

Commissioning Learning Disability Services

NHS Highland

Creating flexible conditions for support providers to provide the right support at the right time for people with learning disabilities in the Highlands

“decision making about care required is flexible and taken directly between the provider and the individual”

Arlene Johnstone, NHS Highland



Challenge

The onset of COVID-19 has brought a challenge to all areas of care provision: how to ensure that care and support services best respond to the significant changes in the needs of the people they support. Care needs have changed for some people with learning disabilities in the Highlands as family members being at home means less (paid) care is required, while for others, care needs have increased due to the stresses and strains of living through this crisis.

Each individual's situation is different and presented NHS Highland with a distinct challenge to ensure each person received the right levels of care and support at all times, while managing potential variations in available staff. NHS Highland worked in collaboration with providers to agree a flexible solution in line with COVID-19 commissioning guidance.



What was done differently?

Normally care provided by a contracted organisation for each individual is clearly specified based on assessed need and number of hours to be provided. Any variation in care provided would require to be agreed and signed off by NHS Highland. It was recognised that this would not be practical nor would it help individuals to get the support that matters to them in coping during the crisis.

NHS Highland therefore have continued to pay care organisations the full contracted value already agreed for each individual's care. This has been delivered with a clear message that there is confidence and trust in each organisation to be flexible in how care is provided, responding to what matters most for each individual to meet their needs at this time.

In practice, this meant providers initially contacting people and their families by telephone before supporting them to access a wider range of technology. It also meant an initial focus on emotional support, gradually moving to more activity based time. People are now being supported by technology to participate in a range of arts, crafts, cooking, signing, singing and exercise classes.

An example of how Health and Social Care Partnerships are responding to planning and commissioning challenges in the context of COVID-19



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Key insights: Arlene Johnstone, Head of Service, NHS Highland

“The NHS Highland learning disability team have worked closely with a range of organisations over the past twelve months to build strong, trust based relationships that go beyond simple contractual obligations. This has provided a strong foundation for us to build on.

In addition, the [COSLA commissioning guidance](#) gave us the financial confidence to commit to full funding throughout the period of COVID-19 (at this point up until end of June 2020). This has enabled the decision making about what care is required to be directly between the people providing the care and those who need it. This is very much in the essence of Self-Directed Support and is an aspect which we are keen to analyse further over the coming months.

People are now reporting that they prefer their new activities to attending day centres. People are spending their day doing activities they enjoy and increasingly this is alongside wider members of their community – it is much less about the learning disability and much more about the person and their ability to make choices in how they live their life.”

Experience of change

“working with Arlene and the NHS Highland Team has helped us achieve the best possible outcomes for the people we support in a flexible and coordinated way.

Going forward, we welcome the opportunity to learn with NHS Highland on what’s worked well within Covid19 measures, and look forward to truly coproduced services”

Glenn Harrold, Operations Manager, Key

Good Practice Framework for Strategic Planning

The Strategic Planning support team in the ihub have developed a [Good Practice Framework for Strategic Planning](#) to enable practical and constructive local conversations on strategic planning.



This insight from NHS Highland is an example of good delivery options for social care as it:

Shifts resources – including the workforce, towards a more preventative and community-based approach

Creates platforms for a new type of engagement and coproduction with people who use services

Reflections

Q. Can this empowered approach improve outcomes for people even though no additional funding has been required – simply flexibility within existing levels?

Moving from contractual compliance to a trust based relationship appears core to this arrangement having been effective.

Q. How can this inform a lighter touch approach to contract management?

If you are interested in exploring something similar in your area or to find out more, please get in touch.

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