

Commissioning for a Good Life Framework for Individuals with a Learning Disability

Useful information

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Executive Summary

The current contract for the C4GL Framework, which commenced in January 2020, is due to come to an end on 9th January 2025. There is the option of an extension for a further 5 years (ending January 2030).

The framework was commissioned by Northamptonshire County Council (NCC) in partnership with Northamptonshire Clinical Commissioning Group (CCG).

The annual contract value at the time of commissioning was £98m. The current annual value for North Northamptonshire is £36.3m.

This report provides an overview of the population profile for individuals with a learning disability, reviews the landscape of the current provider market and provides insight and feedback from individuals with a learning disability as well as other key stakeholders. It aims to draw conclusions about gaps in service and unmet need and to consider the options available to the Council in ensuring the continuation of services for individuals with learning disabilities.

Background and Context

The Care Act 2014 places a statutory duty on local authorities to provide care and support to meet the identified needs of individuals with a learning disability.

The current contract is made up of eight offers: residential living, supported living, supported accommodation, short breaks, support at home, living and learning, forensic support, and crisis support.

Key priorities for residents of North Northamptonshire with a learning disability very much focuses on laying down the foundations for a 'good life.' The key theme that runs through national policy and good practice guidance is the need to provide services that support people to have healthy, meaningful, ordinary lives.

Key Objectives:

- I. Build the right community-based services to enable people to remain in their local community, maintain their independence and be active citizens.**
- II. People's quality of life is maximised by the support and services which they access.**
- III. Make sure services are responsive to the range of needs including escalating need, and at different transition (change) points.**
- IV. Ensure individuals have access to good quality affordable accommodation that is not linked to their support and that offers long term security of tenure.**
- V. Empower individuals by maximising opportunities for collaboration and co-production.**

- VI. Ensure good support is available for carers of people with a learning disability**
- VII. Work collectively to reduce Health Inequalities**
 - a. Increasing the numbers of people with a learning disability who receive an annual health check, identifying health problems early where there may have been no indication or symptoms.
 - b. Embedding Learning from the Learning Disabilities Mortality Review (LeDeR)
- VIII. Develop more focus on supporting people to become employment ready.**
- IX. Reduce the number of individuals residing in in-patient beds including NHS England specialist commissioning beds and support hospital avoidance and readmission.**
- X. Use the full potential of technology to support people's lives and aspirations.**

Legislation and Key Guidance

The Care Act 2014 (Section 5)¹ Requires local authorities to facilitate and shape the care market for adult social care to enable the needs of all people living in its area who need care and support to be met including people who fund their own care. The ambition is to promote a sustainable and diverse range of care and support providers, whilst continuously improving quality and choice.

The duty to promote individual wellbeing (Section 1) makes it clear that a local authority's duty is to ensure that the wellbeing of individuals must be at the centre of all it does.

1. The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life.
2. Local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person.
3. The wellbeing principle applies in all cases where a local authority is carrying out a care and support function, or making a decision, in relation to a person.

People at the Heart of Care 2021.² A 10-year vision with 3 key objectives:

1. People will have choice, control, and support to live independent lives.
2. People can access outstanding quality and tailored care and support.
3. People find adult social care fair and accessible.

¹ [Care and support statutory guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/352822/care_act_2014_section_5_guidance.pdf)

² [People at the Heart of Care: adult social care reform - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/352822/people_at_the_heart_of_care_2021.pdf)

Next Steps People at the Heart of Care 2023.³ Updates the progress and refreshes the ambitions set in the original document.

Building the right support for people with a learning disability and autistic people action plan (2022)⁴

The government's 'Building the Right Support' document is an action plan intended to support people with a learning disability and autistic people to live an ordinary life and fulfil their aspirations, in their own home. The action plan seeks to do this by:

- Strengthening community support
- Reducing the overall reliance on specialist inpatient care in mental health hospitals.
- Improving the experience of people with a learning disability and autistic people across public services such as health, social care, education, employment, housing and justice

Right Support, Right Care, Right Culture 2020⁵

This guidance sets out expectations for what good care looks like for autistic people or people who have a learning disability, as well as how the Care Quality Commission will inspect services which provide this care.

Right support: • Model of care and setting maximises people's choice, control and independence.

Right care: • Care is person-centred and promotes people's dignity, privacy and human rights.

Right culture: • Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive, and empowered lives

NHS Long Term Plan 2019⁶

The ambitions are defined as:

1. Making sure people get the best start in life.
2. Delivering world class care for major health problems
3. Supporting people to age well

The Plan commits the NHS to tackling the causes of morbidity and premature death for people with learning disabilities and sets several targets, such as increasing annual health checks, introducing designated keyworkers for young people, and reducing inpatient care.

Social Housing (Regulation) Act 2023⁷

It aims to give tenants greater powers and improve access to swift and fair redress. The Act offers greater protection to social housing tenants against serious hazards in their homes, ensuring a better service and quality of life.

³ [Next steps to put People at the Heart of Care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/next-steps-to-put-people-at-the-heart-of-care)

⁴ [Building the Right Support Action Plan - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/building-the-right-support-action-plan)

⁵ [Right support right care right culture \(cqc.org.uk\)](https://www.cqc.org.uk/publications-and-reports/right-support-right-care-right-culture)

⁶ [The NHS Long Term Plan – a summary](https://www.nhs.uk/longtermplan/summary)

⁷ [Essential Guide to the Social Housing Regulation Act.pdf](https://www.gov.uk/government/consultations/social-housing-regulation-act)

Renters Reform Bill⁸

The new Bill is designed to improve tenants' rights, including:

- abolishing Section 21 'no fault' evictions meaning landlords can only evict on fault-based grounds and reasonable circumstances
- ending fixed-term tenancies.
- Tenants will also have the right to request a pet, which landlords cannot unreasonably refuse

The Bill is at the 'second reading stage' and unlikely to receive Royal Assent until the spring of 2024.

Link to other strategies

Services and future work will be aligned to the forthcoming Adult Social Care Strategy and NNC Housing Strategy for those with care and support as well as the Council's strategic objectives.

Understanding Need

Demographics

North Northamptonshire's population grew by 13.5% to 359,522 people in the 10-year period to 2021.⁹ This increase was higher than the overall increase for England (6.6%) and the East Midlands (7.7%). North Northamptonshire saw a 10.3% increase of those aged 15-64 and a 30.4% for people aged 65 and over. Compared to the national picture, growth has been higher than the national average of 3.6% of those aged 15 to 64 years and 20.1% for people aged 65 years and over.

The local area population is set to continue to grow and age over the next 10 years and thereafter, with estimates predicting the most significant growth in those aged 50+.

There are currently 6,400 people in North Northamptonshire living with a learning disability. Of these 78% of people are aged 18-64 and 22% are aged 65 and over. POPPI¹⁰ and PANSI¹¹ data forecasts that the number of adults with a learning disability will increase by 19.5% by 2040. Growth is heavily concentrated amongst the older age groups, with 51.5% growth for individuals aged 65 and over and 10.6% growth for those aged 18-64.

The impact of an ageing population is anticipated to be exacerbated amongst those with learning disabilities. Higher levels of social and economic exclusion will likely lead to more frequent use of acute and costly public services as people age. Social isolation and loneliness are likely to be especially true for people with learning disabilities, many of whom have small social circles and may rely on formal support to make and maintain connections.

⁸ [The Renters Reform Bill - Shelter England](#)

⁹ [North Northamptonshire population change, Census 2021 – ONS](#)

¹⁰ [Projecting Older People Population Information System \(poppi.org.uk\)](#)

¹¹ [Projecting Adult Needs and Service Information System \(pansi.org.uk\)](#)

Many people with learning disabilities will not require social care services or specialist health services. Like the rest of the population, on a day-to-day basis, people with learning disabilities will be in contact with universal community services.

As of 2020, just over 1,300 people were diagnosed as having a 'moderate or severe' learning disability; these are the group most likely to require support. Data forecasts the number of adults in this group will increase by 16.1% between 2020 and 2040. Growth for those aged 65 plus is significantly higher at 44.7% compared with 11.4% for working age adults (18-64)

There is predicted to be a 10.7% increase in the number of people living at home with parents by 2040. This reflects an additional 43 people, bringing the total number to 446. People with learning disabilities are living longer and it is increasingly likely that they will outlive their parents. For many, this will mean the loss of a parent and primary carer at the same time.

	2020	2040	Difference +/-
Total Population aged 18-64 predicted to have a learning disability	5,006	5,537	10.6%
Total Population aged 18-64 predicted to have a Moderate or Severe Learning Disability	1143	1273	11.4%
Total Population predicted to have a Severe Learning Disability	297	332	11.8%
Total Population with learning disabilities predicted to have Challenging Behaviour	93	102	9.7%
Total Population aged 18-64 with a learning disability predicted to be Living at Home with Parents	403	446	10.7%
Total population predicted to have Downs Syndrome	129	142	10.1%

Table 1: ONS Population Projections 2021 Census (PANSI)

	2020	2040	Difference +/-
Total Population aged 65+ predicted to have a learning disability	1394	2112	51.5%
Total Population aged 65+ predicted to have a Moderate or Severe Learning Disability	190	275	44.7%
Total population predicted to have Downs Syndrome	3	4	33.3%

Table 2: ONS Population Projections 2021 Census (POPPI)

Snapshot summary

based on the 2021 Census for People with Learning Disabilities (POPPI/PANSI)

2020

6400 people live in North Northamptonshire

5006 are aged between 18 and 64.

1394 are aged 65+

2030

7110 people are predicted to live in North Northamptonshire

This represents an overall increase of **710 people**.

2040

7649 people are predicted to live in North Northamptonshire

A further increase of **539 people**.

Total Predicted Increase to 2040

531 people aged 18-64 (26 people per year)

718 people aged 65+ (36 people per year)

For the purpose of this report the focus will be on current need and future projections to 2030. By 2030 North Northamptonshire is projected to see an increase of **710 people** with a learning disability.

There will be an increase of 130 people with a moderate or severe learning disability as well as an additional 28 people living at home with parents.

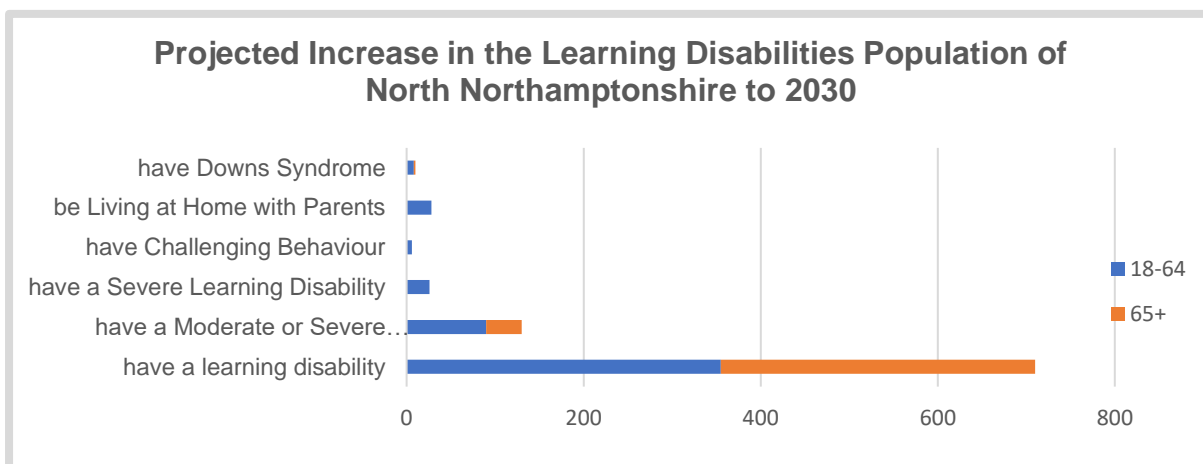


Figure 1: Projected increase in the number of people with a learning disability at 2030 (PANSI and POPPI, 2021)

A summary of the projected growth for each of the four geographical locations of North Northamptonshire is detailed as:

Total population projections, for individuals aged 18-64:

- the highest growth is in Corby - **131** people.
- The lowest growth is in Wellingborough - **39** people.

For those aged 65+:

- the highest growth is in East Northants - **122** people.
- The lowest growth is in Wellingborough - **68** people.

Looking specifically at individuals with a moderate or severe learning disability the projected growth remains similar, with the highest increase in Corby of 41 people and the lowest Wellingborough with 19 people.

For a detailed breakdown by location please refer to Appendix 1.

Review of Current Position

As a local authority we currently commission support arrangements for 917 individuals with a learning disability.

- 804 people (87.7%) are between the age of 18-64
- 113 (12.3%) are aged 65 and above
- 384 people (41.9%) are female.
- 533 (58.1%) are male

Based on the most recent census figures, the Council is currently supporting 16% of all individuals with a learning disability, aged 18-64 and 8% for those aged 65+.

If we assume that those receiving support are more likely to have a moderate or severe learning disability, the revised percentages are 70.3% for those aged 18-64 and 59.5% for those aged 65+

Based on locality, by far the largest number of individuals currently funded by Adult Social Care (ASC) live within Kettering and the surrounding villages, followed by Wellingborough, Corby, and lastly East Northants.

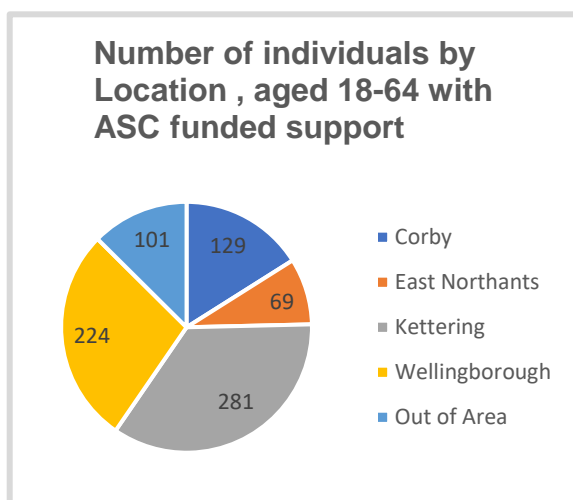


Figure 2: Postal Town of Individuals aged 18-64, Commitment Report 21.08

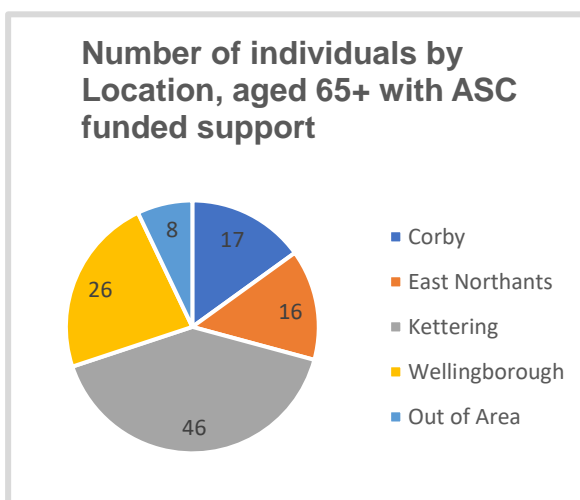


Figure 3: Postal Town of Individuals aged 65+, Commitment Report 21.08

Combining the above to reflect the total number of adults (18+) by locality; 40% of individuals who receive services live within Kettering. This is twice that of Corby and approximately 4 times that of East Northants.

By adding the projected percentage growth to 2030, for those with a moderate or severe learning disability, each localities percentage share of population adjusts slightly. Kettering whilst retaining the highest population in terms of funded packages will see an actual decrease in overall % share. This is the same for Wellingborough. Both Corby and East Northants are projected to see an increase in % share by locality.

	Number of People based on Current Commitment	As a Percentage (%)	Projected Increase in No. of people to 2030	Revised Commitment at 2030	Total commitment as a Percentage (%)
Corby	146	18.00%	41	187	19.94%
Kettering	327	40.50%	36	363	38.70%
East Northants	85	10.5%	34	119	12.69%
Wellingborough	250	31.00%	19	269	28.68%

Table 3: Number of Individuals in receipt of commissioned services by locality, including projected growth

Note: Assuming all predicted growth for those with a moderate or severe learning disability will require a support package

Accommodation Based Support

There are currently 394 people receiving support either within a residential, supported living or shared lives service.

A supported living setting is by far the most prevalent service provision with 65% of these individuals receiving care and support in this setting. 29% of individuals are supported within a residential living setting and 6% within a shared lives placement.

The graph below, provides a summary across each of the four localities.

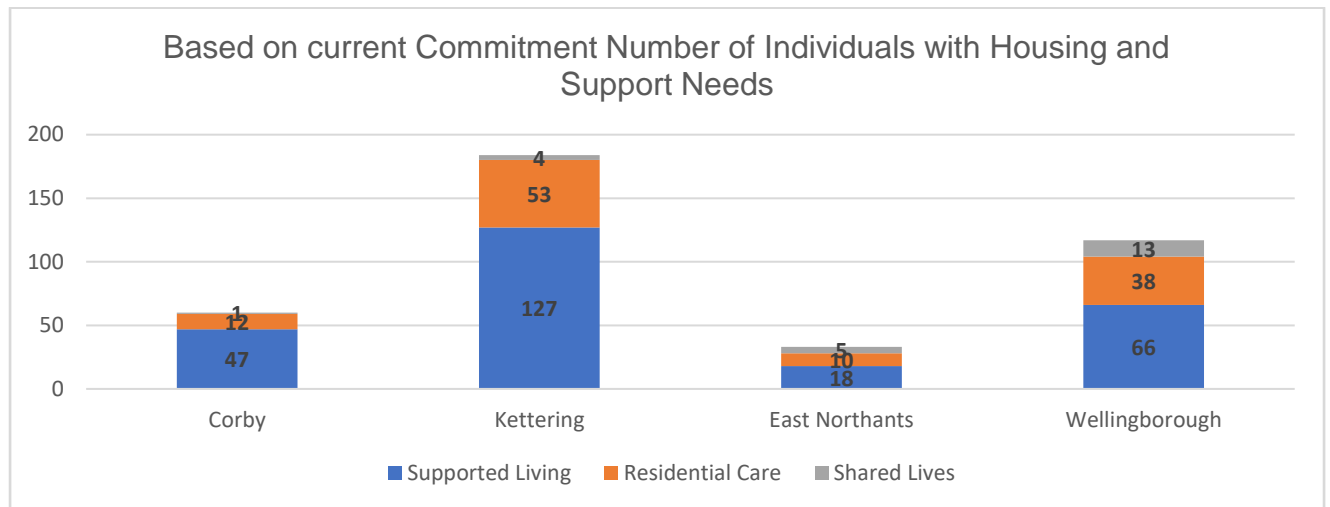


Figure 4: Summary of accommodation-based support by location, commitment report 21.08

47% of individuals with housing and support needs live in Kettering and surrounding villages, 30% are living in Wellingborough, 15% in Corby and 8% in East Northants.

Higher numbers of younger adults (18 -64) live within a supported living setting in preference to residential or a shared lives placement. Of those living within a supported living setting, 56% live within a shared environment and 46% in single accommodation.

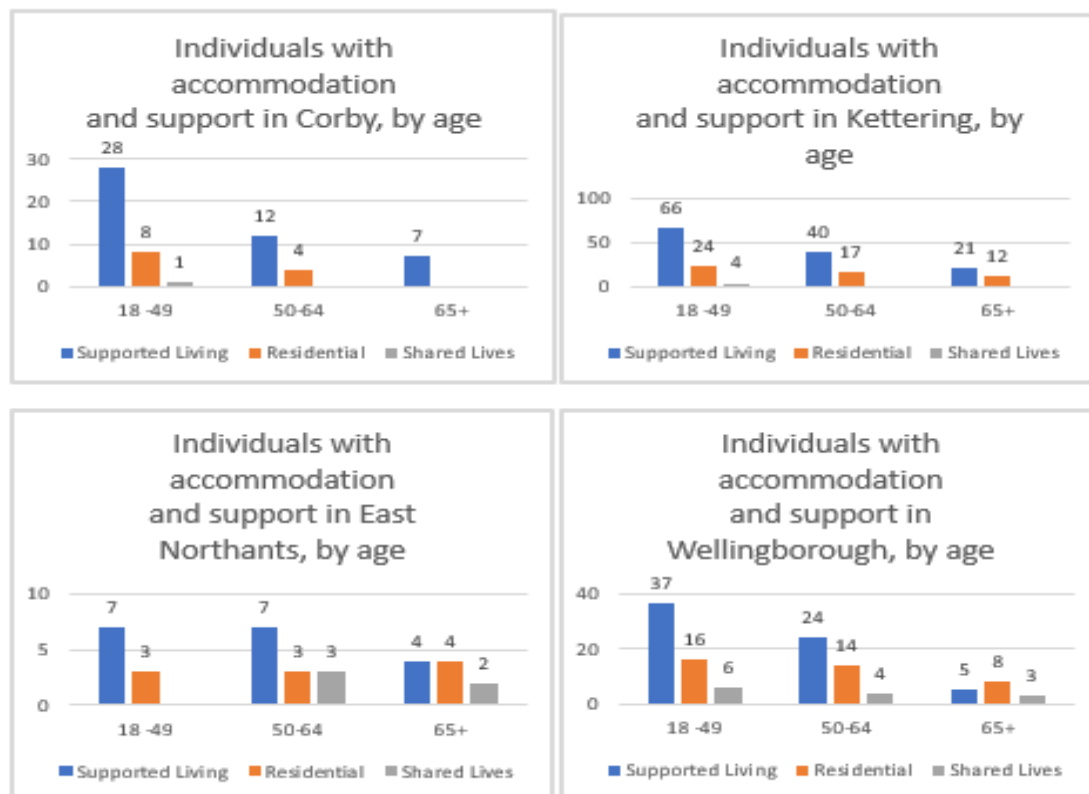


Figure 5: Accommodation arrangements across the 4 geographical locations

Of the 258 individuals living in a supported living setting 64 people (25%) are claiming housing benefits under exempt accommodation status.

Exempt accommodation is defined as being either: a resettlement place; or accommodation that is provided by a county council, housing association, registered charity, or voluntary organisation where that body, or person acting on their behalf, provides the claimant with care, support, and supervision.

It is provided outside of a Universal Credit Award through Housing Benefit (HB) and in that respect is exempt from the usual benefit cap. It therefore means that individuals who need support are more readily able to find accommodation that meets their needs and enables them to live as independently as possible.

Of the remaining 194 people (75%) housing needs will be met through local housing stock, shared ownerships and private landlord arrangements. Private landlord arrangements are likely to be the highest percentage; subject to the local housing allowance and as such the rents received are capped. In order to find suitable accommodation, individuals may be required to 'top up' the rent from their other benefits.

Ethnicity

The services for individuals with learning disabilities, commissioned by the Council reach less ethnically diverse groups than expected given the composition of our communities.

93.7% of individuals receiving services identify their ethnic group within the "White" category. This figure is higher than the number of people across the locality, who identify from a white background (90.3%).¹²

2.98% of individuals identify as "Black, Black British, Black Welsh, Caribbean or African" compared with 3.1% of North Northamptonshire residents.

2.24% identify as "Asian, Asian British or Asian Welsh" category compared with 3.5% of residents.

Health

People with learning disabilities are at increased risk of experiencing poorer health and well-being than the general population. They experience unequal provision of and access to health services and unequal treatment within mainstream health services.

Individuals are still 'considerably' more likely to die prematurely. Data reported by NHS digital 2017 shows that on average the life expectancy of women with a learning disability is 18 years shorter than for women in the general population. The life expectancy of men with a learning disability is 14 years shorter than for men in the general population.

There has been a slight increase in the average age of death of individuals; this has increased to 62 in 2022, from 61 in 2020. There is strong evidence to suggest that people from ethnic minority groups are more likely to die at a much earlier age than those of a white background. One study commissioned by the Race and Health Observatory, highlights

¹² [How life has changed in North Northamptonshire: Census 2021](#)

findings from the Learning Disabilities Mortality Review (LeDeR).¹³ Of all LeDeR notifications from 2018-2021, people from ethnic minority groups had a significantly lower median age at death than people denoted as 'white'. The median age at death for people from ethnic minority groups was 34 years compared to 62 years for the 'white' ethnic group. Whilst this is startling, the findings should be interpreted with caution due to the small number of people who were from ethnic minority groups compared to those denoted as 'white'.

Other health related issues include:

25-40% will experience mental health issues with a risk that their mental health needs may not be identified due to assumptions that symptoms and behaviours are caused by their learning disability

About 1 in 5 people with learning disabilities who are over the age of 65 will develop dementia. People with Down's syndrome have an even higher risk, with about 2 in 3 people over the age of 60 developing dementia, usually Alzheimer's disease.¹⁴ This is significantly higher than the general population of 1 in 11 people.

Around 20% of people with a learning disability will have epilepsy compared to 1 % in the general population.¹⁵

For the year 2022/23 74% of individuals registered with a learning disability in North Northamptonshire had an Annual Health Check (AHC). Data to date shows that in the first 4 months of this year (April – July) 14% of individuals have had their AHC. If take up continues as is this the annual uptake will be significantly lower this year, at 42%.

Employment

The number of adults in paid employment has seen a decline in recent years. As at 2020/21 there were 5.1% per cent of adults with learning disabilities in paid employment. This represents a 1% decrease from 2019/20 figures.

In North Northamptonshire the employment figure sits at 2.3% (2020/21).¹⁶ Compared with our surrounding local authorities, only Peterborough reports a lower percentage at 1.7%.

This measure shows the proportion of adults with a learning disability who are known to councils and are recorded as being in paid employment

Inpatient Services

There are currently 17 people in an inpatient setting; 6 of which have a learning disability.

4 have an expected discharge date (EDD) in 2023:

- 2 of these people have been referred to brokerage; one is progressing with assessments, the other has a confirmed community placement

¹³ [RHO-Executive-Summary-LD-Report.pdf \(nhsrho.org\)](#)

¹⁴ [Learning disabilities and dementia | Alzheimer's Society \(alzheimers.org.uk\)](#)

¹⁵ [Learning disabilities | Epilepsy Society](#)

¹⁶ [Proportion of adults with learning disabilities in paid employment in Adur | LG Inform \(local.gov.uk\)](#)

- 2 are not currently ready to move back into the community.

The remaining two individuals have an EDD of 2024 (April and July).

Moving into Adulthood

The Transitions Team are working with a number of young people aged 16 and over who are likely to continue to need support as they move into adulthood.

The data below reflects the numbers for all young people, including those with a learning disability, mental health needs and autistic individuals. This will require to be broken down further both in terms of primary support need and timescales, to ensure adequate services are in place to meet future need.

Service	Total number over the next two years	Comments
Supported Living	8	Currently in a residential setting
Residential	2	
Community Support	72	Currently have an EHCP Plan and are likely to require some support to replace education
Short Breaks (Respite)	26	Number currently accessing respite in Children's Services

Table 4: Number of Young People aged 16+ that will require Adult Social Care

Of those requiring Community Support, 30 young people are currently living at home with their family. Some of these individuals may choose to move out of home and will be looking at a supported living setting alongside community support.

Summary of Current Position and Need by Locality

CORBY - Learning Disabilities Population

1309 people live within Corby.

The population is projected to grow by 13.7% at 2030 to 1511 people.

146 people have funded support arrangements.

49 people live in a supported living setting.
12 in residential care
1 in shared lives

KETTERING - Learning Disabilities Population

1873 people live within Kettering.

The population is projected to grow by 10.8% at 2030 to 2075 people.

327 have funded support arrangements.

127 people live in a supported living setting.
53 in residential care
4 in shared lives



North Northamptonshire Council

EAST NORTHANTS - Learning Disabilities Population

1762 people live in East Northants

The population is projected to grow by 11.3% at 2030 to 1961 people.

85 people have funded support arrangements.

18 people live in a supported living setting.
10 in residential care
5 in shared lives

WELLINGBOROUGH - Learning Disabilities Population

1456 people live in Wellingborough.

The population is projected to grow by 7.3% at 2030 to 1563 people.

250 people have funded support arrangements.

66 people live in a supported living setting.
38 in residential care
13 in shared lives

Overview of Current Contract

The Commissioning for a Good Life Framework for Learning Disabilities went live in January 2020.

The framework is made up of eight offers: residential living, supported living, supported accommodation, short breaks, support at home, living and learning, forensic support, and crisis support.

127 providers were awarded a contract with each provider applying and being awarded one or more of the eight offers.

The framework was commissioned as a 5-year contract (ending 2025). Successful providers joined at point of award and the framework has remained closed since this date. The framework agreement is due to end on the 09/01/2025, there is the option of an extension for a further 5 years (ending 9th January 2030).

The contract provides

- A clear focus on outcomes
- A focus on strength and progression-based support
- A fixed budget for care and support, based on assessment and evidence of need, to be used as a personal budget for all care and support requirements.

Services are currently provided by a diverse cross section of organisations. As at September 2023 there were 122 providers on the framework.

The graph below shows the number of providers awarded under each lot and the number who are currently active. Whilst some of the lots have a number of active providers others have none.

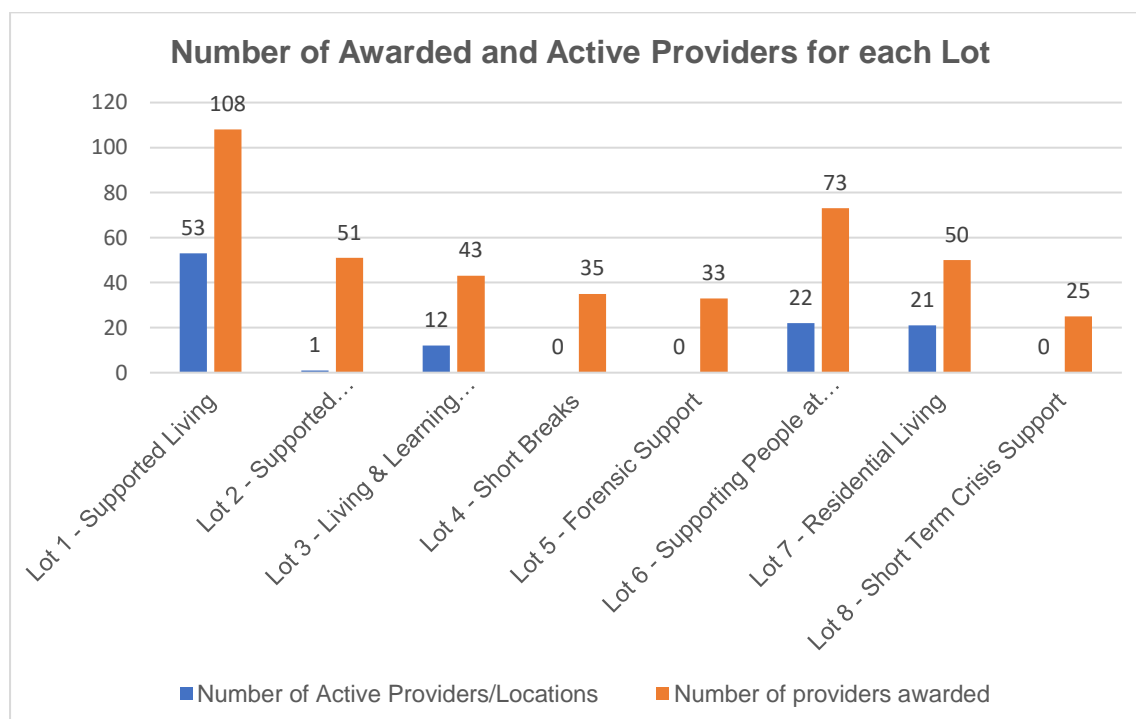


Figure 6: Number of Awarded and Active Providers

The current annual spend for the contract is £36.3m. The highest spend is supported living at £21.7m, followed by residential living at £10.4m (88% of total expenditure).

The table below provides a full breakdown of the annual commitment for each of the framework lots. There are no packages commissioned for supported accommodation, forensic support, and crisis support.

The Framework delivers 65.3% of all commissioned packages. 12% are commissioned via spot (non-framework) arrangements and 22.7% via our In-house service arrangements.

Lots	C4GL No. of Packages	Annual Spend	No. of Non-Framework Packages	Total Annual Spend Non-Framework
Lot 1: Supported Living	265	£21,720,714	16	£1,715,952
Lot 2: Supported Accommodation	0		0	
Lot 3: Living and Learning	229	£2,635,913	24	£301,694
Lot 4: Short Breaks	4	£25,649	18	£279,935
Lot 5: Forensic	0		0	
Lot 6: Supporting People at Home	74	£1,511,581	32	£807,493
Lot 7: Residential Living	116	£10,446,758	36	£3,127,369
Lot 8: Crisis Support	0		0	
TOTAL	688	£36,340,615	126	£6,232,443
% of Overall Total	65.3%	80.9%	12%	13.9%

Table 5: Current annual commitment for Individuals with a Learning Disability, excluding Direct Payment (Commitment Report 25/09/2023)

Outcome based contracting

The current Framework focuses on outcomes and what people want the most in life; it encourages individuals to express what is important to them and the outcomes they want for themselves. This means having choice and influence over where they live, where they work, what happens during the day and how they spend their leisure time. It provides scope for empowerment, greater choice and control for each individual.

It moves from a traditional process and activity-based approach to service planning and delivery, to a more flexible and responsive model.

The Outcomes were arrived at through descriptions of experience called ‘**I statements**’.

These are detailed as:

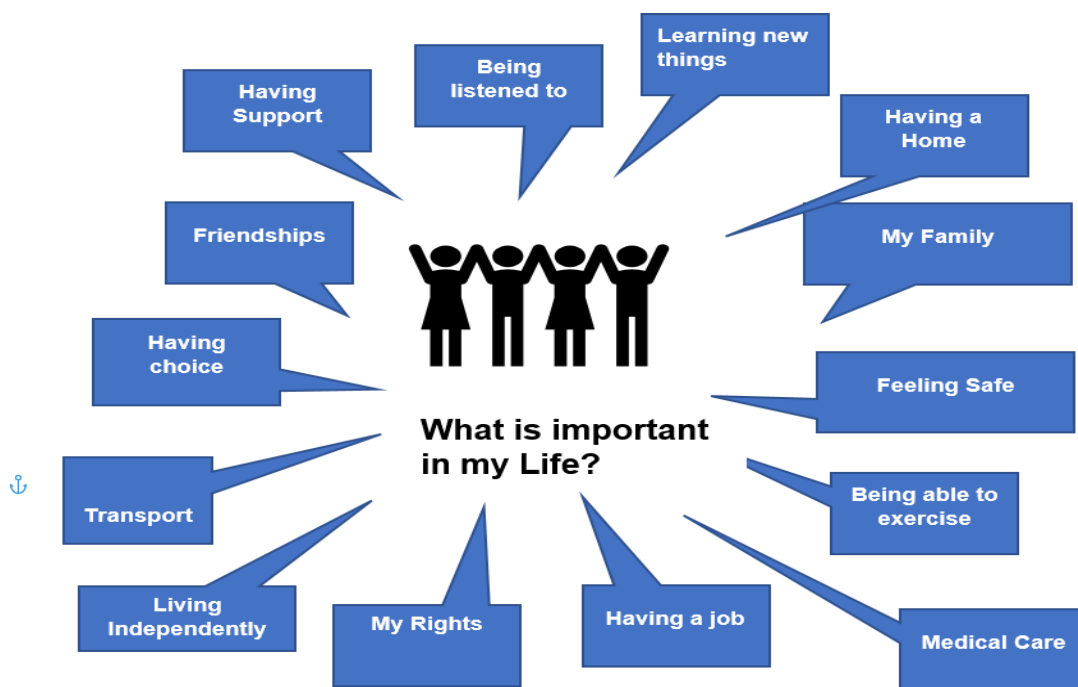
- People get the help they need when they need it
- People have, and hold on to, relationships that have meaning to them
- People feel in control

- People have equal access to healthcare, training and occupation
- People feel safe but are supported to take risks
- People have somewhere to live they call home
- People live longer
- Carers are able to continue caring

The Outcomes Thread is embedded in both thinking and practice from **assessment to support planning, to review and quality/contract monitoring:**

- Assessment – Strength based; outcomes oriented
- Provider: Support plan - detail around outcomes and how they will be achieved - the steps and the end point
- Monitoring – outcomes progress and achievement, quality of experience, key performance indicators

At a recent engagement session (May 2023), individuals were asked ‘**What is important in your Life.**’ The feedback as outlined below, continues to reflect the defined I Statements above.



The Adult Social Care Outcomes Framework (ASCOF) measures progress against key priorities.¹⁷ Importantly, it measures how well care and support services achieve the outcomes that matter most to people. For 2023 to 2024 ASCOF outcomes-based priorities are focused on 6 key objectives

1. Quality of life
2. Independence
3. Empowerment
4. Safety

¹⁷ [Adult Social Care Outcomes Framework](#)

5. Social connections
6. Continuity and quality of care

These 6 objectives aim to maximise quality of life by commissioning social care which helps maintain independence and empower individuals by offering good quality information and advice over the care they can access. The focus being on care that is important to the individual rather than assumptions as to what people want.

Demand over the last 12 months

There are 269 packages with a start date within the last 12 months (October 2022 – September 2023).

Supported living has seen the highest number of packages, followed by day support and support at home.

Of the 269 packages:

31% were new services – individuals have not previously received support under this offer
 6% were referred to brokerage as the individual was looking for a change of provider
 63% reflected a change to an existing package i.e., an increase or decrease in support or amendment to coding

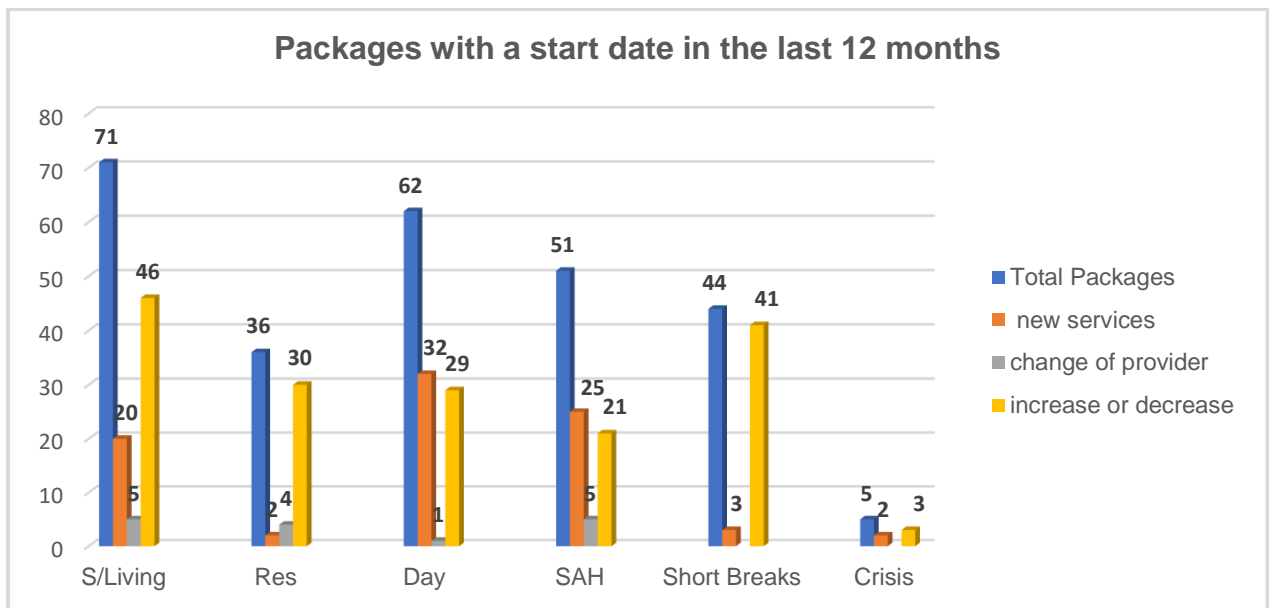


Figure 7: Packages with a start date in the last 12 months (commitment report 25.09)

Excluding changes to existing package arrangements, the average monthly referrals in the 12-month period have been:

- 2 supported living placements
- 3-day support arrangements
- 3 Support at home
- 1 residential living bi-monthly

This provides a guidance figure only as data pertinent to September may not as yet be reflected in the commitment report.

Current Referrals

The number of referrals with brokerage has seen an increase; there are currently 62 referrals across all service offers.

56% require a new service

16% are looking for a change of provider

27% reflect a change within their existing package

Offer	Current Referrals with Brokerage	Number requiring a 'new service'	Number requiring a change of Provider	Number requiring an increase of decrease	Comments
S/Living	16	9	4	3	2 individuals looking for a change of Provider are also exploring Residential Living
Res	8	4	2	2	As above
Day	17	7	1	9	
SAH	8	2	3	3	
Short Breaks	13	13	0	0	
Crisis	0	0	0	0	
Total	62	35	10	17	

Table 6: Current Referrals with Brokerage

In recent months brokerage have seen an increase in referrals, some of which have been a result of changes within the provider market

2 residential home closures – requiring a change in service for 9 people

1 supported living change of provider for complex needs – requiring a change of provider for 3 individuals

1 supported living change of provider – for 4 individuals

1 scheme moving from a supported living environment to an intensive housing management arrangement – requiring a change of provider for 7 individuals

The provider market has responded positively to this increase in demand, with new services or change of providers being sought within the planned timescales.

Vacancies

Based on the most recent updated information held with brokerage, there are 19 residential and 100 supported living vacancies across North Northamptonshire.

Whilst providers are encouraged to share their vacancies, this is not a requirement of the contract. The vacancy list is amended as brokerage commission a new placement on behalf of an individual.

Given that the last formal update was May 2023, the data should be considered with an air of caution. Residential living vacancies are limited to Kettering, Wellingborough, and East Northants. For supported living there is good availability for both single and shared accommodation in all but Corby where there is only shared accommodation available.

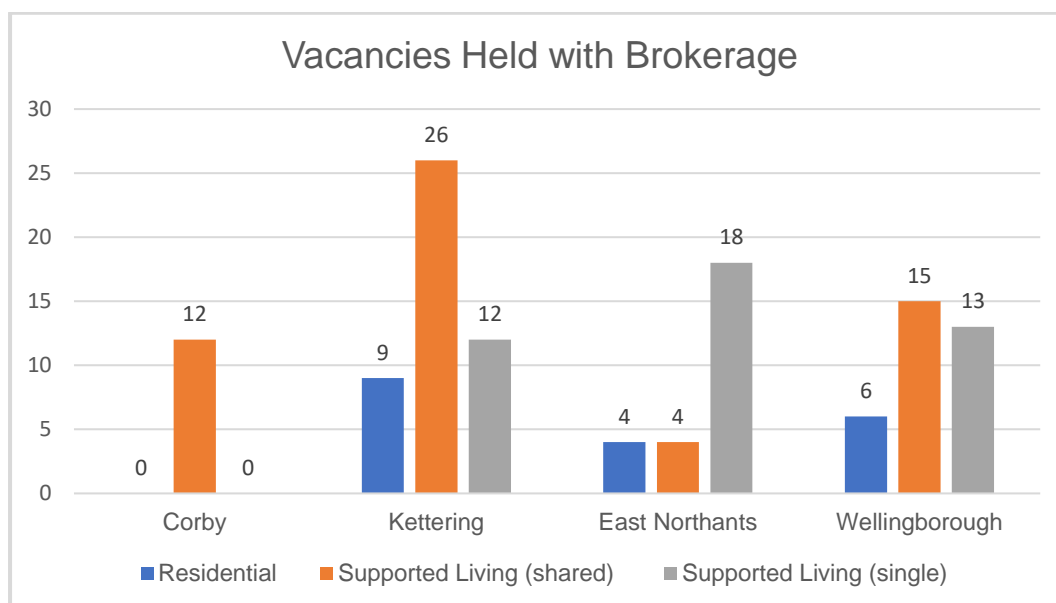


Figure 8: Vacancies with brokerage (last full update May 2023)

The majority of providers will be open to assess individuals across a range of tiers, focusing on their skill set and where shared accommodation is required providers will look to match similar age, interests etc. For the purpose of this report the 'potential' tier for each of the vacancies has been derived from each provider's existing commitment.

For supported living, 23 of the vacancies are Tier 1, 67 tier 2 or 3 and 28 tier 4 or 5. It is more difficult to quantify this for residential living as care home providers support a mixed group of individuals. The majority of the 19 vacancies will sit in tier 2-4. Those individuals assessed at tier 1, have limited or no choice.

Quality

Supported Living

There are 44 CQC registered providers in North Northamptonshire with a service type of supported living. Of these 30 have been rated good or outstanding.

CQC Registered Supported Living for Individuals with Learning Disabilities					
	Outstanding	Good	Requires Improvement	Inadequate	Not yet rated
Number	2	28	4	0	10

Table 7: CQC Registered Supported Living Providers, North Northamptonshire

Some providers who are not CQC registered for supported living may also offer this service under their domiciliary care registration.

There are a total of 63 active providers delivering Supported Living to residents of North Northamptonshire. 47 of these are contracted framework providers and 16 provide spot contract arrangements.

Of the 63, 30 are registered in North Northamptonshire, 12 in West Northamptonshire and 21 within other local authorities.

The below table shows a breakdown of the 63 providers based on CQC rating across each locality.

C4GL Supported Living Providers - Active	NNC	WNC	Other
Outstanding	3	0	2
Good	20	7	8
Requires Improvement	0	4	1
Inadequate	0	0	0
Not yet Inspected/Not registered	0	1	1

Spot Supported Living Providers - Active	NNC	WNC	Other
Outstanding	0	0	0
Good	3	0	5
Requires Improvement	1	0	2
Inadequate	0	0	0
Not yet Inspected/Not registered	3	0	2

Table 8: CQC Rating of Active Supported Living Providers

- 75% of providers above are contracted providers
- 14% are non-framework providers out of area
- 11% are non-framework providers within North Northamptonshire

Residential

There are currently 49 registered residential homes for individuals with learning disabilities in North Northamptonshire. 40 have been rated good or outstanding.

Residential homes for individuals with Learning Disabilities					
	Outstanding	Good	Requires Improvement	Inadequate	Not yet Rated
Number	9	31	7	1	1

Table 9: CQC Registered Residential Living Providers, North Northamptonshire

Of the 49, 34 are managed by contracted providers on the C4GL Framework. 1 is the in-house respite provision at Pine Lodge, 3 are closing or have closed and 14 are non-framework providers.

There are a total of 365 care home beds in North Northamptonshire

- 277 beds are within homes managed by contracted providers
- 88 beds are within homes managed by non-contracted providers

Based on current demand, 152 people reside in a residential home across 74 CQC registered locations. 34 homes are managed by contracted providers and 40 non contracted (spot). 11 of the 40 spot placements are registered within North Northamptonshire.

C4GL Residential Providers – Active	NNC	WNC	Other
Outstanding	0	1	0
Good	21	4	2
Requires Improvement	5	0	1
Inadequate	0	0	0
Not yet Inspected	0	0	0

Spot Residential Providers - Active	NNC	WNC	Other
Outstanding	1	0	1
Good	9	1	24
Requires Improvement	1	0	0
Inadequate	0	0	0
Not yet Inspected	0	0	0
Care Inspectorate (Wales/Scotland)	0	0	3

Table 10: CQC Rating of Active Residential Living Providers

As a local authority we are commissioning services within

- 75% of North Northamptonshire registered residential homes and funding 31% of all beds

The highest number of residential homes are within the Kettering area, followed by Wellingborough, Corby and East Northants.

Mapping provision verses need

A high-level review was completed in July 2023 (see appendix 2) providing an overview of each of the eight offers.

A summary of the positives and challenges that were highlighted are outlined below.

Positives

- The contract focuses on personalised support with clearly defined outcomes. There is no longer a focus on inputs and outputs but rather what matters and is important to individuals.
- Personal budgets provide the opportunity for flexible and responsive support to meet both short and longer term outcomes, without having to seek further financial input.
- A tiered rate for services gives consistency and clarity.
- The contract helps providers to engage in a more inclusive way with individuals.
- The outcome-based contract has supported the Councils drive for supported living services as the preferred offer.
- Supported living comprises the largest part of the Councils expenditure. 94% of individuals living within a supported living setting are supported by a contracted provider.

- Contracted providers support 75% of those living within a residential setting. Of the remaining 25%, 19% live out of area.

Challenges

- Limited specialist housing and support for individuals with complex needs.
- Limited specialist housing choices for people seeking independent living in older age that is community based and that promotes independence i.e., extra care.
- Bed based short breaks remains a challenge. Only one contracted provider is registered to provide a residential short breaks service. Whilst in house services offer respite arrangements, there remains a gap in need.
- A system wide investment is needed to support those providers awarded the more specialist offers (forensic, crisis support) to understand the local need and build a competent and confident workforce.
- New providers are developing provision but whilst the contract remains closed, they are unable to bring their offer forward as a framework provider.
- The cost-of-living pressures continues to exert downward pressures on providers ability to delivery services and for individuals themselves to cover every day expenses including rent etc
- Anomalies exist in the hourly rates of pay for support at home packages, where the hourly rates sit below the rates as defined by the recent fair cost of care exercise
- It is difficult to get a deeper understanding of individuals experiences of care and achievements without regular review

Consultation and Engagement

In order to seek feedback from key stakeholders, surveys were devised and made available to:

- a) individuals with a learning disability, their families, and unpaid carers.
- b) contracted providers
- c) professionals – including adult social care teams, brokerage, quality, Northamptonshire Health Foundation Trust (NHFT), Integrated Care Board (ICB)

The surveys were promoted through support from key stakeholders including libraries, GP surgeries and local advocacy groups.

Feedback from Individuals with Learning Disabilities, Families and Unpaid Carers

39 responses were received; 29 were completed by individuals themselves and 10 by families and/or unpaid carers.

Unfortunately, 6 of the 39 responses were incomplete and have been discarded from this analysis. Of the remaining 33 responses, 25 were from individuals and 8 from family members or unpaid carers. Please refer to appendix 3 for the full analysis.

From the individual's perspective, people were generally positive about their support arrangements and staffing.

- 96% of individuals felt that they were supported to keep active and busy in the day.
- 88% felt that they were supported to keep well and healthy
- 84% to complete household tasks
- 80% felt supported to access the community and attend regular health appointments.

Fewer individuals were confident in their response as to whether they felt supported to socialise with friends. 68% confirmed that they were supported, 12% felt unsure and 8% felt they didn't get the support they needed.

92% of individuals overall felt happy with the support they receive from the staff team. It was very clear that staff supported people to feel safe (100%), to make choices (96%), to try out new things (92%). Slightly fewer people felt that they were listened too, with 88% of people giving a positive response.

Individuals were asked about their support and what would make the support better. The following comments were received:

- *Help with telling the time and adding up*
- *Maybe more staff on duty at a time*
- *Lots more activities - including colouring*
- *Supervising money, and raising money*
- *Building trust and relationships with new staff*

Feedback from Families and Unpaid carers was similar with people being supported to stay active (75%), accessing the community (62.5%), staying healthy (75%), and attending appointments (75%). There was less of a certainty as to whether the individual had a choice of provider and support; 50% saying yes, 37.5% unsure and 12.5% felt not.

Families and Unpaid Carers were asked whether they felt care

- was based on needs
- was person centred
- considered individuals wants and future dreams
- gave choice in terms of support

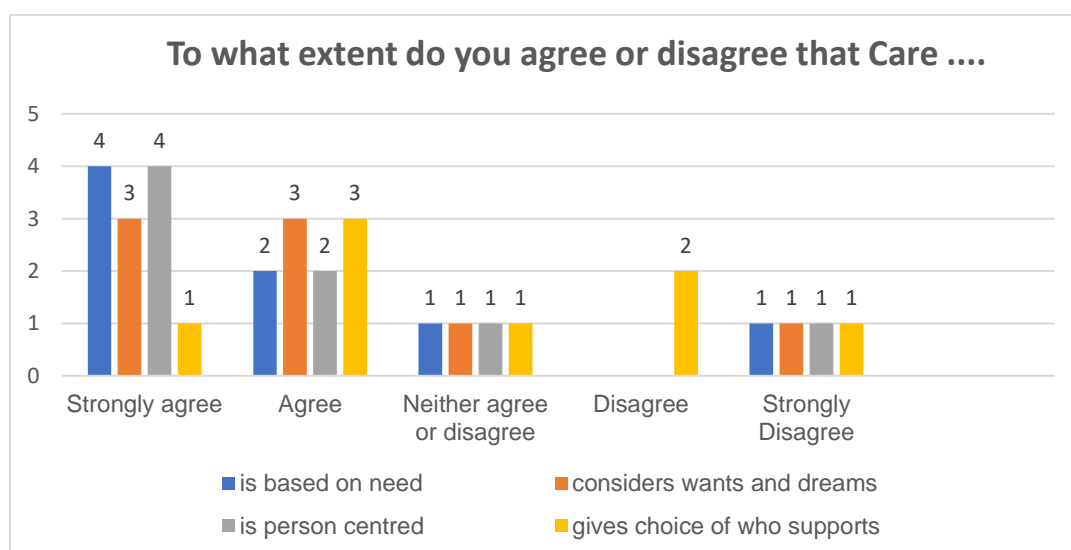


Figure 9: Feedback from Families and Unpaid Carers

The responses were consistent in terms of need, person centred, wants and aspirations. Only 50% of respondents agreed or strongly agreed in terms of choice of support.

Additional supporting comments included:

My daughter receives excellent care to meet her needs. Her likes, dislikes, wishes and medical needs are always taken into account, and she is supported to have a full and active life.

No prior warning was given about us having to contribute to the cost of this provision

Provider Feedback

49 responses were received from providers; 13 of these were incomplete and have been discarded from this analysis. Please refer to appendix 4 for the full analysis.

Providers were asked to respond to a number of statements confirming to what extent they agreed or disagreed.

- 72% felt that the framework works well. 11% disagreed.
- 67% said they were confident with the referral process. 14% disagreed

Providers felt that communication was generally good. 91% agreed that there was good communication with professionals, with brokerage (72%) and with the assessment team (61%).

61% of providers felt the information they received gave them a good understanding of the person's needs and defined outcomes. 17% felt it did not give the level of understanding needed.

47% felt that the pricing framework (the tier) works well. 36% disagreed.

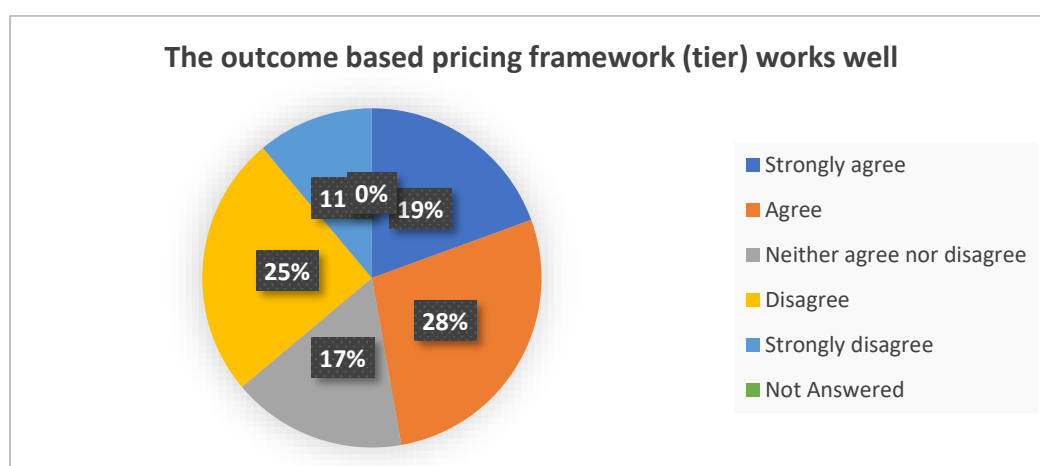


Figure 10: Feedback – Does the Outcome based pricing framework work well

Providers were asked to reflect on the process for making changes to individuals funding. Whilst the pricing framework provides flexibility to step up or down the tiers with a change in need, 22% of providers agreed the process was easily arranged whilst 44% disagreed.

The most significant challenges identified by providers included financial challenges, recruitment and the assessment process.

A number of changes were suggested to improve the framework. Where possible these have been grouped together.

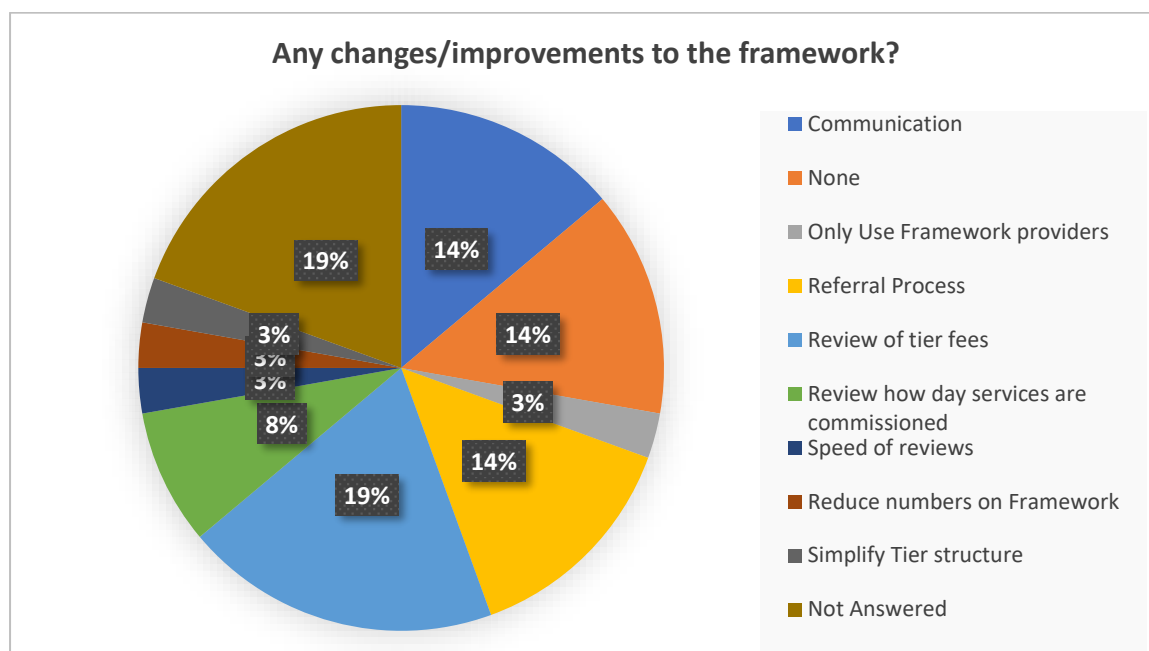


Figure 11: Suggested changes/improvements to the framework

19% of respondents put forward a review of the tier fees. Feedback included:

- *quicker processes and flexibility in tiers when needed*
- *Swifter decisions around changes in tiers based on needs.*
- *The tiering system being made much more clear following the way CHC assess needs for example would greatly improve this system.*
- *The existing tiering system is overly complicated, and can result in issues where shared property has tenants all on different tiers. Hourly rates are a clearer structure.*
- *We would like to see a bespoke level of support where rates are not set through the FW, as for those most complex (i.e. transforming care cohort), an individual service design is needed, with costings prepared on an individual basis.*
- *The tiering framework works well in the main however with day care also being paid from the same tier; this means that day care will still be paid for on occasions when the individual has been unable to attend i.e., due to illness.*

Other comments shared by the providers include:

- *Provider Forums are a helpful opportunity to gather and share information.*
- *We would really like to be involved in service users' annual reviews when they are being assessed or reassessed.*
- *I think over all the framework has gone well and the Tier arrangements do allow flexibility for the people we support, and we can target their support when needed most.*
- *The initial implementation of the Tier system caused a lot of administration and uncertainty initially however it is now working well. It would be a shame to throw out a system that is in place to cause another bout of administrative burden and uncertainty. The Tier system is a transparent matrix that is focused to the Service Users needs*

and desired outcomes. This is a very good tool to ensure the care provision is provided at the level required for individual Service Users.

- Feel that communication with commissioners is really positive.

Professional Feedback

Internal Teams were asked whether there are **realistic options and choices available** to individuals. The below provides a summary of the feedback.

- Brokerage (**B**)
- Learning Disabilities Team (**LD**)

Lots	Fully	In the main	Not at all	Comments
Residential Living			B LD	Not enough choice for individuals. Lack of options for individuals under 50 Unable to offer personalised support Limited provision for both LD knowledge and ageing needs Some environments can't meet need - mobility
Supported Living	B	LD		Good supply across all locations Providers responsive and creative People tend to have choice More limited for people with complex needs Properties are poor Lack of shared accommodation with garden space Skill set of providers limited
Supported Accommodation			LD	Brokerage - Not requested
Short Breaks			B LD	Lack of providers offering short breaks – bed based. Needs not being met In house service – Pine Lodge
Forensic			B LD	No specialist providers coming forward to offer forensic support Limited skills Limited need – no referrals
Living or Learning		B LD		Fairly good supply Limited for those individuals with additional needs such as physical disability or requiring personal care Individual support for those with complex needs limited More living opportunities, limited learning

Support at Home	B	LD		Only a few providers work within this offer. However, referrals are low, so need is met Quality and skills limited Not person centred
Crisis Support			B LD	No providers that have suitable accommodation and support to provide this type of service Often short notice – providers don't pick up Limited skills to adequately support

Table 11: Feedback as to available of choice for individuals across each of the Lots

Brokerage

Specific feedback from the brokerage team is summarised below.

What's working well

- Having the tiering and knowing the rates upfront

What's not working well

- Short break services can provide support but are not agreeing to tiered costs
- Not being made aware of when transition costs and additional 1:1 support has been agreed which results in providers not being paid.
- Providers not accepting the tiers
- Providers not responding to referrals within the specified timeframe to say where they cannot pick up the package

Suggestions to improve or reduce challenges:

- To be informed of what is being done to address gaps in the market across service offers
- Receive regular updates on what capacity providers have
- Engage with providers who intend to develop their offers within the next 12 months. Discussions should be prioritised based on current gaps in the market.

What change would you make?

- The opportunity for the framework to be re-opened for certain offers thereby having potential new providers active in meeting needs

Adult Social Care Teams Feedback

Availability of Information

In order to support individuals with making decisions about potential placements or services, both one-page profiles and housing proforma's need to have better detail, focused on customers and include more visuals.

Outcomes

There was a mixed response to this. Some providers are able to evidence outcomes. Many when asked will restate the individuals care needs. Many providers still struggle when asked to provide supporting evidence.

What's working well

- No need to negotiate cost
- Tiering allows workers not to be prescriptive on support hours

What isn't working well

- Tiers don't work for everyone
- Tiers don't reflect a provider's staffing costs – cost of living rises
- Providers 'cherry pick'
- Some providers don't understand the tiers
- Providers not honest about their skill set and knowledge

Suggestions to improve or reduce challenges:

- Supported living properties should be visited and agreed before promoting
- Provider forums should be mandatory
- Providers should provide evidence of their training and skills
- Brokerage should gatekeep providers
- The framework should be open for newer business
- More supported accommodation for younger people
- More day support for young people

What change would you make?

- Open framework more often
- Develop forensic offer
- Training for providers for complex needs – Positive Behaviour Support (PBS)
- Work more collaboratively with brokerage, quality, and assessment team

Quality

Outcomes

The feedback confirmed that providers were in general able to evidence outcomes for individuals. Different formats are used to monitor and track progress. Examples include

having each outcome printed as a header within daily notes as a prompt and a reminder to the support team. With data being mapped across into one template for review on a 3 monthly basis. Other providers use photos at each stage to ensure good clear progression/completion of outcome has been evidenced.

Monitoring Visits

The team are building up good relationships with providers. Having a named worker available to support and sign post is positive. There have been mixed feelings expressed by providers in regard to previous experiences of monitoring visits.

Providers are generally proactive when responding to identified actions and improvement plans. Common themes identified during visits include:

Safeguarding

In some cases, safeguarding referrals are missed due to decision making/RAG rating re whether incident requires further escalation.

Incident logs do not incorporate good lessons learnt practices/processes

MCA/BI

in some cases, services have missing/confusing MCA assessment in place.

Choice & Control

Individual activity planning- in some cases, services fail to ensure that people have their own weekly activity plan in place.

PBS

In some cases, services fail to complete PBS planning for individuals.

In some cases, services appear to not have full understanding on PBS planning.

Health Colleagues

10 responses were received from the Northamptonshire Healthcare Foundation Trust (NHFT) from Community Learning Disability Nurses, Physiotherapy, Speech and language therapists.

70% indicated that there was not enough choice overall for individuals. The below table provides a more detailed breakdown across each of the lots.

Lot	About Right	Too Few	Not Sure
Residential Living	40%	60%	
Supported Living	50%	50%	
Supported Accommodation	30%	60%	10%

Short Breaks	10%	90%	
Forensic		50%	50%
Living and Learning	20%	70%	10%
Support at Home	40%	50%	10%
Crisis Support		90%	10%

Table 12: Summary of feedback from Health Colleagues

Some further clarified their feedback by stating that:

whilst it looks as though there is a lot of choice of providers but very few with skilled/motivated carers in working with people with LD.

Feedback is based on individuals who have a higher tiering as my role is with individuals who have high level of need related to behaviour or mental health.

We experience ongoing difficulties with the framework in terms of

- staff skill level working with individuals with challenging behaviour this includes minimal positive behaviour support training, lack of oversight regarding PBS plans, lack of access to PBS leads, reviewing PBS plans and interventions.

When asked how do you think the framework is working, 50% felt it wasn't working, 30% felt unsure and 20% felt it was working as expected.

What's working well?

- Supported living and residential homes that offer a small, personable approach best meets needs.
- communication between social and physical health teams
- staff consistency- providers who know the individual

What isn't working well

- Respite options are too few for the amount of adults needing time away from home.
- There is a shortage of providers with sufficient skills to meet the needs of people with complex physical health or behaviour.
- As a health team we have difficulties with providers following recommendations and meeting the needs of the people they agree to support. We also have a high proportion of out of county placements, whereby we have to liaise heavily after the person has moved here rather than before.
- Tiering system doesn't necessarily reflect individuals with high level needs as the level of skilled support would not be achievable within this costing.
- Tiering system - whilst it is outcome based, the limited direction of what staffing levels are required with this tier impacts the service and quality provided.
- Providers accept individuals without having the skill base / training in place to support these individuals.
- Providers do not have the skilled clinicians within their organisation to train and support staff team.
- Lack of communication between health and NCC workers. We used to attend placement reviews.
- Hospital discharge into care homes with no 'rehab potential'

Suggestions to improve or reduce challenges:

- More of every service is needed and much better funding for LD especially
- Transition Services
- Increased quality checks
- Clarity in the training expectations for providers, for example minimum basic level of PBS, basic attachment training for staff working in those areas.
- more core and cluster type accommodations which offer support for staff and more flexibility in the support for the service user.
- Having built into contracts somehow the need for companies to ensure their set up allows for adequate staff support, supervision, debrief

Key Issues and Gaps

Learning Disabilities			
Needs	Current Provision	Gaps	Addressing the gaps
<p>Supported Living for those with complex needs</p> <p><i>It is projected by 2030 that there will be an additional 130 people aged 18+ with a moderate or severe learning disability (13 individuals per year)</i></p>	<p>16 providers offer supported living options for individuals with complex needs (Tier 1)</p> <p>Services are currently located primarily in the Kettering and Wellingborough areas.</p>	<p>Finding suitable accommodation and skilled support can be difficult.</p> <p>Limited choice of provider for individuals</p> <p>Limited options in Corby and East Northants.</p>	<p>Work on the general Housing Strategy is underway. A more focused plan for housing for vulnerable groups will commence in 2024 and be completed in 2025.</p> <p>Develop a good understanding of the providers skills set to provide positive and proactive care. Shape the market to improve capacity, competency and deliver better outcomes for individuals.</p> <p>The Market Position Statement will be published shortly along with the Joint Strategic Needs Assessment for Learning Disabilities. This will give a steer of direction to providers. Further engagement with the market to develop services in those areas where capacity is limited.</p>
<p>Supporting our Ageing Population</p>	<p>Supported Living and residential options are available across the 4 localities.</p>	<p>Accommodation and support that enables people to remain in their community and maintain</p>	<p>Work on the general Housing Strategy is underway. A more focused plan for housing for vulnerable groups will commence in 2024 and be completed in 2025.</p>

<p>By 2040 there will be a 51.5% increase in those aged 65 and over</p>	<p>A higher proportion of individuals over the age of 65 are living within a residential setting. Of those living in residential care 21% are 65+, compared with 14% supported living</p> <p>Individuals referred through brokerage to look for a residential setting have limited choice</p>	<p>their independence i.e., independent living schemes (extra care)</p> <p>Provision to meet 'ageing needs' as well as a learning disability</p> <p>Limited services in some localities i.e., East Northants where there will be 35% of the total predicted growth for those with moderate or severe LD over the age of 65+</p>	<p>Current procurement for Independent Living Schemes in progress. Due to commence April 2024. Engage with awarded providers to meet age related needs.</p> <p>Linking with health partners to develop appropriate responses to changing health needs</p> <p>Engagement with the market to develop services in those areas where capacity is limited (residential and supported living)</p>
<p>Short breaks for individuals who live with a carer or who need a break from their current arrangements</p> <p>Unable to meet current demand</p> <p>By 2040 there will be 446 people living at home with a parent</p>	<p>One or two residential homes will offer a bed based short break where vacancies exist.</p> <p>A small number of providers offer community based short breaks including evening and weekend activities</p>	<p>Current demand is not being met. The framework offers a very limited number of bed-based options for individuals seeking overnight breaks.</p>	<p>Historically respite has been perceived to primarily be a bed-based service as opposed to sessional activity based or community focused.</p> <p>Consult with individuals and families about future short break requirements and options.</p>

<p>Based on the ASCOF findings 2021/22 Carers who confirmed they had as much social care as they would like was reported at 24.4%.</p>	<p>A range of options are available for day support. Current offer in the main is Monday – Friday 9am – 4pm</p> <p>In addition to the framework:</p> <ul style="list-style-type: none"> • inhouse services offers a bed-based respite option. • Shared Lives carers support short term respite • Direct Payment are available to purchase flexible support 	<p>Limited evening, weekend, and overnight offer</p>	<p>Based on the outcome of the consultation, feedback and engage with the provider market.</p> <p>In house services currently offer a wide range of short breaks/longer term respite to individuals and their families i.e.: ongoing day support, shared lives and Pine Lodge. The continuation of such services reflects the vision and principles defined by in house services i.e. providing services that are not easily met via the provider market.</p> <p>Review North Northamptonshire’s direct payment offer. Advertise and promote this to enable flexible and more personalised arrangements</p>
<p>Improve volunteering and employment opportunities</p> <p>North Northamptonshire’s employment rate 2.3% compared with the national average of 5.1%</p>	<p>Lot 3 of the framework includes learning opportunities for individuals -qualifications, supported work experiences and preparing for employment. 4% of all individuals supported</p>	<p>Current provision falls short of the national average.</p> <p>On 2.3% of people are reported to be in employment.</p>	<p>Volunteering and employment is very different to care work and requires quite a different approach and skills.</p> <p>Historically the provider market is experienced and familiar in providing ‘living opportunities’ (social and leisure activities) for individuals.</p>

	<p>under lot 3 are receiving 'learning' support.</p> <p>In addition to the framework In house services offers:</p> <p>LIVE (Learning, Independence, Volunteering and Employment) – currently 30 people accessing</p> <p>EADS (Employment and Disability Service)</p>		<p>Whilst we have data for employment, we need to understand the total number of volunteer placements provided by framework providers. Work with providers to develop volunteering and befriending as part of the outcome-based framework.</p> <p>To increase the numbers of those in employment, consideration should be given to a stand-alone development offer that links with local agencies including social enterprises and voluntary sector organisations. This could be evolved from LIVE and scaled up.</p>
<p>Support for individuals with forensic needs</p> <p><i>There are currently 21 individuals in Northamptonshire with a forensic need (data from Health)</i></p>	<p>The framework includes a forensic offer (33 providers).</p> <p>No referrals have been made in the last 12 months</p> <p>No active packages</p>	<p>Providers have not been called on to provide forensic support.</p> <p>The majority of providers awarded have limited or no experience of providing support to individuals with forensic needs</p>	<p>Work is currently underway to establish</p> <ol style="list-style-type: none"> a) the number of individuals in North Northamptonshire b) their index offence <p>Work jointly as an ICS to engage with providers to develop the skill set, competency and offer across Northamptonshire.</p>
<p>Support for individuals who are in crisis</p> <p><i>Intensive support team (NHFT) and the Community</i></p>	<p>The framework includes a short-term crisis offer (25 providers).</p>	<p>Providers are not able to support when individuals are unable to remain in their own environment and are seeking alternative</p>	<p>To work closely with the ICS to support existing providers of residential and supported living to meet the needs of individuals in crisis.</p>

<p>Swift Response Team (NHFT) support those in crisis</p>	<p>No referrals have been made in the last 12 months</p>	<p>accommodation and support (Specialist Residential Service) None of the providers are registered for residential care</p>	<p>The ICB in conjunction with NHFT to consider a bed-based crisis unit for those individuals who are unable to remain in their own environment</p>
<p>Supporting young people moving into adulthood to build resilience, capabilities, and strengths to live independently</p>	<p>Lot 2 supported accommodation provides support to develop skills so individuals can live independently.</p> <p>Currently 51 providers.</p> <p>No referrals have been made in the last 12 months</p>	<p>Providers awarded supported accommodation also provide supported living.</p> <p>Ideally accommodation and support should be provided in partnership with a housing association or registered social landlord.</p> <p>Support differs from supported living as it should provide intensive, time limited support to prepare for independent living – managing a tenancy, budgeting, developing and maintaining community connections, support with long term housing options</p>	<p>If this is needed longer term, consider whether this is best met through the framework, a call off arrangement or alternative partnerships</p>

Table 13: identified needs and gaps

Financial Review

Services for individuals with a learning disability are currently commissioned based on an assessed weekly budget (Tier) to cover all support needs.

The pricing framework moves away from a time and task focus to one that is driven by the defined outcomes for each individual. Personal budgets can be used flexibly to achieve these outcomes over a period of time.

Supported Living and Residential living make up 88% of the current spend under the contract.

For supported living there are 19 tiers (Tier 1 – Tier 5b) with a weekly budget commitment of £4415.22 at the highest and £602.52 at the lowest tier.

For residential living there are 18 tiers (Tier 1- 5a) with a weekly budget commitment of £3265.58 at the highest and £510.62 at the lowest.

For both residential and supported living there are a few occasions where the needs and outcomes of an individual sit above the highest level of Tier 1 at an enhanced rate. Where this is the case, evidence is gathered to identify the additional need over and above the tier. For example, the level of support required to meet significant risk.

Value for money, quality and sustainability are paramount, particularly in light of the current financial climate. Information was gathered from framework providers to ascertain at each of the tiers, what levels of support is required for individuals to meet their outcomes both within a supported living and residential setting.

21 supported living and 14 residential homes completed the financial template for an identified number of individuals. The sample received amounted to 51% of the total numbers living in a supported living setting and 39% in a residential setting.

Supported Living

136 responses were received. The table below provides an overview of those living in supported living and their assessed tier. 52% of individuals have been assessed at either a tier 4 (average weekly cost £1,109.34) or tier 5 (average weekly cost £732.78) whilst 8% as tier 1 or enhanced (average weekly cost £3913.10).

Using the data provided from the sample of 136, comparative hourly rates have been calculated for each of the tiers. The sample shows average (median) hourly rates of £17.61 to £19.53. It should be noted that a tiered budget provides opportunities for both creativity and flexibility. It may be that some providers are offering other services by banking support to meet a specific outcome.

As a comparison hourly rate, Support at Home packages are funded based on the following rates -£18.50 standard and £20.29 enhanced.

Taking the recent work conducted with home care providers on the Fair Cost of Care (FCoC) within North Northamptonshire – comparable rates would be £19.70 standard and £21.49 enhanced (excluding travel costs)

A benchmarking exercise was completed with other local authorities to establish their pricing model for supported living arrangements. 6 local authorities responded, of the 6 all confirmed supported living placements were commissioned using hourly rates. The average hourly rate for all local authorities was £19.53 standard and £21.64 enhanced.

Considering the above and whilst also being mindful of the intended flexibility of tiered pricing, the data provides some general reassurance that the levels of support being provided reflect value of money.

	Number of People receiving a s/living service	% of Total	Sample	Average (Median) Hourly Rate from sampling	Average (Mean) Hourly Rate from sampling
Enhanced	3	1%	1	£17.61	£17.61
Tier 1,1a,1b,1c	19	7%	11	£19.53	£21.23
Tier 2, 2a,2b,2c	46	17%	24	£18.06	£18.68
Tier 3,3a,3b,3c	33	12%	18	£19.32	£20.61
Tier 4,4a,4b,4c	90	33%	46	£19.63	£25.29
Tier 5,5a,5b	51	19%	31	£18.19	£18.48

Table 14: Average Hourly rates based on sampling exercise

The review identified a number of packages that sit as outliers, either delivering more or less support than we would expect for the associated tier.

	Packages over £23.00	Packages under Direct Staffing £13.53
Tier 1	1	0
Tier 2	3	1
Tier 3	7	5
Tier 4	13	4
Tier 5	5	7
Total	29	17

Table 15: Number of packages where levels of support give a high hourly rate or low.

The details of each of these packages have been shared with the learning disabilities team to enable further investigation and review. It may be that:

- a) individuals' tiers need to be stepped up or down to reflect their current needs and outcomes
- b) providers are under or over delivering support; that support is not reflective of the individuals needs but rather the environment or general structure of support

It is recommended that guidance be given to all providers as to the expected costs included within each of the tiers. Based on the Support at Home rates within the C4GL Framework we would anticipate the following costs providers should use as a guide:

Day and Night Support – where need and staffing arrangements allow this should be shared by the number of individuals who may potentially call on this support.

Sleep in - £94.27 per night

Waking Night - £145.59 per night

Day Support – Enhanced rate (Tier 1) - £20.29 per hour

Day Support – Standard rate - £18.50 per hour

In order to ensure continued best value, providers will be required to submit regular workbooks including financial data and KPI's for analysis.

Residential Living

Providers offering residential living as part of the C4GL Framework were approached and asked to complete a template breaking down the components and associated costs of the service. A completed template was received from 11 homes.

The current average framework cost, as detailed on the commitment report, for those living in residential living is **£1654.70 per week** (2023/24).

The Association for Real Change (ARC) ¹⁸ defines the average cost for individuals with learning disabilities and autism, across England as **£1600.00 per week** (2022/23).

NHS Digital Adult Social Care Activity Report ¹⁹ confirms the average cost of a younger adults (18 -64) residential placement in the East Midlands as **£1541.30 per week** (2022/23).

Using the breakdown of costs submitted by providers as part of this review the average cost to run each home was £1327.55 per week. This is made up of support costs @ £716.15 (54%) and accommodation/running costs @ £613.07 (46%) per week.

- 37% of the total number of commissioned package arrangements are less than £1327.55 per week
- Of the 45 packages reviewed 34 have a weekly budget (tier) that falls short of the core package cost as defined by each home. For 8 of these the variance was less than 5% to achieve breakeven.

Whilst different service provision supports differing needs, we would expect to see some inconsistencies in the data provided. The costs received are generally variable across each of the key headings.

Direct staff costs range from 34% to 77% per placement

Non-Direct Costs range from 23% to 58.5% per placement

Whilst average weekly residential fees are in line with national and regional data, after due consideration of the data it is recommended that a working group is established to complete a detailed financial review. This should be based on the Fair Cost of Care exercise that has previously been completed for Older Persons and should focus on all younger adults Residential and Community Services.

¹⁸ [ARC England Research Unit: Local Authority Fee Rate Data and Interactive Maps - ARC England](#)

¹⁹ [Adult Social Care Activity and Finance Report, England, 2022-23 \[Data Tables Release Only\] - NHS Digital](#)

Options in respect of the current contract

Having conducted the review and analysed the findings, the following options have been considered:(Options Appraisal Appendix 5)

Option 1: Do Nothing Choosing to take no action is not a viable option because the existing contract is set to expire on 9th January 2025, which would result in a gap in statutory provision. While placements can still be arranged with providers, it should be noted that such arrangements on spot purchase may come at a higher cost.

Option 2: Recommission services for all lots to commence 10th January 2025. This is not a viable option. Whilst this will allow new entrants to the market to meet areas of unmet need it allows little time for co-production of services to ensure that what matters most to people is at the heart of future contracts.

Option 3: Extend for 5 years and re-commission like for like with a start date of 2030. This is not a viable option. At this point the contract will have been in place for 10 years. Some of the elements of the contract may appear 'tired' or in need of revision within the next 5-year period. It restricts scope for new providers to enter the market which reduces alternative capacity, creativity, and competition in some areas.

Option 4: Extend for 5 years but during this time re-commission identified service offers under single contract arrangements. Commencing procurement activities in a staged way will enable market entrants to be invited to tender for new contracts. This option enables the local authority to drill down on offers and services that can respond to gaps and the challenges identified. **This is the recommended option.**

Key Recommendations

Agreeing option 4 enables the Council to:

- a) Maintain a pricing framework that is driven by the defined outcomes for individuals.
- b) Consider future accommodation requirements based on a housing needs analysis and the wider Housing Strategy (2024/25).
- c) Incorporate commissioning plans that are better informed by the Adult Social Care strategy and the vision for strength-based approaches and co-production.
- d) Embed the contract for Independent Living Schemes (commencing April 2024); this will provide a greater understanding as to the appetite of providers to develop environments and models of support that meet both an ageing and learning disability cohort.

Additionally, changes to the contract will be needed to build on the outcomes-based commissioning to date and further enhance the quality of the offers and outcomes for individuals in the future.

These will include:

- Adopt a variation of contract where required, in relation to the pricing framework to ensure ongoing best value
- Addressing administrative and process issues to improve the referral process experience and enable more informed decisions to be made.
- Broadening the offer for short breaks
- Opening the contract for new entrants where gaps exist.
- Working collaboratively within the integrated system to develop the skill set, competency and offer for individuals with complex needs, including forensic and crisis support
- Working with housing associations and developers to design and develop safe and capable environment in which individuals with complex needs can live.
- Engaging with contracted providers to improve learning opportunities for individuals including volunteering and befriending.
- Working alongside older persons commissioners to ensure that people with learning disabilities housing and care needs are taken into account when planning future developments and schemes.
- Identifying Key Performance Indicators (KPI's) that focus on outcome planning and progression.

The review has also highlighted areas for improvement outside of the contract terms. These include:

- Further developing the interface between adult and children services to assist with planning and transition into adulthood
- A better focus on collaborative working to help more individuals obtain gainful employment and/or volunteering opportunities.
- Promoting Direct Payments to enable individuals to have greater control and flexibility over their support arrangements
- Working with inhouse services as they work through their transformation strategy
- Alongside the Assistive Technology Team, keeping abreast of technologies that may be beneficially for individuals' independence, health and wellbeing

Conclusion

The current contract for Commissioning for a Good Life (C4GL) is due to come to an end in early January 2025. A review has been conducted in order to inform future commissioning intentions.

The contract has its merits; supports a strength based and outcome focused approach; a flexible and personalised budget and has re enforced supported living as the Council's preferred option.

However, the review has identified the need for some changes to be made as highlighted within the gap analysis of this report.

Based on the key recommendations within this report and considerations for the options available it is recommended that this contract be extended for the 5-year period to January 2030. Further to this it is recommended that elements of the contract be recommissioned within the extension period to allow for stand-alone contracts where appropriate e.g., residential, supported living and community services.

Appendix 1 Increase in Population by Location

Predicted increase in Population to 2030 for those individuals with a learning disability aged 18-64

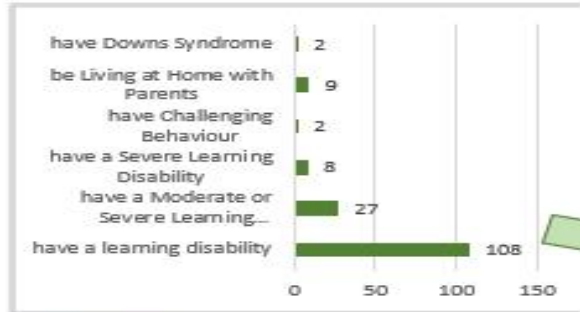


Figure 2: Kettering

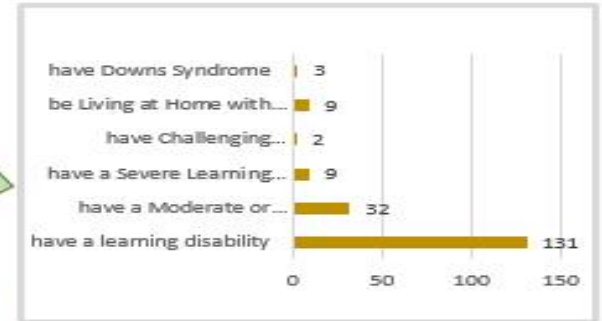


Figure 1: Corby

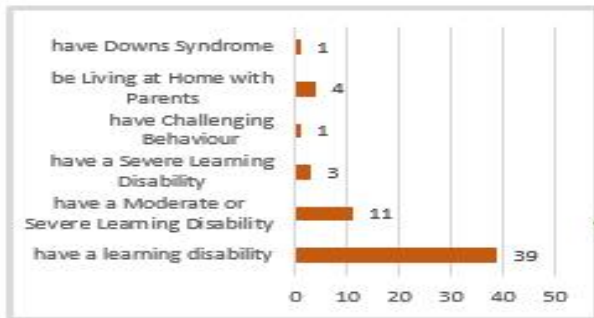


Figure 4: Wellingborough

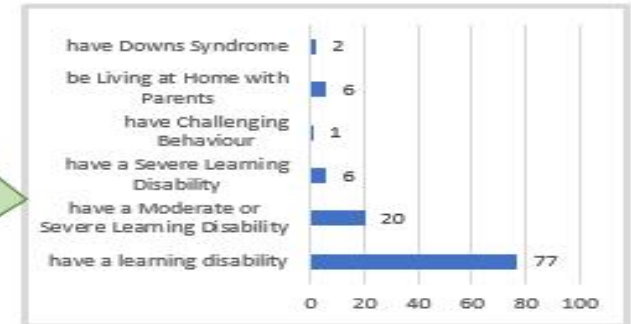
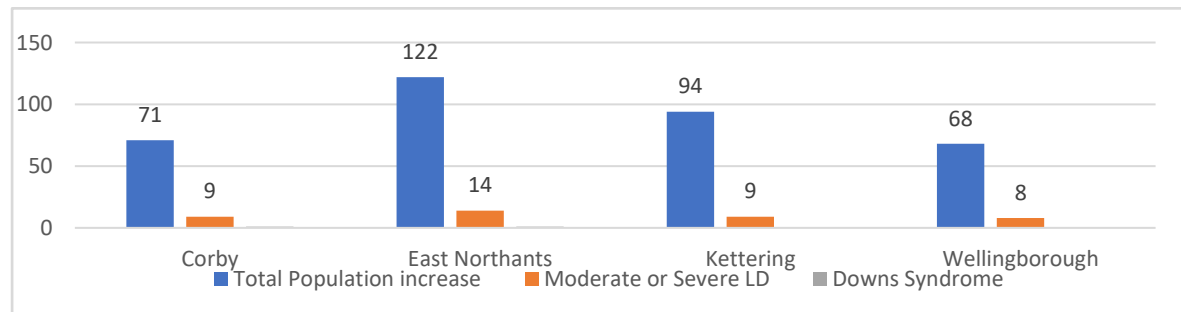


Figure 3: East Northants

Projected increase in the number of individuals with a learning disability aged 65 and over at 2030



Appendix 2: Desktop Review of Offers – July 2023

Lot 1: Supported Living

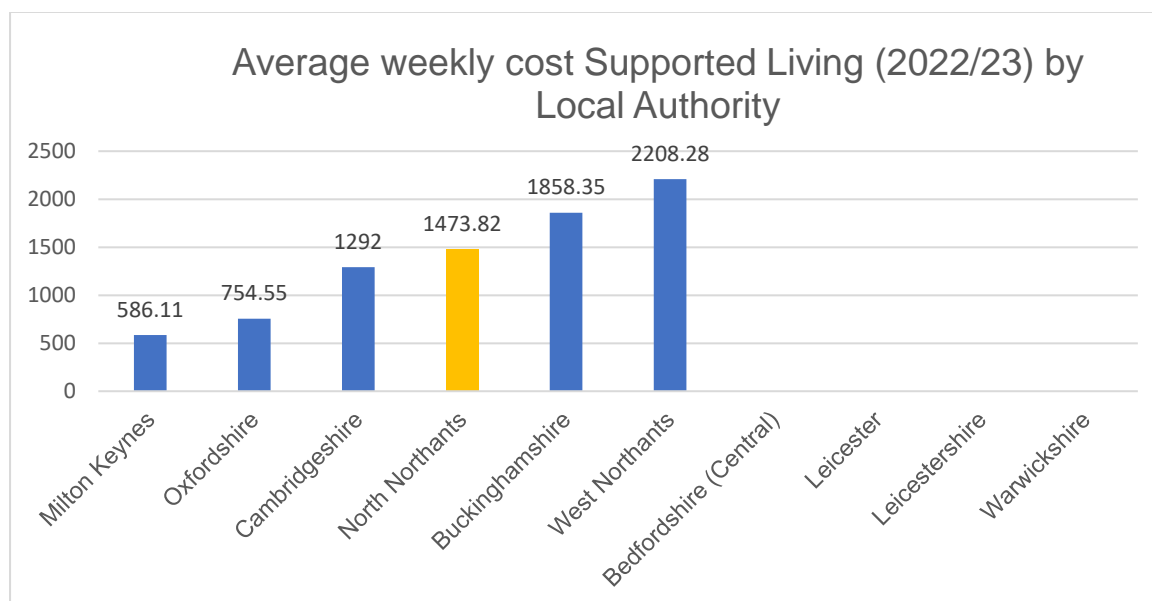
This model offers support 7 days a week in an individual's own home- usually a tenancy arrangement. Accommodation is a separate arrangement and sits outside of the framework, with rent being paid via housing benefits or universal credits.

Support is tailored for the individual, but there may also be some shared hours where the environment offers multiple tenancies to individuals with similar needs. Individuals are supported with delivering outcomes that are specific to them and the model includes support to manage the responsibilities of a tenancy such as paying bills and household tasks.

There are currently 263 individuals living in a supported living setting who receive support from a framework provider. A further 17 individuals are supported by non-framework providers. The majority of these (68%) are legacy arrangements that commenced prior to the award of Commissioning for a Good Life.

The current annual spend for supported living is £21.57m. The minimum weekly cost is £602.62 and the maximum cost £4,415.22. There are 3 individuals who are funded at an enhanced rate, over and above the highest tier due to complexity of need. The average weekly cost is **£1572.27 (2023/24)**. Recent research undertaken by the Association for Real Change (ARC) in relation to local authority fee rates confirms the average weekly fee rate for supported living in England is £1056.60 per week (2022/23).²⁰ In order to provide some in year comparison, applying the North Northamptonshire inflationary uplift gives a revised weekly average of **£1127.18**.

The graph below provides a breakdown of average costs by those Local Authorities bordering North Northamptonshire.



²⁰ [ARC England Research Unit: Local Authority Fee Rate Data and Interactive Maps - ARC England](#)

Figure 3: Average weekly cost of supported living (2022/23), ARC January 2023

Since the beginning of January 2023, brokerage have supported 11 individuals to move to a new supported living setting. 9 people were placed with a framework provider, the remaining 2 spot contracts due to individual and family preference.

There are currently 15 supported living referrals with brokerage. 3 of these have confirmed start dates, the other 12 are currently exploring the options available to them. Brokerage maintain a vacancy list of accommodation; the latest data indicates that there are 82 supported living vacancies across North Northamptonshire. These vacancies are within both single and shared accommodation with housing associations or private landlords.

There is a good supply of active providers who are in the main able to provide choice for individuals and meet current demand. Having a large number of vacancies however, does present a risk for landlords as full income will not be maximised from rent revenues. Equally this may impact on the long term security of accommodation for existing tenants. We have seen examples of individuals having to move, where rents have become unaffordable due to being the sole tenant.

For individuals with more complex needs and who may require more specialist accommodation and support choice remains limited.

Enquiries are regularly received from providers who are looking to set up supported living services in the local area and seeking advice about joining the framework.

Whilst the framework remains closed to new providers there is the potential of lost opportunity for new, creative and specialist support.

The average cost of supported living is 40% higher than that of the average of all other local authorities in England. As we move towards the fair cost of care for support at home, we also need to be mindful of any potential disruption to the market if we do this in isolation and don't consider a similar exercise for supported living. An in depth review prior to recommissioning supported living will enable a better understanding of pricing models and comparisons.

Recommendations

1. Consider opening the framework and re invigorating the market. Review and update the specification to ensure that key outcomes are at the forefront of delivery whilst reflecting best value.
2. To work with housing colleagues and providers to understand current accommodation arrangements and develop a housing needs analysis that takes us to 2030
3. Ensure individuals have access to good quality affordable accommodation that is not linked to their support and that offers security of tenure.
4. Ensure that accommodation and support choices are available, as individuals age, that are community based and that promote independence

Lot 2: Supported Accommodation

This lot differs to supported living in that the individual does not have a tenancy, although does have their own living space with their own front door. Each individual is supported to

develop skills to enable them to progress to more independent living. The Council will pay for both the support and accommodation during the period of placement.

Providers are expected to be proactive in working with individuals towards alternative accommodation and/or support arrangements as part of their support plan. The progression model is pivotal in this type of provision. The model supports individuals to achieve their desired outcomes, whilst reflecting best practice and the council's commitment to support individuals to have their own tenancy wherever possible.

51 providers were awarded this Lot. 1 provider is active, providing support to 1 individual. There are no referrals with brokerage.

This model of support can be helpful as a first step; it enables individuals to test the concept of tenancy responsibilities and living in their own home with their own front door.

A new purpose-built scheme has provided an opportunity to pilot supported accommodation targeted at transitions. A programme of intensive support will enable individuals to develop their independence skills and connect to their community. This is time limited; individuals will be supported for up to 2 years with the aim of then moving to their own tenancy. As this pilot is new, there currently is no learning to reflect in commissioning plans.

Recommendations

1. Continue to work with the pilot provider to learn the potential for a short-term transitional offer

Lot 3: Living and Learning

This Offer describes a day offer that moves away from being reliant on building-based settings towards outreach services that are informed by what people want. Buildings may be meeting points as well as places where learning and activities happen. For some individuals the routine of arriving at the same building with an expectation of a familiar environment and structure is important.

'Living' includes social and leisure activities. 'Learning' provides support to learn in ordinary community settings; going out to have practical experiences, connecting with the community via paid and unpaid employment, or attending training for something vocational.

221 people (65%) receive day support as a living or learning opportunity under the framework arrangements. 24 individuals (7%) are supported by non-framework providers and 93 (28%) from in house services.

There are currently 12 active framework providers supporting individuals with either social and community activities or a learning opportunity. Since January 2023 there have been 7 new packages set up for day support, 6 with framework providers and 1 in house services. A recent survey (March 2023) completed by framework providers highlighted 22 vacancies each day Monday to Friday (110 per week). The 9 referrals currently with brokerage are linking with providers for introductions and assessments to enable real choices to be identified and decisions made.

The current spend on the framework is £2.51m per annum. There are 4 fixed tier rates for both living and learning day opportunities. The average spend is £72.09 per day. The average rate across England is £71.18 per day. An in-year comparison, applying the North

Northamptonshire inflationary uplift gives a revised 2023/24 average day rate across England of £75.56.

This lot works well; there is choice in a range of settings, for the majority of individuals. Finding suitable day support for those with complex needs does however remain a challenge.

Day rates appear competitive. Providers are flexible and adapt their programmes to meet need. The majority of providers currently only offer support during the day hours of 9.30am to 4pm Monday to Friday. Engagement is needed with individuals receiving support as to whether there is demand for an enhanced offer of evening and weekend support.

Further consideration will need to be given to day opportunities following the outcome of the inhouse day service review to determine whether there will be any impact on the demand for services from the provider market.

Recommendations

1. Engage with framework providers in relation to the development of services for individuals with complex needs
2. Complete a deep dive of the data on demands and needs following the outcome of the inhouse day service review
3. Encourage increased flexibility of services, for example evenings and weekends.

Lot 4: Short Breaks

The short breaks service includes both building and community-based breaks. The offer includes activity short breaks, holidays away, home based short breaks (support at home) and residential short breaks.

35 providers were awarded short breaks, there are currently only a few framework providers actively supporting with a short break arrangement.

Of the 35 providers, 1 provider has a dedicated service for bed-based respite in West Northamptonshire. This provider supports individuals who have complex needs, at the highest tier and above. 3 providers support community-based weekend breaks including a caravan break at Billing Aquadrome.

In addition to the framework, bed-based respite is offered by inhouse services at Pine Lodge. The shared lives scheme also provides respite opportunities for individuals in a family environment.

Based on data from the last review of May 2023, 58 individuals are eligible for respite services. This does not include the 37 individuals living in shared lives schemes who are eligible for 28 nights respite per annum.

22 of the individuals have established and regular short breaks at Pine Lodge. 5 are supported by the provider market.

Since January 2023 brokerage have confirmed 19 new respite stays; 17 with Pine Lodge, 1 with Thackley Green and 1 with a framework provider. There are currently 19 people awaiting a short break service, 4 of these are being assessed by Pine Lodge and 2 by shared lives.

There is capacity within inhouse services to offer further short breaks at Pine Lodge for up to 20 individuals each at 28 days per annum. Shared Lives also provides further capacity with 5 carers exclusively offering this service.

Whilst the data indicates capacity in the market, the unmet needs suggests a gap in the availability of services to meet both demand and need particularly for those with more complex needs.

The majority of the framework providers are not CQC registered so whilst they are unable to provide bed based short breaks (accommodation with support), they are able to offer community-based arrangements.

Recommendations

1. Arrange Provider engagement session to understand current offer and future intentions.
2. Work with brokerage and in house services to understand why current requests cannot be accommodated in house.
3. Work with framework providers to compile a menu of short break options for individuals.
4. Work with internal services as part of their review to define their offer within the market (bed-based respite, shared lives).

Lot 5: Forensic Support

This Offer supports the Transforming Care Agenda in meeting the needs of those individuals with more complex and chaotic lifestyles. It includes being able to work with individuals who have forensic histories as well as individuals whose behaviours and lifestyle put them at risk of offending. The services will focus on managing and reducing risks, coaching and diversion, community connecting and outcomes specific to the individual as informed by specialist teams (forensic services, psychiatry, psychology).

33 providers were awarded the forensic support offer. There are no active providers at this time.

The data suggests there is no active referrals or packages under this offer, however we understand this is a need in our population. Historically providers have offered support, where required, depending on individual need and risk.

Forensic support does form part of the LDA Pillar and as such is being picked up as a joint piece of commissioning under the Care and Support workstream.

Recommendations

1. Work with care management and brokerage to review data to ensure that all forensic packages are accurately coded on the system
2. Work closely with commissioners across the ICS to engage with providers to develop the offer in Northamptonshire.

Lot 6: Supporting People at Home

This model is akin to supported living and supported accommodation, but individuals may often reside within the family home or within a home that the individual owns. The nature of the support may be for short or longer intervals at various points in a day or week. The offer may include supporting a parent or unpaid carer with certain tasks that allow them to work or maintain their own lives, but it may also include supporting individuals living on their own. Specifically, this offer is usually for a limited number of hours per week.

105 people are currently supported at home. 74 of these individuals receive care and support from framework providers, with a total of 1162 delivered hours per week. The remaining 31 individuals receive 377 hours of support from non-framework providers. Of the 31 individuals on non-framework arrangements, 6 live out of the local area and 15 are legacy arrangements that commenced prior to the start of the Commissioning for a Good Life framework.

There are currently 22 active providers out of the 73 that were awarded. Since January 2023 8 new packages have commenced; 7 have been with framework providers and 1 with a non-framework provider. There are currently 4 referrals for support at home packages.

The current annual spend for supporting people at home is £1.29 m. The average hourly rate is £17.93. Standard contract rates are £18.50 and enhanced rates £20.29 per hour. Feedback from local authorities across England indicate an average hourly rate of £19.58 (2022-23). An in-year comparison, applying the North Northamptonshire inflationary uplift gives a revised hourly rate across England of £20.89 for 2023/24.

The graph below provides the average hourly rate by those Local Authorities bordering North Northamptonshire.

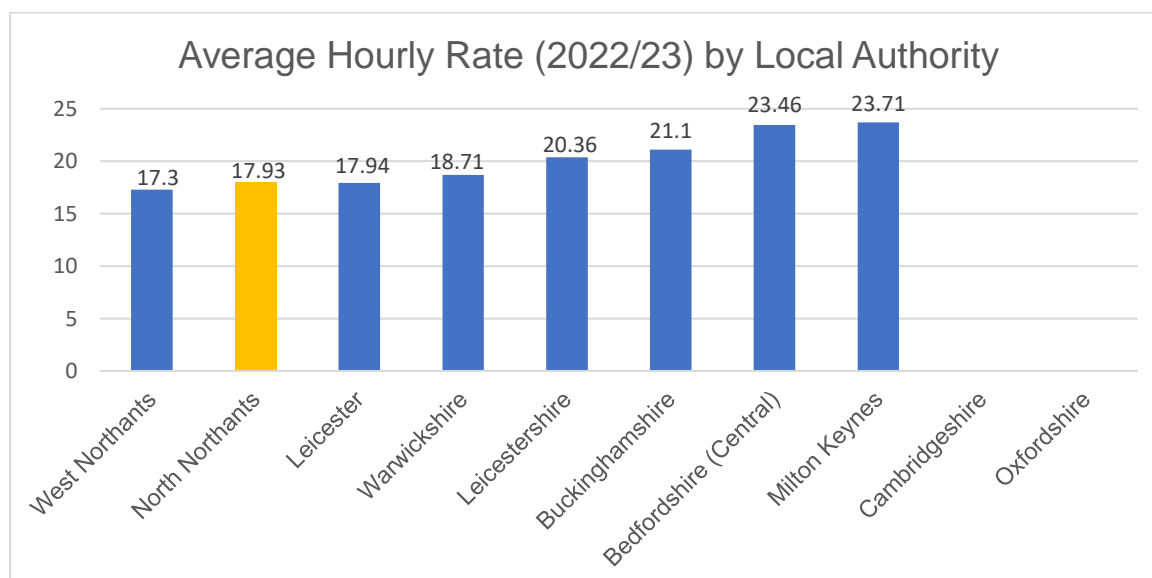


Figure 4 : Average Hourly Rate by Local Authority (2022/23) ARC January 2023

Having completed the fair cost of care exercise and market sustainability plan, NNC have given a commitment to move towards the fair cost of care for all home care (support at home) packages. These planned changes to hourly rates should address the current differential in hourly rates and encourage the market to respond to ongoing future demand.

The low number of unmet needs and steps already in place to address rate differences means the market is meeting current demand and NNC has addressed current sustainability issues

Recommendation

1. To work with the finance team to review hourly rates and put forward a proposal to move towards the fair cost of care and new hourly rates.
2. Continue to monitor brokerage data to ensure the market continues to respond to local need

Lot 7: Residential Living

This offer provides accommodation alongside support. Twenty-four-hour care will be provided on site with meals included. For some individuals a residential setting will be commissioned prior to a move into a more independent living set-up in order to manage a pathway of care in a planned and outcomes focussed way. Residential based living is person centred and oriented to attaining personal outcomes.

50 providers were awarded lot 7, residential living. 21 of these are currently active across 43 homes.

Since April 2021 the capacity for residential placements has declined as three residential care homes have closed and one has moved their model of support to that of supported living. There are 64 care homes in North Northamptonshire registered with CQC to provide care and support to younger adults (age 18 -64).

155 people are living in residential care, 116 supported by framework providers and 39 non framework. Of those that are non-framework 30 are outside of the local authority. Of the 9 in North Northamptonshire 7 are legacy arrangements.

The current annual spend is £9.93m. The minimum weekly framework cost is £510.62 and the maximum cost £3265.58. 6 individuals are funded at higher rates; these are all non-framework arrangements. The average weekly cost is **£1722.87** (2023/24). Research into local authority fee rates conducted by ARC confirms the average weekly fee rate for residential care in England is £1585.19 per week (2022/23). In order to provide in year comparison, applying the North Northamptonshire inflationary uplift gives a revised weekly average of **£1682.84**. A differential of £40.03 per week.

The graph below provides a breakdown of average weekly residential fees by those Local Authorities bordering North Northamptonshire.

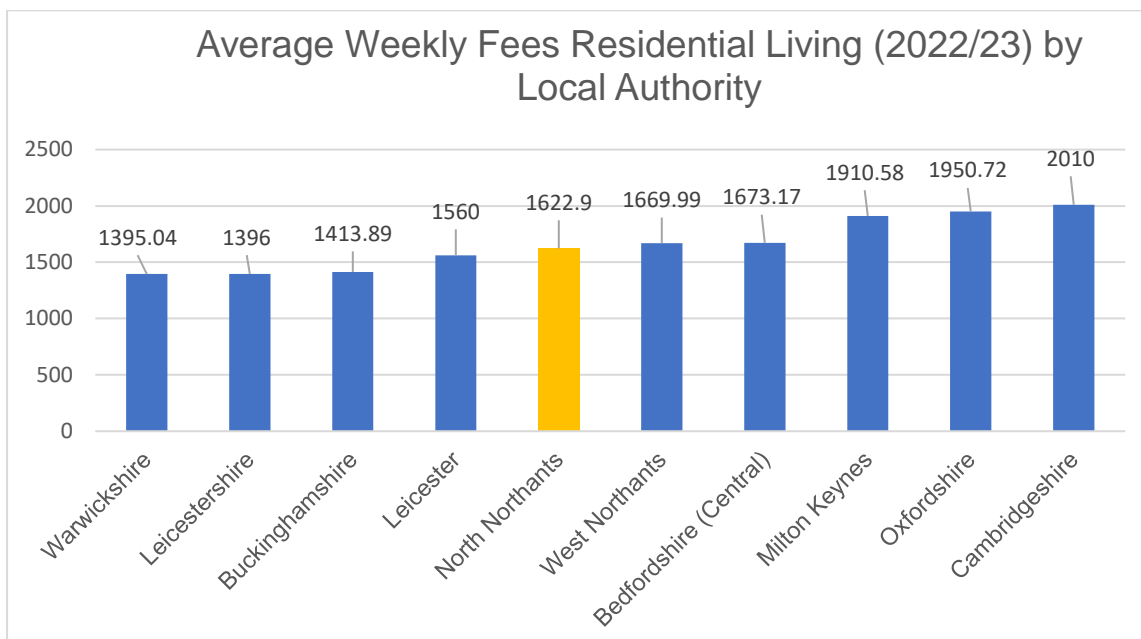


Figure 5 : Average Weekly Residential Fee by Local Authority (2022/23), ARC January 2023

Since January 2023, there has been one new placement made for residential living, for an individual who moved into an older persons care home. There are currently 4 referrals with brokerage; only 1 is actively looking to move to a new residential placement, the others are amendments to packages following a change in needs. There are currently 19 vacancies listed with brokerage.

The low level of referrals reflects NNC's home first approach for individuals to retain independence and have their own home and private space.

Recommendations

1. Data will continue to be monitored to determine future recommissioning plans particularly considering an aging population where needs relating to age are of primary importance

Lot 8: Short Term Crisis Support

This Offer is for residential based services at relatively short notice. These services are needed for a range of reasons – existing support systems may be breaking down; behaviours or mental health may have changed or sometimes circumstances in the family home indicate the need to sensitively move an individual for a short period of time. Providers will contribute to next steps plans and facilitating active transitions and transfers to alternative support arrangements or back home.

26 providers were awarded the short-term crisis support offer. There are no active providers at this time.

There is limited demand for this service, when there is a need providers have offered support but suitable accommodation is often difficult to source.

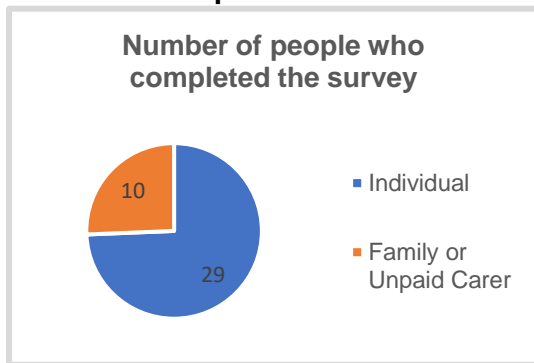
As a system and part of the LDA pillar a Community Swift Response Team has been established within Northamptonshire Health Foundation Trust (NHFT) to support individuals who are in crisis. The aim of the team is to provide a wraparound service within the community so that individuals may as far as reasonably possible remain in their home. The Swift Team will work directly with the individual and alongside the provider to maintain current living arrangements, manage the crisis and reduce risk. Plans to introduce a countywide bed-based service are currently on hold, pending a review by the ICB

Recommendations

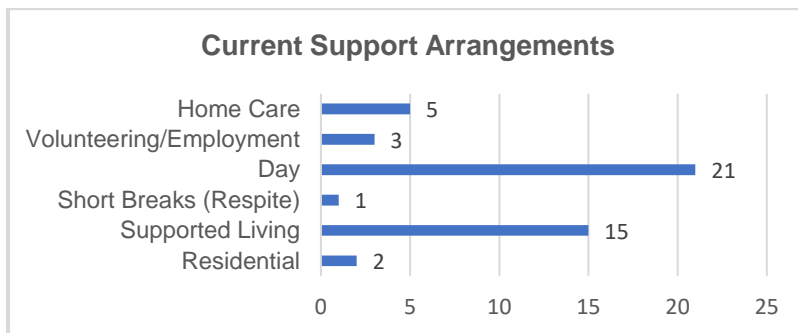
1. To work closely with the ICS to develop this offer in Northamptonshire, ensuring good outcomes and reducing avoidable hospital admissions.
2. Review data to ensure that crisis support is accurately coded so as to inform future recommissioning plans.

Appendix 3 : Engagement with Individuals with a Learning Disability, Families and Unpaid Carers – Survey Feedback

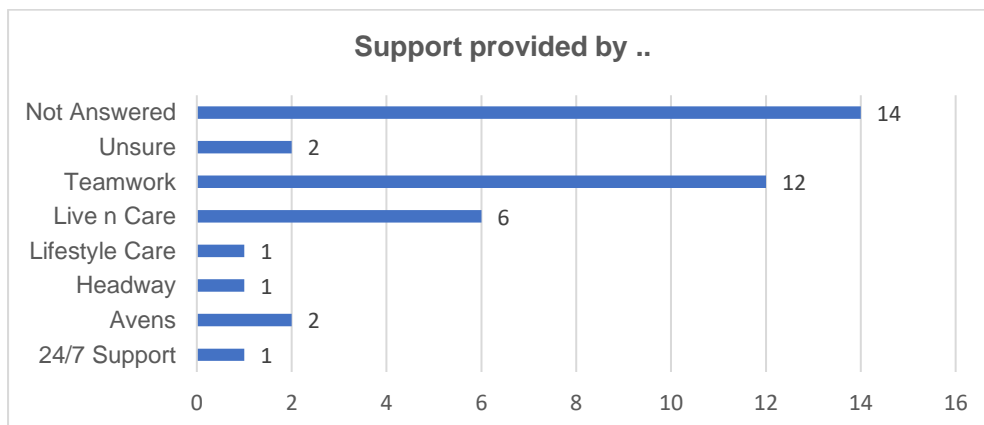
Number of Responses



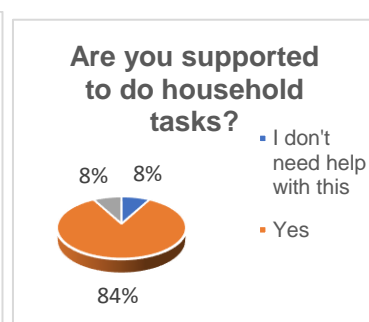
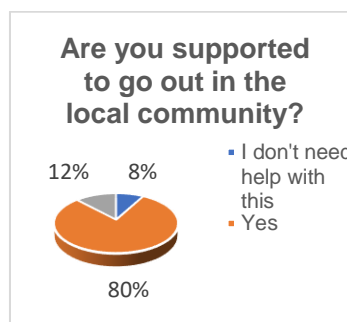
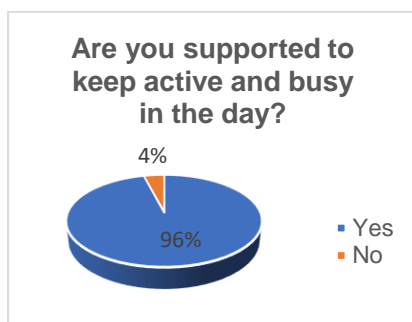
Current Support Arrangements

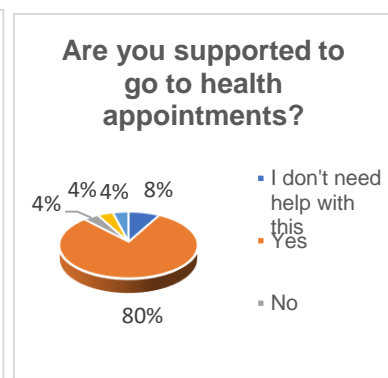
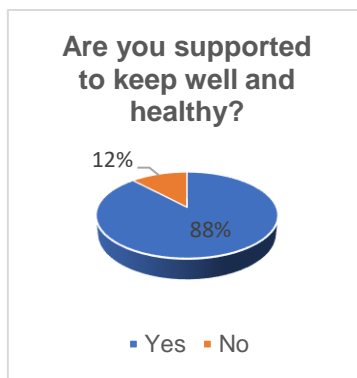
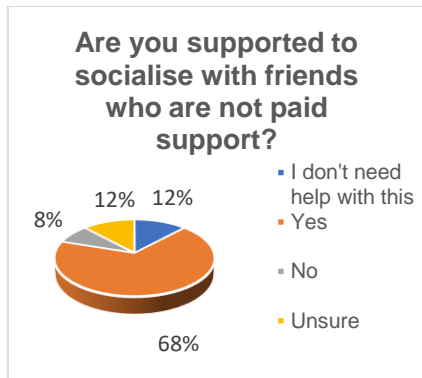


Support Provided by

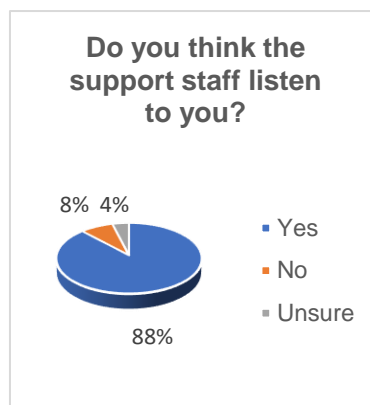
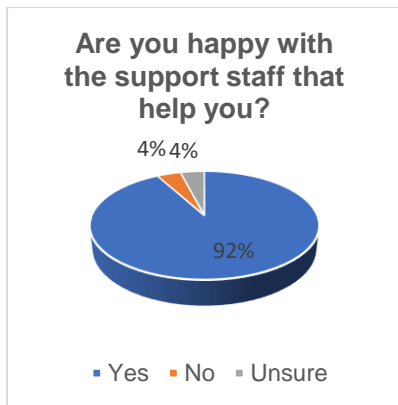


Individuals Feedback – Support Arrangements

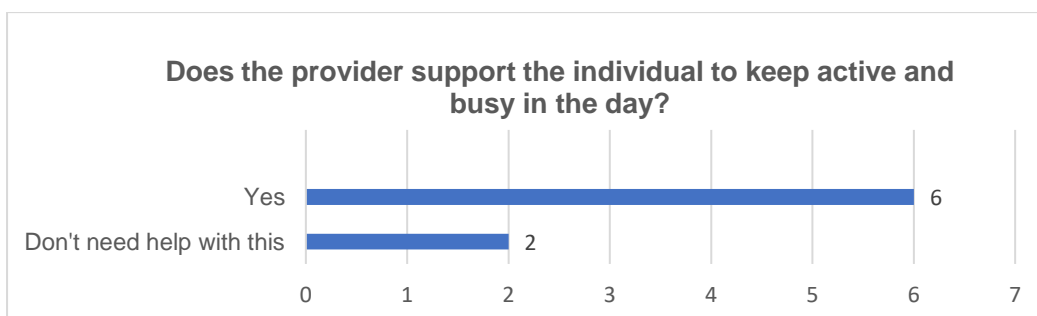


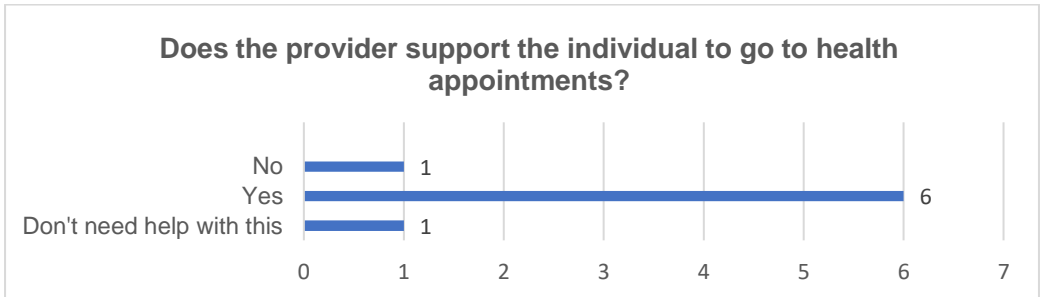
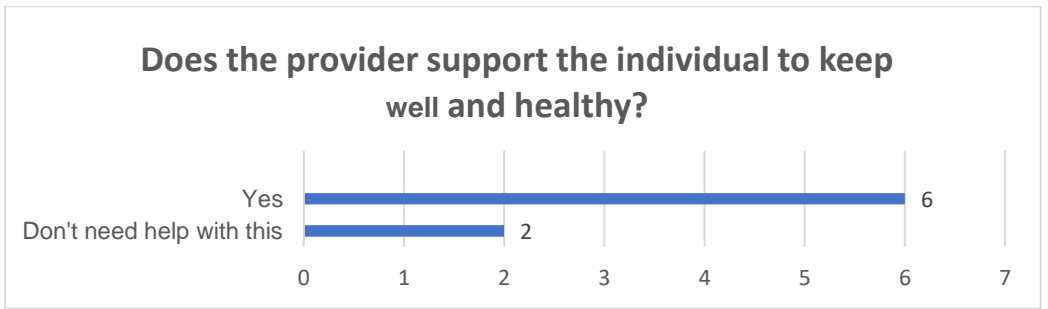
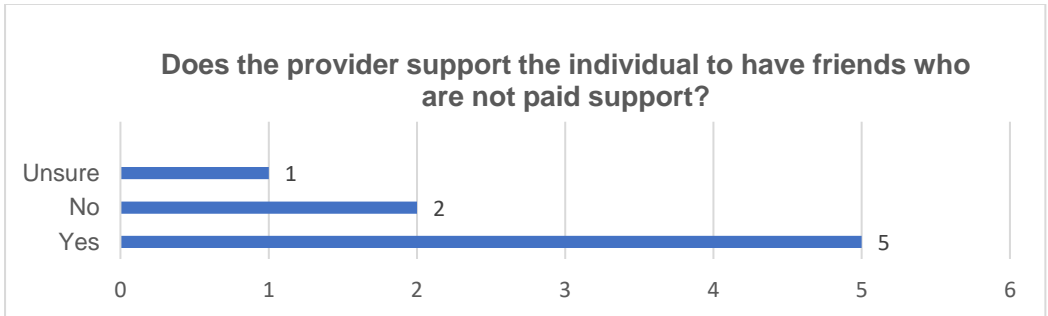
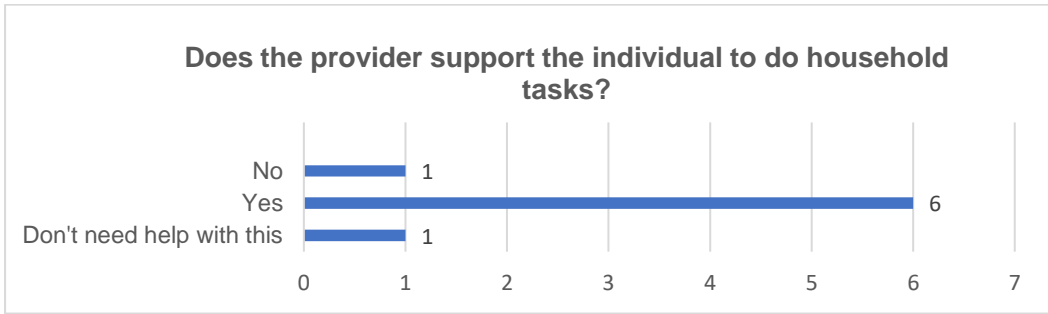
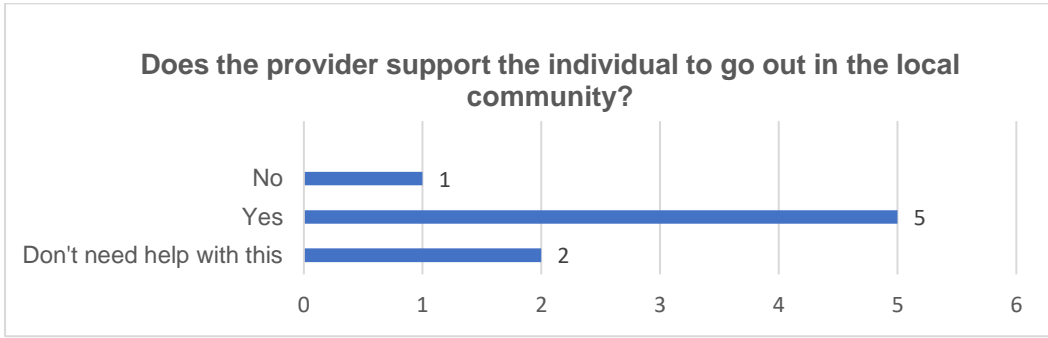


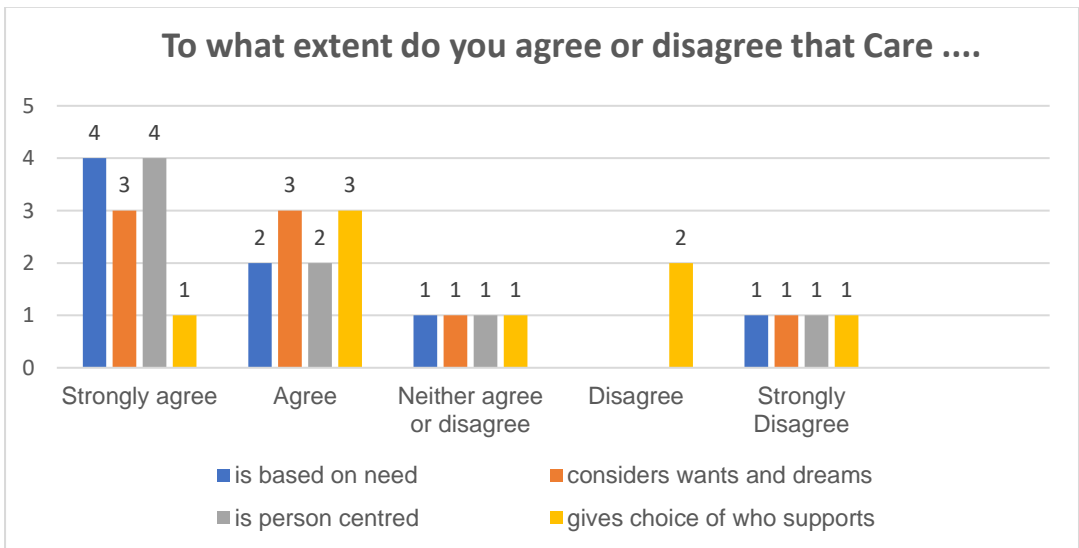
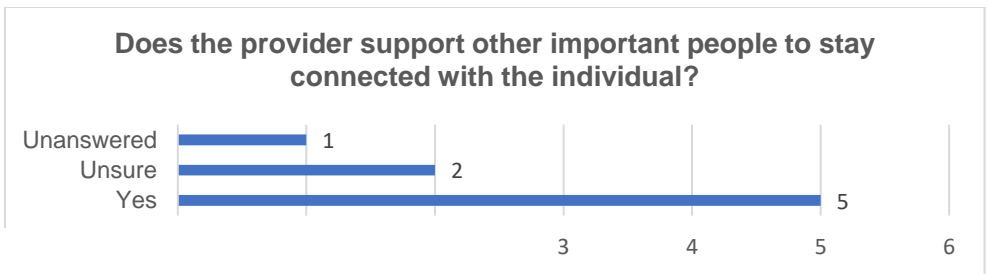
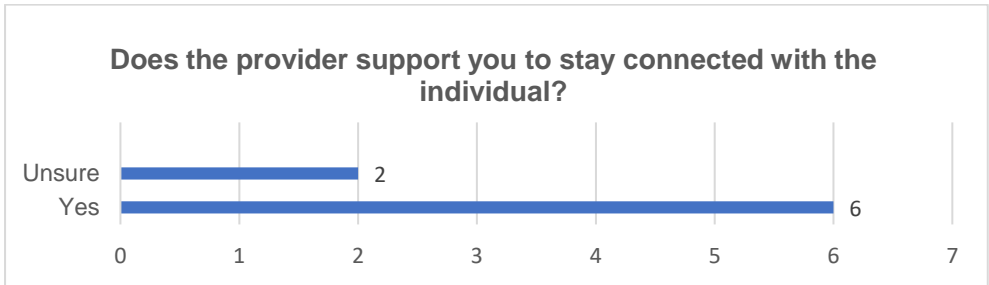
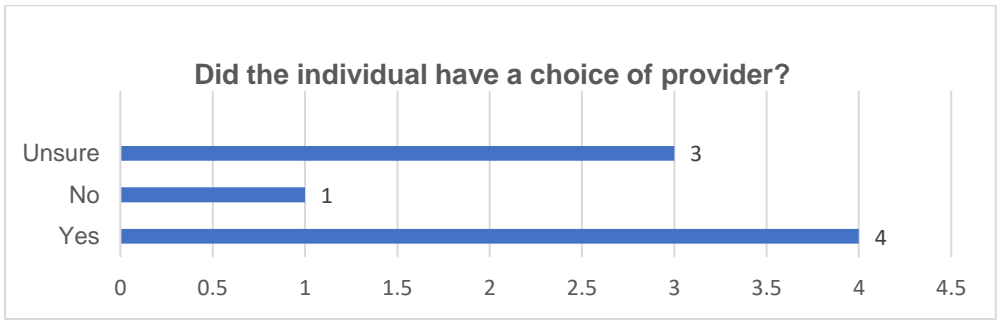
Individuals Feedback – Support Staff



Family and Unpaid Carers Feedback



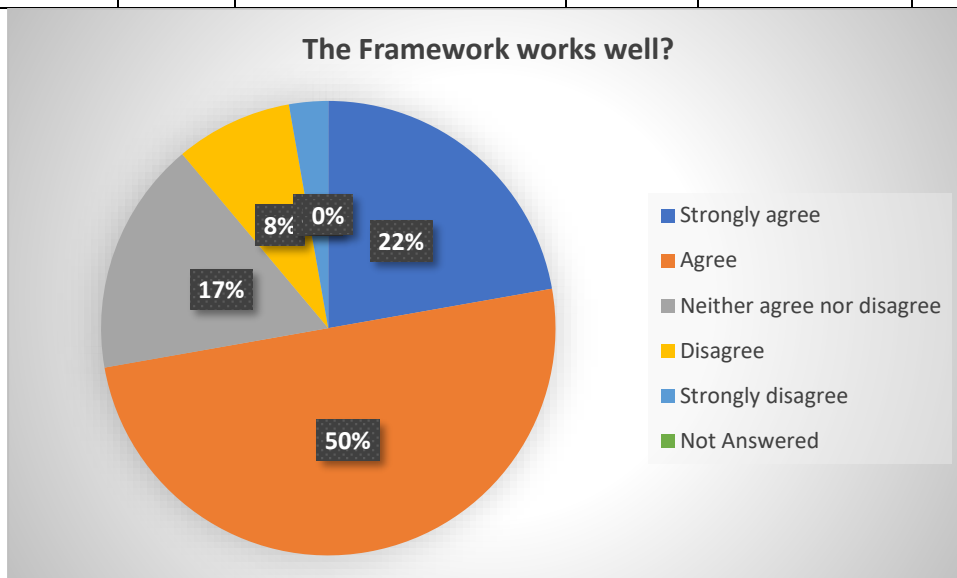




Appendix 4: Engagement with Providers – Survey Feedback

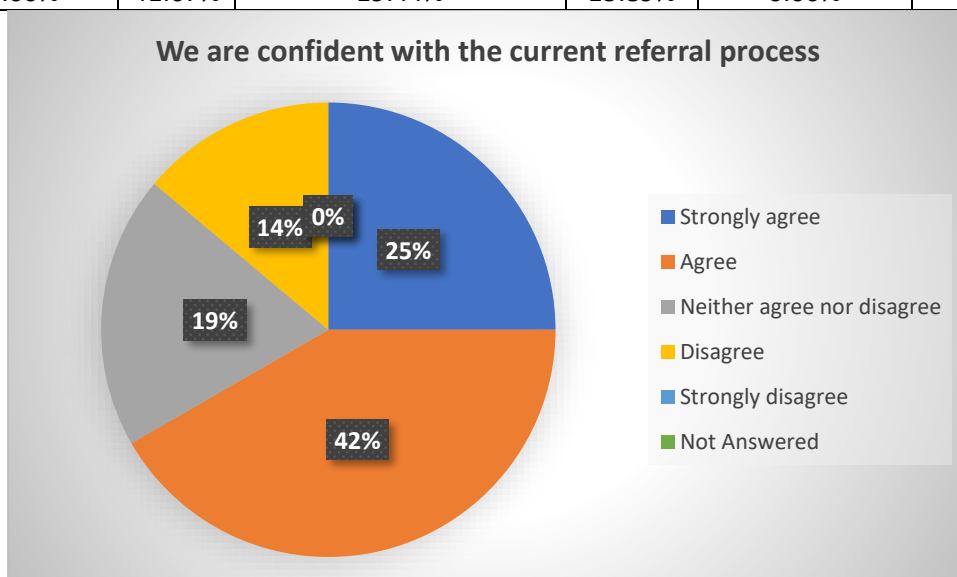
1. The framework works well

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not Answered	Total
8	18	6	3	1	0	36
22.22%	50.00%	16.67%	8.33%	2.78%	0.00%	



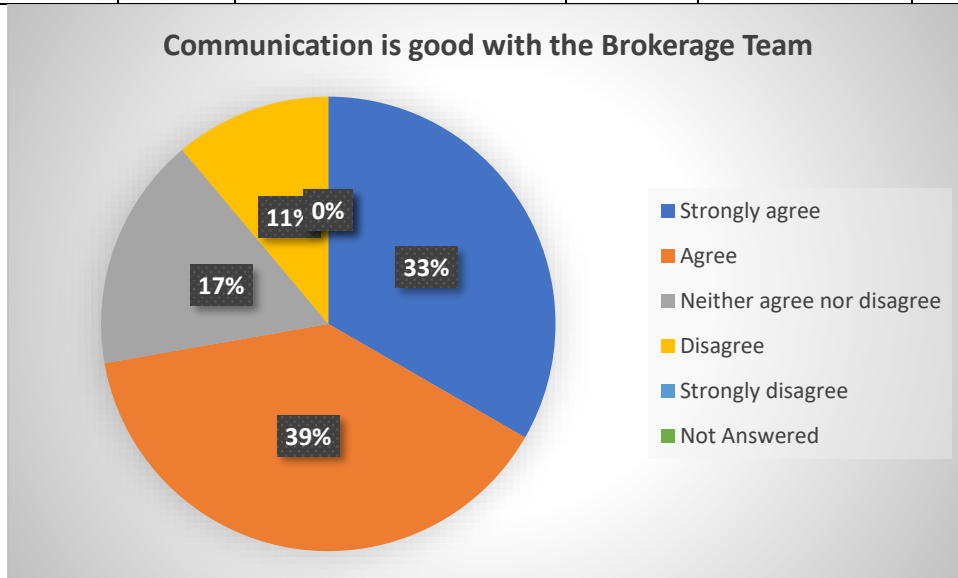
2. We are confident with the current referral process

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not Answered	Total
9	15	7	5	0	0	36
25.00%	41.67%	19.44%	13.89%	0.00%	0.00%	



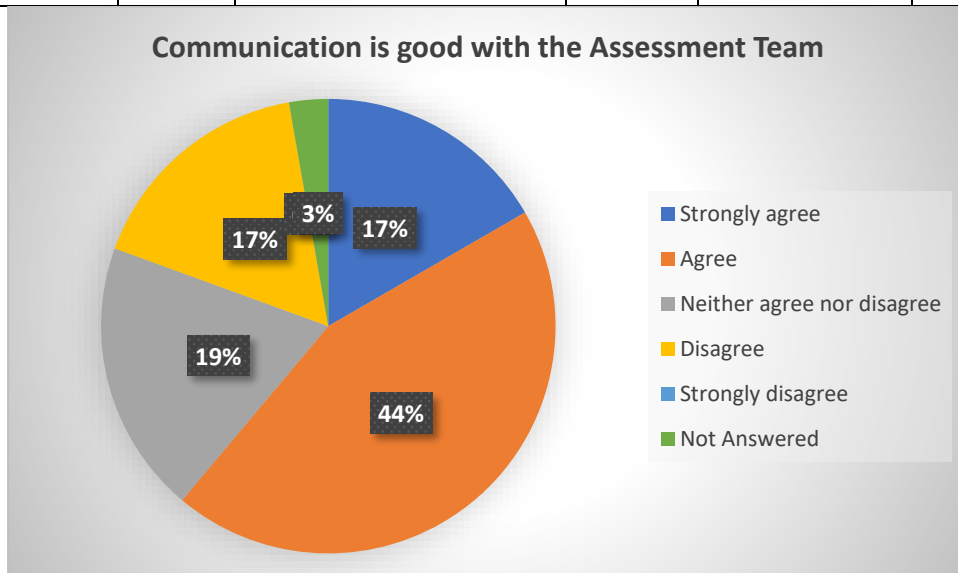
3. Communication is good with the Brokerage Team

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not Answered	Total
12	14	6	4	0	0	36
33.33%	38.89%	16.67%	11.11%	0.00%	0.00%	



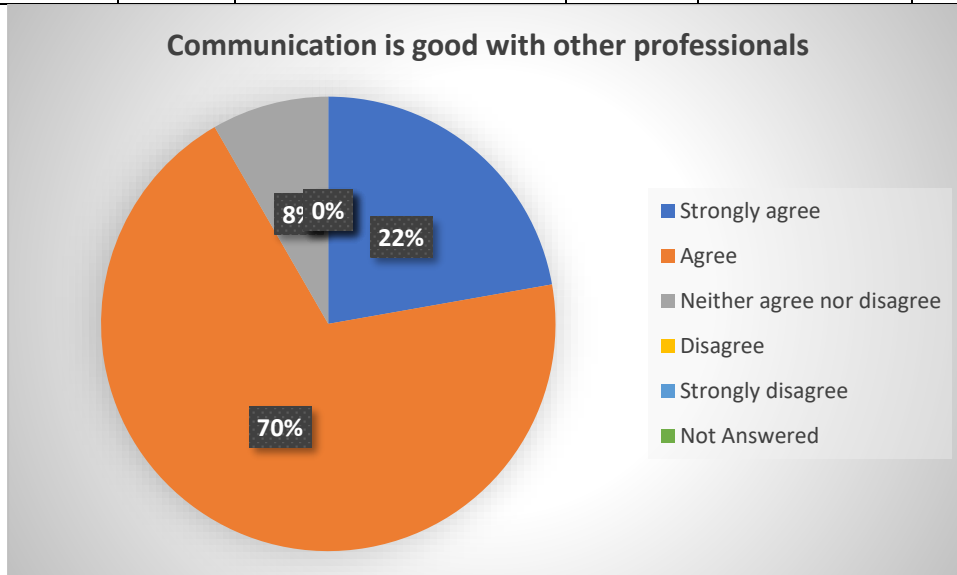
4. Communication is good with the Assessment Team

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not Answered	Total
6	16	7	6	0	1	36
16.67%	44.44%	19.44%	16.67%	0.00%	2.78%	



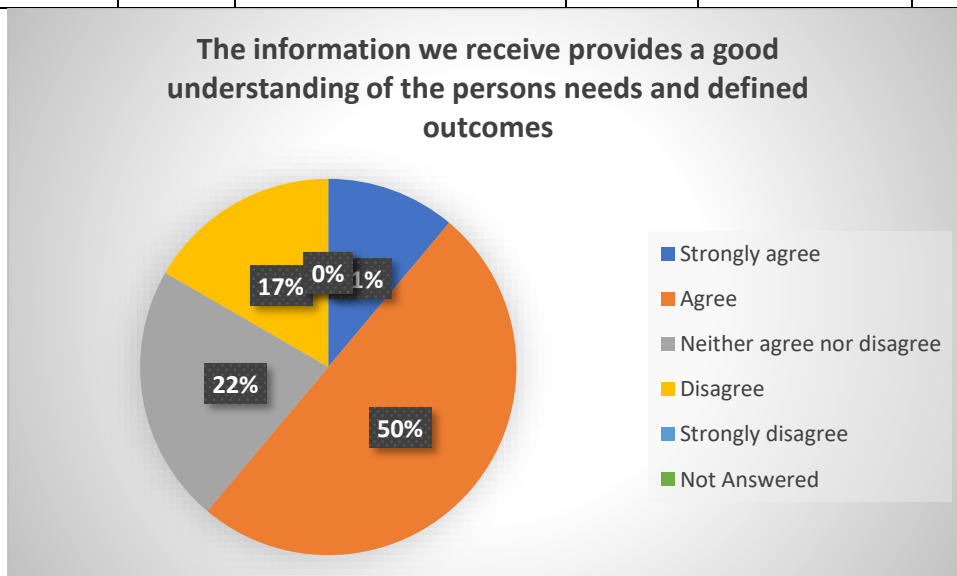
5. Communication is good with other professionals

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not Answered	Total
8	25	3	0	0	0	36
22.22%	69.44%	8.33%	0.00%	0.00%	0.00%	



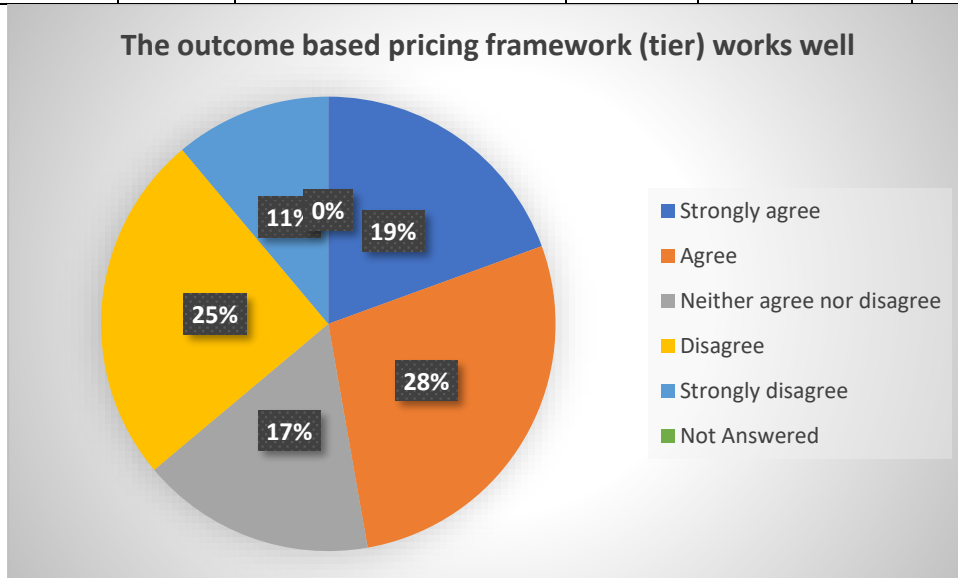
6. The information we receive provides a good understanding of the persons needs and defined outcomes

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not Answered	Total
4	18	8	6	0	0	36
11.11%	50.00%	22.22%	16.67%	0.00%	0.00%	



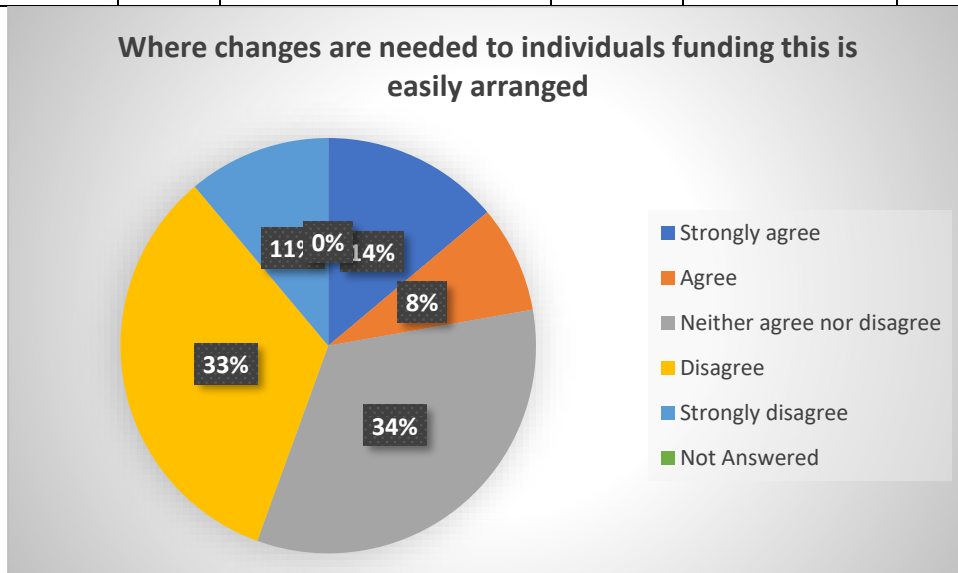
7. The outcome based pricing framework (tier) works well

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not Answered	Total
7	10	6	9	4	0	36
19.44%	27.78%	16.67%	25.00%	11.11%	0.00%	



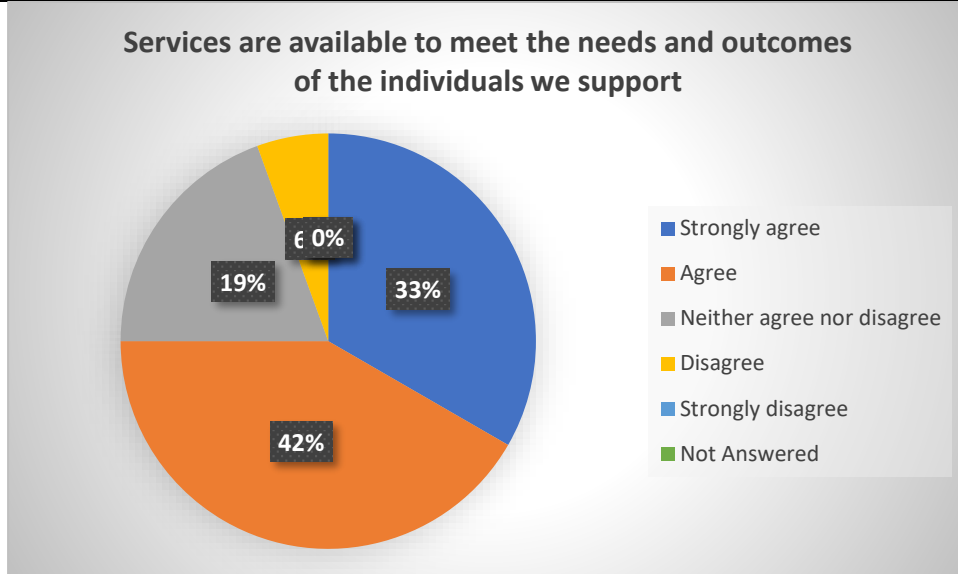
8. Where changes are needed to individuals funding this is easily arranged

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not Answered	Total
5	3	12	12	4	0	36
13.89%	8.33%	33.33%	33.33%	11.11%	0.00%	



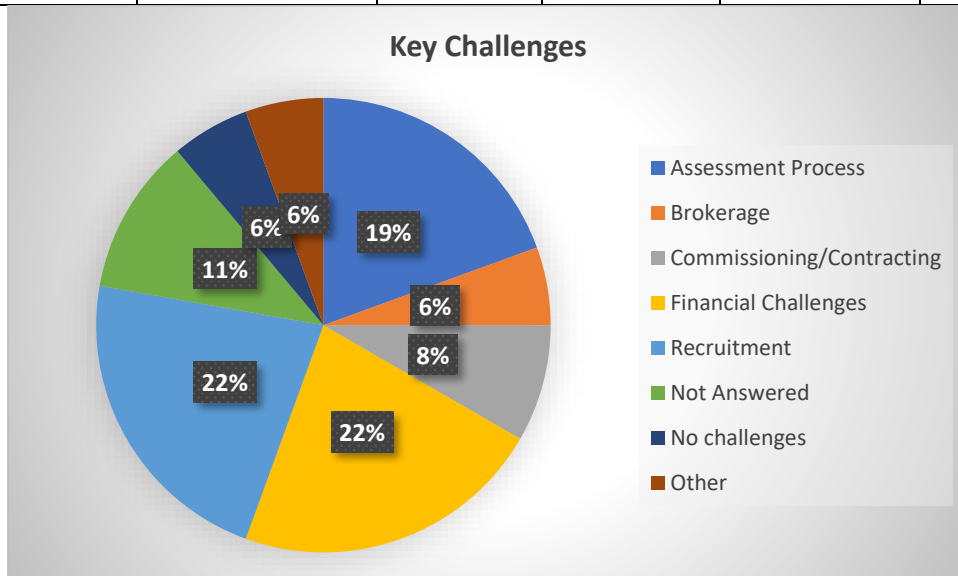
9. Services are available to meet the needs and outcomes of the individuals we support

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not Answered	Total
12	15	7	2	0	0	36
33.33%	41.67%	19.44%	5.56%	0.00%	0.00%	



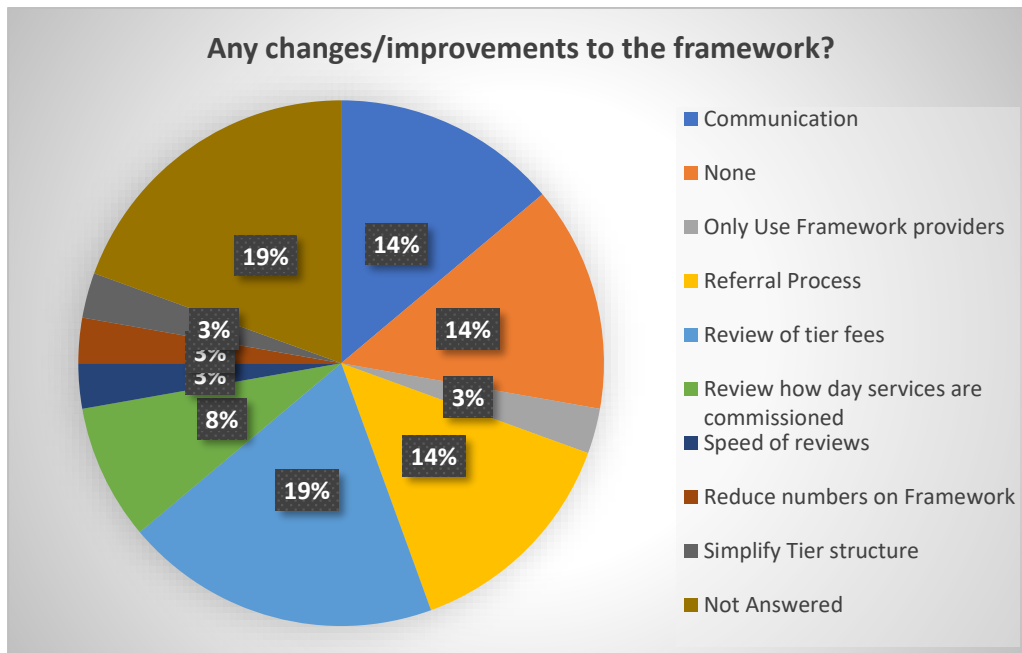
10. Key Challenges

Assessment Process	Brokerage	Commissioning or Contracting	Financial Challenges	Recruitment	Not Answered	No challenges	Other	Total
7	2	3	8	8	4	2	2	36
19.44%	5.56%	8.33%	22.22%	22.22%	11.11%	5.56%	5.56%	



11. Any changes/improvements to the framework?

Communication	None	Only Use Framework providers	Referral Process	Review of tier fees	Review how day services are commissioned	Speed of reviews	Reduce numbers on Framework	Simplify Tier structure	Not Answered	Total
5	5	1	5	7	3	1	1	1	7	36
13.89%	13.89%	2.78%	13.89%	19.44%	8.33%	2.78%	2.78%	2.78%	19.44%	



Appendix 5: Options Appraisal

Options	Risks	Benefits	Recommendation
1. Do Nothing	<ul style="list-style-type: none"> - The framework agreement will expire resulting in no formalised agreements being in place. - Services with providers would require spot contracts. - This approach is likely to result in higher weekly costs as there would be no fixed pricing in place. - The wellbeing of individuals requiring these services may be impacted, as individuals may not receive the right support at the time that it is needed. 	<ul style="list-style-type: none"> - None identified 	Not recommended
2. Recommission the contract with a start date of January 2025	<ul style="list-style-type: none"> - Limited time to co-produce each of the offers (aligned to the ASC Strategy) 	<ul style="list-style-type: none"> - Enables new entrants to the market, addressing gaps in unmet need. - Recommissioning will enable the contract to reflect the needs of the population of North Northamptonshire 	Not recommended
3. Extend for 5 years and re-commission, like for like, with a start date of 2030	<ul style="list-style-type: none"> - With the 5-year extension, the contract for people with learning disabilities will have been in place for 10 years at the point it is re-commissioned. This could impact on the effectiveness of each of the service offers and result in delivering poor value for money. 	<ul style="list-style-type: none"> - This enables ample opportunity to engage with providers to develop the procurement model and specifications. - allows time for commissioners and quality officers to focus on working with 	Not recommended

	<ul style="list-style-type: none"> - The wellbeing of individuals requiring these services may be impacted, as the service model may be dated and not reflect current guidance and best practice. - Having all offers included under one framework is less flexible. Each offer needs to reflect changes in best practice, guidance, individual demand and needs. - There will be lost opportunity for new providers to join the Framework agreement and for NNC to access local providers who are developing new services focused on increasing independence for people with learning disabilities. - Recommissioning a diverse range of services at the same time puts significant pressure on the resources available. 	<p>providers to ensure that they achieve a good level of quality prior to the tender going live.</p> <ul style="list-style-type: none"> - Areas of improvement can be addressed within the extension period to enable an enhanced offer 	
<p>.Extend for 5 years but during this time recommission identified service offers under single contract arrangements. Recommissioning plans to commence January 2025 and be completed January 2030</p>	<ul style="list-style-type: none"> - Pressure will be put on resources to recommission 8 lots within a 5 year period. - Lost opportunity to commission new service models in 2024/25 to meet individual needs - The bench marking exercise undertaken shows that NNC 	<ul style="list-style-type: none"> - Commencing procurement activities in a staged way will enable market entrants to be invited to tender for new contracts. - Recommissioning will provide opportunities to develop more cost-effective service models 	<p>Recommended</p>

	currently pay higher than the average for some lots.	that are suited to the needs of those with learning disabilities, within the financial year 2025/26	
		- Recommissioning will enable the contract to reflect the needs of the population of North Northamptonshire	

