations on a wide range of topics, they set out the care and services that are suitable for most people with a specific condition, need or in a particular circumstance/setting, ways to promote and protect good health, the configuration and provision of health and social care services and/or how public sector organisations can improve the quality-of-care services.

The relevant guidelines can help you to understand what good care looks like and shape the health and social care provision for people with a learning disability. They can inform service planning and provision, quality improvement and the development of education and training initiatives.

Here are some of the key guidelines for commissioners who work in social care, health, education and children's commissioning services for people with a learning disability.

- [Care and support of people growing older with learning disabilities \(NG96\)](#) Guideline published date: 11 April 2018
- [Learning disabilities and behaviour that challenges: service design and delivery \(NG93\)](#) Guideline. Published date: 28 March 2018
- [Mental health problems in people with learning disabilities: prevention, assessment and management \(NG54\)](#) Guideline. Published date: 14 September 2016
- [Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges \(NG11\)](#) – Guideline. Published date: 29 May 2015
- [Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education](#) – Guideline. Published date: 07 March 2022
- [Adults with complex needs: social work interventions including assessment, care management and support](#) Guideline. Published date: 26 May 2022
- [Children and young people with disabilities and severe complex needs: integrated health and social care support.](#)
Status: Proposed. Expected publication date: TBC
- [Social work interventions for adults with complex needs \(including learning disabilities\) and mental health needs.](#)
Status: Proposed Expected publication date: TBC

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 influencing 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?

- Do the priorities of the local sustainability and transformation partnership and/or Integrated Care System include learning disability?
- Do local housing equality and community safety strategies include learning disability?
- Do local and regional joint working strategies include learning disability?
- Does your Health and Wellbeing Board regularly monitor the local learning disability strategy and learning disability action plans?
- Do micro commissioners actively monitor commissioned support, supported living arrangements, day opportunities and personal budget provision for people with a learning disability?
- Do macro commissioners actively monitor contract compliance and service quality in commissioned support, supported living arrangements, day opportunities, employment support and personal budget provision for people with a learning disability?

Learning and development

- Is the planning and delivery of your learning disability training fully co-produced as defined and required by the 'Right to be heard: government response to the consultation on learning disability and learning disability training for health and care staff' (November 2019)?
- What training is available to help people with a learning disability, unpaid carers and families to learn about and increase their skills? For example, around behaviour, social norms, contributing to meetings, social situations and positive risk taking?
- How do you ensure that people and their families and the contribution they bring is valued and supported and encouraged?
- How are people with a learning disability, unpaid carers and families meaningfully involved in the development and delivery of training?
- How do you monitor the impact of learning disability training in practice, for example, via sampling, observation, supervision and appraisal?
- Do contracts with providers for learning disability and non-learning disability specific services include minimum training requirements? Do contract managers monitor these requirements at least annually?
- Consider the length of time that contracts are active for- are they long enough to provide stability and space for innovation- for new and existing providers?

Skills for Care
West Gate
6 Grace Street
Leeds
LS1 2RP

T: **0113 245 1716**
E: **info@skillsforcare.org.uk**

skillsforcare.org.uk



twitter.com/skillsforcare

facebook.com/skillsforcare

linkedin.com/company/skills-for-care